

MONTHLY COHORT BREAKOUTS

Thursday, October 10th (3:45 – 4:30 pm)

Toolkit #1: Determining Your Project's Focus

COHORT ONE: TRANSISITONS OF CARE

Advent Health Orlando, Arrowhead Regional Medical Center, HonorHealth, OhioHealth Riverside Methodist Hospital and St. Luke's University Health Network

COHORT FOUR: WELL-BEING/WORKFORCE

Baylor Scott & White Health, Christiana Care Health Services, Guthrie Robert Packer Hospital and Virginia Mason Medical Center



TOOLKIT #1: Determining Your Project's Focus

Cohort # _____ Facilitator

Facilitator to request a scribe to keep notes on the flipchart as well as a presenter for the general session reports-out.

- 1. Identify the top three criteria that teams struggled most to "check".
- 2. Discuss how this impacted or changed teams' project focus.....or how they worked to address the missing criterion.

FOR REPORT OUT IN BALLROOM:

Share the top three criteria and one to two strategies identified to address meeting each criterion.



INSTITUTION NAME: __Advent Health Orlando_

~	CRITERIA	TEAM DISCUSSION
	It addresses at least one of your institution's strategic priorities	It is patient centric with an emphasis to improve patient safety through improved handoffs among providers.
	It is of interest to your institution's C-Suite and key leaders who are committed to advancing teaming and would have their support	It is of interest to the institutes C-suite because it has potential to improve: 1. Patient safety 2. May decrease ICU LOS/hospital LOS 3. Has potential to decrease ICU bouncebacks. 4. Improves transitions of care.
	It is of interest to at least one other profession (nursing, pharmacy, social work, patient advocacy, etc.) and would have their support	It is of interest to: 1. Nursing 2. Case management 3. Pharmacy
	It is of interest to residents and program directors and would have their support	Residents and attendings are actively involved in this project.
	There are data sources to support the project's implementation and results	There is data to support this project of improving handoffs between ICU/ward team, e.g. Systematic review from 2015 "Improving clinical handover between ICU and general ward professionals at intensive care unit discharge."



It is in a stage of development where all team members can become meaningfully integrated

Yes. Discussion with nursing, case management, and ICU team are all positive and there is much enthusiasm to engage in improving this process.

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INSTITUTION NAME:

~	Criteria	Team Discussion
	It consists of an intervention that a) has not been carried out before in your organization and/or b) has been carried out in a limited manner and you wish to spread the work; and/or c) has been carried out before but whose results were not measured	This has not been carried out officially in the institution.
	It addresses/involves (at least one) micro, meso, and/or macro healthcare environment level(s)	It addresses: 1. Micro: ICU and PCU 2. Macro: system in the Advent Health hospital at large.
	It can be implemented – with measurements – over the course of the 18-month Initiative	Yes.
	It will require resources to which your organization is likely to commit	Yes.



Institution Name: ARROWHEAD REGIONAL MEDICAL CENTER

✓	CRITERIA	TEAM DISCUSSION
	It addresses at least one of your institution's strategic priorities	Improved discharge planning ties into many of the overall strategic priorities of the institution.
	It is of interest to your institution's C-Suite and key leaders who are committed to advancing teaming and would have their support	The topic is a top priority to our C-Suite and Chief Medical Officer.
	It is of interest to at least one other profession (nursing, pharmacy, social work, patient advocacy, etc.) and would have their support	The project will be in conjunction with nursing, social work, and case managers.
	It is of interest to residents and program directors and would have their support	Improved discharge planning and execution is a mutual interest to all team members including the residents and program directors.
	There are data sources to support the project's implementation and results	Yes.



\boxtimes	It is in a stage of development where all team	Yes, the pilot project has been operating for a few
	members can become meaningfully integrated	months and our collaboration can be achieved as
		they are looking for ways to improve and fine-tune
		the rounding.

~	Criteria	Team Discussion
	It consists of an intervention that a) has not been carried out before in your organization and/or b) has been carried out in a limited manner and you wish to spread the work; and/or c) has been carried out before but whose results were not measured	The intervention has been in a limited manner so far and only recently has been expanded throughout the hospital. However, the development of how to best conduct the rounding is still in its infancy. Additionally, the hospital has data related to before the team's collaboration for comparison purposes.
	It addresses/involves (at least one) micro, meso, and/or macro healthcare environment level(s)	Yes
	It can be implemented – with measurements – over the course of the 18-month Initiative	Yes
	It will require resources to which your organization is likely to commit	Yes



