St Luke's UNIVERSITY HEALTH NETWORK

AiAMC Alliance of Independent Academic Medical Centers

NI VII Meeting Four – Capstone Presentation
Cohort One: Transitions of Care

Teaming for Excellence: *Improving the patient experience during hospital discharge through phased interventions at St. Luke's Anderson Campus*

Project Leader: Parampreet Kaur MD

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National Initiative

Introduction & Aim

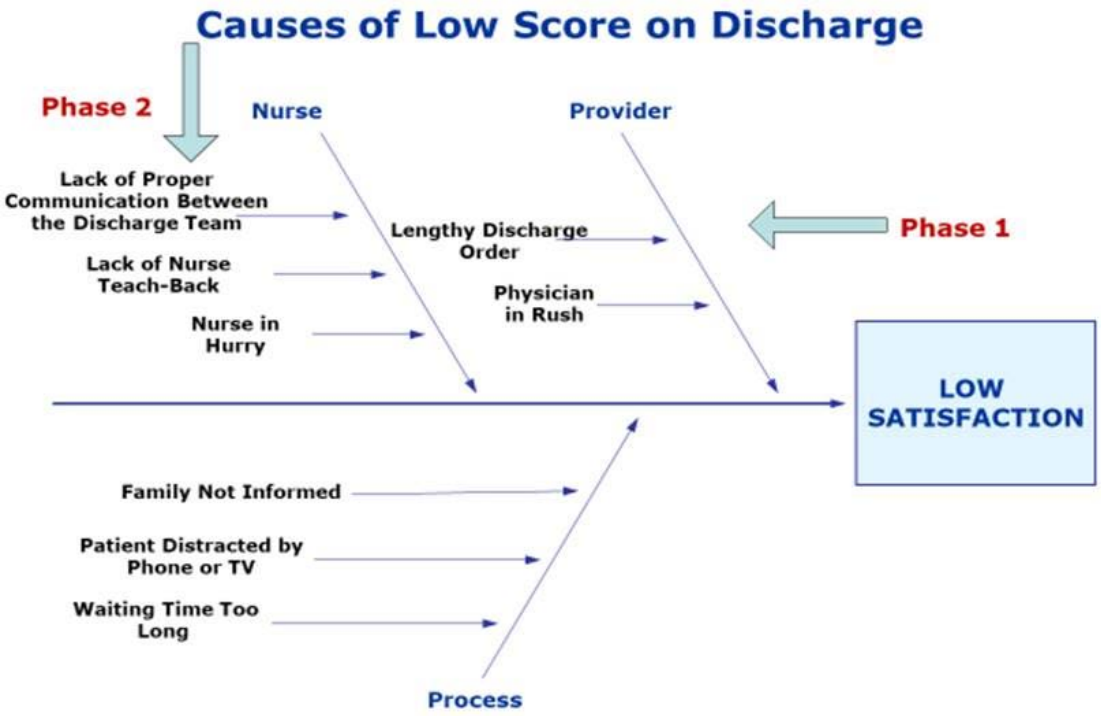
Introduction:

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) - Scoring system is used to measure and compare the standard of care in healthcare facilities.

Overall HCAHPS scores at St. Luke's University Health Network Anderson Campus (SLRA) have been in the positive percentile, but the "**discharge domain**" of HCAHPS have been historically been low.

Objective:

To ***improve patient satisfaction*** *by* ***increasing HCAHPS scores*** in the ***overall discharge domain*** to twice the baseline percentage within six months for phase 1 and then 10% incremental increase at every next phase.


Causes of Low Score on Discharge
Phase 2
Nurse
Provider
Lack of Proper Communication Between the Discharge Team
Lengthy Discharge Order
Phase 1
Lack of Nurse Teach-Back
Physician in Rush
Nurse in Hurry
LOW SATISFACTION
Family Not Informed
Patient Distracted by Phone or TV
Waiting Time Too Long
Process

Methods: Audience, Interventions, Measures

Audience:

- Acute Care Patient Population (includes 4 separate units; SMS-2, SMS-3, SMS4 and WMS-4) These units have a total of 126 beds. The data excludes the OB unit.

