How to Hit the Ground Running: An Interdisciplinary Process Improvement Initiative to Maximize Care Efficiency and Patient Satisfaction

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Healthcare Systems

HOW ARE WE MEASURING UP?

MossRehab Physical Medicine & Rehabilitation

	AUS	CAN	GER	NETH	NZ	UK	US
OVERALL RANKING (2010)	3	6	4	1	5	2	7
Quality Care	4	7	5	2	1	3	6
Effective Care	2	7	6	3	5	1	4
Safe Care	6	5	3	1	4	2	7
Coordinated Care	4	5	7	2	1	3	6
Patient-Centered Care	2	5	3	6	1	7	4
Access	6.5	5	3	1	4	2	6.5
Cost-Related Problem	6	3.5	3.5	2	5	1	7
Timeliness of Care	6	7	2	1	3	4	5
Efficiency	2	6	5	3	4	1	7
Equity	4	5	3	1	6	2	7
Long, Healthy, Productive Lives	1	2	3	4	5	6	7
Health Expenditures/Capita, 2007	$3,357	$3,895	$3,588	$3,837*	$2,454	$2,992	$7,290

Note: * Estimate. Expenditures shown in $US PPP (purchasing power parity).
Source: Calculated by The Commonwealth Fund based on 2007 International Health Policy Survey; 2008 International Health Policy Survey of Sicker Adults; 2009 International Health Policy Survey of Primary Care Physicians; Commonwealth Fund Commission on a High Performance Health System National Scorecard; and Organization for Economic Cooperation and Development, *OECD Health Data, 2009* (Paris: OECD, Nov. 2009).

Country Rankings
1–2
2–4
4–7

Healthcare Reform

- Legislative Changes
  - Fee for Service → Value Based Purchasing
    - Accountable for **Quality** and **Cost**
- Quality Reporting Data
- Patients are Consumers
  - "Shopping" for Value
  - Publicly available Outcomes

How Are We Responding?

- Standardization Process:
  - Determine Current State
  - Collect Baseline Measures
  - Identify Waste and Inefficiencies
  - Identify Opportunities
  - Pilot
  - Test of Change

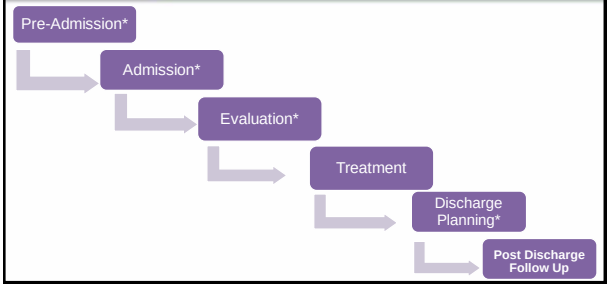
Standardization Work Groups

- Sponsor
- Project Leader
- Coach
- Interdisciplinary Team Members Serving as Content Experts
  - Administration, Medical Resident, Nursing, Therapies, Social Work, Outcome Manager

The Process

- Process Mapping
  - Detailed outline of process from perspective of all players
- Fingerprinting
  - Verifies accuracy, minimizes omissions
- Waste Walks
  - Identifies "Value" and "Non Value" steps in a process
- Provides framework and starting point for team's work

Standardization Process



Pre-Admission Group

- **Project Scope**:
  - The Pre-Admission Process begins when the liaison receives the referral for an inpatient admission. The Pre-Admission Process ends:
    - In case of Denial of IRF admission: When the patient and referral source is notified
    - In case of Acceptance: When the patient enters the doors of MossRehab
- **AIM Statement:** Dynamic post-acute environment characterized by changing payment methodologies emphasizing service (patient experience), quality, safety, efficiently and effectiveness. Our opportunity is to strengthen relationships with our patients and referral sources through enhanced responsivity to their needs.
- **Goals:**
  - Reduce the time it takes to make a decision to accept the patient
  - Enhance the patient experience

Pre-Admission Group

- Process Mapping
  - Detailed review of the process of accepting patients on the Stroke unit versus the Brain Injury unit
- Fingerprinting
  - Front-line nursing and social work
- Waste Walks

Admission Group

- **Project Scope**: When patient enters the building until patient is in the hospital bed on the unit and greeted by staff
- **Aim Statement**: To improve first impressions/admission experience for patient/ patient family, deliver quality admission service to patient/patient family, Improve elapsed time from patient in the door to patient in the bed and greeted by Moss employee.
- **Goals**:
  - Increase patient satisfaction
  - Decrease time from door to hospital bed

Admission Group

- Process Mapping
  - Confusion regarding process in emergency room
  - Gaps in communication between departments
  - Delays in opening patient encounter in the electronic medical record
- Fingerprinting
  - Nurses, Unit Clerks, Patient Registration, Environmental Services
- Identified Opportunities
  - Streamlined check in process and better define roles and responsibilities
  - Improved coordination between registration and admitting unit
  - Volunteer Program utilized to greet patients, provide Welcome Packet, and orientation to patient/family

