

Using Staff Nurse Leadership for Evidence Based Problem Solving

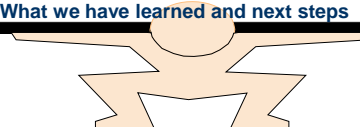
A Report from the TICC Project

Facilitated by: Gladys Campbell, RN, MSN, FAAN
 CEO Northwest Organization of Nurse Executives and,
 CNE Washington State Hospital Association



Objectives for this Session...

- Tell the story of "TICC"
 - What it is
 - The TICC process
 - Who is involved
- Stories from the field
- What we have learned and next steps



Participating Presenters

- University of Washington Medical Center
 - Linda Caron
 - Megan Witzigreuter
- St. Clare Hospital, Lakewood, WA
 - Angie Thompson
 - Angeli Luarca
 - Kathi Lewis
 - Maria Pastores
- Christina Capone, TICC facilitator

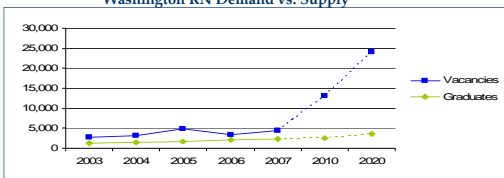
What is TICC?



- Transformation of In-patient Care and Culture is a collaborative project of the Northwest Organization of Nurse Executives (NWONE) and the Washington State Hospital Association (WSHA)
- TICC was conceived by members of both organizations representing CEOs and CNEs from 9 hospitals across the state

Why is Transformation in Care Delivery Needed: Workforce Shortages

Washington RN Demand vs. Supply



Source: 2002-05 - Washington State Nursing Quality and Assurance Commission, "Nursing Education Programs 2006-07 Annual Report," 2010-2020 - Skillman, et al., "Washington State Registered Nurse Supply and Demand Projections: 2006-2025," University of Washington Center for Health Work Force Studies, June 2007

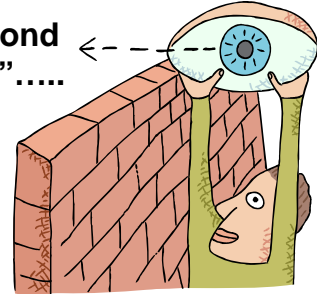
Formal Goals TICC

- TICC assists front line staff to evaluate how direct care delivery can be transformed in our hospitals to:
 - Remove barriers to best practice
 - Increase the time care providers spend in direct care delivery
 - Improve the efficiency and reduce the cost of care delivery

“Back-story” TICC Goals

- Build and advance the leadership skills of front line staff
- Create environments where clinicians can make their optimal contribution
- Create environments of excellence

Seeing “Beyond Competence”.....



Striving For Clinical Excellence...

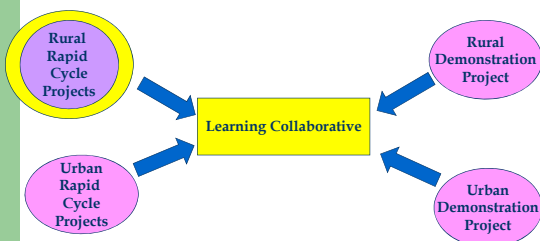
What is it?



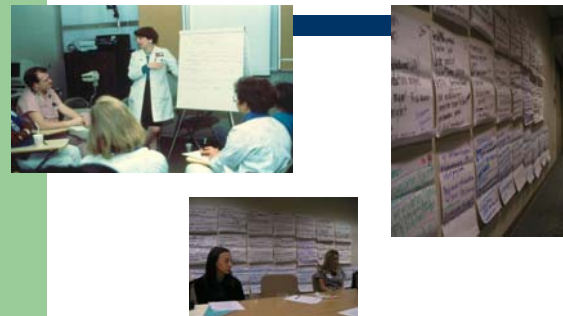
CLINICAL EXCELLENCE

- ⊙ Learning past what is known
- ⊙ Discovery and application of new knowledge
- ⊙ Bounding practice in knowledge
- ⊙ Acceptance that knowledge is ever-changing.. That “knowing” is fleeting
- ⊙ Embracing the *discipline* of improvement

What are the Component Parts of TICC?



Begin with a Focus Group



The “Right” Focus Group Questions....

- Who are your patients?



The “Right” Focus Group Questions...

- What do you do for these people?