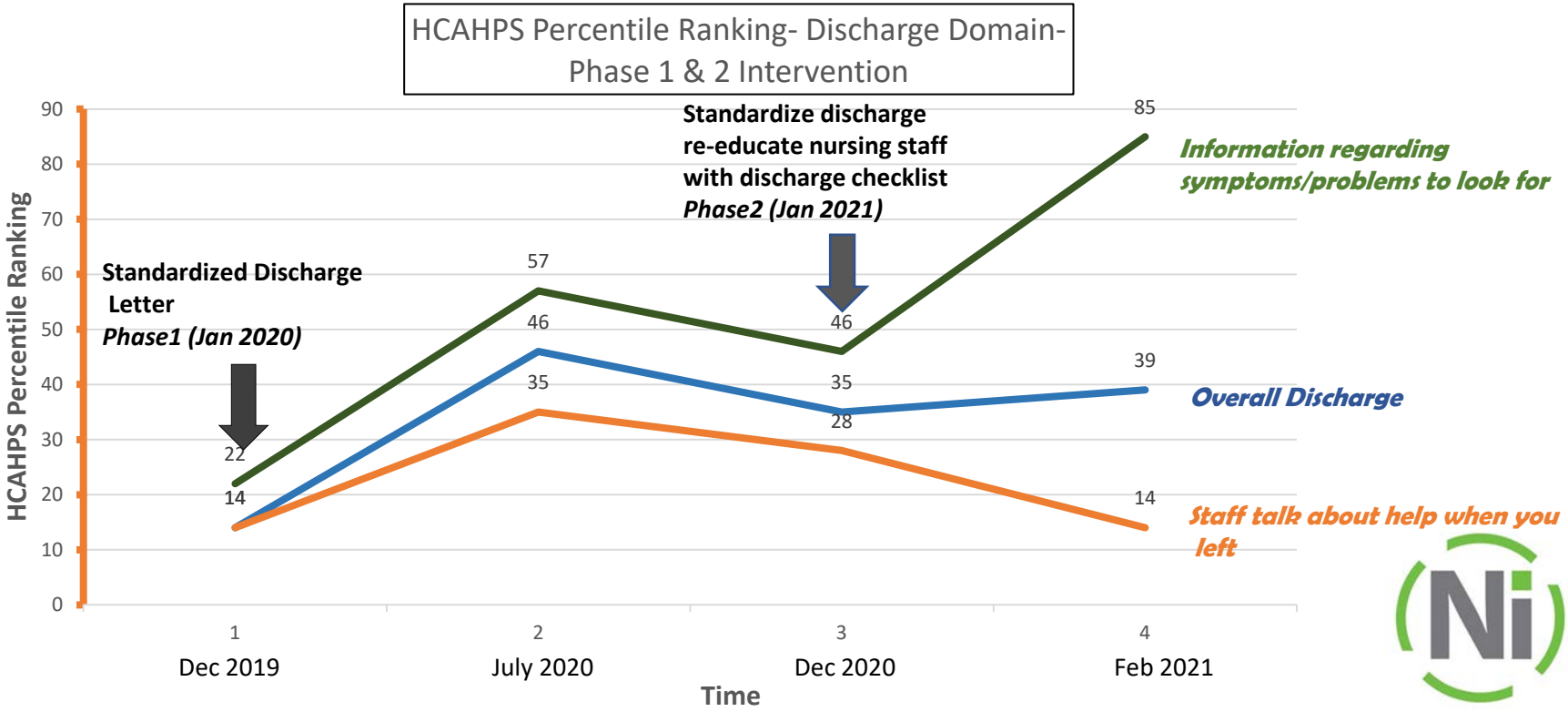
Interventions:

- Phase 1 – Implement a Standardized Discharge Letter
- Phase 2- Re-educate Nurses on Discharge checklist and teach back to patients
  - Observe Nurses during Discharge
  - Discharge for consistency
  - Survey Nurses for their perspectives
- Phase 3 – Hardwired Inpatient to Outpatient Communication – Physician to Physician
- Phase 4 – Managing Patient Expectations During Discharge

Measures:

- HCAHPS Scores (Discharge Domain)
- Utilization Rates of Standardized Discharge Letter
- Number of Nurses attending Re-education Discharge Checklist.

Results


HCAHPS Percentile Ranking- Discharge Domain- Phase 1 & 2 Intervention
HCAHPS Percentile Ranking
90
80
70
60
50
40
30
20
10
0
Standardized Discharge Letter
Phase1 (Jan 2020)
Standardize discharge re-educate nursing staff with discharge checklist
Phase2 (Jan 2021)
57
46
46
85
39
35
35
28
22
14
14
Information regarding symptoms/problems to look for
Overall Discharge
Staff talk about help when you left
1
2
3
4
Dec 2019
July 2020
Dec 2020
Feb 2021
Time

Limitations/What might we do differently

- We will have another personnel in-charge of each task, as a **backup**, instead of a single person, so that the proper timeline can be followed as scheduled.
- Better education (ex. **Add to on-boarding process**) for new providers (Attendings/PA's/NP's/new incoming Residents) during the new academic year.

