South Central HIINergy Partners

Six states partnering for quality and patient safety through the Hospital Improvement Innovation Network

"Transforming Cultures for Safety"

AUGUST 2, 2017







Kansas Healthcare

FOUNDATION





Safe Hospitals. Safe Patients.



Webinar features

- •We encourage everyone to utilize the chat box to give your input to questions posed to the group or to ask a question
- The slides and additional documents can be downloaded from the box below titled "Files". Highlight the file and then click download.

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South Central HIINergy Partners Agenda

August 2, 2017

- Welcome and overview
- Why I'm HIIN
- Who is here?
- PFE Recap
- Readmission Challenge
- **Hospital Presentations:** "Communication Strategies for Safety"
- > Facilitated Discussion
- Resource Highlights
- Upcoming Events and Reminders
- Contact Us

Purpose

The South Central HIINergy Partners is a group of six geographically proximal state hospital associations (SHA) that have partnered together to create synergy and an enriched virtual learning experience for participating HIIN hospitals as we work together with shared aims in achieving a 20% reduction in all-cause harms and a 12% reduction in all-cause readmissions.

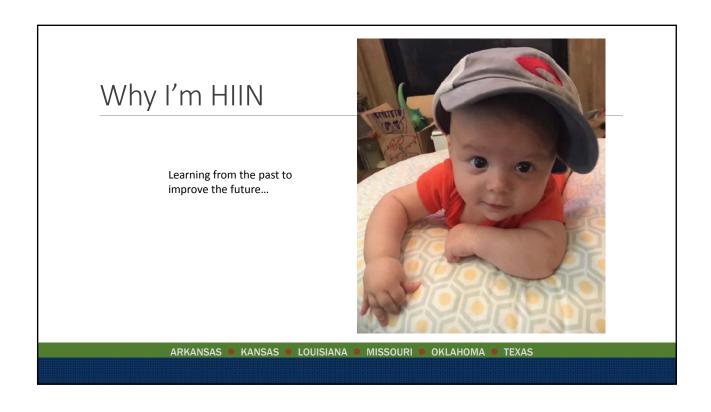


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Creating HIINergy together!

State	Number of Hospitals in HIIN
Arkansas	57
Kansas	118
Louisiana	99
Missouri	73
Oklahoma	46
Texas	132
TOTAL	525

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Let's hear from you



We are glad you have joined us. Which is your state?

- Arkansas
- Kansas
- Louisiana
- Missouri
- Oklahoma
- Texas

Creating HIINergy together!

Mark your calendars!

Bi-monthly HIINergy webinars will take place on 4th Wednesdays from 10 to 11 a.m. CT. Links to pre-register for each webinar will be provided by your state lead.

2017 Schedule	Tentative HIIN Topics	State Lead
January 25	Getting Started	Arkansas
March 22	Up Campaign	Oklahoma
May 24	Patient and Family Engagement	Louisiana
August 2	Transforming Cultures for Safety	Texas
September 27	Equity and Diversity	Kansas
November 15	Sepsis	Missouri

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A Recap: "Engagement – Courting Patients and Families" What you told us was helpful.....

Hearing what is working and how it was implemented

Real hospitals and processes they have in place **Reinforcement of practices that work!**

Specific examples provided by different facilities

Collaborative mobility program for early geriatric mobility

Ochsner North Shore Medical Center's presentation on how to engage, develop AND ensure their Board engagement

Tips for putting together a PFAC Board or Committee

Make it fun

Logistics shared (who, how, when, where, etc.)

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Let's hear from you



Select any new action you took after participating in "Engagement – Courting Patients and Families!" (Check all that apply)

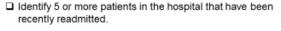
- Reevaluated where we are
- Developed a process to create a Hospital Board dedicated to Patient/Family Engagement
- Approached leadership so they are aware of the benefits
- Created a PFAC "buzz" (advertised group, posted pictures, added PFAC information to our hospital newsletter, etc.)
- Started thinking about patients and family members who might serve on a committee
- Developed an application and interview process for potential advisors
- Invited the PFAC to hospital events
- Shared available resources (print documents, PFAC listserv, Fellowship opportunities)
- Shared some of the ideas with our PFAC (white board review, courtesy charging stations, etc.)
- Other (chat in what you did!)