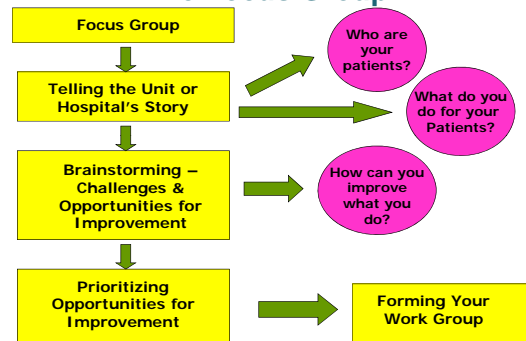


The “Right” Focus Group Questions

- Given this story of your work life, what would you change if you could? Where are the barriers to your ability to make your optimal contribution?



Describing the Rapid Cycle Process: The Focus Group



Considerations for Intervention: Asking the Right Questions



- Does the organization have current high priority projects under way?
- What are the organization’s strategic objectives and priorities?
- Are there cost issues/funding requirements?
- Are there available measurement tools?
- How will data collection be done?
- Will statistical analysis be necessary and how will it be accomplished?
- What national priorities exist that this project can dove-tail with?

Prioritizing Potential Interventions: Asking the Right Questions

- Strong/sustainable staff interest?
- Staff expertise?
- Importance to patient care & clinical practice?
- “Volume” to answer question?
- Political & cost landmines?
- Additional financing needed?
- Measurement tools available?
- Data collection requirements?



The "IF" "THEN" Statement

Stating your project plan in one sentence

If we do X
Then we will see Y

"If" defines your intervention, what you are going to do

"Then" defines what you are going to measure to see if what you did made any difference

The "Work Group" - How is it Different from the "Focus Group"?

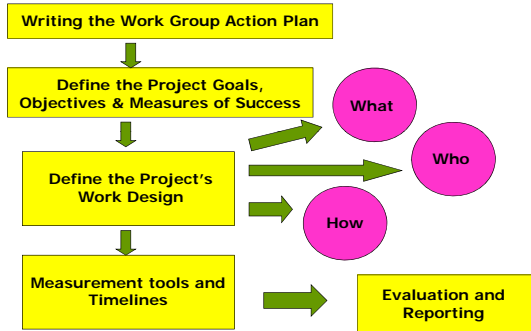
- Bringing the stakeholders to the table
- Establish team expectations
 - The 3 "Ps"
 - Participation
 - Presentation, and
 - Publication
- The Roles and the Work
 - Team leader
 - Mentor
 - Front line Clinicians
 - Leadership Team Members
 - Creation of the Action Plan
 - Assignment of Tasks
 - Pre and Post Intervention Data Collection
 - Data Analysis



Team Action Plans

- Problem statement (If _____, then _____)
- Background
- Patients or process impacted
- Definition of the intervention – What will be done
- "Success" measurement
- Project design
- Sample size
- Data Collection Plan
- Data Analysis Plan
- Review of Literature
- Project Timeline
- Team "to do" list

Describing the Rapid Cycle Process: The Work Group



TICC Project Timeline

- Summer 2009 – Rural Rapid Cycle TICC began
- January 2010 – First Call for Urban TICC sites
- March 2010 – First Learning Collaborative
- Spring 2010 – Urban TICC projects begin
- Winter 2011 – TICC leadership workshops initiated
- Spring 2011 – Second Learning Collaborative
- January 2012 – Initiation of the first demonstration project – Reducing Hospital Readmissions at 30 days



TICC Enrollees

- Othello Community Hospital
- Ferry County Memorial Hospital
- Pullman Regional Hospital
- St. Elizabeth's Hospital
- Whitman Hospital and Medical Center
- Sunnyside Community Hospital
- Mark Reed Health Care District
- Mason General Hospital
- Skagit Valley Hospital
- St. Clare Hospital
- University of Washington MC
- Klickitat Valley Health
- University of Washington
- St. Clare Hospital
- St. Joseph Medical Center
- Whitman Hospital & MC
- Sunnyside Community Hospital
- St. Elizabeth's Hospital

What are the Washington TICC Hospitals doing?



- 4 are focusing on discharge planning interventions with a goal to reduce readmissions at 30 days and improve patient knowledge of their disease
- Documentation to capture costs – reduction of AR days, increased revenue and, reduction of “double documentation”
- Environment of care intervention to reduce unit noise
- Improving staff competence and compliance with the care of swing bed patients

What are the Washington TICC Hospitals doing?

