Indiana Patient Safety Center
of the Indiana Hospital Association

IMPROVING CARE TRANSITIONS

Among Multiple Care Providers In Rural Areas

November 9, 2018

Our Mission

Indiana Patient Safety Center
of the Indiana Hospital Association

A State of Mind
Painting created by Regina Holliday during the 2018 Indiana Patient Safety Summit

- Engage and inspire health care providers
- Create safe cultures
- Create reliable systems of care
- Prevent patient harm in Indiana

We partner under the key principle that we don't compete on patient safety

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OUR MISSION

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REDUCING PREVENTABLE HARM

OUR VALUES

- Integrity
- Culture of Patient Safety
- Excellence
- Advocacy

Center for Patient Safety
Delivering Safety Culture Solutions

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WELCOME

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- *Project Review*
- *Case Example/Story*
- *Communication & LTC*
- *Communication & EMS*
- *Communication/Culture & Survey*
- *Summary*

PROJECT OVERVIEW AND OBJECTIVES

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- *Provide training and tools for hospitals, long-term care organizations, emergency medical services that support the transition of high risk patients, especially those with chronic diseases such as COPD*
- *Increase knowledge of shared accountability/Just Culture*
- *Develop and share communication tools and techniques*

ACTIVITIES

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- *Problem Identification Webinar - November*
- *Communication Webinar – December*
- *In-Person Patient Safety Forums - January*
- *Identify community members as potential partners*
  - Skilled nursing facilities that you discharge to frequently
  - Inbound and outbound EMS agencies you interact with.

WORK IMAGINED VS. WORK DONE

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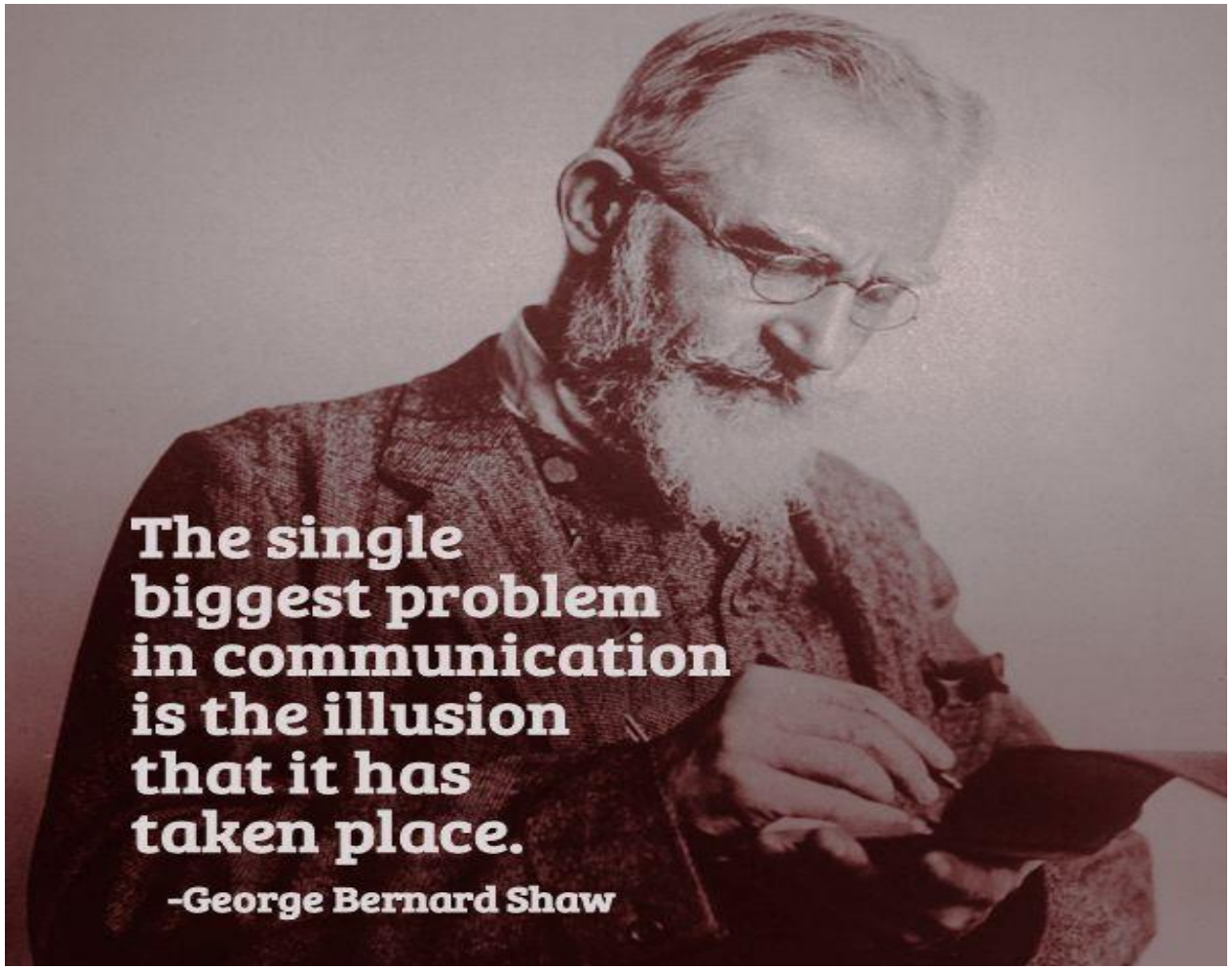

