

A Year in Review

AFPA Webinar

December 3, 2014

Janiece Gray, Founding Partner, DTA Associates, Inc.

Where We've Been

- Building a Team & Creating Culture Change
 - Charter
 - Aim statement
 - Stakeholders
- Communication Counts
 - Spectrum of Strategies
 - Traversing the Trajectory
- Gathering Feedback & Evaluation & Working with Data
 - Types of measures
 - Pitfalls to avoid

Spectrum of Strategies


	Less	More	Most
Projecting the Patient Voice	Sharing comments, awards	Patient & Family Advisory Council	Patients serving on committees
Data & Reporting	Clinic/site/unit level	Physician level	Enterprise Data Warehouse
Goal Setting & Compensation	Identify areas of focus	Internal scorecard	Tied to physician compensation
Service Strategy & Training	Discuss at provider meetings	Develop/adopt a service mnemonic, Video vignettes	Service training, CMEs
Other	Newsletters, Cards, Care boards	Care team coaching, mystery shopping	SWAT Teams, Patient Centered Medical Home

Resource Investment (\$/Time) →

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Getting Started – Path to Performance

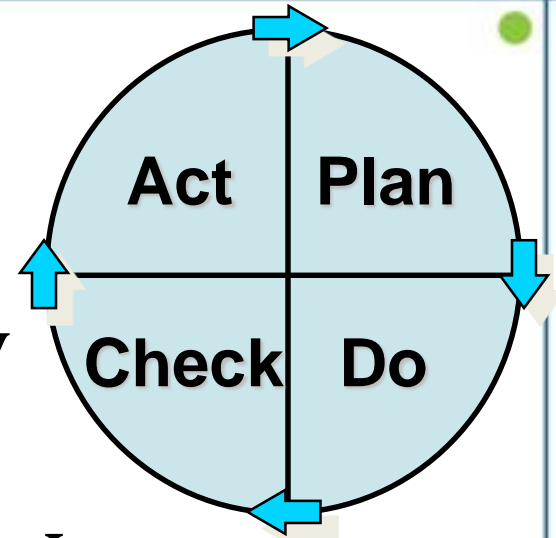
- Traversing the trajectory
 - “Don’t Shoot!”
 - “My patients are different”
 - “Show me the data!”
 - “Tell me what my patients say!”
 - “Fine, just tell me what to do!”



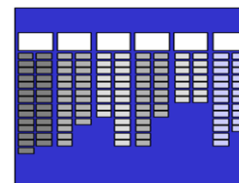
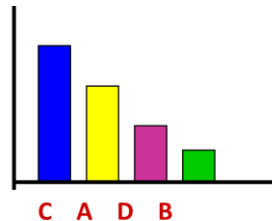
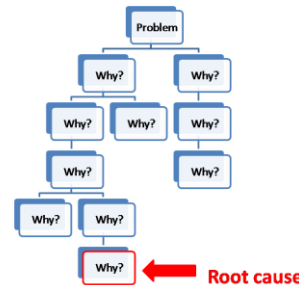
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Where We've Been

- Sustainability & Spread
 - PDSA/PDCA
 - Traversing the Trajectory



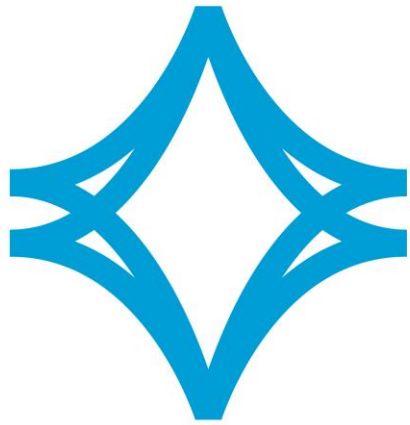
- Promoting & Celebrating Innovation
 - 5 Whys
 - Fishbone Diagram
 - Affinity Diagram
 - Pareto
 - Creativity



Questions?

