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

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.
Welcome and opening remarks

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.
### Introductions

<table>
<thead>
<tr>
<th>Name</th>
<th>Role and Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Kendrick, RN, MSN</td>
<td>Director of Clinical Initiatives, Texas Hospital Association with Arkansas, Kansas, Louisiana, Missouri, and Oklahoma</td>
</tr>
<tr>
<td>Betsy Lee, MSPH, BSN, RN</td>
<td>Improvement Adviser, Cynosure Health</td>
</tr>
</tbody>
</table>

**Presenting Hospitals**

- CHRISTUS Santa Rosa Health System
  - San Antonio
- Childress Hospital
  - Childress
- Medical Center Health System
  - Odessa

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**Why I’m HIIN**

Learning from the past to improve the future...
Creating HIInergy together!

<table>
<thead>
<tr>
<th>State</th>
<th>Number of Hospitals in HIIN</th>
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<tbody>
<tr>
<td>Arkansas</td>
<td>57</td>
</tr>
<tr>
<td>Kansas</td>
<td>118</td>
</tr>
<tr>
<td>Louisiana</td>
<td>99</td>
</tr>
<tr>
<td>Missouri</td>
<td>73</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>46</td>
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<tr>
<td>Texas</td>
<td>132</td>
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<tr>
<td>TOTAL</td>
<td>525</td>
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</table>

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.

<table>
<thead>
<tr>
<th>2017 Schedule</th>
<th>Tentative HII Topics</th>
<th>State Lead</th>
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<tr>
<td>January 25</td>
<td>Getting Started</td>
<td>Arkansas</td>
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<td>March 22</td>
<td>Up Campaign</td>
<td>Oklahoma</td>
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<tr>
<td>May 24</td>
<td>Patient and Family Engagement</td>
<td>Louisiana</td>
</tr>
<tr>
<td>August 2</td>
<td>Transforming Cultures for Safety</td>
<td>Texas</td>
</tr>
<tr>
<td>September 27</td>
<td>Equity and Diversity</td>
<td>Kansas</td>
</tr>
<tr>
<td>November 15</td>
<td>Sepsis</td>
<td>Missouri</td>
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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.)
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!)

HIIN Readmissions Challenge

**Take A Dive, Interview Five**

- Identify 5 or more patients in the hospital that have been recently readmitted.
- 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](http://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](http://www.hret-hiin.org/resources/display/readmission-case-review-and-analysis)

**Hospital Feedback Survey:** [https://www.surveymonkey.com/r/hiin-readmissions-dive](https://www.surveymonkey.com/r/hiin-readmissions-dive)
Transforming Cultures for Safety

CHRISTUS Santa Rosa Health System

Patty Toney, MSN, RN
Chief Nursing Officer

Gayle Dasher, PhD, RN, ANP-BC
Director of Clinical Practice & Standards
BSR 2.0: Relaunching the “App” for Success with Bedside Shift Report

Patty Toney, MSN, RN
Chief Nurse Executive

Gayle Dasher, PhD, RN, ANP-BC
Director of Clinical Practice & Standards
CHRISTUS Santa Rosa Health System

Who We Are

- Founded in 1869 by the Sisters of Charity of the Incarnate Word
- Only Catholic, faith-based health care organization in San Antonio and New Braunfels
- Part of the CHRISTUS Health System (1999)
  - 6 U.S. states, Colombia, Chile, Mexico
- In San Antonio, system of 5 hospitals and about 2000 nurses
  - 3 tertiary adult facilities
  - 1 short stay surgical hospital
  - 1 free-standing children’s hospital
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
Outcome Measures: HCAHPS

Patient Satisfaction Top Box Trends

CHRISTUS Santa Rose – Market Wide
Inpatient Question—HCAHPS—Communication with Nurses

Outcome Measures: Harm Score

Falling Harm Index Linked to Bedside Shift Report

Harm Index includes: All Hospital Acquired Infections, All Hospital Acquired Conditions as defined by CMS and any PSI 9D AHRQ events
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
CHILDRESS REGIONAL MEDICAL CENTER

Communication: Leadership Patient Safety Huddles

August 2017

**Start Up Concept**

- **Known Issues**:
  - Employee Satisfaction Survey x3 yrs want increased communication
  - Facility-wide focus on patient safety 2017-2018
- **Solution**:
  - Meeting fatigue
  - Email fatigue
  - Low Cost
  - Capitalize on HIIN participation momentum

**Weekly Leadership Patient Safety Huddles**
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

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)
**Draft Huddle Board**

Roll craft paper  
Post it notes  
Dry erase markers  
Two test cycles using online survey  
Democracy – vote on date/time to promote buy-in