Communication Process

- Who
- What
- When
- Where
- Why
- How
- How Much

TRANSITION STORY

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TRANSITION STORY TAKEAWAYS

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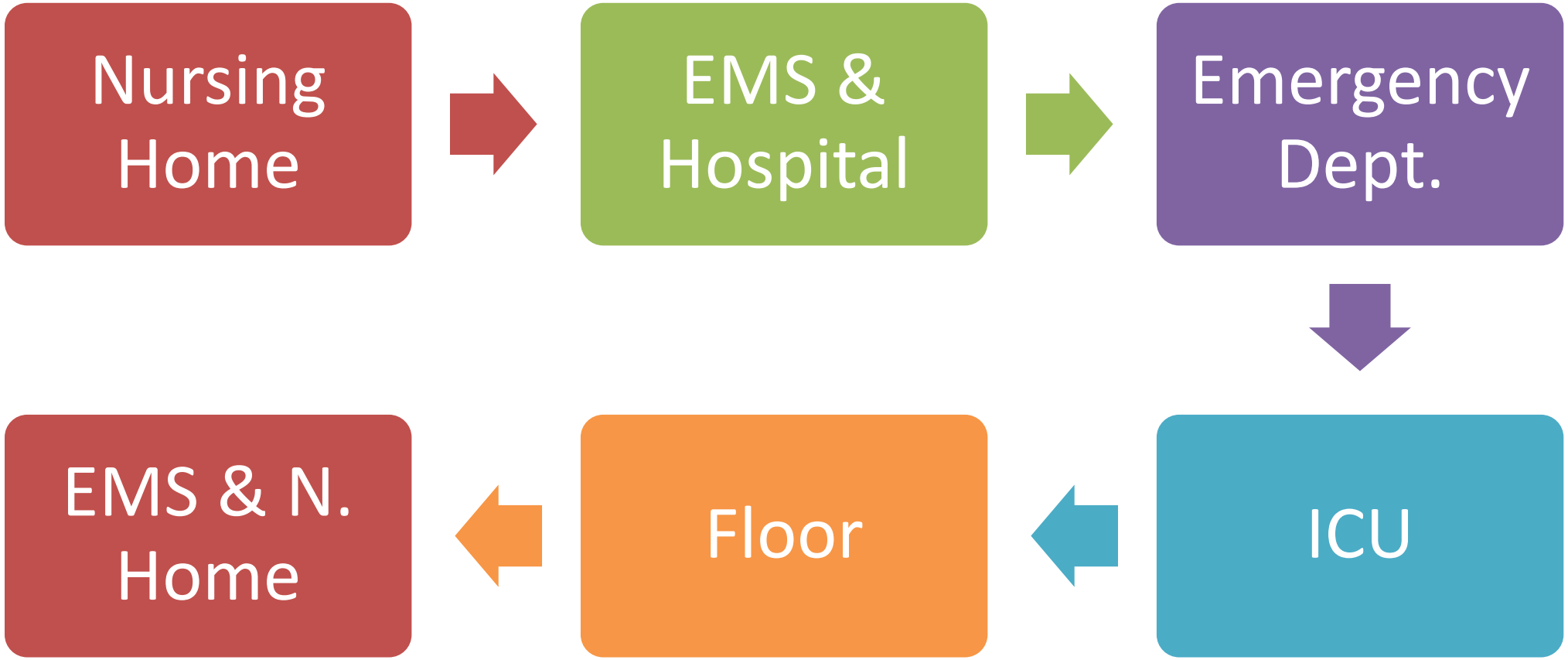

PA/LTC CHALLENGES

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Improving Patient Safety in Long-Term Care Facilities

Module 1.