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HIIN Readmissions Challenge

Cake A Dive, Interview Five





- Interview five patients/caregivers using the ASPIRE 2 tool.
- Aggregate interview results using the Readmission Case Review Analysis tool.
- Analyze responses for new insight regarding "why" patients soon returned to the hospital.
- Share what you learned with HIINergy Partners using the SurveyMonkey link below.

ASPIRE 2 Tool: www.hret-hiin.org/resources/display/aspire-tool-2-readmission-review-tool

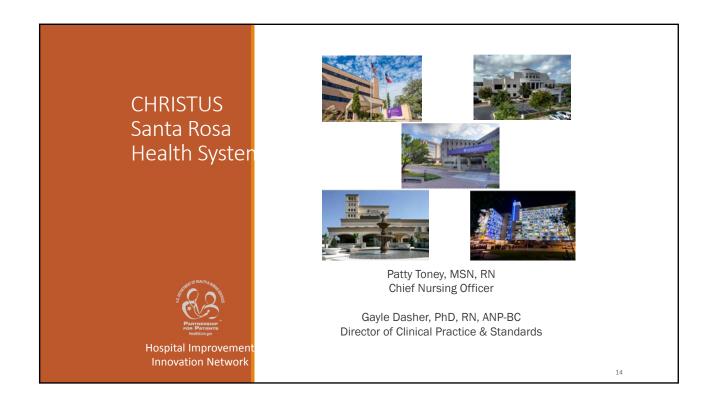
Readmissions Case Review Analysis Tool: www.hret-hiin.org/resources/display/readmission-case-review-and-analysis

Hospital Feedback Survey: https://www.surveymonkey.com/r/hiin-readmissions-dive

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Bedside Shift Report 1.0

- Initial implementation in 2012-2013 with good results
 - √ Improved communication scores
- Challenges sustaining the momentum
 - ✓ Inconsistencies in the process
 - √ No defined competency validation
 - √ No continuing "check up and check in"
- **Decline** in outcome parameters



"Reboot the App": BSR 2.0

- Need to *reset and re-state* the expectations
- Dedicated efforts to P-D-C-A
 - √ Used data as our launching point
 - Evaluated "best practices" regarding bedside shift report
- Developed a renovated package: what do we want BSR to look like?
- Determined pertinent outcome measures
 - √ "Communication with nurses"—HCAHPS
 - √ Harm score

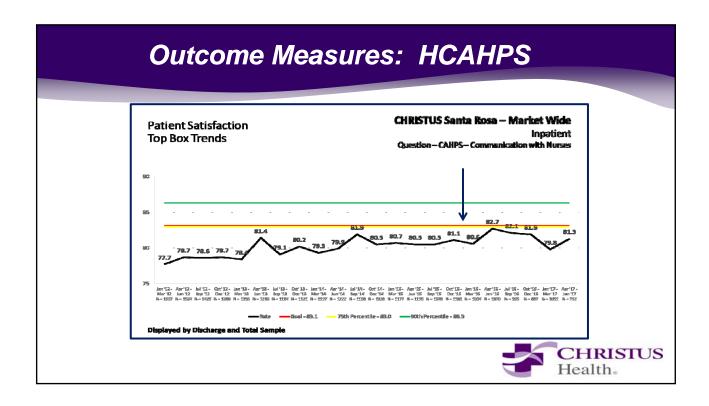


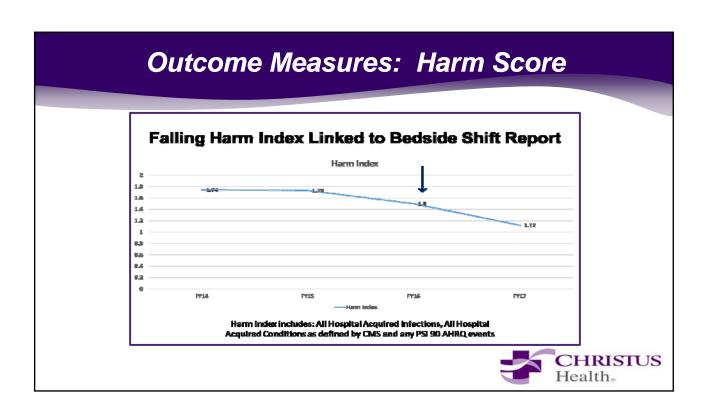
BSR 2.0 Training Package

- Designed standardized training "package"
 - Presentation emphasizing patient engagement and patient safety
 - √ Created "scripting"
 - ✓ Pocket card with standard elements
 - ✓ Bedside report scenarios in the simulation lab
 - √ Competency validation tool
 - √ Rounding tool for directors/managers
- "Check up" in annual competency validation









