

 *Coalition for Care*
IHA's Hospital Engagement Network

 **Indiana Hospital Association**
**INDIANA PATIENT
SAFETY CENTER**

Implementing P&FE Health Care Team Level Strategies

June 12, 2013

 **Indiana Hospital Association**

Webinar Agenda

- Overview & Introductions – *Kathy Wallace*
- Patient and Family Activated Rapid Response and Discharge Planning Checklist – *Alyson Harrell, Director of Innovation, Reid Hospital & Health Care Services*
 - Patient & Family Advisor Response – *Bob and Barb Malizzo*
- Bedside Change of Shift Reports and Teach Back Highlights and Resources – *Carrie Brady*
 - Patient & Family Advisor Response – *Bob and Barb Malizzo*
- Questions

Evaluation

- Webinar funded by CMS through the *Partnership for Patients*
- CMS wants 80% of participants to evaluate educational sessions
- As part of this initiative, our organization agrees to:
 - Participate and evaluate: Participate in educational sessions and technical assistance offerings and provide feedback and session evaluation in a timely fashion.
- Please complete the simple evaluation by June 19, 2013: https://www.surveymonkey.com/s/2013_06_12_PFE

Polling Question #1

- Does your hospital have a rapid response team?

Yes, staff activated only

Yes, patients/families and staff can activate it

No

Reid Hospital & Healthcare Services



Reid Hospital & Healthcare Services

- Reid Hospital is a not-for-profit 223-bed regional referral medical center serving east central Indiana and west central Ohio.
- Reid's service area is home to about 280,000 people and includes five Indiana and two Ohio counties.
- 2,115 employees
- 170 active physicians

Rapid Response Team

- Reid implemented a Rapid Response Team in August of 2005
- Designed by a multidisciplinary team consisting of: nursing, respiratory therapy, laboratory, & EKG technician
- Team members who respond are: Critical Care Charge Nurse, Respiratory Care, Phlebotomist, EKG Technician, Patient Transportation & the House Supervisor

Condition H

- Condition H grew out of the Rapid Response Team
- During our research of RRT's we came across information on the Josie King Foundation
- Josie King was an 18 month who died at Johns Hopkins from dehydration & a wrongly-administered narcotic in 2001
- A video by her mother, Sorrel King, was so compelling that Reid felt we had to implement Condition H

Condition H

- Multidisciplinary team consisting of nursing, respiratory care, phlebotomy, EKG technician & the House Supervisor began meeting in late 2005 to develop
- Initially there was resistance
- Concerns about patients abusing the system for generalized needs were raised
- Decision was made to trial on a 90 day basis to see what the volume of calls would be
- Condition H team members are the same as the Rapid Response team members

Condition H

- Worked with IT to include the patient education portion of Condition H in the patient Admission History
- Initially built in Siemens Invision
- Currently contained in the Admission History in Siemens Soarian Clinicals

SIEMENS Soarian® [TEST] - Windows Internet Explorer

http://src0nz-1st.asp.siemensmedical.com/020532747_R0NZ_t/dsk/dklogon.pba

File Edit View Favorites Tools Help

SIEMENS Soarian® [TEST]

SIEMENS Alyson Harrell Emergency Department

Census Service Providers Search Links Print Help Log Off

TEA, GREEN | DOB: 11/22/1977(35y) ♂ | Emergency Department... | Attending Robert Bode, MD | Care Team

Allergies: (0) NKA | Acct#: 16248932 | MR#: 450902 | Emergency Department | Admit Date: 02/26/2013(99) | EOP | Emerge...

Patient Record Clinical Summary Charting Plan of Care Orders Visit

Admission History Entered / Revised by Alyson Harrell Scheduled N/A

Update Patient Allergies NKA NKA NKA NKA

Admission History

- Admission Hi...
- Patient History
- Med/Surg His...
- Med/Surg Hx2
- ImmunNutrition
- Referrals/DC...
- Advance Dire...
- Medication H...

Allergies Home Medications Interventions Med / IVs Med Admin Check Notes Manual Result Documentation CDP Clinical Letters

Patient Belongings

Description	Location
Belongings have been addressed, instructed to send clothes, medication and valuables home, informed that the hospital is not responsible	
<input type="checkbox"/> Item in Safe	
<input type="checkbox"/> Cash/Credit Card/Jewelry	
<input type="checkbox"/> Glasses	
<input type="checkbox"/> Contacts	
<input type="checkbox"/> Dentures	
<input type="checkbox"/> Hearing Aid	
<input type="checkbox"/> Artificial Eye	
<input type="checkbox"/> Artificial Arm	
<input type="checkbox"/> Artificial Leg	
<input type="checkbox"/> Crutches	
<input type="checkbox"/> Wheelchair	
<input type="checkbox"/> Cane/Walker	
<input type="checkbox"/> Brace	
<input type="checkbox"/> Home Medical Items	
<input type="checkbox"/> Electronic Devices	
<input type="checkbox"/> Other Home Items	

