



## Mission:

The West Chester Medical Center creates an exceptional health care experience by anticipating needs and enhancing the lives of those we serve.

## Vision:

The West Chester Medical Center provides the very best in health care to every patient, every time.

## Values:

Respect, Integrity, Teamwork, Excellence.

## Culture Statement:

We commit to a PASSION for healing, SAFETY and FUN in our work.

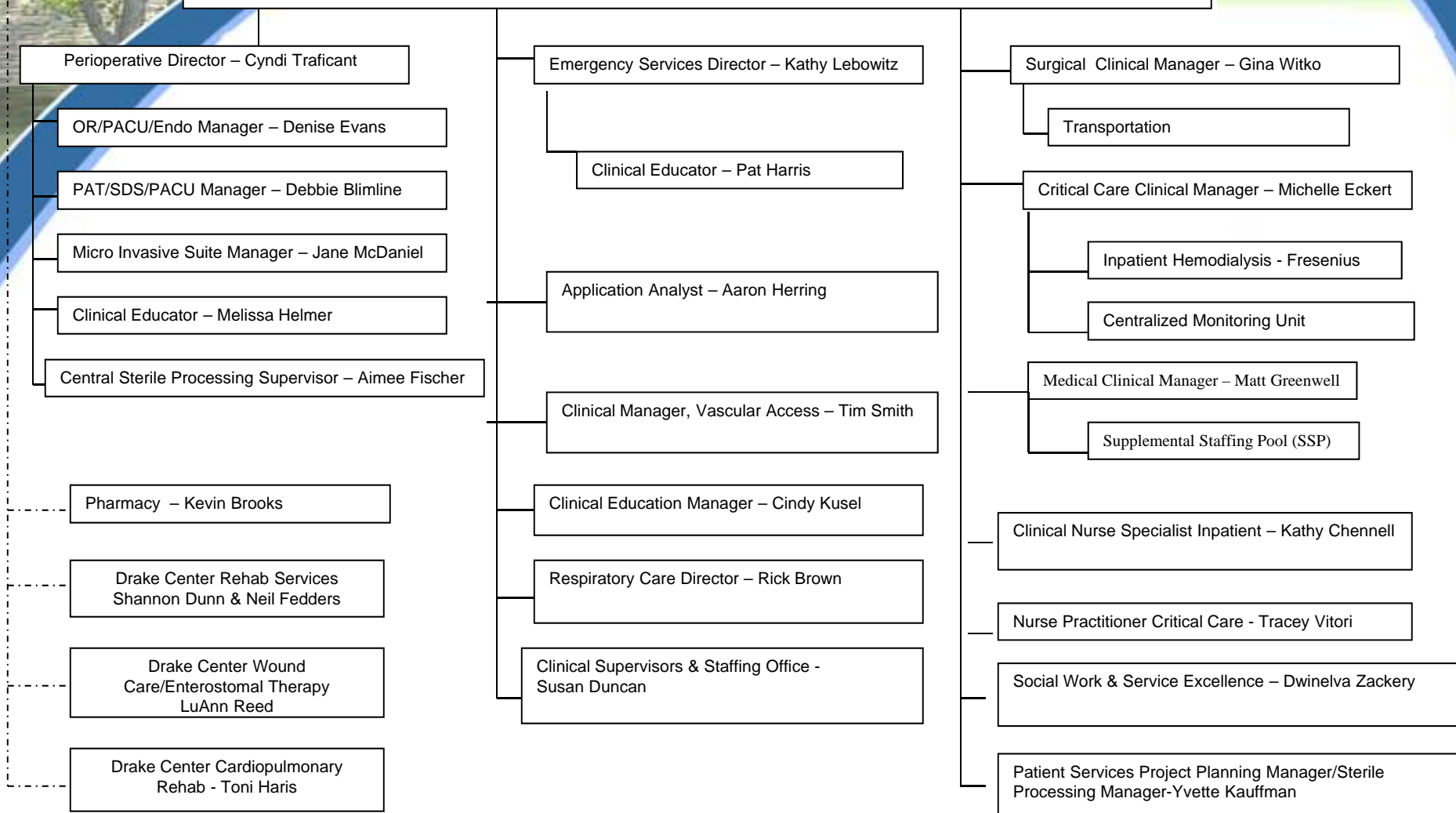


# Patient Care Services

## Goal:

**To provide the best “anticipatory” care for patients and to be the best place for clinicians to work.**

## Vice President/Chief Nursing Officer Julie Holt



## Patient Care Tower

### 162 in-patient beds, 5 Floors

- Medical/Surgical/Telemetry Units, 36 Beds, Floors 1, 3, 4 and 5
  - 2 Bariatric ceiling lifts on each unit
  - Negative airflow rooms located on each unit.
    - The entire 5th floor is negative air flow capable.
- Aggregated 18 bed ICU, Floor 2
  - ICU Booms in every room
- All rooms are private, family friendly
- Wireless telemetry throughout the house with CMU (Central Monitoring Unit) monitoring patient while off the floor.
- Universal Bed Concept
  - Keeping the nurse at the bedside. Flexing staff and equipment to meet the patient/family needs.
  - All rooms are “critical care” ready for hard wired monitoring
  - Consistent color coding of supplies on crash carts and in supply rooms.