Initial Evaluation Group

- **Project Scope**: Patient arrives on unit → Initial Plan of Care established by team and communicated to patient/family
- **Aim Statement**: Improve the initial evaluation process by assessing current state, improve quality, and reduce the amount of time needed to complete the initial plan of care.
- **Goals**:
  - Improve patient and staff experience
  - Improve quality of initial evaluations
  - Reduce time needed to complete evaluation process
  - Reduce harm/errors and increase safety
  - Improve communication between staff and family members
  - Create a more appropriate and efficient treatment plan

Initial Evaluation Group

- Baseline Data
  - Patient Surveys (first 3 days of admission)
  - Time to complete various elements of initial evaluation
  - Accuracy of our Initially Communicated Discharge Date to Actual Discharge Date
  - Safety issues (falls, skin)
- Process Mapping
  - Complex process involving many disciplines with gaps, redundancy, and inefficiencies noted
- Fingerprinting
  - Therapies, Nursing, Physicians, Social Work
- Waste Walks

Priorities the First 48 Hours

Patients

- Staff know all important medical info
- Understand what to expect
- Showering
- Eating

Providers

- Receive Accurate Information as Quickly as Possible
- Clear Communication Across Settings and Providers
- Processes Eliminate Redundancies and Waste

Identified Opportunities

- Communication Systems
- Scheduling Processes
- Consistency of Patient Orientation to Unit
- Wheelchair Assignment

Actions to Date

Communication Systems	• Creation/Maintenance of Email Distribution Lists • Pre-certifications • Staff Procedures for Communicating Key Info • Resident Orientation and "Tip Sheets"
Patient Experience	• Patient Orientation Sheets • Collaboration with Dietary for Late Admission Meals • Wheelchair Work Group

Next Steps

- Shortening Time to Collect "Initial Status" of Patient
  - Completed Pilot for Quality Indicator Data Collection on Day of Admission
  - Needs and Barriers Identified
  - Work Group Addressing Opportunities and Developing Processes

Discharge Group: Aim Statement

- **Group Aim:** Re engineer current discharge planning process for BIC and Stroke teams
- **The process begins**: When a patient is being considered for admission
- **The process ends:** When the patient has left the building
- **It is important to work on this now because**:
  - New regulatory requirements are developing and require us to be more efficie
  - Prospective partners in bundled payment models demand efficiency in using resources

Discharge Group: Goals

- **By working on this process, we expect to**:
  - Improve customer satisfaction as it relates to coordination of care
    - NRC Picker questions
  - Improve management of patient's benefits
    - Decrease denials
  - Decrease staff burden
    - Improve effectiveness, efficacy, effort, eliminate waste
  - Increase compliance to regulatory requirements
    - Conditions of participation

Discharge Group: Goals

- **NRC Picker questions:**
  1. Did Hospital staff explain when patient could leave?
  2. Kept informed about rehabilitation progress?
  3. Hospital Staff Communication

Discharge Group: 3 Main Priorities

- Projection of Discharge Date
- Discharge Packet Completion
- Family Training

Discharge Group: Projection Discharge Date

- **Goal/AIM Statement**
  - Develop system to reliably project length of stay
  - Determine projected length of stay within 48 hours of admission
  - Reduce the time it takes for patients/caregivers to be notified of projected length of stay
    - Improve performance on NRC Picker Survey Question – "Did Hospital Staff explain when patient could leave?"
    - Improve performance on NR Picker Survey Question "Hospital Staff Communication"

Discharge Packet Completion

- **Goal:** To improve the patient's long-term outcome while reducing readmission rates
- **Group Aim**: To ensure that every patient receives complete patient discharge instructions
- **By working on the process, they expect to:**
  - Increase the completeness of patient discharge instructions
  - Improve patient satisfaction scores : "Were you taught all that you needed to know about how to continue with your rehabilitation at home?"
  - We also expect to decrease the percentage of errors and improve readability of discharge packet information

Discharge Group: Family Training

- **Aim:** Re engineer the structure, timing, and content of family trainings
- **By working on the process, we expect:**
- Increase patient/caregiver satisfaction with family training
- Decrease the number of family trainings that occur less than 4 days prior to discharge
- Improve staff satisfaction with discharge process
- Improve the structure of family training so that nursing, patients, and caregivers repor comfort with medication management at discharge.
- **It is important to work on this now because:** Families are not satisfied with the content and quality of family instruction. Staff are not always satisfied with timing. In addition staff members feel they are not given adequate opportunities for training.

Discharge Group: Actions To Date

- Projection of Discharge Date:
  - Changed SW narrative and initial paperwork
    - Same document between services
    - Issued within 48 hours in person or over phone with details of how LOS is generated
    - Working on finding a more accurate system for determining ELOS
- Discharge Packet
  - Rolled out process across units
  - Increased percentage of packets prior to printing
- Family Training
  - Development and roll out of interdisciplinary checklist
  - Timing of family training scheduled sooner on both services
  - Language change in SW initial form to set expectation of training sooner in admission

Key Take Away

- We **must** improve quality and decrease cost in order to stay competitive.
- We must work quicker and more efficiently to produce better outcomes in shorter periods of time.
- Interdisciplinary work groups can be used to systematically assess current processes and identify opportunities for improved efficiency and effectiveness.

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Questions?

THANK YOU!