Janiece Gray
Founding Partner
DTA Associates, Inc.
612-805-1323
Janiece.gray@dtaassociates.com





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The Ohio State University Wexner Medical Center

Joint Physician-Nurse Rounding

Teresa Bush BSN, RN Director Patient Experience

Jessica Halley Sr Data Manager Patient Experience

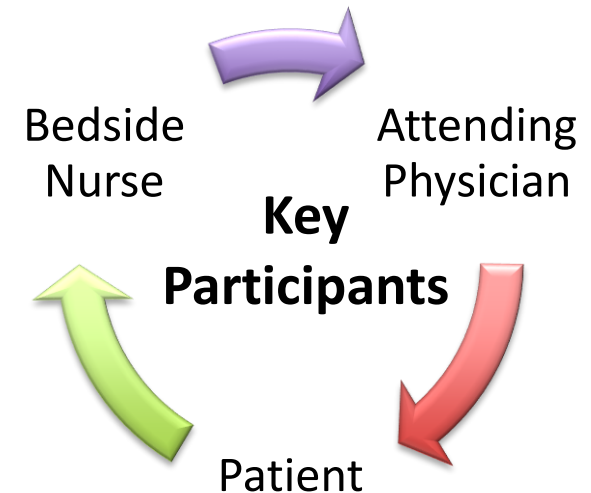


WHERE WE STARTED

- What Our Patients Were Saying...
 - » *“I was never informed. I felt like I was bothering everyone to get answers. I was very upset with how things were coordinated during my stay and there was very little interaction with the physicians.”*
 - » *“My ‘team’ had communication issues and needed to do a better job in deciding how my condition was going to be treated as well as informing me.”*
- Literature Review of Joint Physician-Nurse Rounding Benefits
 - » Increased RN and MD satisfaction with professional collaboration and shared decision-making
 - » Increased patient satisfaction
 - » Decreased adverse events
 - » Increased nurse confidence, empowerment, autonomy
 - » Decreased phone calls/paging between nurses and physicians
 - » Improved timeliness of discharge planning

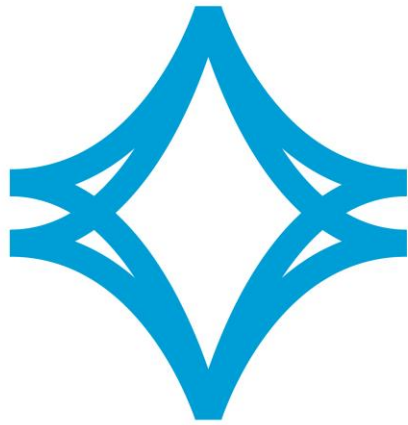
WHAT WE DID

- Created and reenergized hospital specific patient experience councils with 1st focus on joint rounding
- Assigned lead physicians for each service/unit
- Developed checklists to guide rounds
 - » Pertinent patient history
 - » Labs/tests/procedures for the day
 - » Changes in medications
 - » Invasive lines, foleys, etc
 - » Need for continued telemetry
 - » Pain management/diet/activity of patient
 - » Discharge planning
 - » The plan of care with patient/family
- Set expectation that a summary of the plan of care be written on the whiteboard



WHERE WE ARE

- What Our Patients Are Saying Now...
 - » *“Staff worked together as a perfectly coordinated team and included me as a team member. I am very impressed and grateful beyond words.”*
 - » *“The left hand always knew what the right hand was doing.”*
- Next Steps
 - » Establishing an ongoing monitoring process
 - » Clearly defining the roles of each of the rounding participants
 - » Engaging physicians/nurses that have not yet found the value



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Harborview Medical Center

Bedside Shift

Nate Rozeboom, RN, MPH

Nurse Manager Medicine/Telemetry/Oncology



WHERE WE STARTED

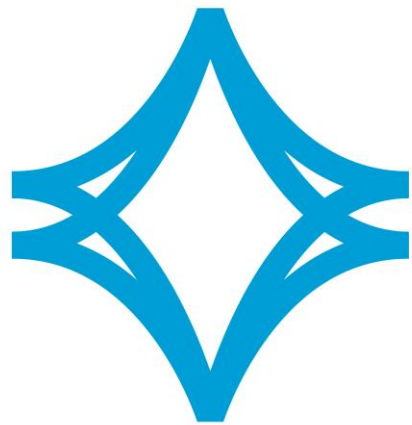
- In March of 2014 acute care leadership questioned what more we could do to improve nursing communication as well as pt. safety.
 - » Harborview has 230 acute care beds across 8 inpatient units
- Bedside Report chosen as a strategy to obtain both goals
 - » Full literature search performed
 - AHRQ report on Bedside handoffs
 - » All front line managers in favor of this approach
 - » Many unit champions came forward to assist
- Mapped out our goals for the next 8 months