Our Take-Aways

- Learnings
 - √ The *more consistent, the better*
 - √ *Reinforce* the important elements
 - √ Hold people *accountable*
- Challenges
 - √ Nursing leadership needs to be *attentive* to little slips
 - √ Share the successes and slips with staff
 - √ Remain *vigilant*
 - ✓ Establish *expectation* early



Childress Regional Medical Center

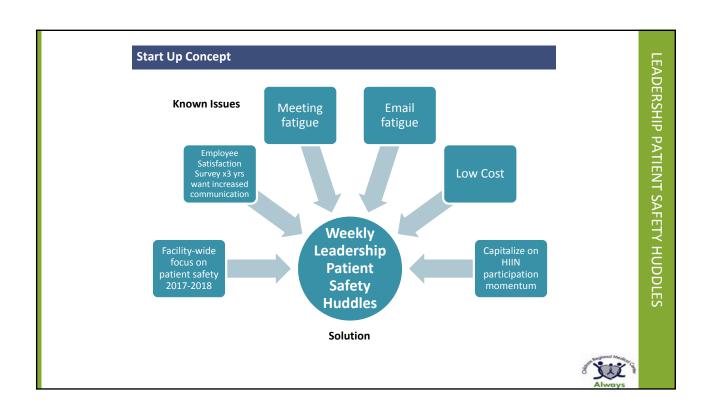




Holly Holcomb, RN, BSN Chief Operating Officer

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Educate ourselves

What is a patient safety huddle?

- A brief meeting (15 20 minutes)
- · Stand up meeting
- · Consistent schedule
- Builds teamwork through communication and cooperative problem solving
- Ensures common understanding of focus and priorities for the week
- · Awareness....not problem solving
- · Assign problem owners for follow-up outside of huddle

Ask our friends for help.

- HIIN listserv submission
- HIIN website resources

Quality+ Safety Where quality of our and the safety of our patients guides recoviling in a do.

Educate Department Leaders

- "confused people won't move"...Tim Durkin
- huddle presentation email me and I'll gladly share our version
- · Excitement is contagious!
- If you treat it as important, they will too.



Indicators (20 in 20)

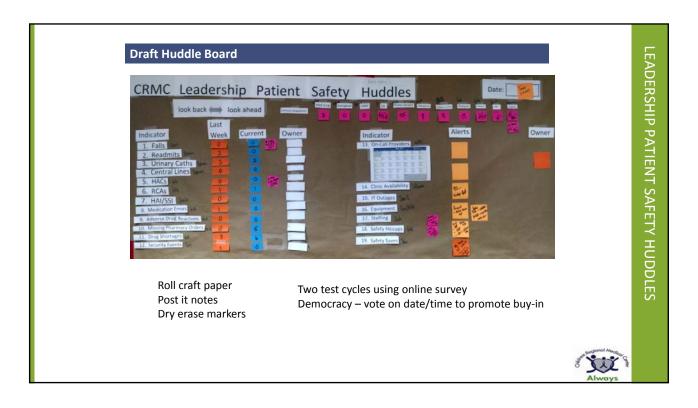
- 1. Census Snapshot
- 2. Falls
- 3. Readmits
- 4. Urinary Catheters
- 5. Central Lines
- 6. HAC's (PAE's & HAI's)
- 7. RCA's
- 8. HAI/SSI
- 9. Medication Errors
- 10. Adverse Drug Reactions