INSTITUTION NAME: BAYLOR SCOTT & WHITE

\checkmark	CRITERIA	TEAM DISCUSSION
V	It addresses at least one of your institution's strategic priorities	 Yes. The institutional priorities that our project aligns with include: Zero Harm – a journey to zero instances of preventable harm which includes safety in the workplace Kindness Heals – a cultural campaign designed to positively impact patients and employees by focusing on elevating quality and safety Caring for the Caregiver – a nursing campaign focusing on workplace violence, mindfulness, healthy workforce, and kindness heals
×	It is of interest to your institution's C-Suite and key leaders who are committed to advancing teaming and would have their support	Yes. The leaders of the Kindness Heals campaign are the regional President, CMO and CNO. The Zero Harm campaign has been led by the system CMO and CNO. Further, many of the leaders and C-Suite have provided blessings for this project, including DIO (Dr. Cable), region CMO (Dr. Sibbitt), system CMO (Dr. Arroliga), BOD members (Drs. Bittenbinder & McNeal), region Associate CMO (Dr. Averitt), regional VP Healthcare Quality (Dr. Varghees)
✓	It is of interest to at least one other profession (nursing, pharmacy, social work, patient advocacy, etc.) and would have their support	Yes. The project will have provider and nursing impacts and can also indirectly benefit other healthcare workers such as respiratory therapists.
v	It is of interest to residents and program directors and would have their support	Yes since the project will impact physicians and residents and how they communicate with each other and other members of the healthcare team.



There are data sources to support the project's implementation and results	 Biostatistics team will assist with project planning and analysis REDCap is a data collection tool that will be utilized Midas – EMR data warehouse National Database of Nursing Quality Indicators (NDNQI) – nursing database of outcome indicators, structure and process People Survey – annual institutional survey taken by staff which includes a section on the safety culture (can be drilled down to departments and job roles)
It is in a stage of development where all team members can become meaningfully integrated	Yes. The Clinical Learning Environment Resident Council has laid the ground work in residency programs with a SAFE@BSWH survey and nursing has laid the ground work in nursing with a Healthy Workforce education campaign. The two groups are in discussion to blend the two and expand.

INSTITUTION NAME: BAYLOR SCOTT & WHITE

\checkmark	Criteria	Team Discussion
V	It consists of an intervention that a) has not been carried out before in your organization and/or b) has been carried out in a limited manner and you wish to spread the work; and/or c) has been carried out before but whose results were not measured	B) we will be expanding upon SAFE@BSWH and the nursing Healthy Workforce commission education while creating more robust measurement tools
✓	It addresses/involves (at least one) micro, meso, and/or macro healthcare environment level(s)	Yes. Micro – improve team behaviors and communication; Meso – we will obtain interprofessional input throughout the project; Macro – the project is team-oriented and involves stakeholders from across healthcare.
✓ 	It can be implemented – with measurements – over the course of the 18-month Initiative	Yes. We plan to utilize a number of measurements to ensure that each round of intervention that we implement has a positive improvement towards our overall goal.



It will require resources to which your organization	Yes. With organizational leadership approval and
is likely to commit	alignment with several organizational campaigns,
	this project will support our current institutional
	strategies. The original nursing project, Healthy
	Workforce, also utilized a consultant that we may
	have access to for this project.



RETURN TO KRISTY STITH BY TUESDAY, SEPTEMBER 10th via email <u>kristy@aiamc.org</u>



INSTITUTION NAME:_____CHRISTIANA CARE HEALTH SYSTEM _

~	CRITERIA	TEAM DISCUSSION
X	It addresses at least one of your institution's strategic priorities	In line with AOP goals Preventable harm Reimagining primary care Health equity Standardizing approaches Exceptional experience
x	It is of interest to your institution's C-Suite and key leaders who are committed to advancing teaming and would have their support	
X	It is of interest to at least one other profession (nursing, pharmacy, social work, patient advocacy, etc.) and would have their support	Nursing, operations, patient advocacy
x	It is of interest to residents and program directors and would have their support	
?	There are data sources to support the project's implementation and results	We will have to determine how to assess success Survey? continuity



It is in a stage of development where all team
members can become meaningfully integrated

INSTITUTION NAME:_____CCHS_____

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~	Criteria	Team Discussion
x	It consists of an intervention that a) has not been carried out before in your organization and/or b) has been carried out in a limited manner and you wish to spread the work; and/or c) has been carried out before but whose results were not measured	Some in limited manner
x	It addresses/involves (at least one) micro, meso, and/or macro healthcare environment level(s)	Outpatient offices
X	It can be implemented – with measurements – over the course of the 18-month Initiative	
X	It will require resources to which your organization is likely to commit	Will mostly use current resources