Orientation

Oriented to Condition H [Condition H Policy](#)

Oriented to Armband

Oriented To

All policies includes: Bathroom, Bed operation, Call light, Chaplain, Electrical appliance, Emergency light, No Smoking, Patient and Visitor Guide, Phone, TV, Visiting

A_R_AdmissionHx [Top](#)

Collected 06/05/2013 15:32 Charted for Status Complete

SIEMENS Soarian® [TEST] - Windows Internet Explorer

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File Edit View Favorites Tools Help

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TEA, GREEN | DOB: 11/22/1977(35y) | Emergency Department... | Attending: Robert Bode, MD | Care Team

Allergies: (0) NKA | Acc#: 16248932 | MR#: 450902 | Emergency Department | Admit Date: 02/28/2013(99) | EOP | Emerge...

Admission History Entered / Revised by Alyson Harrell Scheduled N/A

Admission Hi... Patient History Med/Surg His... Med/Surg Hx2 ImmunNutrition Referrals/DC... Advance Dire... Medication H...

Allergies Home Medications Interventions Med / IVs Med Admin Check Notes Manual Result Documentation CDP Clinical Letters

Belongings have been addressed, instructed to send clothes, medication and valuables home, informed that the hospital is not responsible

Item in Safe
 Cash/Credit Card/Jewelry
 Glasses
 Contacts
 Dentures
 Hearing Aid
 Artificial Eye
 Artificial Arm
 Artificial Leg
 Crutches
 Wheelchair
 Cane/Walker
 Brace
 Home Medical Items
 Electronic Devices
 Other Home Items

Orientation

Oriented to Condition H

Oriented to Amband

Clear All
 Patient
 Family
 Unable

Bed operation, Call light, Chaplain, Electrical appliance, Patient and Visitor Guide, Phone, TV, Visiting

Collected 06/05/2013 3:32

Charted for

Status Complete

Done

Trusted sites | Protected Mode: Off

3:35 PM 6/5/2013

Condition H

- Initially tri-fold brochures were printed & given to patients on admission
- Full page Condition H instructions were hung on the patient white boards
- Condition H is now in the Patient & Visitor Guide
- The nurse obtaining the patient history reviews Condition H with the patient &/or family on admission – it is a mandatory field in the Admission History

Patient & Visitor Guide

Your safety is our priority (Continued)

Leading hospitals like Reid have developed and implemented programs that encourage the participation of families to call for immediate help should they feel their loved one is in a life-threatening situation which has not been addressed.

Condition H is that program at Reid.

CONDITION H: HELP FOR FAMILIES; SAFETY FOR PATIENTS

In a 2001 nationally reported case at John Hopkins Children Center, an 18-month-old girl died as a result of a series of poor communication that led to medical errors. The child's family was the first to see the warning signs of a change in condition.

They conveyed those concerns but staff members largely ignored them. Since then, leading hospitals like Reid have developed and implemented programs that encourage the participation of families to call for immediate help should they feel their loved one is in a life-threatening situation which has not been addressed. **Condition H** is that program at Reid.

Condition H takes our commitment to safety a step further by offering patients and families a way to call for immediate help when they feel they are not receiving adequate medical attention. It makes patients and families partners on our care team. Because of familiarity and knowledge of a patient, many times a loved one can be the first to see warning signs of a change in condition. As part of our team, we truly want patients and families to ask questions and voice their concerns. In almost all cases, patients or family members can share this information with caregivers who will act on their concern. Sometimes, however, communication fails. That is when a patient or family member can call **Condition H**.

Call Condition H when:

- a noticeable medical change occurs in the patient and the health care team does not recognize the concern; or
- the patient or family member has spoken to nurses or physicians and serious concerns remain on how care is being planned, managed or given.

To activate **Condition H**, dial 5555. Reid's operator will answer and activate the team. A critical care nurse, respiratory therapist and nursing supervisor will respond immediately to your alert.

Safety is a priority at Reid. By offering **Condition H** to patients and families, we are making a substantial commitment to a true team approach to care and taking another step in our commitment to safety.

For more information on Reid **Condition H** without activating the team, please call (765) 983-3000 and ask for the Nursing House Supervisor.

CALL, DON'T FALL

Some patients, because of their illness or medications involved in treatment, are at greater risk for falling. If you have been told not to get up without assistance, please don't be tempted even when you feel better—call us to help when you need to get up. Falls can be serious and can also delay your healing and discharge. So please call—don't fall!