**Final Huddle Board**

<table>
<thead>
<tr>
<th>Weekly Leadership Patient Safety Huddles (20 in 20)</th>
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<tr>
<td><strong>Goal:</strong> 20 patient safety indicators in 20 minutes to promote a safer environment for our patients by focusing on one well at a time.</td>
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<tr>
<td><strong>Current Census Snapshot:</strong> Med Staff</td>
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<tr>
<td></td>
</tr>
<tr>
<td><strong>Solutions:</strong></td>
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| **Shower board = $14.95**  
Local sign maker = 100% custom board for your facility’s needs <$250 |
South Central HIInergy Partners Webinar
“Transforming Cultures for Safety”

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

**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.

CHILDRESS REGIONAL MEDICAL CENTER

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

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

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
Average Length of Stay
Total – Adults and NICU

MCH Readmissions (July 2016-June 2017)

<table>
<thead>
<tr>
<th>Index</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>YTD</th>
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<tr>
<td>AMI Medicare Readmissions Index (base)</td>
<td>1.00</td>
<td>0.97</td>
<td>0.63</td>
<td>1.65</td>
<td>1.38</td>
<td>0.75</td>
<td>0.59</td>
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<tr>
<td>Heart Failure Medicare Readmissions Index (base)</td>
<td>1.00</td>
<td>0.90</td>
<td>0.50</td>
<td>1.06</td>
<td>1.29</td>
<td>0.50</td>
<td>0.59</td>
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<td>Pneumonia Medicare Readmissions Index (base)</td>
<td>1.00</td>
<td>1.23</td>
<td>0.99</td>
<td>1.96</td>
<td>0.38</td>
<td>0.75</td>
<td>0.77</td>
</tr>
<tr>
<td>COPD Medicare Readmissions Index (base)</td>
<td>1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.17</td>
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<tr>
<td>Stroke Medicare Readmissions Index (base)</td>
<td>1.00</td>
<td>1.00</td>
<td>0.94</td>
<td>1.60</td>
<td>0.59</td>
<td>0.77</td>
<td>0.86</td>
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<tr>
<td>TIA/TEA Medicare Readmissions Index (base)</td>
<td>1.00</td>
<td>0.66</td>
<td>0.91</td>
<td>1.60</td>
<td>0.38</td>
<td>0.00</td>
<td>0.78</td>
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<tr>
<td>CAIC Medicare Readmissions Index (base)</td>
<td>1.00</td>
<td>0.00</td>
<td>0.12</td>
<td>n.d.</td>
<td>1.70</td>
<td>0.00</td>
<td>n.d.</td>
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Facilitated Discussion

Betsy Lee, MSPH, BSN, RN
Improvement Adviser
Cynosure Health

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 me.”

- 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
Highlighted Resource

www.hret-hiin/topics

Culture of Safety

Upcoming Events

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Topic</th>
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<tr>
<td>August 3</td>
<td>“Those Darn Humans!” Change Would Be So Easy If It Weren’t For All The People (Data Improvement)</td>
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<tr>
<td>August 10</td>
<td>Reduce Readmissions Fishbowl Series 4</td>
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<tr>
<td>August 15</td>
<td>VTE Virtual Event</td>
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<tr>
<td>August 17</td>
<td>Readmissions Virtual Event</td>
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<tr>
<td>August 22</td>
<td>PFE Fundamentals Session #5: Using Stories to Impact Change</td>
</tr>
<tr>
<td>August 24</td>
<td>Opioid Safety Fishbowl Series 4</td>
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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

State Contacts

<table>
<thead>
<tr>
<th>Arkansas Hospital Association</th>
<th>Missouri Hospital Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pam Brown</td>
<td>Alison Williams</td>
</tr>
<tr>
<td><a href="mailto:pbrown@arkhospitals.org">pbrown@arkhospitals.org</a></td>
<td><a href="mailto:awilliams@mhanet.com">awilliams@mhanet.com</a></td>
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<tr>
<td>501-224-7878</td>
<td>(573) 893-3700, ext. 1326</td>
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<table>
<thead>
<tr>
<th>Kansas Healthcare Collaborative</th>
<th>Oklahoma Hospital Association</th>
</tr>
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<tbody>
<tr>
<td>Michele Clark</td>
<td>Patrice Greenawalt</td>
</tr>
<tr>
<td><a href="mailto:mclark@khconline.org">mclark@khconline.org</a></td>
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</tr>
<tr>
<td>(785) 235-0763 x1321</td>
<td>(405)427-9537</td>
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<table>
<thead>
<tr>
<th>Louisiana Hospital Association</th>
<th>Texas Hospital Association</th>
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<tbody>
<tr>
<td>Michelle Smith</td>
<td>Karen Kendrick</td>
</tr>
<tr>
<td><a href="mailto:msmith@lhaonline.org">msmith@lhaonline.org</a></td>
<td><a href="mailto:kkendrick@tha.org">kkendrick@tha.org</a></td>
</tr>
<tr>
<td>(225)928-0026</td>
<td>(512)465-1091</td>
</tr>
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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