What surprised us and why

- Covid-19 Pandemic

- During Covid surges, the utilization rate of discharge template decreased and it became difficult to remind providers coming from other campuses to Anderson, new hires, and new residents to use the discharge template.

Success Factors

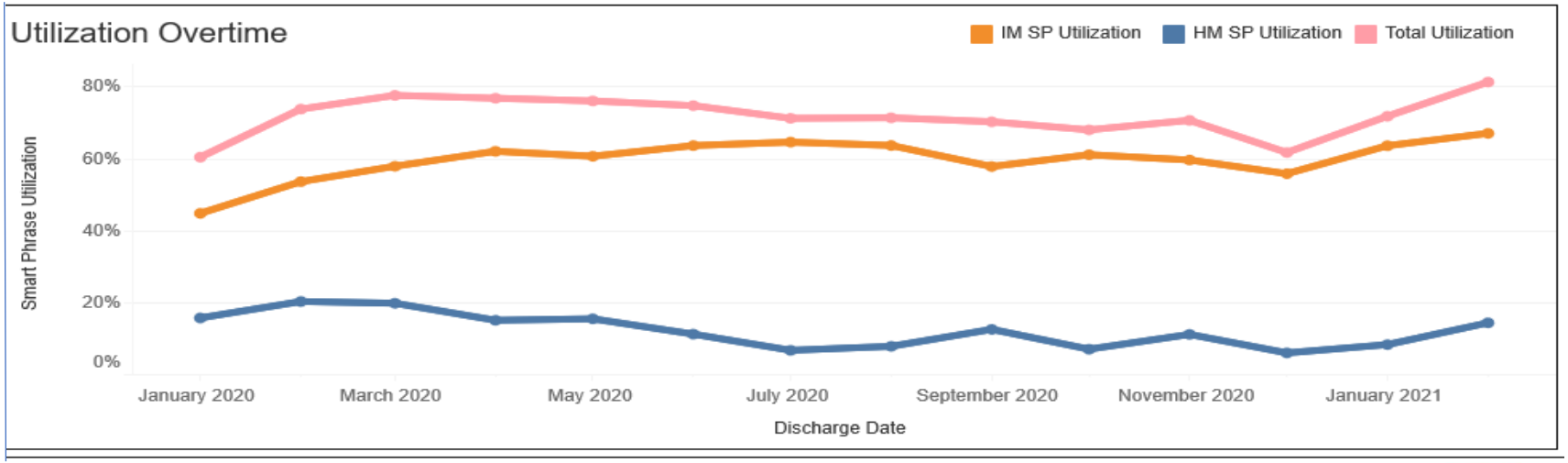
The most successful part of our work was…

- Multidisciplinary team
- Monthly meetings and sharing takeaways for each meeting with the whole team
- Following utilization rates of standardized discharge letter each week
- Appointing the lead resident for the project
- Support from leadership

