

Onsite Care Brainstorming Session

Team Lauren

Participants:

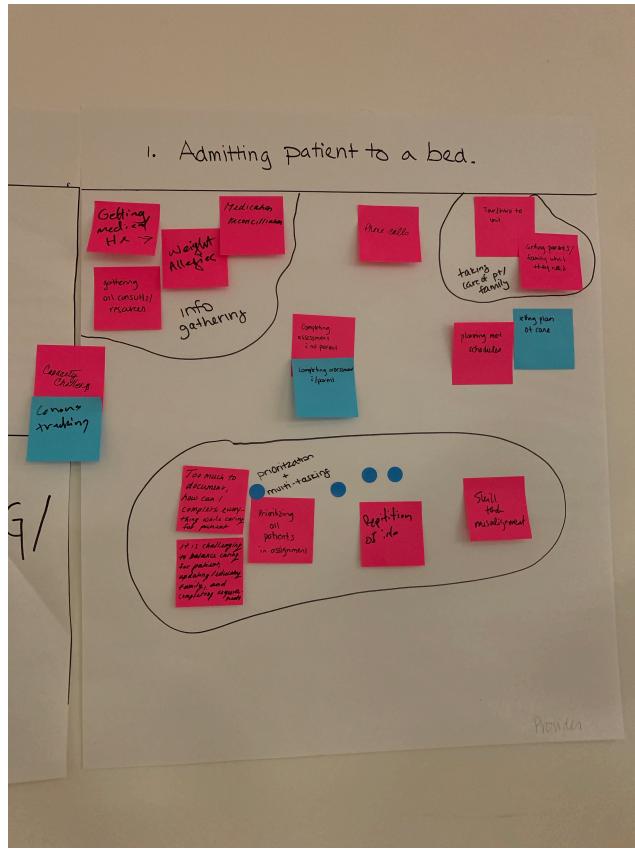
- Joanna Hewitt
- Patricia Hickey
- Jen Magaziner
- Matthew Taylor
- Lee Williams

General observations:

- People gravitate towards “doing” before “thinking/feeling”
- People aren’t sure which color post-it to use for factual events that occur
- Post-its tend to be vague (e.g. “documentation”)

Top 3 pain points

1. Handoff
2. Providing realistic expectations for families and patients
3. Prioritization and multi-tasking



Admitting Patient to a Bed

Gathering Information

- Getting medical history
- Medication reconciliation
- Weight
- Allergies
- Gathering all consults / resources
- Not a lot of pre-work done, patient comes in and you're starting from 0 getting to know them and their case

Prioritization and Multitasking

- Too many documents, how can I compile everything while caring for the patient
- Prioritizing all patients in assignment

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- It is challenging to balance caring for patient, updating / educating family, and completing required tasks
- Repetition of information
- Skill - task misalignment
 - Being asked to get blankets, move furniture, etc.

Taking Care of Patient / Family

- Tour / introduction to unit
- Getting parents / family what they need

Phone calls

Completing Assessment with or without Parent

- With parent is a positive
- Without parent is a negative

Creating Plan of Care / Medication Schedules



Collaborating to Plan Care

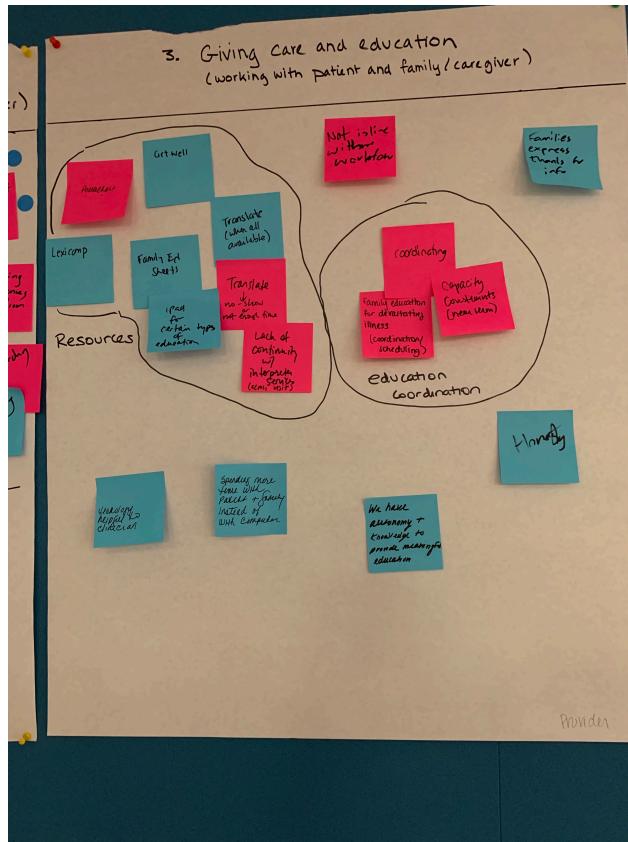
Hand-off

- Transparent communication
 - Clear hand-off
- Information gets lost
 - Verbal communication is hard to track
- So many experts are available at BCH (positive)
- Deciding which service is primary
- Coordinating when providers will visit bedside
 - Care team wants to know if the family is there when they're starting to round
- Resolving differences in opinion
- Hierarchy