Detecting Change in a Resident's Condition

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CHRONIC VS. EMERGENT

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- *Hospital Transfers: Probably an emergent situation (vs. return to LTC)*
- *Focus has been on avoiding hospitalization*

NATURE OF LTC COMMUNICATION

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- *Chart may or may not reflect changes or clinical evaluation of changes*
  - Nurse onsite?
  - Physician offsite.
  - Does staff even know of diagnosis or specific concerns?

IS THERE A FORM?

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LONG-TERM CARE HANDOFF COMMUNICATION

From ☐ SNF ☐ ICF ☐ RCF/ALF ☐ Swing Bed ☐ Rehab ☐ LTCH ☐ Group Home ☐ Other _____

LTC Center			Address
Phone			Fax
Resident's Physician ☐ Notified			Physician Phone
Resident Name (Last, First, MI)	Date of Birth	Sex	Social Security Number

Reason for Transfer ☐ Altered Mental Status ☐ Shortness of Breath ☐ Hyper/Hypoglycemia ☐ Fever ☐ Chest Pain ☐ Abdominal Pain
☐ Weakness ☐ Other _____ ☐ Injury/Fall (Describe) _____ Date/Time Onset/Injury _____

CODE STATUS ☐ See DNR Form ☐ Full ☐ Limited ☐ DNR	**ALLERGIES** ☐ No Known Allergies ☐ See MAR
☐ Durable Power of Attorney for Health Care ☐ Guardian Name Phone	Advance Directives ☐ Yes ☐ No
	Resident able to make own decisions ☐ Yes ☐ No
☐ Health Care Decision Maker or Local Contact Notified of Transfer Name Phone	Speaks English ☐ Yes ☐ No If no, specify
	Religious/Literacy Concerns ☐ None

Admissions to Hospitals/Other Facilities in Past Month ☐ None

Chronic Conditions ☐ See Diagnosis Sheet

Immunizations ☐ None ☐ Influenza ___/___/___ ☐ Pneumonia ___/___/___ ☐ Tetanus ___/___/___ ☐ TB Skin Test ___/___/___

CHECK ALL THAT APPLY

TWO-STEP PROBLEM

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EMS (safe transport) and Hospital (treatment)

BARRIERS

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- *Meeting needs of next providers*
- *Overcoming location issues*
- *Bringing right people together to gather and process information*
- *What pathway?*


HOSPITAL
#2
EMS
#2
HOSPITAL
#1
NURSING
HOME

INFORMATION EXCHANGE

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Information Exchange

WE HAVE PROBLEMS EXCHANGING INFORMATION WITH:

- Hospitals
- Dispatching Service
- Long-term Care Facilities

EMS CULTURE OF PATIENT SAFETY

TOP PRIORITIES BY DIMENSION

SURVEY RESULTS FOR CPS EMS

Rollup

DIMENSION	2018 Priority Rank	2018	QUESTION
Information Exchange	1st	33.3%	We have problems exchanging information with Hospitals. We have problems exchanging information with Dispatching Service. We have problems exchanging information with Long-term Care Facilities.
Staffing, Work Pressure and Pace	2nd	41.3%	Tiredness impacts our service's job performance.
Communication Openness	3rd	47.0%	It is difficult to voice disagreement in this service.

CLINICAL HANDOVER STUDY

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Clinical handover of patients arriving by ambulance to a hospital emergency department: A qualitative study

NerolieBostMN, RN(Research Nurse)[a]JuliaCrillyPhD, RN(Associate Professor, Nurse Researcher)[a]ElizabethPattersonPhD, RN(Professor, Head)[b]WendyChaboyerPhD, RN(Professor, Director)[c]

"Quality of handover appears to be dependent on the personnel's expectations, prior experience, workload and working relationships. Lack of active listening and access to written information were identified issues."

https://www.sciencedirect.com/science/article/pii/S1755599X11001108

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Optimizing the Patient Handoff Between EMS and the Emergency Department

Zachary F. Meisel, MD, MPH*; Judy A. Shea, PhD; Nicholas J. Peacock, DO; Edward T. Dickinson, MD; Breah Paciotti, MPH; Roma Bhatia, BA; Egor Buharin; Carolyn C. Cannuscio, ScD

Corresponding Author, E-mail: zfm@upenn.edu, *Twitter:* @zachary[illegible].

