JUST IN TIME DATA TO IMPROVE PATIENT OUTCOMES

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Chelsea Li, MSE
OBJECTIVES

• Provide overview of Harm Prevention Program at CHOP

• Describe case for change

• Demonstrate all-in-one harm data tool

• Quantify impact of Just-in-time data at CHOP
HARM PREVENTION PROGRAM OVERVIEW

Board of Trustees

Board Patient Safety Subcommittee

Hospital Senior Leadership
(CEO, COO, Operations Planning Committee)

CHOP Harm Prevention Program
A: Paula Agosto, Jan Boswinkel  B: Susan Ditaranto, Julia Sammons

ORGANIZATION-LEVEL PREVENTION WORKGROUPS

CAUTI Prevention Team
A: Program Leaders; B: Team Sponsors

CLABSI Prevention Team
A: Program Leaders; B: Team Sponsors

SSI Prevention Team
A: Program Leaders; B: Team Sponsors

VAP Prevention Team
A: Program Leaders; B: Team Sponsors

HAPI Prevention Team
A: Program Leaders; B: Team Sponsors

PIV Prevention Team
A: Program Leaders; B: Team Sponsors

Falls Prevention Team
A: Program Leaders; B: Team Sponsors

VTE Prevention Team
A: Program Leaders; B: Team Sponsors

NAVI Prevention Team
A: Program Leaders; B: Team Sponsors

Local Unit/Department Improvement Teams
A: Unit Leaders; B: Unit Quality Safety Coordinator

Lead Unit Quality and Safety Coordinator
KEY DATA CHALLENGES

• Monthly data review only
• Displaying counts, not rates
• Data sources varied and inconsistent
• Data visualization under-optimized

Data capability not supportive of structured improvement work
OUR BHAG (BIG. HAIRY. AUDACIOUS. GOAL)

Centralized data infrastructure for Harm Prevention indicators integrating:

- Standardized, consistent data displays
- Full organization-wide transparency *daily-* Board to Bedside
- All-in-one: Outcomes, Process and Event review data
ULTIMATELY TO:

Minimize time spent questioning data
Maximize structured improvement work

IMPROVE THE QUALITY AND SAFETY OF CARE FOR OUR PATIENTS
HARM PREVENTION DATA INFRASTRUCTURE

<table>
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<th>Process</th>
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<tbody>
<tr>
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Outcome
• Safety Reports
• Epic
• IPC system
• Redcap
• Email
# HARM PREVENTION DATA INFRASTRUCTURE

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**Harm Prevention Data Review (HPDR) tool**
WHERE WE STARTED: AN INDICATOR JOURNEY

Excel: manually updated and shared at monthly intervals

QlikView: Automatically refreshed every day; unit-level drill-down functionality
JUST-IN-TIME ADVANTAGES

- Heightened situational awareness
- Daily discussion of harm events and lessons learned
- Effective tracking and trending over time
- Identification of statistically meaningful change
- Prioritization for focused improvement efforts

Model for Improvement

- What are we trying to accomplish?
- How will we know a change is an improvement?
- What change can we make that will result in improvement?
THE ‘SO WHAT AND WHO CARES’
MEASURING THE IMPACT

- Steadily increasing reliability to bundle
- Statistically meaningful reduction in CA-UTI rate (58% reduction overall)
MEASURING THE IMPACT

- 5 consecutive months at ZERO VAP (longest consecutive run)
- 54% decrease in VAP rate overall
MEASURING THE IMPACT

- Increasing trends of ‘Days between all harm’ at unit level
- Identification of statistically meaningful ‘Days between’
- Supports Recognizing Success
Early identification of special cause factor at unit level

Supported timely intervention to mitigate additional risks for patients

MEASURING THE IMPACT
"When you can measure what you are speaking about, and express it in numbers, you know something about it... When you cannot measure it... your knowledge is of a meagre and unsatisfactory kind"

--Lord Kelvin mathematical physicist
THANK YOU
Just-In-Time Connections- Patient & Family Engagement Strategies to Improve Satisfaction

March 21, 2017

Jo Talley MSN, RN, NE-BC
Renee Roberts-Turner DHA, MSN, RN, NE-BC, CPHQ
Simmy King DNP, MS/MBA, RN-BC, NE-BC
Learning Objectives

• Describe three innovative strategies that advance just-in-time patient and family engagement.