INSTITUTION NAME:___ Guthrie Clinic - _Robert Packer Hospital _

CRITERIA	TEAM DISCUSSION
It addresses at least one of your institution's strategic priorities	Multidisciplinary rounding is one of our Institution's priorities.
It is of interest to your institution's C-Suite and key leaders who are committed to advancing teaming and would have their support	Chief Medical Officer, President of Hospital and Chief Nursing Officer are committed
It is of interest to at least one other profession (nursing, pharmacy, social work, patient advocacy, etc.) and would have their support	Nursing, Pharmacy and Social services
It is of interest to residents and program directors and would have their support	It is of interest to the Program Director
There are data sources to support the project's implementation and results	
It is in a stage of development where all team members can become meaningfully integrated	
	It addresses at least one of your institution's strategic priorities It is of interest to your institution's C-Suite and key leaders who are committed to advancing teaming and would have their support It is of interest to at least one other profession (nursing, pharmacy, social work, patient advocacy, etc.) and would have their support It is of interest to residents and program directors and would have their support It is of interest to residents and program directors implementation and results It is in a stage of development where all team



INSTITUTION NAME:

~	Criteria	Team Discussion
/	It consists of an intervention that a) has not been carried out before in your organization and/or b) has been carried out in a limited manner and you wish to spread the work; and/or c) has been carried out before but whose results were not measured	Carried out before but the results are not measured
/	It addresses/involves (at least one) micro, meso, and/or macro healthcare environment level(s)	Addresses at micro and meso healthcare environment
/	It can be implemented – with measurements – over the course of the 18-month Initiative	
1	It will require resources to which your organization is likely to commit	



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Institution Name: HonorHealth

CRITERIA	TEAM DISCUSSION
It addresses at least one of your institution's strategic priorities	Yes, reducing readmission rates. Beginning with 1 clinic's initiative.
It is of interest to your institution's C-Suite and key leaders who are committed to advancing teaming and would have their support	Yes, already have support of CMO – quality division, CAO and VP or CC and CM for the hospital system (inpatient), as well as CMO, COO of the FQHC (outpatient)
It is of interest to at least one other profession (nursing, pharmacy, social work, patient advocacy, etc.) and would have their support	Yes, outpatient nursing and social work, but also would potentially include the efforts of inpt and ambulatory pharmacy.
It is of interest to residents and program directors and would have their support	Yes, I have the support of our PD, members of the core faculty team, select residents, and our institutions Chief Academic Officer
There are data sources to support the project's implementation and results	Yes. Readmission rates to Osborn for NOAH-Heuser patients
	It addresses at least one of your institution's strategic prioritiesIt is of interest to your institution's C-Suite and key leaders who are committed to advancing teaming and would have their supportIt is of interest to at least one other profession (nursing, pharmacy, social work, patient advocacy, etc.) and would have their supportIt is of interest to residents and program directors and would have their supportIt is of interest to residents and program directors and would have their supportThere are data sources to support the project's



It is in a stage of development where all team	Yes, that is the plan. We are capable of this
members can become meaningfully integrated	integration but the work has not officially begun. I
	am hopeful that guidance through AIAMC will permit
	this.

~	Criteria	Team Discussion
	It consists of an intervention that a) has not been carried out before in your organization and/or b) has been carried out in a limited manner and you wish to spread the work; and/or c) has been carried out before but whose results were not measured	The specific goals have not yet been carried out; this is new
	It addresses/involves (at least one) micro, meso, and/or macro healthcare environment level(s)	Micro changes to affect some macro levels – everyone is interested in lowering readmission rates. The clinics/hospital systems and primary this is for patient safety.
	It can be implemented – with measurements – over the course of the 18-month Initiative	Yes on the micro scale of our 1 clinic – whose residents/faculty also manage the hospital admits for multiple NOAH clinics
	It will require resources to which your organization is likely to commit	Yes. Not all of those resources have been identified, but those that have come to the forefront will be supported by the organization. The bulk of the change will come from the FQHC/NOAH side and there is wide-spread support from the C-suite, including from operations.



INSTITUTION NAME: OhioHealth Riverside Methodist Hospital

	CRITERIA	TEAM DISCUSSION
x	It addresses at least one of your institution's strategic priorities	As part of our mission statement, we want to "improve the health of those we serve" and "honor the dignity and worth of each person". By improving care for this population to make it more patient centered, we are doing just that.
x	It is of interest to your institution's C-Suite and key leaders who are committed to advancing teaming and would have their support	In discussions with our VPMA and system DIO, they have voiced their support of this project as a launch pad for further teaming initiatives amongst our residencies and medical staff.
x	It is of interest to at least one other profession (nursing, pharmacy, social work, patient advocacy, etc.) and would have their support	We have had interest from our labor and delivery, lactation specialists and postpartum nurses to learn more about caring together for this population. Social work is intimately involved with these patients as well.
x	It is of interest to residents and program directors and would have their support	We are all intimately involved with group of patients and are always looking for ways to improve our care.
x	There are data sources to support the project's implementation and results	Have access to EMR and supportive research/statistical staff.
x	It is in a stage of development where all team members can become meaningfully integrated	We intend to more actively involve our colleagues in family medicine and potentially psychiatry.