Condition H Results

- Since our launch in 2006 we've had 3 Condition H calls
- All three were due to poor communication on the part of the healthcare providers with the patient &/or family, “failure to close the loop”
- They all felt that they were not being listened to & they were not getting their questions adequately answered
- The House Supervisor facilitated communication with the physician & other team members

Condition H Results

- There have been none in the last 2 years
- I attribute that to:
 - VOICE training throughout the organization
 - Increased customer focus emphasizing inclusion of the patient and their family in decisions & discussions
 - “Patient centered, relationship based care”

VOICE

- In 2010 Reid contracted with Customer Focus, Inc. to conduct Customer Focused training for all staff, & volunteers
- Physicians began training in 2012
- The training was built around Relationship-Based Care/Service
- Total of ten 1 hour sessions for each employee
- Volunteer training was one 4 hour session

Lean Initiatives

- Reid hired a Lean facilitator in March 2009
- Multiple Kaizens involving Nursing including:
 - Inpatient Discharge Process
 - Pain Management
 - ED Triage and Flow
 - Falls Reduction
 - High Alert Medications
 - Hourly Rounding
 - Monitor Tech/Nursing Communications
 - Nursing Home Coalition

Lean

- Looking to remove waste & inefficiency in the system
- Involves the frontline staff as well as managers
- Use Rapid Cycle Change methodologies to implement change

Lean Results

- 2012 resulted in over \$24million in savings to the organization
- 2013 to date has resulted in \$4.7 million in savings to the organization

Discharge Video

- Came out of the Inpatient Discharge Process Kaizen
- Discharge Video contains much of the information in the Patient & Visitor Guide on the discharge process
- The video is brought up & started for the patient either by our patient financial advocate, nurses caring for the patient or the Case Manager
- Can be viewed multiple times prior to discharge

Discharge Video

- Prepares them for the discharge process including the fact that it will be approximately 3 hours from the time the discharge order is written until all necessary paper work & instructions have been completed
- Reminds them to use the Discharge checklist to make sure they are well prepared for discharge
- Instructs the family on where to pick up the patient to help decrease confusion – actually shows the entrance/exit they should use

Discharge Video

- Contracted with a Videographer from Indianapolis to do the shoot
- Script was written by me based on the discharge process and the components of the Patient & Visitor Guide
- The Video has been in use for about a month
- Improvement in HCHAPS on communication w/ nurses is 0.19 from meeting the 95th percentile
- Discharge is 1.44 away from meeting the 95th percentile

Patient and Family Perspective

Bob and Barbara Malizzo

Questions?



Bedside Change of Shift Reporting and Teach Back

Highlights and Resources

Polling Question:

- Is your organization using bedside shift reporting?
 - ✓ Yes, house-wide
 - ✓ Yes, in some departments/units
 - ✓ No

Bedside Change of Shift Reporting Benefits Include:

- Promotes quality and safety
- Engages patient and family as part of the care team
- Improves patient experience
- Improves teamwork and accountability

See e.g. Wakefield et al., *Making the Transition to Nursing Bedside Shift Reports*, Joint Commission Journal on Quality and Patient Safety, June 2012.

Set the Right Tone



Support Staff in Transitioning to the Bedside

- Consider creating a system to structure the bedside report, such as:
 - Look[©]: Locate to the Bedside, Obtain Information, Observe the Patient, Keep It Timely (University of Colorado Hospital)
Hagman J. et al., Lessons Learned from Implementation of a Bedside Handoff Model, JONA, June 2013.
 - ISHAPED (Introduce, Story, History, Assessment, Plan, Error Prevention, Dialogue) (INOVA Health System)

Bedside Shift Reporting Tools

- INOVA ISHAPED Training Materials
<http://alwaysevents.pickerinstitute.org/?p=1251>
- Memorial Hospital and Health Care Center (Jasper, Indiana) Bedside Shift Report Template
- Agency for Healthcare Research and Quality Toolkit (to be released July 2013) (will be disseminated by IHA when available)

Engage the Patient and Family

- During Implementation Phase
- Upon Admission
 - Explain purpose of process and patient/family role
- Prior to Change of Shift
 - Encourage patients to identify questions
- During Each Report

“For the longest time I didn’t know the staff was doing this (bedside shift report) for me. They came into the room and had their conversation but it wasn’t until someone told me that I was welcome to participate that I started listening.”

Using Teach Back

- Teach Back Is:
 - A communication process designed to ensure that the provider has explained things clearly
- Teach Back Is Not:
 - A quiz
 - Asking the patient “Do you understand what I just said? Do you have any questions?”