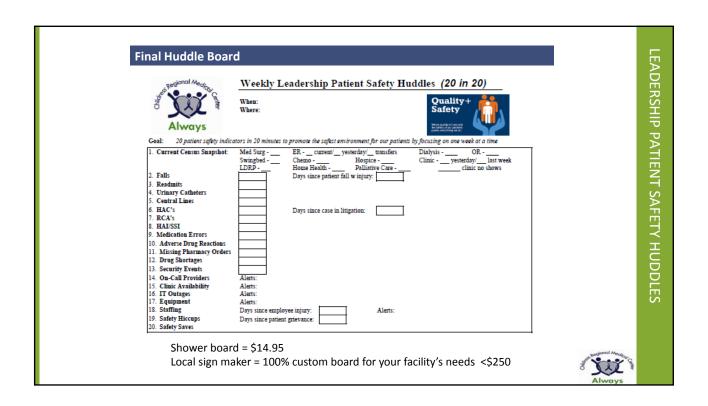
- 11. Missing Pharmacy Orders
- 12. Drug Shortages
- 13. Security Events
- 14. On-Call Providers
- 15. Clinic Availability
- 16. IT Issues
- 17. Equipment
- 18. Staffing
- 19. Safety Hiccups
- 20. Safety Saves (stories)





LEADERSHIP PATIENT SAFETY HUDDLES





Outcomes

Communication

- Promotes team atmosphere; nicknamed "family meeting"
- Great multidisciplinary awareness; "I never knew"
- Why it's all important and how it all fits
- What you look at improves
- Safety alert emails removed authority gradient
- Fast paced; effective





Outcomes

Safety

- Identified more near misses in 3 months since go-live than entire previous year
- BO "I never considered patient name alerts, etc prior to attending huddle and hearing the stories. It changed the way I think".
- Urinary catheter awareness walk back to unit and see if medically necessary; UA's
- Central line awareness –provide immediate teaching opportunity for low volume procedures
- Equipment , Security, Physician availability and IT alerts
- Nursing Management has started their own weekly safety huddle...it's growing!





Don't be overwhelmed....keep your eye on the prize

Goal: 20 patient safety indicators in 20 minutes to promote the safest environment for our patients by focusing on one week at a time.





LEADERSHIP PATIENT SAFETY HUDDLES

Holly Holcomb, RN, BSN Chief Operating Officer 940-937-9178 hholcomb@childresshospital.com











Diana Ruiz, DNP, RN, APHN-BC, CCTM, CWOCN, NE-BC Director of Population and Community Health

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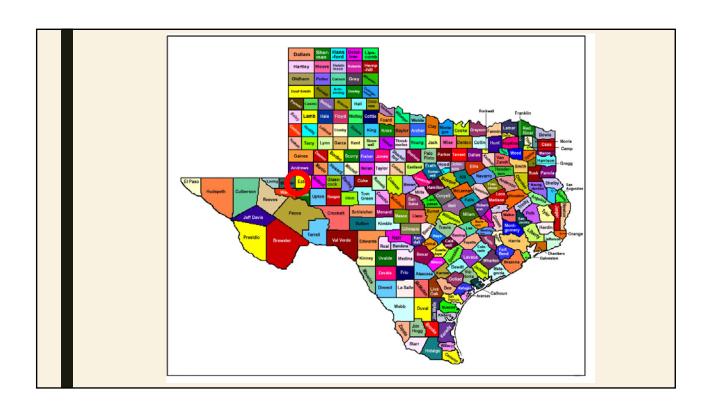
HIIN COMMUNICATION PRESENTATION

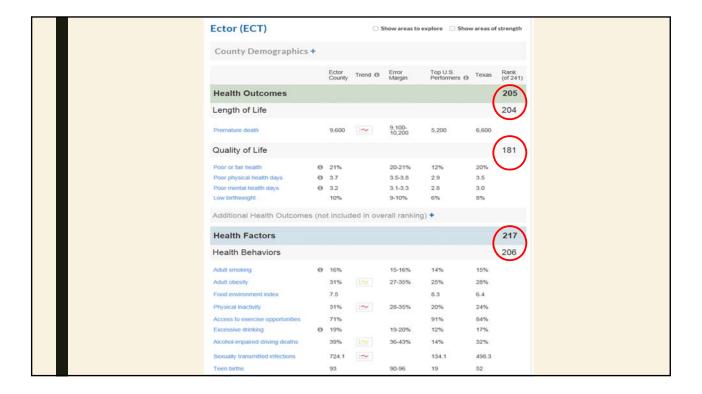
Dr. Diana Ruiz, DNP, RN, APHN-BC, CCTM, CWOCN, NE-BC Director of Population and Community Health Medical Center Health System Odessa, TX