Providing Realistic Expectations Upfront

Documentation

Capacity Constraints



Giving Care and Education

Resources

- Get well (positive)
- Lexicomp (positive)
- Family Education Sheets (positive)
- Translators - when available (positive)
- Translators not showing up
- Translators not having enough time
- Lack of continuity with interpreter / translator services across visits
 - Leads to repetition of information

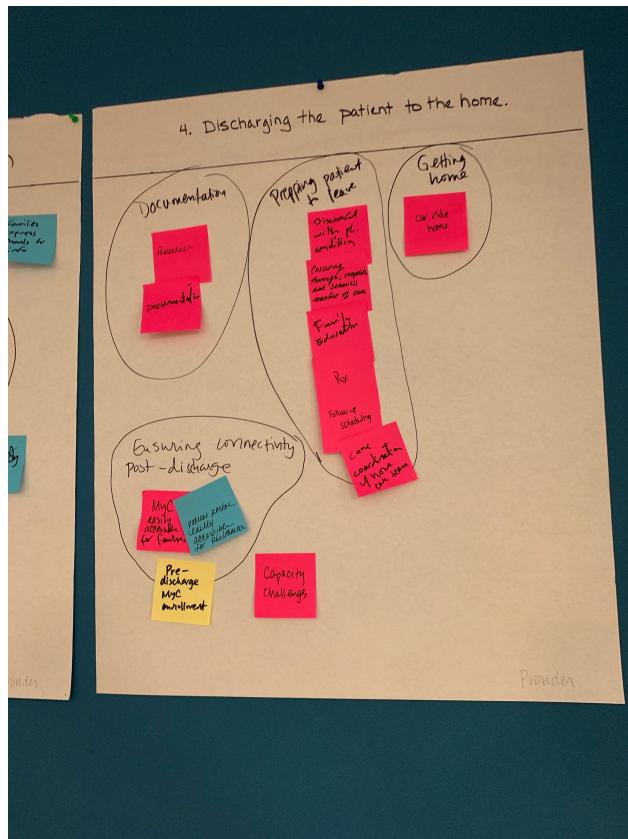
Education Coordination

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- Coordinating
- Family education for devastating illness (coordination / scheduling time to discuss)

Tools are not in Line with Workflow

- Powerchart



Discharging the Patient to Home

Documentation

- Powerchart

Prepping Patient to Leave

- Ensuring thorough, complete, and seamless transfer of care
- Family education
- Prescriptions