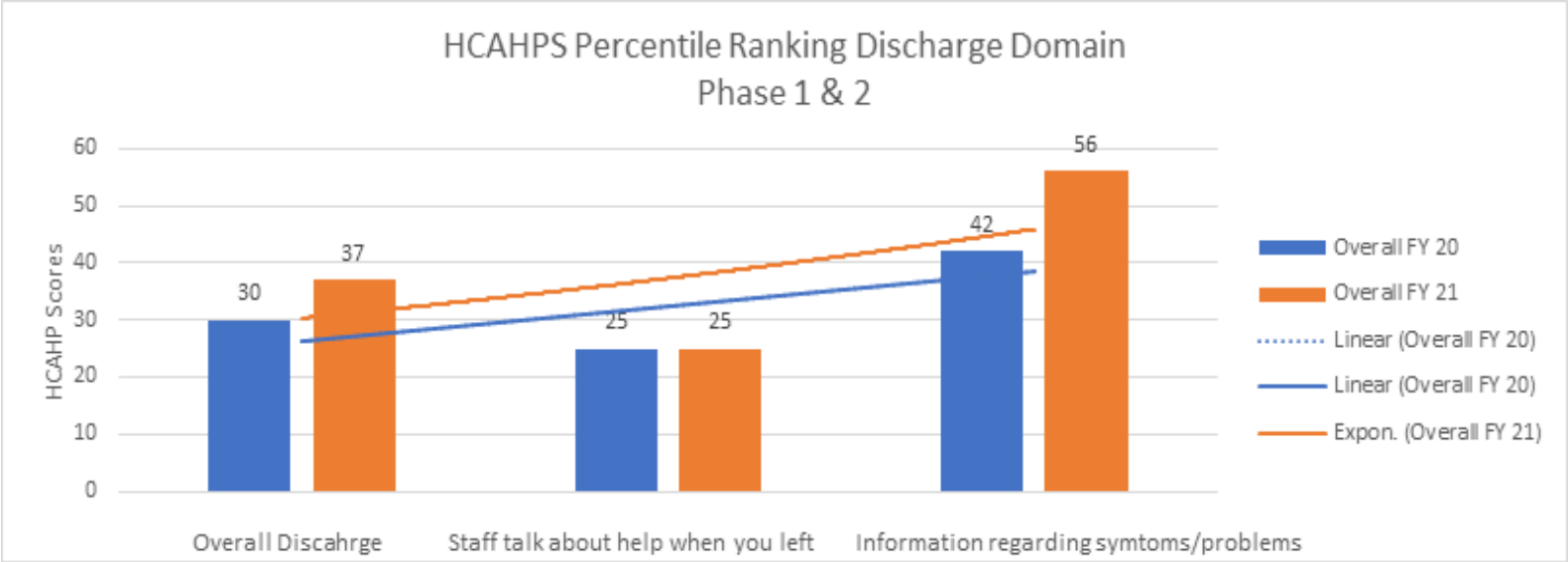
We were inspired by…

- Consistently adapting to any new findings that we encountered along the way in order to tailor our inventions, as well as informing stakeholders along the way of our progress.
- Pulling the project through COVID surge and vaccination clinics

Sustainability and Trends



Overall Trends



Cleveland Clinic
Akron General

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NI VII Meeting Three/Storyboard

Nurse Mentoring Program for Internal Medicine Interns

K. Snyder RN, R. Powers DO, M. Drinan MFA. A. Ababneh MD, D. Mayes RN, J. Gorecki RN, C. Goliath PhD, N. Haller PhD, A. Diwakar MD, T. Sheers MD

National Initiative

Q1. What did you hope to accomplish?

Purpose

- To improve patient care and safety through increased communication and teaming following a nurse-Internal Medicine intern mentorship program.

Objectives

- To develop a nurse mentorship-based onboarding program for Internal Medicine Interns.
- To assess feasibility and desirability of the mentoring program concept and content.

Goals

- Pilot two cohorts consisting of Nurse-Intern mentoring dyads.
- Complete Pre/post shadowing Relational Coordination measurements.

Q2. What were you able to accomplish?

- Obtained Quality Improvement designation from the CCAG IRRB.
- Completed two pilot sessions of the program:
  - Pilot 1: Jan 2020-Jun 2020 (established interns)
  - Pilot 2: Jul 2020-Dec 2020 (new interns)
- Each cohort consisted of 12 interns will be paired with self-selected nurse mentors on a 1:1 basis.
- Each session consisted of the following interactions:
  - Session 1 (1 hour): Dyad Pairing and Icebreaker Activity.
  - Session 2 (4 hours): Nurse mentor shadows intern.
  - Session 3 (4 hours): Intern shadows nurse mentor.
- Program feasibility and desirability assessed upon completion of both cohorts.
- Completed Pre/Post-shadowing Relational Coordination measurement for both cohorts.
  - The RC Survey 2.0 is a validated measure of teamwork in healthcare.

Q3. Knowing what you know now, what might you do differently?

- Emphasize the importance of the dyad pairing/icebreaker session.
- Be more proactive in scheduling shadowing sessions.
- Schedule time for both groups to complete the Relational Coordination survey before and after the shadowing sessions.
- Include the debrief celebratory activity following the shadowing session (canceled due to COVID restrictions).

Q4. What surprised you and why?

- The interns suggested that we incorporate the mentoring activity into future New Resident orientation sessions.
  - > We were not sure the interns would fully understand the objective and/or see the value in shadowing the nurses.

- The nurses now have a better understanding of why the residents/interns do not get back to them right away.
  - > We thought they better understood the other aspects of the residency educational scheduling, such as didactics, continuity clinic, etc.