Medical Center Health System

- Over 450,000 residents in surrounding area
- Serve 17 county region (larger than many states)
- Licensed 402 beds
- Level II Trauma Center
- Primary Regional Stroke Center
- 1 hospital, 3 urgent care facilities
- 2 centers for primary care, 2 retail clinics
- Center for health and wellness
- 53,000 ED visits
- 13,500 admissions
- 300,000 outpatient occasions of service







History

- No formal case management or discharge planning services
- Only Utilization Review nurses (non clinical)
- Social services was stretched and decentralized
- No post discharge services

Blended Model Interprofessional Team



Team Members

- 4 social workers
- 2 respiratory therapists
- 1 ER nurse navigator
- 1 Faith & Health nurse navigator
- 4 community nurse navigators
- 12 care coordinator nurses
- 1 community health coordinator
- 2 oncology nurse navigators
- And a partridge in a pear tree!!!

Goals of Interprofessional Care Coordination Team

- Facilitate communication and integration of treatments
- Facilitate evidence-based care
- Strengthen and streamline discharge Planning
- "Translate" information for patients/families
- Medication Reconciliation
- Navigate patient flow, reduce length of stay and reduce avoidable readmissions

Blended Model

- New roles created
 - Care Transition Coordination (CTC)
- Traditional barriers crossed
 - Breaking down silos
 - Compartmentalized communication
 - Potential gaps in care
 - Overlapping of services
 - "Shift-based" care
- 2 PLUS 2 model on four patient care units
 - 2 care coordinator nurses
 - 1 social worker or CTC
 - 1 community nurse navigator

Traditional Roles/Teams Challenged

- 3 independent teams merged
- Traditional roles redesigned

Daily Care Briefings – Open Lines of Communication

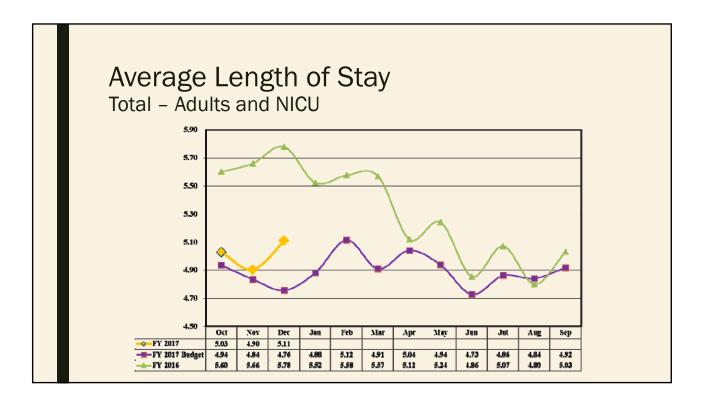
- Include: care coordinator nurses, social worker/care transition coordinator, community nurse navigator, charge nurse, and primary nurse(s)
- 1 minute per patient
- Focus on social and post discharge needs
- Address any barriers to discharge
- Delegate pending assignments

Beyond Hospital Walls

- Community navigator services after discharge
- Ector County Health Care Coalition (DSHS grant)
- Partnerships with home health agencies, DME companies, post acute facilities, transportation services

Wins/Take Aways

- Reduced LOS
- Improvement in readmission rates
- "Changed" vocabulary for bedside clinicians
- Transformed interprofessional collaboration