"They identified the handoff as a critical, brief window(or 'golden minute') in which they could influence the course of their patients hospital-based care."

https://www.annemergmed.com/article/S0196-0644(14)00597-6/fulltex

COMMUNICATION BARRIERS

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- *Unclear expectations*
- *Time compression*
- *Confusing factors*
- *Authority gradients*
- *Interdisciplinary strain*
- *Critical information requiring a decision*
- *Competing technology -Phone, Text, Pagers*

A positive safety culture is expected to result in decreased risk, fewer errors, adverse events and other negative safety outcomes.

WHAT IS THE PROBLEM?

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- *Healthcare has been punitive.*
- *Employees are afraid to speak up if they make a mistake or have a near miss or there is an unsafe condition.*
- *How can you fix it if you don't know about it?*

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EMBEDDING PATIENT SAFETY

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- ***Prevent*** *errors*
- ***Learn*** *from errors that occur*
- ***Build*** *on a culture of safety*

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WHAT IS PATIENT SAFETY CULTURE?

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- *Employees' **beliefs** drive their behaviors*
- *If shortcuts are tolerated, they become the **norm***
- *A punitive **environment** discourages open communication*
- *If **leadership** does not prioritize patient safety, no one will*

ASSESSING YOUR CULTURE

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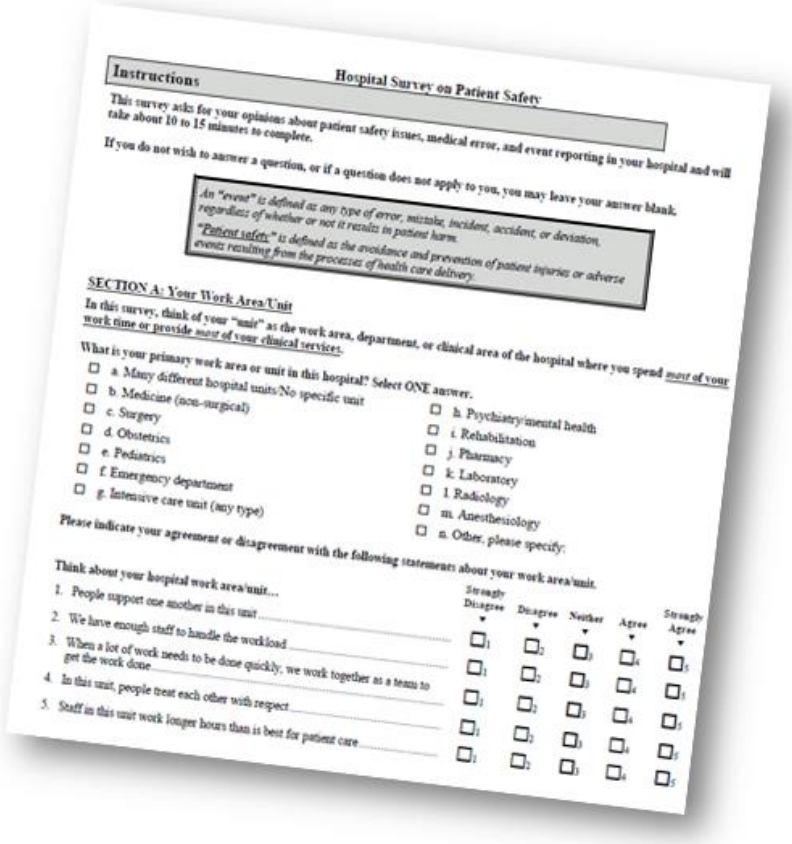
- *Who*
- *What*
- *How*
- *When*
- *Where*



Hospital Survey on Patient Safety

Instructions

This survey asks for your opinions about patient safety issues, medical error, and event reporting in your hospital and will take about 10 to 15 minutes to complete.

If you do not wish to answer a question, or if a question does not apply to you, you may leave your answer blank.

An "event" is defined as any type of error, mistake, incident, accident, or deviation, regardless of whether or not it results in patient harm.

"Patient safety" is defined as the avoidance and prevention of patient injuries or adverse events resulting from the processes of health care delivery.

SECTION A: Your Work Area/Unit

In this survey, think of your "unit" as the work area, department, or clinical area of the hospital where you spend most of your work time or provide most of your clinical services.

What is your primary work area or unit in this hospital? Select ONE answer.

- a. Many different hospital units/No specific unit
- b. Medicine (non-surgical)
- c. Surgery
- d. Obstetrics
- e. Pediatrics
- f. Emergency department
- g. Intensive care unit (any type)
- h. Psychiatry/mental health
- i. Rehabilitation
- j. Pharmacy
- k. Laboratory
- l. Radiology
- m. Anesthesiology
- n. Other, please specify:

Please indicate your agreement or disagreement with the following statements about your work area/unit.

Think about your hospital work area/unit...