Q5. Cohort Two – Barriers

- *The largest barrier we encountered was…*
  - Scheduling the shadowing sessions, particularly in the setting of COVID.

- *We worked to overcome this by…*
  - Soliciting assistance of the Nursing leaders and the Residency program staff in scheduling shadowing sessions, as well as setting aside time to complete the Relational Coordination survey.

KAISER PERMANENTE®
Northern California
Residency & Fellowship Programs

VMH
Vallejo Mobile Health
Providing Free Health Care to Our Community

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NI VII Meeting Four – Capstone Presentation
Cohort Three: Clinical/Quality Outcomes

Vallejo Mobile Health: Teaming For an End to Homelessness

Emily Fisher, MD; Ted O'Connell, MD; Kat Dang, MS, MAS; Siddharth Selvakumar;
Jung Kim, PhD, MPH; Joelle Lee, MPH; Vanessa Franco, MD;
Theresa Azevedo-Rousso, DIO; Angela Jenkins; Michelle Loaiza

4TH SECOND
SYSTEMIC CHANGE FOR LIFE

National Initiative

What did you hope to accomplish?

- **Vallejo Mobile Health**(VMH) is a street outreach team seeking to reduce the burden of disease and improve wellness of Vallejo's people without homes through a multi-disciplinary, community-based approach

- ***Mission***: We strive for wellness and the long term goal of facilitating housing stability for people without homes through the culturally-informed provision of supportive services including, but not restricted to, medical care, mental health, housing assistance, and case management.

Pre COVID-19 Plan:

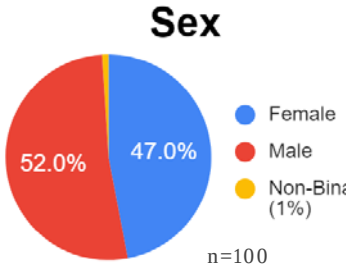
- Integrate medical care with mobile outreach and improve referral workflow process
- Track a) patient utilization with referrals,
  b)ED and primary care visit
  c) the patient experience.

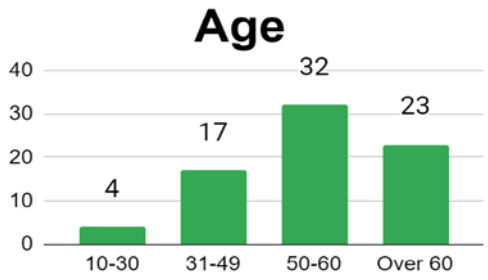
Post COVID-19 Plan:

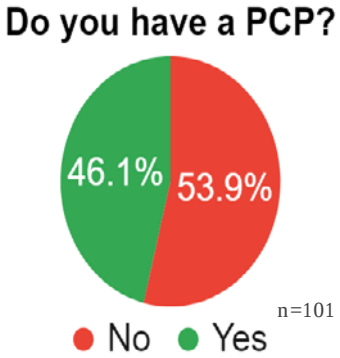
- Integrate medical care with Project RoomKey, formalize partnerships, integrate social services, expand to additional transitional housing sites
- Track a)patient utilization and referrals
  b)ED and primary care visits
  c)the patient experience.

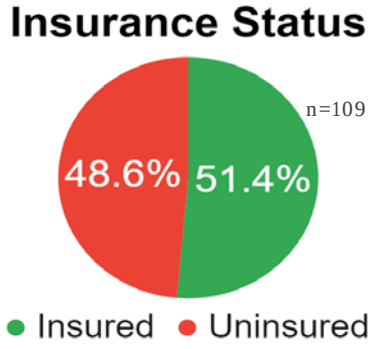
What were you able to accomplish?

- Completed asset mapping of Vallejo to create an easy-to use referral guide for people without homes
- Created a new referral workflow to use resource guide for outreach events at Curbside Communities
- Successfully integrated with groups across sectors and disciplines at Project Room Key to provide coordinated medical care, mental health, and case management