### Patient rooms are clinician friendly

- Our mock up room reviewed by over 35 Health Alliance clinicians and approximately 40 improvements made.
- Clinical staff work areas were reviewed by the Bureau of Workers Compensation-Ergonomics Division.



## Peri-Operative Services

- **9 OR Suites**
- **3 Micro-Invasive Suites (MIS)**
- **4 Endoscopy Suites**
- **24 Same Day Surgery rooms – full rooms with bathrooms, equipped for recovery of outpatients**
- **20 PACU – recovery of inpatient & same day admits**



# Emergency Department

- **26 private exam rooms**
- **2 Shock/Resuscitation Rooms**
- **3 Treatment Areas**
- **Rapid Triage**
- **Bedside Registration**
- **University of Cincinnati Air Care on site 24 hrs. per day**
- **Mobile Care available**

## **An estimated 144 IT systems at Opening:**

- Computer in every patient room and outside every two rooms.
- Workstations on Wheels (WOWs) available on each unit as needed.

## **In-Patient IT systems include:**

### Lastword:

- Clinical Documentation, including online nursing care plans
- Bar Coding, electronic medication administration (inpatient only)

### Hill-Rom Navicare:

- Patient Flow
- Nurse Call
- Patient Safety
- Smart Beds

- Ascom phones
- Infra-Red tags
- Philips physiological monitoring
- Smart pump technology for IV pumps and PCA's
- SharePoint
- Standard register (arm bands and forms management)
- Smart badging for staff and visitors
- Streamlined health (medical records)
- Mosby's Nursing Skills (web-based skills reference and competency management tool).
- Bedside registration
- Tube system, secured and direct to pharmacy and lab



## Surgical Services Information Systems

- **SIS™**
- **Heartsuite™**
- **Streamline Health™**
- **Navicare™ patient tracking interfaced with web-based nurse call system**
- **Ascom™ wireless phones for clinicians**
- **Aesculap™ instrument tracking system**
- **MUSE™**
- **Phillips™ physiological monitoring systems**
- **Smart IV Pumps (Hospira™)**



# Clinical Services

- **Hospitalists**
- **Intensivists**
- **Case management model**
- **Vascular Access Team**
- **Centralized monitoring unit (CMU)**
- **Rapid response & code teams**
- **Inpatient hemodialysis**



## Nursing Theory:

“Theory of Comfort” by Katharine Kolcaba

**Main goal of the theory is to return nursing practice back to focusing on the needs of the patient in any situation**

Tomey & Alligood, 2006, pp 730

## Nursing Models of Care:

- Transforming Care at the Bedside (TCAB) (RWJ & IHI Model 2003)
- Relationship-Based Care (Koloroutis, et al., 2004)
- Hardwiring Excellence (Studer, 2004)
- 14 “Forces of Magnetism” (American Nurses Credentialing Center (ANCC), 1983)
- Baldrige National Quality Program, Health Care Criteria for Performance Excellence (2008)
- Professional standards for nursing practice (ANA, AACN, AORN, ENA, NAON, etc.)



## What is Transforming Care at the Bedside (TCAB)?

- A response to the identified need for system redesign/change at the bedside to improve care, attract & retain health professionals and 6 aims for improvement cited in the Institute of Medicine report, Crossing the Quality Chasm.
- Launched in July 2003 by the Institute for Healthcare Improvement (IHI); sponsored & funded by The Robert Wood Johnson Foundation (RWJF)



## What is Transforming Care at the Bedside (cont.)

### Design Theme:

- Safe & Reliable Care
- Vitality & Teamwork
  - Within a joyful & supportive environment that nurtures professional formation and career development, effective care teams continually strive for excellence.
- Patient-Centered Care
  - Honors the whole person & family, respects individual values & choices, & ensures continuity of care.
- Value Added Care Processes
  - All care processes are free of waste and promote continuous flow
- Transformational Leadership

### Process:

- Engage front line staff
- Story telling & visioning
- Ask what if...create the idealized design
- Brainstorm/Snorkel
- Triage ideas and prioritize where to start
- Develop rapid cycle tests of change/Test your hypothesis
- One nurse, one patient, one shift
- Keep testing
- Adapt, Adopt, Abandon
- Spread



## Building a Culture Around Service

Everyone will be taught how to connect organizational values to actions through the use of:

