



# Quality Connections

Sharing Best Practices and Lessons Learned

March 2010 • Volume 2, Issue 3

Edited by Bev McCullough, Quality Improvement Manager

## Highlights from Spokane

It was great to see many of you in Spokane at the “Weathering the Perfect Storm” Northwest Regional Critical Access Hospital and Regional Rural Health Conferences. I was excited to gather highlights to share, as I know many of you had to stay home “to mind the store.”

### Transforming Inpatient Care and Culture Project (TICC)

Whitman Hospital and Medical Center (Colfax), Ferry County Memorial Hospital (Republic), Enumclaw Regional Hospital, Othello Community Hospital, and Sunnyside Community Hospital were pilot sites for this project. Front-line nurses identified who their patients were, what they do for them, what could be done better and then worked as TICC teams to improve care. Whitman Hospital and Medical Center, Ferry County Memorial Hospital, and Enumclaw Regional Hospital all independently decided “to create patient focused, multidisciplinary, discharge directed Plans of Care for specific, high volume diagnostic groups.” In addition to their plan of care, each hospital team identified communication and hand-offs as a challenge. The white boards were used with great success to align the team, patient, and family around the care plan goals.

Debbi Hellinger, from Whitman Hospital and Medical



Center, shared the patient centered white boards they have designed after multiple TICC team meetings. I especially loved the part that lists the patient’s goals for the day and questions the patient or family has for the Dr. (I borrowed this format and used it when my friend had surgery in a large urban hospital. I changed her outdated “staff-names-only” white board to look more like Whitman’s.

What a difference it made for the patient: She was actively engaged in meeting her goals for discharge every day.)

Linda Odlin, from Ferry County Memorial Hospital, reported that in addition to the white boards, they made a commitment to a daily 5 minute bedside huddle with the patient. They found this patient-focused huddle to review the white board increased patient understanding and engagement. Nurses reported that their time with the patient was more focused, saved time overall, and led to increased job satisfaction.



After analyzing the high volume diagnostic groups and the true causes for readmissions, the Whitman Hospital and Medical Center TICC team developed patient/family green-yellow-red zone education materials for their top diagnoses. They use Teach Back methods and follow up calls to reinforce the education. Many of the teams are also reaching out to their physician staff to make certain that the patient education remains a constant message across the continuum of care.

### “Just Culture” - What type of Patient Safety Culture does your hospital have?

Andrew Craigie from Garfield County Public Hospital District and Terri Camp from Jefferson Healthcare in Pt. Townsend were featured speakers at the “Patient Safety Culture: Three Models” Round Table. They discussed hospital cultures with a Bad Apple Model - where people find, blame, and punish; and the No-Blame Culture - where the emphasis is to report, learn, and don’t punish. They shared their hospital’s journey to a more realistic model of Just Culture - where managers report, distinguish the type of behavior that caused an adverse event or near-miss, and staff are held accountable. In a Just Culture, hospital policies support consoling staff when there is an unintentional error, coaching staff if there is at-risk behavior, and punishing the reckless. Andrew also shared Garfield’s policies to support a Just Culture. We have recently enhanced the RHQN Root Cause Analysis (RCA) & Critical Thinking Skills class to include Just Culture. We found that just “focusing on the process, not the people” overlooked the need for a culture that discerns and addresses errors and at-risk and reckless behaviors.

## Highlights from Spokane (continued)

### Medicare Recovery Audit Contractors (RAC): Creating a Culture of Compliance

Many of you know of Day Egusquiza, President of AR Systems in Twin Falls, Idaho because you subscribe to her RAC Info Line. (To receive the Info Line, send an email to [daylee1@mindspring.com](mailto:daylee1@mindspring.com)). Her presentation at the Rural Health Conference on Wednesday, March 24<sup>th</sup> was "Living with RAC: Moving Forward While Looking Back." RAC can lead to QI projects on charting for both physicians and nurses. Day said it was most important for the physician and nursing stories to support the decision to hospitalize the patient. For example, "nursing notes stating 'the patient was up to the bathroom, walked twice in the hall, and ate a complete meal' are not a justification for a hospital stay. A hotel stay would have been just fine." The Conference sponsor, the Eastern Washington Area Health Education Center (AHEC), gave the RHQN permission to share the Conference presentations with you. To see Day's informative slides, go to: <http://spokane.wsu.edu/researchoutreach/AHEC/2010/RHCpresentations.html>. Find the Wednesday, March 24<sup>th</sup> 3:45 p.m. presentations and click on Day's name which is underlined. Also note that 2 CMS RAC handouts (Handouts 2 and 3) are also available on the listing of her presentation.

## Comparative Data for CAHs

Both Oregon and Montana CAH organizations attended the Conference and reported on their efforts to gather benchmarking data for their CAHs. We know Washington CAHs want benchmarking information too! To meet your requests, the RHQN is doing a PDSA with 14 CAHs in the Columbia Basin-Northeastern Washington Hospital Council to identify common measures and those uncommon measures your peers find meaningful to report. The goal is to identify the common peer measures that add value, identify a method of reporting that does not add burden, and spread this to all RHQN members. Look for updates on this project.

## Best Practices: Reducing the Data Burden – Using Volunteers

I hope you can join us Tuesday, April 13<sup>th</sup> at 10:30 a.m. for our next RHQN Best Practices call. Whidbey General Hospital will share how they use volunteers to reduce the burden of data collection and reporting. What a great idea!

The word at the Regional Rural Conference reinforced what I learned last October at the National Rural Health Conference: Healthcare Reform will bring a requirement for data to show that quality care is being delivered. Watch for the "Pay for Performance" (P4P) phrase to be part of the CAH world and learn about using volunteers to help you meet the data demand.

## Resources

Curious about Best Practices shared on previous calls? All calls are recorded and can be found on the RHQN website: <http://www.rhqn.org/resources/presentations.htm>

Recent calls include:

- Change Facilitation Management (Part II): Accelerating Change
- Emergency Department Wound Care Management Guidelines
- Change Management Facilitation (Part I): Better Known as – How to Facilitate Team Meetings Without Killing Yourself or Someone Else
- Heart Failure: Getting to 100% - Improving Care and Those (Pesky) HF Measures
- Adverse Events and RCAs: How to Conduct a Proper RCA in Three Meetings
- The Disaster/Emergency Preparedness Primer: When is a Drill Not a Drill?

*I look forward to hearing from you and being with you to learn, celebrate, and share your Best Practices, Lessons Learned, and "Helpful Hints".*

*Bev*

*If you have ideas, comments, questions, need additional resources or a consultation, please contact Bev McCullough, RHQN Quality Improvement Manager, at (206) 216-2862 or by email at [bevm@wsha.org](mailto:bevm@wsha.org).*