- Improvement in ED through-put and reduction in ED wait times
- Creation of a palliative care program
- Creation of a structured new nurse preceptorship program
- Elimination of un-necessary patient transfers
- Improvement in patient through-put in Interventional Radiology
- Improving staff competence and compliance in the care of pediatric patients in the rural hospital

Our Financial Sponsors

- Washington State Department of Health
- Washington State Hospital Association
- Regence Foundation
- Hill Rom
- Herman Miller
- Individual NWOE members

Examples of the Process...

Stories from the field

How Front-Line Staff are Leading Organizational Change



St. Clare Hospital



The St. Clare Hospital Background Information



- 106 bed suburban hospital in Lakewood, WA
- Serves a multicultural patient population with a high variance in economic status
- Staff at the hospital perceive that their workload is significantly impacted by a high volume of “avoidable” patient transfers

Begin with a Focus Group



The St. Clare Hospital Problem Statement



- If patients are placed in the “right bed” the first time, **then**:
 - unnecessary patient transfers will be avoided
 - the hospital will achieve significant savings from reduced labor hours and wasted supplies and,
 - staff and patients will have improved satisfaction levels.

The St. Clare Hospital The TICC Intervention



- Phase 1 of Planned TICC Intervention:
 - Collect hospital based data on patient transfers that will:
 - Validate that the level of total patient transfers is high
 - Define the average number of labor hours associated with transfers and the average cost of those hours
 - Define the cost of wasted supplies and linens associated with avoidable patient transfers
 - Support the definition of which transfers are “avoidable”
 - Determine if the total cost of patient transfers validates a focus on the reduction of “avoidable” transfers

The St. Clare Hospital Measures of Success



- Measuring Success for Phase 1 of the TICC Intervention
 - Using a direct observation measurement process the staff collected data on:
 - Total number of internal patient transfers over a two month period = 404
 - 191 internal transfers in the first 24hr period
 - 107 of these transfers were defined as “unnecessary”

The St. Clare Hospital Measures of Success



- Measuring Success for Phase 1 of the TICC Intervention
 - Average labor hours, and labor costs, per transfer for RNs, CNAs, Housekeeping & Unit Secretaries
 - Average labor costs per transfer = \$54
 - Estimated monthly labor costs for average number of patient transfers per month = \$21,816 or \$261,792/year

The St. Clare Hospital Action Steps

- Action Steps Taken
 - Defined “avoidable” intra-unit transfers occurring within 24hr of unit admission, due to:
 - Patient isolation status
 - Patient defined as a fall risk
 - Patient confused or has altered mental status
 - Lack of appropriate bed availability
 - Patients with ETOH withdrawal
 - Completion of Phase 1 data was presented in a report to the Hospital President and system CNO
 - The TICC team proposed the 2nd phase of their TICC project with a goal of “right patient, right bed, first time” for patients admitted from the ED

The St. Clare Hospital Next Steps

- Next Steps
 - Phase 2 of the TICC intervention
 - Revision of the ED bed request/admit slip
 - Redefine how specific IV drips impact the “right bed” for specific patients
 - Educate all ED staff, physicians, house supervisors, and bed control staff to the new process

BED REQUEST - ADMIT SLIP

Date of Bed Request: _____
 Time Bed Requested: _____
 Time Bed Ready: _____
 Bed Number: _____
 Triage Time: _____ Rack time _____

Physician: FIT Other _____ Accepting Physician: _____
 ER Physician: _____ Time: _____
 Diagnosis: _____

Bed Type Request: Med/Surg/Ortho Telemetry PCU ICU

Isolation Status: Yes No Type: H: MRSA/VRE Draining Wound
 URI Diarrhea Flu/Swab High risk group (i.e. homeless, IV drug user, group home)

Mental Status: Alert & Oriented Confused Combative/Restrained ETOH
 1:1/ sitter - Type: SI Altered Mental Status

Other: Fall Risk Bariatric Other _____
 Transport: Wheelchair Stretcher Monitor Oxygen Smart Pump
 IV's & Drips: Type: _____ Rate: _____ Titrated None

RN Name: _____ CN Initials: _____

St. Clare Hospital Post-Data

- Total volume of “unnecessary” patient transfers in a two month period were reduced from 107 to 16 -- a reduction rate of 85%!
- Total volume of all internal patient transfers remained high – 423 which has raised questions:
 - What factors beyond “unnecessary” transfers are driving the transfer volume?
 - Can we identify and reduce these factors to reduce total internal transfers?