- Employee-based service teams
- Studer Group's six Must-Haves™
  1. Key words at Key Times
    - A-I-D-E-T
  2. Discharge/Post-Visit Phone calls
  3. Rounding for Outcomes (Employee Satisfaction)
  4. Employee Selection and the First 90 days
  5. Leadership Evaluation Tools
  6. The Power of Employee Thank You Notes



# “Pillars of Excellence”

(Studer, 2003)

## Performance Excellence

Quality

Service

People

Finance

Growth

Community

Culture of Safety

Changing Behaviors & Creating Safety Habits



# Patient Care Services Scorecard

## QUALITY

- **Joint Commission Core Measures (AMI, CHF, Pneumonia) & other patient outcome data**
- **Rapid Response Team & Code Team outcomes (Institute for Healthcare Improvement (IHI) 5 Million Lives Campaign, 2006)**
- **Surgical Care Improvement Project (SCIP) indicators (IHI, 2006)**
- **Nosocomial infection rates \***
  - Ventilator-assisted pneumonia (VAP) (IHI, 2006)
  - Central line associated blood stream infections (CLABSI)
  - Catheter associated urinary tract infections (CAUTI)
  - Methicillin-resistant staphylococcus aureus (MRSA) (IHI, 2006)

(\*also NDNQI Indicators)



# Patient Care Services Scorecard cont'd

## QUALITY (continued)

- **Nursing Database of Nursing Quality Indicators (NDNQI)/National Quality Forum (NQF)**
  - Patient falls, patient falls with injury
  - Pressure ulcers (community acquired, hospital acquired, and unit acquired) (IHI, 2006)
  - Staff mix
  - Nursing hours per patient day
  - Restraint prevalence
- **JCAHO National Patient Safety Goals (NPSGs)**
  - Eliminate the use of unapproved abbreviations (NPSG 2B)
  - Improve timeliness of critical result and critical test reporting (NPSG 2C)
  - Reduce likelihood of patient harm associated with anticoagulation therapy (NPSG 3E)
  - Improve hand hygiene (NPSG 7A)
  - Achieve 100% medication reconciliation across the continuum of care (NPSG 8)



# Patient Care Services Scorecard cont'd

## QUALITY (continued)

- **Adverse Drug Event (ADEs) (IHI, 2006)**
- **TCAB Safety & Reliability Indicators (IHI & RWJ, 2003)**
  - Reduce codes on TCAB units to “zero”
  - Adverse events – reduce to 5 or < per/1000 patient days
  - Incidents of moderate or > harm from falls reduced to 1 or < per 10,000 patient days
  - Readmissions within 30 days reduced to 5% or <
  - 95% compliance with all key clinical outcome measures
- **TCAB Value Added Care Processes Indicators (IHI & RWJ, 2003)**
  - Clinicians spend 70% of their time in direct care
  - Clinicians spend 90% of their time in value added activities



# Patient Care Services Scorecard cont'd

## SERVICE

- Overall *Press, Ganey* survey results
- Patient complaint logs
- TCAB Patient Centeredness Indicators (IHI & RWJ, 2003)
  - 95% of patients are willing to recommend
  - 95% of patients feel their physical and emotional comfort needs are met



# Patient Care Services Scorecard cont'd

## PEOPLE

- Vacancy rates
- NDNQI/NQF
  - RN job satisfaction survey
  - RN *Practice Environment Scale Survey*
  - RN education and certification
  - Nurse turnover
- TCAB Vitality & Teamwork Indicators (IHI & RWJ, 2003)
  - 95% of staff and physicians say they work in a supportive environment (Survey)
  - 95% work in effective care team striving for excellence even when conditions are less than optimal (Survey)
  - Voluntary RN turnover is reduced
- Staff injury rate (Baldrige, 2008)
- Staff competency evaluation



# Patient Care Services Scorecard cont'd

## FINANCE

- Salary cost per patient day/visit/case
- Supply cost per patient day/visit/case

## GROWTH

- Volume Statistics
- Market Share
- # of Service Lines/Established “Programs”



# Patient Care Services Associates

- **Hired for attitude, competency, and flexibility**
- **Interested in technology and bedside application**
- **Interested in Nursing Theory and bedside application**
- **Customer service orientation following the Studer Principles**

**Preferred Qualifications:**

- **Two years of clinical experience**
- **Charge Nurse experience**
- **ECG/Telemetry Training**
- **Preceptor experience**
- **ACLS Certification**
- **Certification in specialty area**
- **Membership in professional organization(s)**

**All staff will be interviewed.**



## Patient Care Services

- Recommendations of 36 clinical design teams
- Documented “Best Practice” standards
- Clinical input of current Health Alliance associates
- WCMC Community Advisory Council input
- Patient focus groups (September 2008)
- Market share data and analysis

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