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. People support one another in this unit	1	2	3	4	5
2. We have enough staff to handle the workload	1	2	3	4	5
3. When a lot of work needs to be done quickly, we work together as a team to get the work done	1	2	3	4	5
4. In this unit, people treat each other with respect	1	2	3	4	5
5. Staff in this unit work longer hours than is best for patient care	1	2	3	4	5

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ANALYZING YOUR DATA

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- *Understand it*
- *Filter it*
- *Compare it*

PLANNING ACTION

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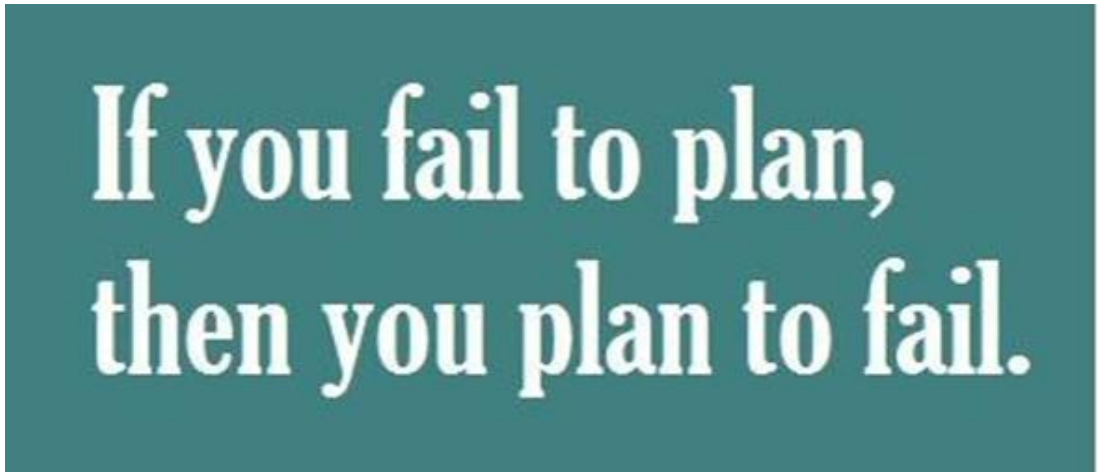
- *Goals*
- *Planned initiatives*
- *Resources*
- *Process and outcome measures*
- *Timelines*



SUMMARY

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- *Communication, Communication, Communication*
- *Leadership*
- *Teamwork*
- *Culture*
- *Measure*

QUESTIONS

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CPS SAFETY TEAM

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KATHY WIRE
JD, MBA, CPHRM, CPPS
Project Manager

ALEX CHRISTGEN
CPPS, CPHQ
Executive Director

EUNICE HALVERSON
MA, CPPS
Patient Safety Specialist

TINA HILMAS
RN, BSN, MS, CPPS
Assistant Director

LEE VARNER
MSEMS, EMT-P.
CPPS
Patient Safety Director

NOT PICTURED

AMY VOGELSMEIER
PhD, RN, FAAN
Patient Safety Researcher/Analyst

NOT PICTURED

JENNIFER LUX, Office/Program Manager
SHELBY COX, Patient Safety Coordinator
AIMEE TERRELL, Office Coordinator
AMANDA TEEL, Marketing Representative

CPS PROJECT LEADERS

Indiana Patient Safety Center
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TINA HILMAS RN BSN MS CPPS

thilmas@centerforpatientsafety.org

KATHY WIRE JD MBA CPHRM CPPS

kwire@centerforpatientsafety.org

QUALITY AND PATIENT SAFETY TEAM

Indiana Patient Safety Center
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Becky Hancock
Patient Safety & Quality Advisor
317-423-7799
rhancock@IHAconnect.org

Annette Handy
Clinical Director, Quality and Patient Safety
317-423-7795
ahandy@IHAconnect.org

Karin Kennedy
Vice President, Quality and Patient Safety
317-423-7737
kkennedy@IHAconnect.org

Rachel Kimmel
Tobacco Prevention & Cessation Quality Advisor
317-423-7728
rkimmel@IHAconnect.org

Casey Hutchens
Patient Safety Project Coordinator
317-974-1457
chutchens@IHAconnect.org

Patrick Nielsen
Patient Safety Data Analyst
317-423-7740
pnielsen@IHAconnect.org

Madeline Wilson
Patient Safety & Quality Advisor
317-974-1407
mwilson@IHAconnect.org

Kim Radant
Consultant, Special Projects
kradant@IHAconnect.org

Shelby Hornback
Patient Safety Intern
shornback@IHAconnect.org