Next Steps

- Continue to Collect Data over a six month period
- Define other factors that drive our total internal transfer rate
- Assuming that infection/isolation history is a driver of inpatient transfers, define who is at point for identifying this part of the patient history



The St. Clare Hospital Staff Experience




- The TICC team:
 - Initially chose a large and complex project
 - Divided the project into “phases” to maintain a more manageable project
 - Despite challenges, the TICC team became unified to achieve our goal to get the patient in the “right bed” the “first time.”

University of Washington Medical Center




University of Washington Medical Center Background Information




- Background Information
 - Large and complex 450 bed academic medical center
 - Named the nation's **FIRST** Magnet Hospital by the American Nurses Credentialing Center
 - In January of 2011, 4 South Unit stepped forward through the organization's clinical practice committee to participate in TICC

University of Washington Medical Center Background Information




- Focus Group Outcomes:
 - Need for appreciation and understanding of the 4South unit
 - Need to be political and strategic in meeting this need
- Increasing patient through-put in IR would increase organizational revenue
- An IR plant expansion without an increase in the 4S capacity would create a 4S "bottleneck"
- So what could we do.....??

University of Washington Medical Center Analyzing the Problem




- Patient wait times of up to 9 hours – impact on patient satisfaction and safety
- Concerns about patients with special needs
 - Diabetics
 - Blood products
 - Interpreter needs
 - Patient social issues
- Procedure cancellations and unnecessary rescheduling were common occurrences
- Due to these circumstances, other non-IR 4 South patients were adversely affected

University of Washington Medical Center Problem Statement



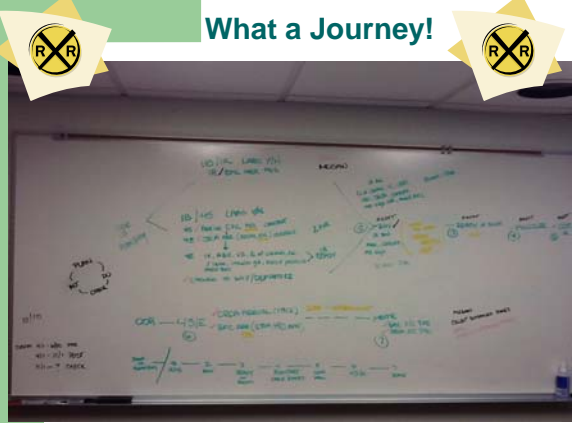
- **If** we structure pre-procedural patient assessments to guide the development and implementation of an Interventional Radiology scheduling matrix for patients with liver tumors, **then** we can expect to reduce door to door wait times for patients and increase both patient and staff satisfaction.

University of Washington Medical Center Work Accomplished



- ✓ 4S – IR Collaborative creative
- ✓ Continuous definition of stakeholders to the work
- ✓ Pre-interventional collected and reviewed
- ✓ Scheduling matrix created
- ✓ Post-interventional and ongoing data collection underway for continuous evaluation of process improvement

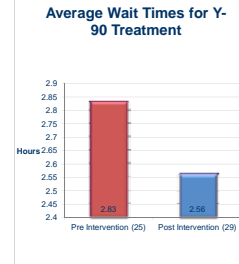
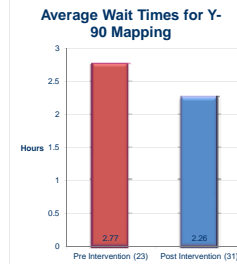
What a Journey!



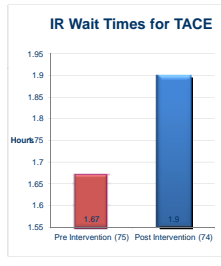
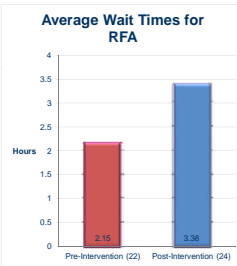
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Outcomes to Date: TACE Discharge Home

- Goal Discharge by 11 AM
- Pre Intervention **55%** of patients home before or by 11 AM
- Post intervention **77%** of patients home before or by 11 AM