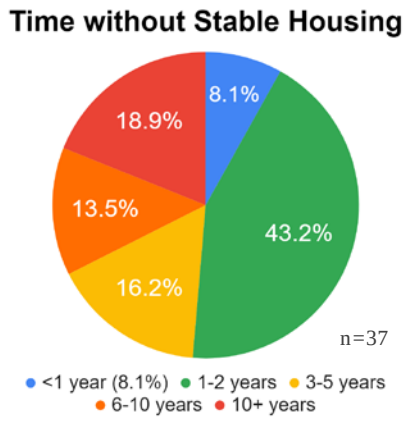


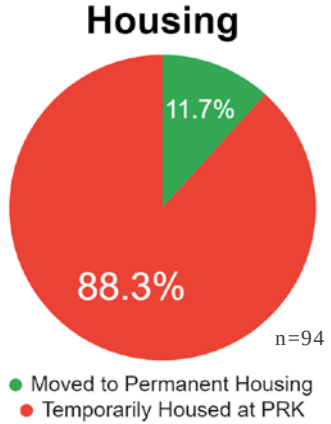


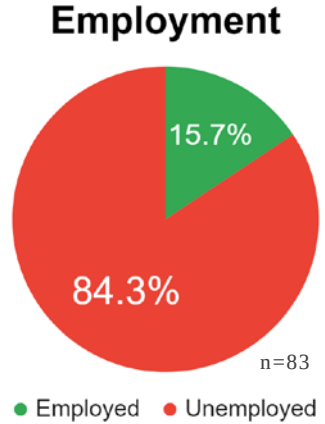


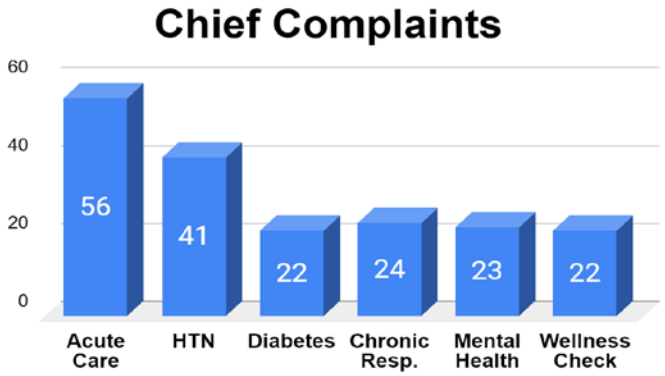
- Established long-term partnerships that will enable Vallejo Mobile Health to provide holistic and multi-faceted care to our patients even after Project Room Key's conclusion
- Began care at other alternative housing sites with these partners

What were you able to accomplish?









Knowing what you know now, what might you do differently?

- Establish data plans across the service providers from the very beginning,
- Make data collection as easy as possible so that it actually gets done.
- Create accountability and consistency in the volunteer base as soon as possible. We eventually found this in creating a Nurse Practitioner student rotation.
- Develop easy lines of communication between the outreach team and providers at each major medical home

What surprised you and why?

- Gathering data in an organized fashion across multiple service providers was surprisingly difficult. Data was:
  - Organized differently
  - Collected in unusable ways.
  - Or was not collected as expected
- A roof does not always equal better health. Especially when the hotel has poor conditions
- It was inspiring to incorporate Nurse Practitioner students who were always eager to take action and step in when needed.

Cohort Three – Lessons Learned

What would be the single most important piece of advice to provide another team embarking on a similar initiative and how to be successful?

Our keys to success:

- Clearly defined team lead who has passion and bandwidth for the project
- Clearly defined roles within the team to allow for successful delegation
- Clear communication despite being in separate spaces
- Collaborative teaming across service providers

GUTHRIE

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NI VII Meeting Four – Capstone Presentation
Cohort Four: Teaming to Improve Care

Inter-disciplinary approach to improve Transitional Care Management Compliance in Ambulatory Clinic

Dr. Tejaswini Maganti, Dr. John Pamula, Dr. Victor Kolade, Dr. Sheela Prabhu

National Initiative

Q1. What did you hope to accomplish?

- **Given that many studies have shown that timely provision of transitional care services significantly reduce the number of hospital readmissions, the Primary Aim of our project was**

  - **To improve the Transitional Care Management visit compliance rate by leveraging the process of interdisciplinary morning huddles among the care team**

- **We pursued this via a multidisciplinary approach and multiple interventions at different times**

- **Specifically, we aim to improve the TCM rate in the Internal medicine clinic by 10% from 7/2020 to 6/2021**

Q2. What were you able to accomplish?