MCH Readmissions (July 2016-June 2017)	Goal	Jul	Aug	Sep	0ct	Nov	Dec	YTD
AMI Medicare Readmissions Index Grows better	1.00	0.97	0.40	0.46	0.90	1.48	0.75	0.50
Heart Failure Medicare Readmissions Index (hover is better)	1.00	0.90	0.57	1.06	1.29	0.88	0.59	0.84
paramental and the sacract and and anything manch which a seator	1.00	0.70	96/1	1.00	1.67	0.00	0.27	0.04
Pneumonia Medicare Readmissions Index & word detect	1.00	1.23	0.99	0.96	0.00	0.54	0.55	0.77
COPD Medicare Readmissions Index 400000 is tetter)	1.00	0.00	0.00	0.00	0.00	1.13	0.00	0.17
COLD INCIDENCE INCIDENCES MINES AND STREET	1.00	0.00	0.00	0.00	0.00	1.13	0.00	9.17
Stroke Medicare Readmissions Index &vers terre	1.00	1.58	0.00	0.00	0.50	1.97	3.29	1.84
THE TVA M. F P L. J L. J G L. 44			0.00	0.00	0.00			
THA/TKA Medicare Readmissions Index (lower is better)	1.00	0.66	0.00	0.00	0.00	0.00	1.04	0.39
CABG Medicare Readmissions Index (lower is better)	1.00	0.00	1.12	n/d	1.78	0.00	n/d	1.05



Huddle for Safety

Daily Leadership Safety Briefings – 20 min max.

Unit level huddles – "Five at Five"

Event huddles – gather team for quick debrief after falls, CLABSI, other HACs



Redesigned Patient Handoffs and Handovers

- Face-to-face, verbal, and interactive
- Limit interruptions
- Use a structured tool
- Includes time for anticipation and foresight
- Involve patients and families

"Nothing about me without m Valerie Billingham, Through the Patients' Eyes, Salzburg Seminar Sessions. 1998.



- Care Transitions to other sites of care (including home)
- Transfers within the hospital (ED to unit, ICU to med/surg, transportation for tests or procedures
- Bedside change of shift report
- Provider handovers

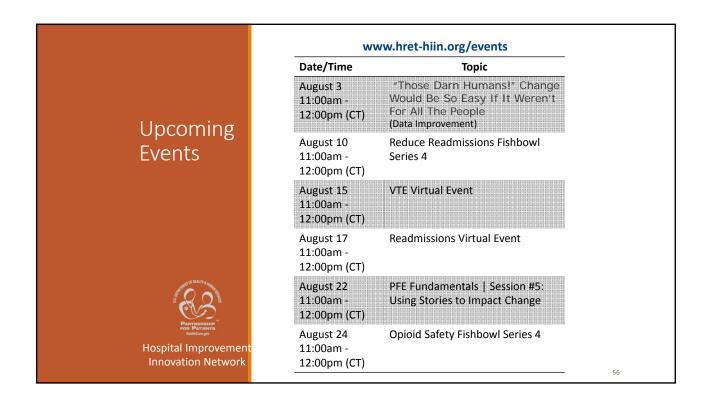
How do you Innovate for Safety?

Share your success stories in transforming care processes to reduce harm



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Reminders and Announcements

- •Q2 2017 Operational Items
 - Due last week but still available for entry!
- Data through May 2017 (April for Readmits)
 - By mid-September
- Readmit Challenge
 - Interview 5, Analyze, and Share
- Watch for new SNAP Opportunity
 - Sepsis Rural/CAH and Receiving Hospitals

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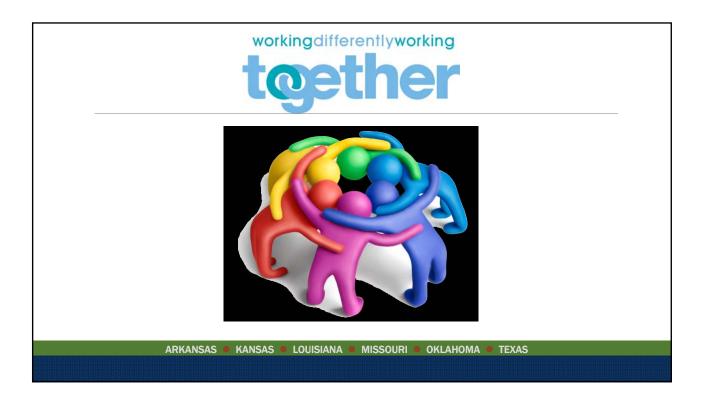
State Contacts

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Evaluation

Your feedback is very important to us! Please take 2-3 minutes to evaluate this webinar:

https://www.surveymonkey.com/r/HIINergy-8-2-17

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