INSTITUTION NAME: OhioHealth Riverside Methodist Hospital

	Criteria	Team Discussion
x	It consists of an intervention that a) has not been carried out before in your organization and/or b) has been carried out in a limited manner and you wish to spread the work; and/or c) has been carried out before but whose results were not measured	B and C We would like to promote what we are doing for our community. We have been working on this but need to follow some metrics to see if and how we can improve.
x	It addresses/involves (at least one) micro, meso, and/or macro healthcare environment level(s)	Micro: Out-patient clinic, L&D Meso: Transitions between in and out patient as well as long term follow up.
x	It can be implemented – with measurements – over the course of the 18-month Initiative	Yes.
x	It will require resources to which your organization is likely to commit	Yes.





Institution Name: St. Luke's Health System

~	CRITERIA	TEAM DISCUSSION
x	It addresses at least one of your institution's strategic priorities	Scores on discharge questions on HCAHP surveys are consistently low.
x	It is of interest to your institution's C-Suite and key leaders who are committed to advancing teaming and would have their support	
x	It is of interest to at least one other profession (nursing, pharmacy, social work, patient advocacy, etc.) and would have their support	Residents, Physicians, AP, Nurses, Care Management, Inpatient and Outpatient
x	It is of interest to residents and program directors and would have their support	
x	There are data sources to support the project's implementation and results	 Need to dig into discharge questions on surveys May need to gather data from post-discharge f/u calls May want to focus on MS3 to start



X It is in a stage of development where all team members can become meaningfully integrated Need to add a unit clerk

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X	It consists of an intervention that a) has not been carried out before in your organization and/or b) has been carried out in a limited manner and you wish to spread the work; and/or c) has been carried out before but whose results were not measured	
	It addresses/involves (at least one) micro, meso, and/or macro healthcare environment level(s)	
X	It can be implemented – with measurements – over the course of the 18-month Initiative	
	It will require resources to which your organization is likely to commit	



Institution Name: Virginia Mason Medical Center

~	CRITERIA	TEAM DISCUSSION
	It addresses at least one of your institution's strategic priorities	VM's current Organizational Goals include: "The Virginia Mason Experience" – Increase team member engagement and improve patient experience in an environment where people feel valued, included and respected." This goal very clearly and directly links the planned Initiative project work to the VM Strategic Plan and current VM institutional focus.
	It is of interest to your institution's C-Suite and key leaders who are committed to advancing teaming and would have their support	Commitment is evident by virtue of executive leader "ownership" and accountabilities of the Organizational Goals.
	It is of interest to at least one other profession (nursing, pharmacy, social work, patient advocacy, etc.) and would have their support	This initiative will have clear dependency on Pharmacy, Nursing, Therapies, Social Work and clinical support staff leadership on the project.
	It is of interest to residents and program directors and would have their support	Management of the multiple PSA's (patient safety alerts) that are generated by our enthusiastic 5000 "staff auditors" of patient safety (VM averages 13,000 PSA's per year) is evidence of the commitment our teams have to raising concern and our current opportunity is to improve the manner in which resolution and root cause analysis occurs so that we honor those who have bothered to "raise the yellow flag."



There are data sources to support the project's implementation and results	The organization performs regular engagement surveys and intermittent Pulse Surveys to monitor staff perception of engagement and culture of safety. Additionally, there is a dedicated team who processes and aggregates the data generated by the 13,000 PSA's per year.
It is in a stage of development where all team members can become meaningfully integrated	With high volume reporting we feel very assured that all team members can become meaningfully integrated.

✓	Criteria	Team Discussion
	It consists of an intervention that a) has not been carried out before in your organization and/or b) has been carried out in a limited manner and you wish to spread the work; and/or c) has been carried out before but whose results were not measured	This portion of the value stream "process" for reviewing and performing root cause analysis by a multidisciplinary team has not received the scrutiny for improvement work – to date.
	It addresses/involves (at least one) micro, meso, and/or macro healthcare environment level(s)	This project will include all three levels, as PSA's are generated at all three levels.
	It can be implemented – with measurements – over the course of the 18-month Initiative	We feel assured that improvements can be underway within 12 months.



It will require resources to which your organization is likely to commit	We have executive level support to forward our work and dedicate staff time and resources necessary to achieve desired goals



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