• Discuss the impact of these strategies on patient and family satisfaction outcomes.
Hourly Rounding Simulations
Hourly Rounding Simulations

• Purposeful hourly rounding is an evidence-based intervention that provides an opportunity for nursing staff to demonstrate caring and empathic behaviors to patients and their families.

• The Simulation Program collaborated with Service Excellence & Patient Family Advisory Council to:
  • re-engage staff in purposeful rounding focused on the importance of staff introductions
  • asking parent and child preferred name and writing them on the whiteboard
  • encouraging parent use of whiteboard to write concerns.
Hourly Rounding Simulations

During your stay, did members of the staff check on your child’s needs hourly?

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<tr>
<th></th>
<th>Oct-15</th>
<th>Average from Nov ’15 to Feb ’16</th>
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<tbody>
<tr>
<td>NCU</td>
<td>90%</td>
<td>76%</td>
</tr>
<tr>
<td>SCU</td>
<td>88%</td>
<td>81%</td>
</tr>
<tr>
<td>4 Main</td>
<td>70%</td>
<td>46%</td>
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Section - Nursing Care

- NCU Mean Score
- SCU Mean Score
- 4M Mean Score

Month:
- Apr ’15 - Jun ’15
- Jul ’15 - Sep ’15
- Oct ’15 - Dec ’15
- Jan ’16 - Mar ’16

Scores:
- 83.4
- 81.8
- 92.1
- 90.2
- 93.2
Dr. Bear Rounds
Dr. Bear Rounds

- Intervention to address patient satisfaction
- Idea from Magnet Site Visit preparations, rounds with Dr. Bear
- Advanced the idea to CNO and Service Excellence Team
- Collaborated with Nursing Leadership to implement a schedule for Dr. Bear Rounds
  - Identified nursing staff who volunteered to be Dr. Bear (nurse engagement)
  - Piloted on each inpatient unit
Dr. Bear Cares About Your Experience With Us!

Join us for an opportunity to meet Dr. Bear

When:
Wednesday, February 24, 5 – 7 pm

What:
Dr. Bear will be visiting our unit to visit our patients

Polaroid picture given to patient
Dr. Bear Rounds

We Care about Your Experience With Us

Has your care team *talked to you* today about your care?  

Have you been *asked about your pain* today?  

Is someone from our team *checking on you* every hour?  

Children's National™
Dr. Bear Rounds on Surgical Care Unit (SCU)
Dr. Bear Rounds
Nurse Leader Rounding
Nurse Leader Rounding

• Increase nurse leader engagement at the point of care
• Sought a efficient solution to nurse rounding
• Utilize a solution called, Marbella™ via Getwell Network to implement nurse leader rounding
Nurse Leader Rounding

• Partnered with the nurse manager for the inpatients units and our Patient Experience team to develop the questions

• Implemented the rounding tool in July 2016
  • Rounding was done using an iPad
CNMC Acute Care Nurse Leader Rounding

1. Who is being surveyed:

2. Date:

3. Time:

4. Insert room number

5. Insert patient name or patient initials

SURVEY INTRODUCTION SCRIPT "Hi my name is ____________ (state your name) and I am an (role) ______ at Children's National. Our goal at Children's National is to provide the VERY BEST patient experience. Would you mind if I asked you a couple questions to see how we are doing?"

6. Your feedback and concerns are very important to us. Are we doing a good job listening to you?
   12345
   1 – Not really   5 – Absolutely

7. Do you feel that your child's plan of care has been well explained to you?
   YesNo

8. Do you feel your medications have been well explained to you?
   YesNo

9. Are hospital staff checking in on you hourly and making sure you have everything you need?
   YesNo

10. VISUAL INSPECTION: White Board Updated
    YesNo

11. VISUAL INSPECTION: Any room issues?
Nurse Leader Rounding

Surgical Unit Example
N=31

**Question:** Do you feel that your child's plan of care has been well explained to you?

Are hospital staff checking in on you hourly and making sure you have everything you need?
Patient and Family Satisfaction Scores
INPATIENT 'OVERALL' YEARLY PERFORMANCE (Mean)  
December 2016
Surgical Care Unit (SCU)
% Positive Response to Press Ganey Question:
"staff checked on my child hourly"

% answered yes to question "staff checked child's needs hourly"
Thank you!

Questions?

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