WHAT WE DID

- Ten-question survey sent to all staff in acute care in May
 - » Determined barriers, concerns, questions and unit champions
 - » Most units saw a 30%-50% response rate
- Educators began meeting with front-line champions monthly
- Over the summer bedside report discussed at staff meetings and huddles across all of acute care
- Bedside safety checks implemented in September
 - » Introduce, check name band, pain plan and IV meds, tubes, etc.
 - » Become accustomed to patient contact during change of shift
- On-line learning module created for all staff to complete
 - » Available December 10 with 5 weeks to complete

WHERE WE ARE

- Learning Module available on December 10
 - » Staff will have five weeks to complete
- Safety checks occurring across all acute care
- Planning a skills check-off with role play mid January
 - » Staff can practice report with SBAR technique
 - » Unit champions will be trained to assist with check-off
- Implement full Bedside Report on Monday February 2, 2015



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Norwegian American Hospital

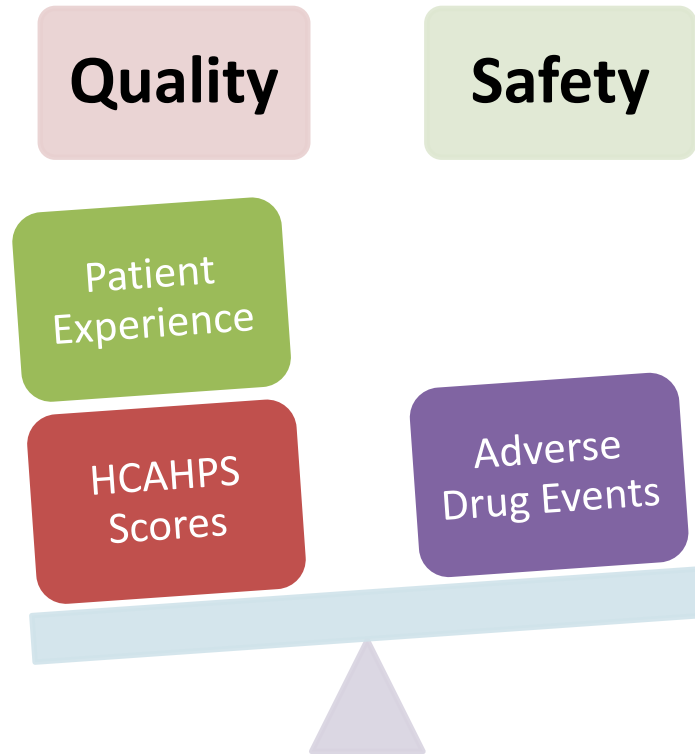
There is no “I” in Team

Charlene A. Hope, PharmD, BCPS, CPHQ, CPPS

Clinical Pharmacy Manager



Inpatient Pain Management: Balancing Act



CHALLENGES

- EHR pain assessment module
 - » Numerous fields, Free text, lack of consistency with documentation
 - » Missing key elements for documentation - non-pharmacological interventions, pain re-assessment after interventions, screening for respiratory depression
- Numerous concerns raised regarding opiate safety
 - » Patient population – history of substance abuse and/or actively addicted presented as a challenge for healthcare team



WHAT WE DID

- Interprofessional collaboration
 - » Nursing, Pharmacy and IT
- Expand nursing assessment to include sedation monitoring
 - » Pasero Opiate-Induced Sedation Scale (POSS)
 - » Hard stop for all fields
- Assigned default pain scales for mild, moderate and severe pain
 - » Helps to prevent therapeutic duplications
 - » Trigger for team to discuss multimodal pain regimen, if appropriate
- Hospitalwide educational campaign
 - » Electronic learning platform
 - » Pain Management pocketcard – distributed hospitalwide to all providers, residents, medical students
 - » CME presentation to Medical Staff, presentation emailed out to those unable to attend