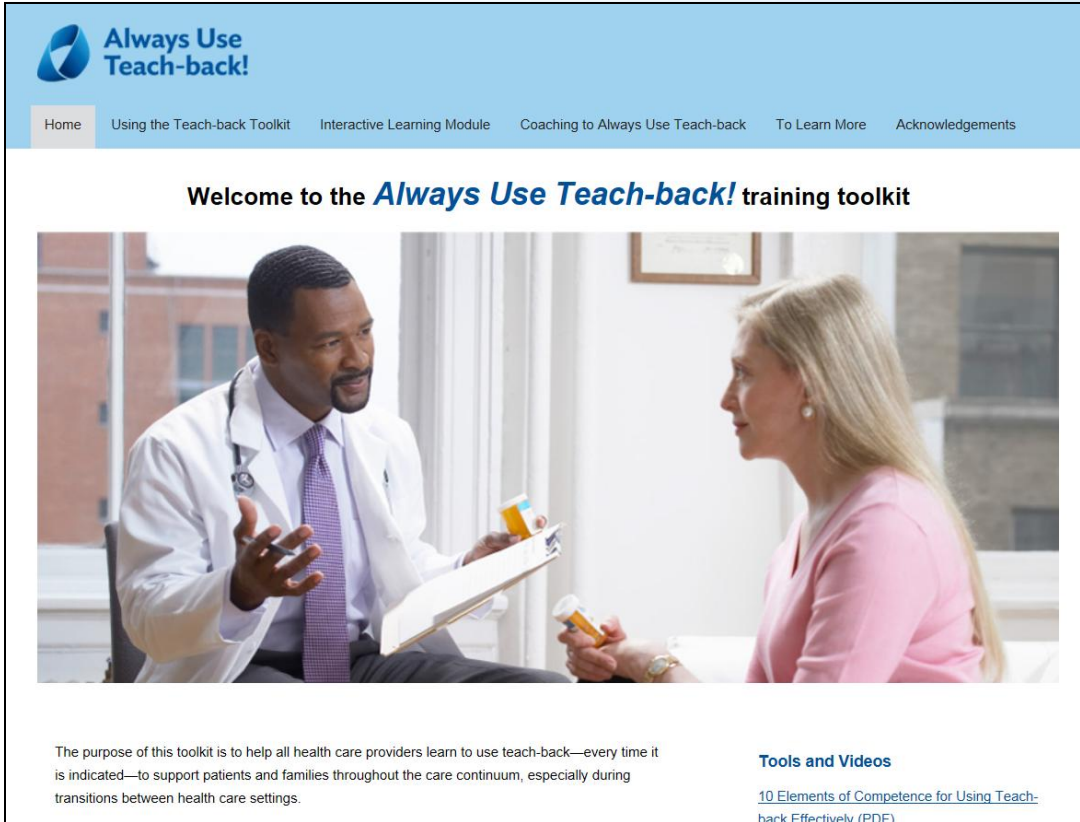


Use Teach Back to Invite Dialogue

- Teach back uses open ended questions to assess whether the provider has explained the information clearly
- The patient is asked to explain back in their own words what the provider communicated
- A simple example: 3 most important things list
- Remember to invite discussion about anything the patient wants to discuss

Teach-Back Resource


Always Use Teach-Back! Toolkit *Iowa Health System*



Always Use Teach-back!

Home Using the Teach-back Toolkit Interactive Learning Module Coaching to Always Use Teach-back To Learn More Acknowledgements

Welcome to the **Always Use Teach-back!** training toolkit



The purpose of this toolkit is to help all health care providers learn to use teach-back—every time it is indicated—to support patients and families throughout the care continuum, especially during transitions between health care settings.

[Tools and Videos](#)
[10 Elements of Competence for Using Teach-back Effectively \(PDF\)](#)

- Facilitates communication through use of the teach-back method
- Extensive training toolkit developed, including:
 - Videos
 - Evaluation Tools
 - Coaching Tips

Patient and Family Perspective

Bob and Barbara Malizzo

Call to Action

- In the next 30 days:
 - If you have a rapid response team, make plans to allow patients and families to activate it within the next 6 months
 - If you are not already doing bedside shift reporting, develop a plan for implementation of bedside shift reporting within the next 6 months
 - If you already have bedside shift reporting, evaluate whether you are fully engaging patients and families in the process

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Next Webinar

Implementing P&FE Strategies at the Organizational Level July 10, 11 a.m. – 12 p.m. ET

- Carrie Brady will speak about incorporating patient representation onto a Governing or Leadership Board.
- Dr. Timothy McDonald, MD, JD, will be sharing the nuts and bolts of how to bring patients onto your quality committees. Dr. McDonald is a physician-attorney who has been involved in quality and patient safety efforts at the University of Illinois Medical Center for the 15 years. He was a founder of the UIC Institute for Patient Safety Excellence [UIC IPSE] and one of the original Co-Executive Directors of the Institute.

Thank you