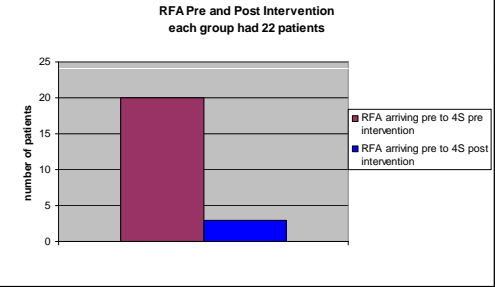
University of Washington Medical Center
Outcomes to Date: Wait Times in Radiology



University of Washington Medical Center
Outcomes to Date: Wait Times in Radiology



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Outcomes to Date: RFA Arriving Pre to 4S



University of Washington Medical Center
Outcomes to Date: Labs

- 27% labs drawn prior to 4S arrival pre-intervention
- 50% labs drawn prior to 4S arrival post-intervention


University of Washington Medical Center
Outcomes to Date



- ✓ Significantly improved communication between 4S and IR
 - ✓ Daily huddles between IR & 4S charge nurses at least daily
 - ✓ 4S charge nurse present during IR morning conference
- ✓ Improved pre-procedure patient assessment, planning, & intervention
 - ✓ Pre procedure lab work done prior to arriving to 4S for most patients, if labs are not done 4S triage RN notified
 - ✓ NO unnecessary overnight patient stays
 - ✓ NO expired chemo
 - ✓ Case cancellations due to scheduling or abnormal labs, are rare
 - ✓ Discharge orders are written the day before, by the PA

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Medical Center


Outcomes to Date - continued



- ✓ Recognition and understanding of the work of 4S
 - ✓ Administrative recognition of our work
 - ✓ TICC work sited in our magnet re-designation review as “significant”
 - ✓ 4S obtained 10 additional procedure beds
 - ✓ 4S given view access to IR scheduling system
 - ✓ Multiple invitations to present our work

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Medical Center


Potential Next Steps



- Can we improve the wait times within the IR department?
- Does the use of closure devices allow for early patient discharges and an increase in patient throughput?
- Should we target a specific group of TACE patients for same day discharge – given that this group has had an increase in their wait times?

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Lessons Learned



- Leading groups is not as easy as it looks.
- This project will not have a distinct end
- UWMC is large, complex, and ever-changing.
- More resources are needed for data collection
- Our work requires administrative support and local level, committed teamwork!
- We have seen true transformation in the staff who have participated in this work

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Picture of the UWMC here

**Transforming In-Patient Care & Culture Facilitation:
A New Role – A New Learning Experience**

**Christina Capone, RN, PhD
TICC Facilitator**


**Transforming Care & Culture.....
Transforming Leaders**

All Aboard!



Buying a Ticket.....

Education:
My Ticket!



- Built a foundation
- Theory

First Stop.... New Graduate RN

"Transition
Crisis"



Do More with Less

Back on The Train




Second Stop.... More of the Same



Change the Course!



Intensive Care Unit



Time for a Change



Buy a New Ticket!



- Built a foundation
- Theory



I have a PhD, *Now What?*



All Aboard... TICC Train



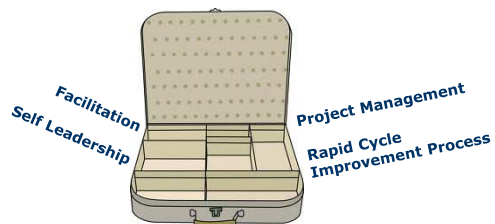
Begin with a Focus Group



Begin with a Focus Group?



Filled my suitcase with leadership skills



Lots of suitcases were being packed



Improving the Discharge Process

- “We aren’t serving our patients”
- “We need a better education process”
- “Our patients are suffering because they are not prepared for home”

Now, Many People on This Crowded Train!



Using TICC Principles to Guide other Leadership Roles



Educator



Bedside RN



Director

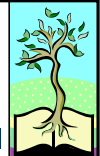
An Amazing Train Ride!



So What Have We Learned From all of This??



Testing the Process: What Have We Learned From the TICC Experience



- A “troica” of leadership is essential
- The staff must have the energy and passion to do the improvement work – the TICC facilitators provide support and process expertise
- Discipline and commitment to data collection are essential to the process
- If an organization learns & embraces the TICC process they will become increasingly independent of the TICC facilitation group.

Testing the Process: What Have We Learned From the TICC Experience

- Top down and bottom up improvement processes must live in harmony
- The leadership growth of your staff can be astounding
- If you are not having fun, something is wrong



Questions or Comments??



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