



MONTHLY COHORT BREAKOUTS

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

Toolkit #3: Inventory of Existing Programs

COHORT TWO: INTERPROFESSIONAL/COMMUNICATION/RELATIONSHIPS

Bassett Medical Center, Baystate Health, Billings Clinic, Cedars-Sinai Medical Center, Cleveland Clinic Akron General, Orlando Health, The Christ Hospital Health Network, TriHealth and University Medical Center New Orleans

TOOLKIT #3: Inventory of Existing Programs

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. What were you surprised to learn, i.e., were there existing teaming projects at your institution that were formerly unknown to you?
2. What alliances were made or plan to be made with other existing team programs?
3. Were team members added based upon the knowledge gained? If so, what job titles/departments?

FOR REPORT OUT IN BALLROOM:

Share the common themes/answers to the above three questions.

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INSTITUTION NAME: Bassett Medical Center

A key learning from prior AIAMC National Initiatives (NIs) is that there are often multiple, duplicative efforts going on in our home institutions; and that oftentimes, these efforts are unknown and not discovered until after the launch of an NI project. This toolkit is designed to help your team break down current silos and be fully aware of the local resources available to you prior to commencing your project.

Institution/Department	Program	Beneficiaries	Notes
<i>EXAMPLES to Consider</i>			
<i>Hospital/System Experience</i>			
<i>Nursing</i>			
<i>Pharmacy</i>			
<i>Social Work</i>			
<i>Medical Staff Services</i>			
Institution/Department	Program	Beneficiaries	Notes
Nursing	<i>Practice Units</i>	Variable – nurses, patients, often not physicians	These are all less coordinated than we would like and our patients do not perceive that there is good communication among all of the disciplines
Pharmacy	? Discharge medications	Patients, physicians, nurses. Not coordinated	These are all less coordinated than we would like and our patients do not perceive that there is good communication among all of the disciplines
Case managers	Organizing discharge	Patients, nurses, physicians, case managers, primary care providers	These are all less coordinated than we would like and our patients do not perceive that there is

			impact patients and employees by focusing on elevating quality and safety
BSWH/Nursing	Caring for the Caregiver	Nursing directly; system indirectly	a nursing campaign focusing on workplace violence, mindfulness, healthy workforce, and kindness heals
Residents	SAFE@BSWH	Residents	A campaign to increase awareness of reporting



**RETURN TO KRISTY STITH BY
TUESDAY, SEPTEMBER 10th
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Institution Name: Baystate Health

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OB	CNM and physician co-management	Residents, physicians, CNMs.	Work in progress at this time
OB	Gyn and OB case reviews, M+M	All staff	Meetings to discuss difficult cases. Focus on systems and safety issues.
IM – med consult service	Ortho trauma and total joint replacements services have different standards for collaborative care.	Patient Care when seen by both Resident and Midwife Groups	Hope to be able to utilize successes and learning from these models of care to help in labor and delivery
Geriatrics and Pharmacy	Daily Rounds together	All staff.	Hope to be able to utilize successes and learning from these models of care to help in labor and delivery
Pulmonary Management of Vents in Intermediate Care	Pulmonary Consult Program	Physician, Nurse, respiratory therapy	Hope to be able to utilize successes and learning from these models of care to help in labor and delivery

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INSTITUTION NAME: BILLINGS CLINIC

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Billings Clinic	Of our 17 on-campus CME educational activities, we have three accredited M&M and peer review courses. Additionally, there are a number of unaccredited and department-specific activities that are on-going.	Many of these activities have interprofessional and interdisciplinary audiences.	
Billings Clinic/ Inpatient Medical	Discharge time-out sheet	Patient, healthcare team	Developed a paper checklist, with regards to follow-ups. This work was done a few years ago and the time-out sheet is no longer being consistently used.
Billings Clinic	Patient discharge lounge	Patients, increased throughput for departments	At the moment, the patient discharge lounge aims to support patients who have

			been discharged but are waiting on a ride. The ultimate aim of the lounge will encompass a broader remit (e.g., finish discharge instructions, teaching that needs to be reinforced, complete immunizations)
Billings Clinic	Readmission group	Patient, healthcare team	Currently have regular reviews of current readmission targets and practice data, with generalized discussion regarding possible interventions at the strategic level.
Billings Clinic	Complex care group	Patient, healthcare team	Implemented a modified LACE tool to assign risk (risk stratify) and also completing a psych social assessment. This information is passed to the outpatient care teams to better manage patients across the continuum of care.



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Division of General Internal Medicine; Internal Medicine Residency Program	"Nurse for a Day" PGY-1 , full day experience with nursing staff	Internal Medicine Residents; Nursing	Trainees experience the daily work demands of nursing to better understand the different perspectives in healthcare delivery for inpatients.
Medical Staff Quality Council	Institutional Performance Improvement projects identified annually.	Teams are multidisciplinary: physicians, nursing, performance improvement consultants, often pharmacy, etc	These fiscal year projects are sponsored by the institution with an aim towards improving healthcare quality delivered through collaboration with a multidisciplinary team.

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INSTITUTION NAME: CLEVELAND CLINIC AKRON GENERAL

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Nursing	Voluntary program available for new nurses to be matched with a mentor	Often paired with an experienced nurse from another area.	Program not structured for everyone to have a mentor, but nursing said maybe they should

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Interdisciplinary team	Interdisciplinary Rounding. We will develop and test models of teaming in two hospitals (one rural, one urban with a dedicated surgical subspecialty hospital)	Currently, there is no organized structure for IPCP at either institution, although there is some informal IPCP at both institutions. The imperatives of new programs, junior faculty, and scholarship, as well as the needs of patient care and accreditation make the environment ripe for innovation and receptive to new models of patient management and team care.	Incorporation of our NI7 concepts into current rounding structure
Pharmacy and pharmacy residency	Opioid monitoring and protocol compliance, locally and at system level	Institutional and system tools, care provider education and patient education. Scholarly activity for residents and faculty	Limited availability of pharmacists, small pharmacy residency. Pharmacy PD is very supportive.

Hospital Medicine Physicians	IM Residency and perioperative risk assessment program	Application in both hospitals as well as configuration of a new hospital facility that will greatly expand medical residency, medical student and a variety of allied health education programs	New team and teaming constructs will be necessary with addition of the new programs, potentially limited availability of time when discussing cases
Nursing	Nursing assessment	Recognition of use and abuse in patients under their care	New nursing structure at Ortho hospital will need to be engaged. Nursing is otherwise very engaged at both hospitals
Psychiatry Residency	Opioid prescribing, use monitoring, and dependence monitoring training for all residents	Scholarly activity for residents and faculty	Psych PD is addiction medicine specialist, will utilize for didactics
Internal Medicine Residency	Opioid prescribing, use monitoring, and dependence monitoring training for all residents	Scholarly activity for residents and faculty	Psych PD is addiction medicine specialist, will utilize for didactics



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INSTITUTION NAME: _____ **The Christ Hospital Health Network** _____

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Family Medicine Clinic Internal Medicine Clinic	<i>Residents and nurses and attendings work closely together in the outpatient clinic</i>		This is what we would like to improve at in the inpatient setting

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INSTITUTION NAME: TRIHEALTH

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System	Leadership Development Institute	LEM managers	
Physicians	Physician Leadership Development Institute	Physician leaders	
Residents	Individual didactics/grand rounds	Residents	In development
Residents/Nursing	Simulation	Full care team and patients	Silo'd; would like to bridge together



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