- We have achieved our goal for the 1-week TCM rate but not for the 2-week TCM rate:
- The TCM visit rate within 1 week increased from 50% in June 2020 to 62.5% by the end of September 2020 but fell to 44.3% by the end of November 2020 and was back to 50% by the end of December 2020
  - With a second intervention - starting of virtual visits from January 2021 - and decrease in COVID-19 cases there is increase in this rate to 61.3% by the end of February 2021
- The TCM visit rate within 2 weeks increased from 70% in June 2020 to 78.1% by end of September 2020 but fell to 67.2% by the end of December 2020
  - This rate rose to 71% by the end of February 2021

Q3. Knowing what you know now, what might you do differently?

- As a large fraction of our patient population is elderly, some patients find it difficult to come to clinic within 1 week of discharge; we realized offering virtual visits would have been a great benefit
- We would have started the virtual visits from the beginning; however, our clinic only gained this capability as part of our pandemic response – and it was extended to residents slowly

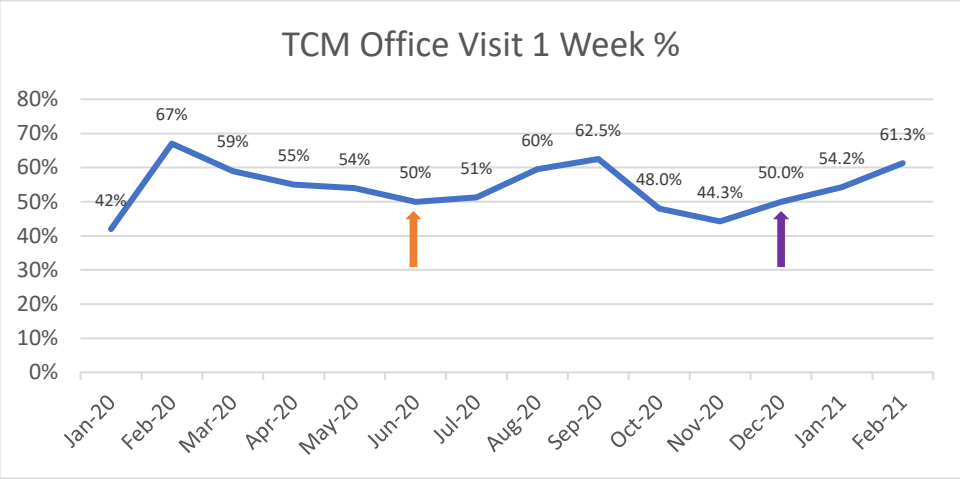
Q4. What surprised you and why?

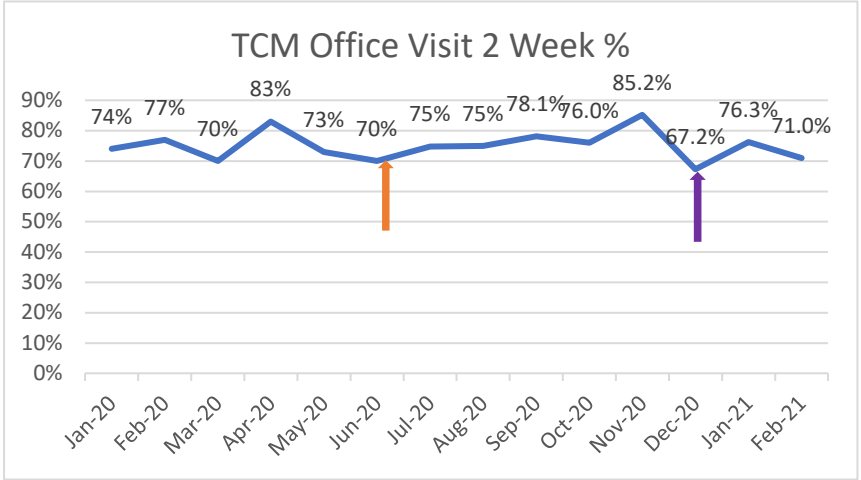
- The 2-week TCM rate did not respond to our interventions to the same degree as the 1-week TCM rate
- The reason for this is unclear

Q5. Cohort Four – Expectations versus Results

- *On a scale of 1 to 10 (with "1" meaning nothing and "10" meaning everything) how much of what you set out to do was your team able to accomplish and how were your results the same or different from your expectations?*
- *7: We were able to achieve our goal for the 1-week TCM rate*
- *There is a downfall in between and we believe below are the reasons*
  - Due to the COVID Pandemic, fewer patients were willing to come for appointments
  - Fewer staff were available to coordinate care in inpatient and outpatient settings due to employee cutbacks related to the COVID pandemic