PROCESS IMPROVEMENT APPROACH: IT SOLUTIONS



**New Pain Assessment
Screen Pilot
Emergency Department**

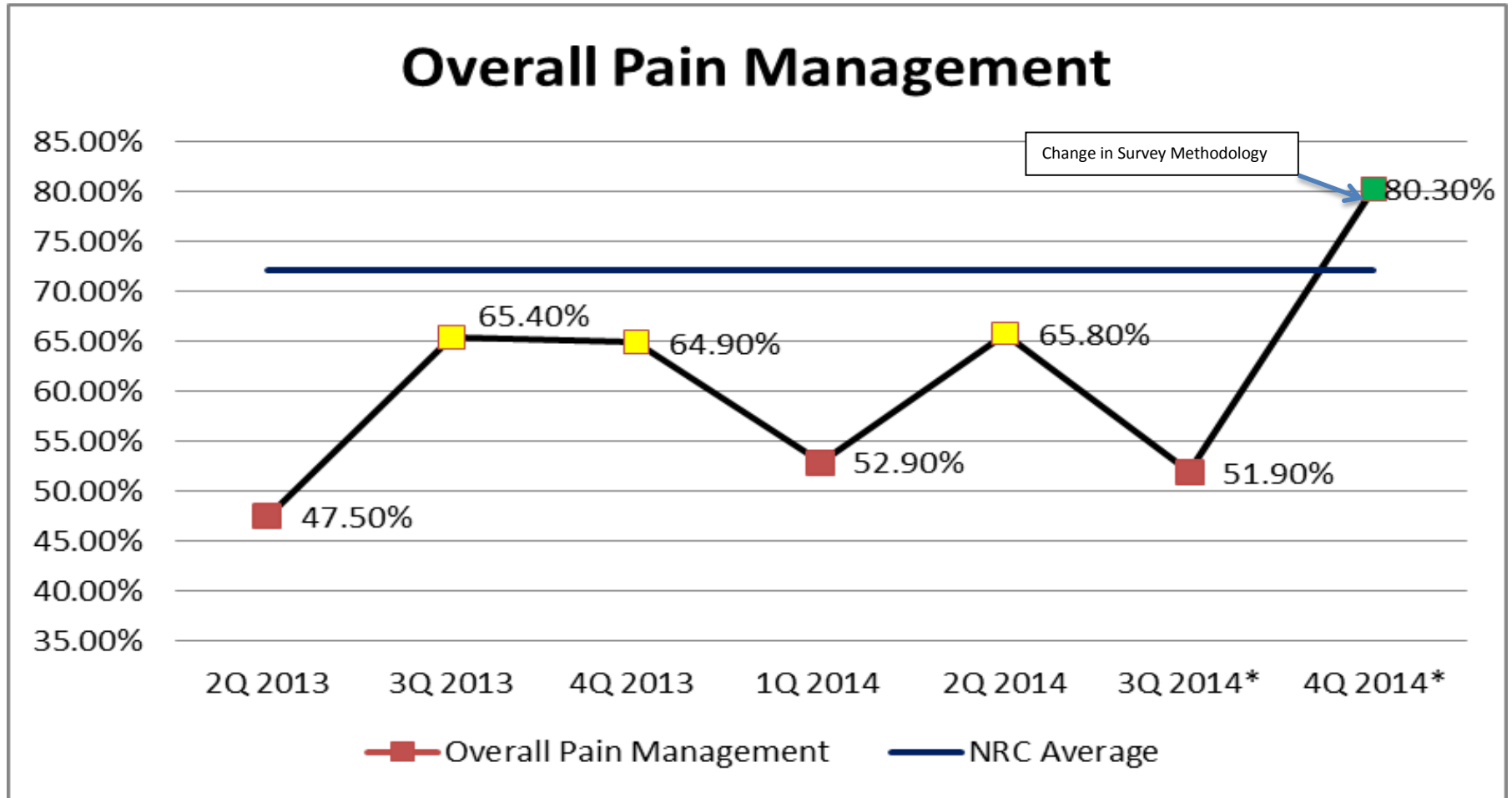


Pilot Data Review



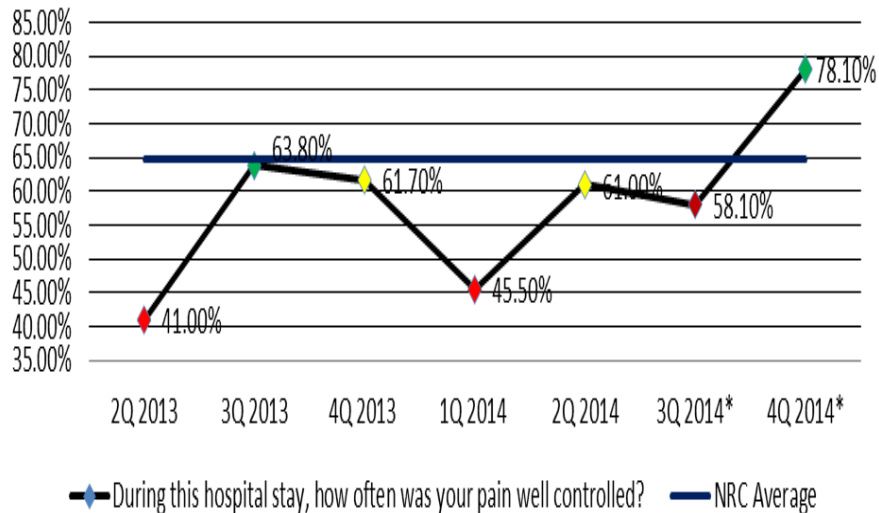
**Feedback from Frontline
Nursing Staff**

OUTCOME MEASURES - HCAHPS

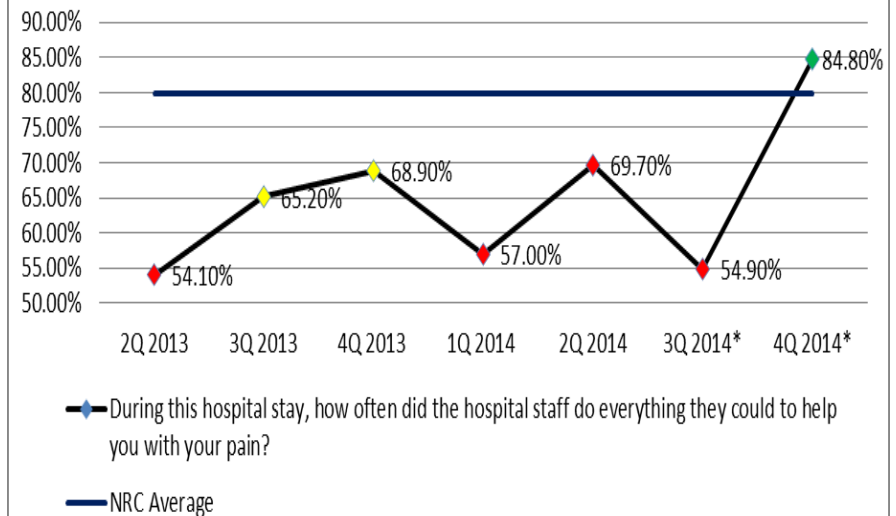


OUTCOME MEASURES - HCAHPS

During this hospital stay, how often was your pain well controlled?



During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?



LESSONS LEARNED

- **Planning**
 - » Communication Plan
 - Tailoring the message to different groups throughout the organization.
- **Implementation**
 - » Make the right thing to do the easiest thing to do
 - Constraints, Forcing Functions, Hard Stop
 - Have the right tools available – POSS tool
 - » Make the time to solicit feedback from your front-line staff “up-front”
- **Future**
 - » Fine-tuning Project Goal
 - » Focusing on the voice of the customer

QUESTION / DISCUSSION

Charlene A. Hope, PharmD, BCPS, CPHQ, CPPS

Clinical Pharmacy Manager

Norwegian American Hospital

1044 North Francisco Avenue

Chicago, IL 60647

Office: (773) 292 8200 x1083

Email: chope@nahospital.org

www.linkedin.com/in/hopepharmd/