- Follow up scheduling
- Care coordination with home care team

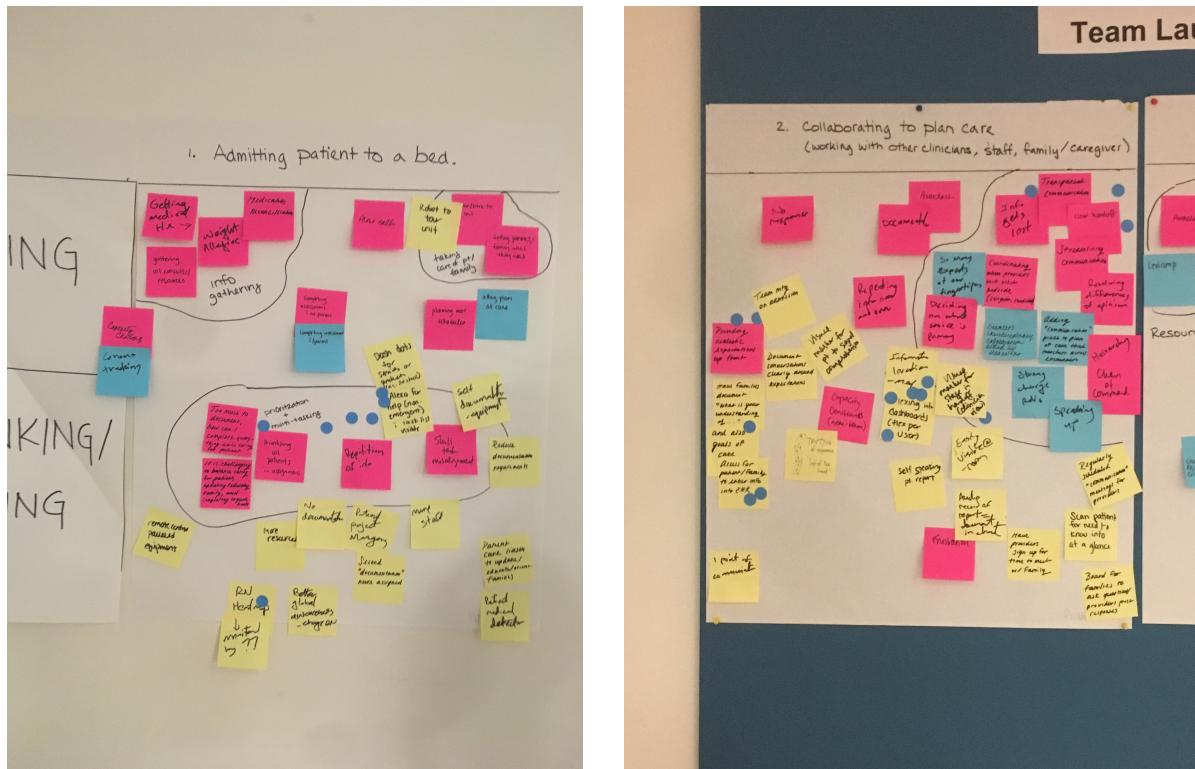
Getting Home

- Car ride home

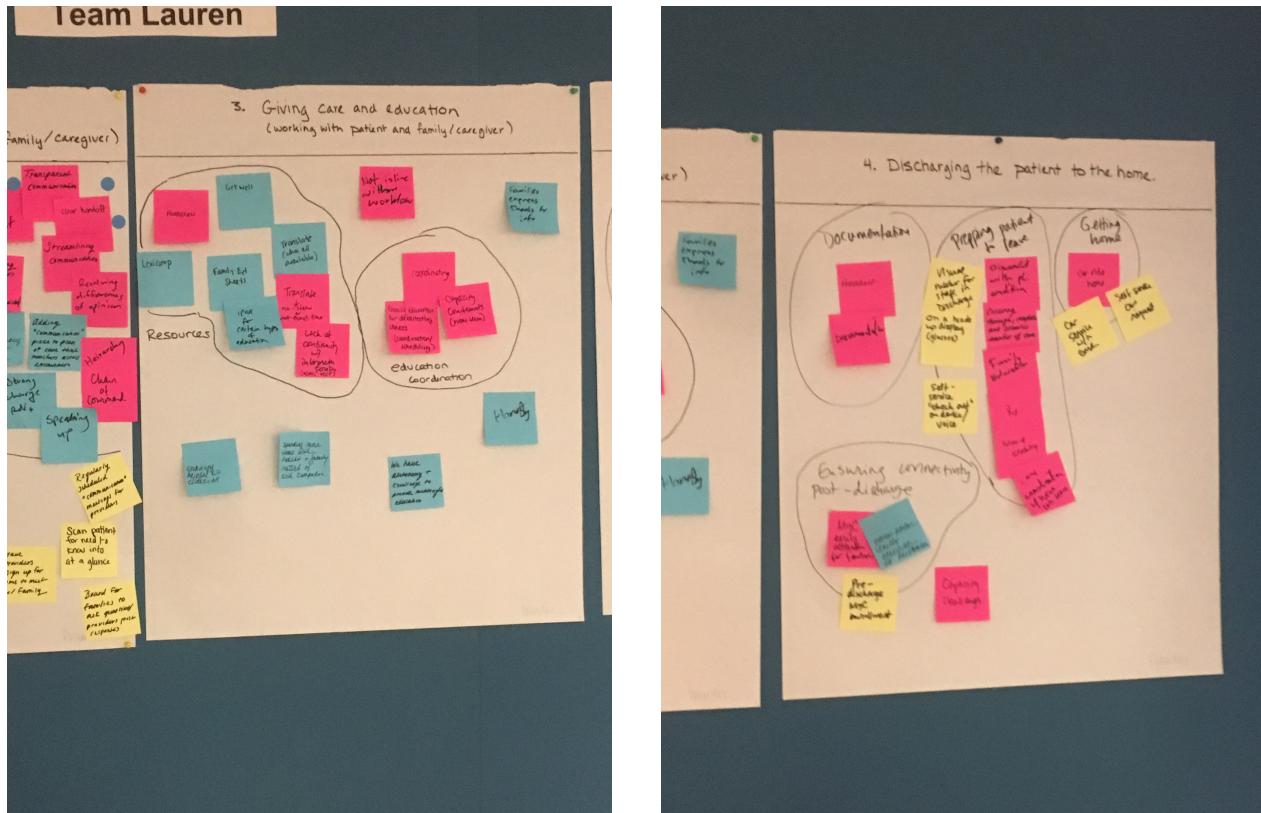
Ensuring Connectivity Post-Discharge

- MyChart easily accessible for families

SOLUTIONS



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Top 3 Solutions:

1. Visual map to show who has talked to whom and what information has been shared
 2. Allow patient / family to update EHR with their expectations
 3. “Dash dots” in patient rooms to allow easy restocking