Results





Intervention One

Intervention Two

Aurora Health Care

We are AdvocateAuroraHealth

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NI VII Meeting Four – Capstone Presentation
Cohort Five: Program/Education

Radiation Exposure, Reduction Techniques, and Standardization of Swallow Study Evaluations

Mason A. Brown, MD[1], Shelly Reimer, MD[1], Leah Presper[2], Theresa Ackerman[2], and William MacDonald, MD[1]
Aurora St. Luke's Medical Center, [1]Department of Radiology, [2]Department of Speech Pathology, Milwaukee, WI

National Initiative

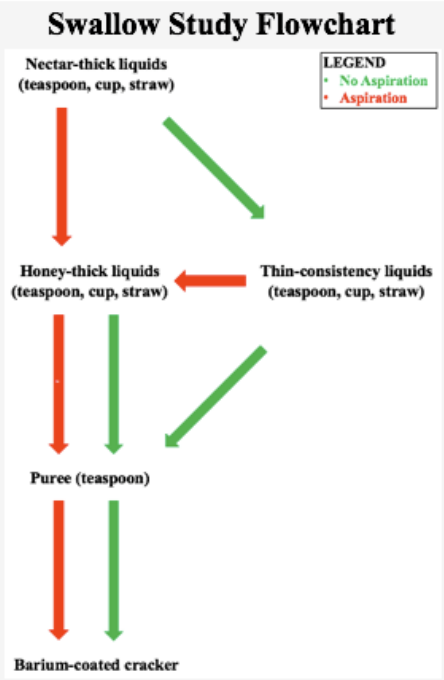
Q1. What did you hope to accomplish?

- Retrospectively establish a fluoroscopic radiation exposure baseline
  - > Analyze past swallow study procedures performed by a single resident as proxy measure for interprofessional team exposure rates
- Interventions
  - > Provide proper radiation safety equipment for all team members
  - > Implement a standardized swallow study evaluation flowchart to promote efficiency and organization
- Monitor prospective radiation exposure reduction techniques
  - > Analysis of swallow study procedures performed by that same resident after implementations
  - > Compare retrospective and prospective data in order to assess relative success of implementations

Q2. What were you able to accomplish?

- **Baseline:** Obtained and analyzed retrospective radiation exposure data
  - > Calculations for patient radiation exposure (time, dosage, # of imaging runs)
  - > Resident radiation exposure data over a 4-week rotation extrapolated (time, dosage)
- **Interventions:** Proper equipment provided to all team members
  - > Shared radiation safety glove for speech pathology
  - > Shared radiation safety goggles with cleaning supplies for fluoroscopic techs
- **Findings:**
  - > Protective equipment unused by interprofessional team members
  - > Identified safety issues with badge-dosimetry monitoring
    - Deficient collection/reporting by the physics department
    - Inconsistent usage
    - Incorrect monthly badge updates/turn-ins

Swallow Study Flowchart and Results



Patient Radiation Exposure

	Prior to Implementations: Time (minutes)	Radiation (mGy)	Runs	After Implementations: Time (minutes)	Radiation (mGy)	Runs
Average	1.9	7.9	13.5	1.8 ↓	8.3 ↑	14.1 ↑
Median	1.8	7.2	13	1.9 ↑	7.8 ↑	15.5 ↑
Range	0.3 – 4.3	1.5 – 24.3	1 – 26	0.4 – 3.3 ↓	1.9 – 21.8 ↓	4 – 27 ↑

Resident Radiation Exposure

	Prior to Implementations: Time (minutes)	Radiation (mGy)*	After Implementations: Time (minutes)	Radiation (mGy)*
Extrapolated Exposure per 4-week Rotation	183.7	21.2	174 ↓	22.3 ↑

Q3. Knowing what you know now, what might you do differently?

- Interventions:
  - > Educate team re: repeated radiation exposure effects on their long term health (*just because do not immediately experience it…*)
  - > Periodic reinforcement essential
- Metrics
  - > Obtain proper badge-dosimetry data – it's standardized radiation exposure reporting system
  - > Compare baseline results with badge-dosimetry data

Q4. What surprised you and why?

- Assumed providing radiation safety goggles to fluoroscopic technologists and gloves for speech pathologists would result in their use
- Team members rarely if ever chose to wear them - “inconvenient”

Q5. Cohort Five – Sustainability and next steps

- *What does your CEO need to know to help keep your work sustainable?*
  - > Need to improve badge-dosimetry reporting/documentation
  - > Proper use of radiation safety equipment needs to be hospital priority