Module 5- Remaining Financially Sound-KEY ELEMENT

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Introduction

A consistent a deterrent to efficiency on the Same Day Admissions Unit is admissions process for nursing home patient.  The typical nursing home patient arrives with a stack of papers which are always devoid of relevant information such as time of last intake, dates/times of last doses of medication. Not having that information has negatively impacted workflow by adding significant time to complete the intake.  Trending the data, the issue with hand off communication between the facilities was highlighted.  Thus, a Quality Improvement project was born, to increase the quality of the communication or handoff between the hospital and three of the highest volume nursing homes.

Those three nursing homes admit approximately fifteen percent of admissions to the Same Day Admissions Unit (SDA) and could easily account for up to thirty percent of any admission to the hospital.  By developing a standard form to convey more relevant information, this form could potentially be deployed throughout the facility.  Each area could foreseeably alter the form to the information they feel is relevant to their specific areas of practice.

Quality Improvement Process for Memorial Hospital

The Quality Improvement (QI) Process for Memorial Hospital is driven by the Performance Improvement Department.  The process itself is driven the Lean Team.  The team is comprised of respective members of several disciplines of practice within the hospital.  The Lean Team style of project development as defined by Six Sigma.  Roughly 4 years ago Memorial Hospital was looking for ways to reduce waste and increase efficiencies in workflows and signed on to the Six Sigma method called “go lean”. Lean Six Sigma works to decrease organization costs by removing “waste” from a process, essentially waste is any activity that is not required to provide exceptional service (GoLeanSixSigma.com, 2016), and to solve any process related problems that increase cost to the organization(GoLeanSixSigma.com, 2016).

Six Sigma relies on five processes define, measure, analyze, improve and control. Formatting my idea for this QI project was done using the concepts of the Lean Six Sigma.

1. Define- Nursing home handoff’s are inefficient and consume resources.

2. Measure- average amount of time it takes to admit a nursing home patient to SDA

   takes average of 70 minutes.  ( 10 patients admitted over the last week and those

  were measured in minutes.  Start times were documented in the electronic health

  record (EHR) as were the completion times.  What was not measured was number

  calls made to the nursing home, or any laboratory work that may have been

  previously ordered.

3. Analyze- Reports run daily which capture this information currently and was

   compared against the specific sample size.

4. Improve-Form designed to reduce waste (time) and increase workflow efficiency

5. Control- this function has not been completed as the form has not been approved

   for deployment and nursing homes would need to partner with SDA for this project

  to work.

The Process for Nursing Home Patients Admissions

Nursing home patients present some unique challenges for the staff on the Same Day Admissions unit.  There is a preoperative process which involves nurse to nurse communication with a request for necessary documents to provide the most accurate patient history.  Pages of faxed documents have to be reviewed and then scanned into the EHR.  This information can contain face sheets, medical histories, allergies, medication administration records and recent diagnostic testing (lab work, EKG’s, CXR’s). This information is then transcribed into the EHR and scanned in upon completion of the data transcription.  Even in the preoperative department there are many calls made to get last does of medications, transportation arrangement, and clarification of any questions which arise through the document review.

Patient arrival to the SDA on the day of surgery (DOS), the patient is accompanied by the same paperwork the pre-op nurses review, but most nursing home medication administration records (MARs) do not come with dates and times of last does or the last know intake of food or fluids by the patient.  Every time a nursing home patient arrives the process of reaching out the nurse who cared for the patient can take upwards of 3 phone calls and a minimum of 35 minutes to get that information.  This process can consume 2 nursing resources to obtain and document these items.  And through these multiple calls, the nothing by mouth (NPO) order has been violated or medications that should have been held for days prior to the DOS.  These 2 simple processes when not followed result in surgery cancelations.  “A single canceled surgery can cost between $2,000 and $6,000, depending on the medical specialty involved” (GoLeanSixSigma.com, 2016, para. 4). That does not even begin to account for the patient incurred costs of transportation to and from the nursing home.

Necessity to Change the Process

According to The Joint Commission (TJC), “communication was one of the top root causes of sentinel events reported to The Joint Commission from 2011 through 2013. And, ineffective handoff communication has been a primary contributing factor in many studies of causes leading to medical errors”(Nether, 2017, para. 2).  To better serve this compromised sample of patients, it is imperative to change the way these patients are admitted and improve communication. The process consumes nursing resources, frustrates the nursing home personnel and ultimately impacts the patient.  By streamlining this process the “waste” defined by Lean Sig Sigma (GoLeanSixSigma.com, 2016) can be eliminated. Thus, can improve the experience for both partied.  Potentially, this workflow change could improve this process for other areas of the hospital.

The Project: A Ticket to Ride

 Yoder-Wise (2015) noted that “when individuals with different knowledge, skills, and resources collaborate to solve a problem or make a decision, the likelihood of a quality outcome is increased” (p. 103).  Together with my leadership and charge nurses for both the Pre-op and SDA units we came to the consensus that the amount of paperwork should be made simpler and if possible decrease in the amount of documents that accompany the patient.  The QI project option I proposed to the Lean Team is called a “ticket to ride”. Nursing home personnel could complete this document which has all the elements needed to maximize the efficiency for the intake process and send with the patient on their DOS. Once approved, it will require education to the three highest admitting nursing home in the area, and if successful could be rolled out to the remaining nursing homes in the area.  “Lack of standardized and transparent handoff communication contributes to boarding time” (Potts, Ryan, Diegel-Vacek, & Murchek, 2018, para. 1), and could compromise quality, safe and efficacious care of the patients (Potts et al., 2018).

Conclusion

Hand-off communication is an essential piece of communication by which one care gives transfers the care of a patient to another.  Within the hospital is one process which works well the majority of the time.  That is not always the case for patients entering our care from tertiary care facilities, therefore having a standardized process is paramount to continue to provide the highest level of care to the community Memorial Hospital serves.  It is my hope this “ticket to ride” will be the first document which will evolve over time and use to address this important aspect of patient care, the hand off.

References

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