Get Them In, Get Them Out, and Everything in Between: Improving Quality and Outcomes

Using a Locator System to Measure Purposeful Hourly Rounding On An Inpatient Oncology Unit

Laurie Bryant, RN, MSN, OCN, ACNS-BC

• No disclosures

Evidence-Based Practice - PICO

• Patient, population, Problem- Adult Hematology Oncology patients on 15 bed unit (Patient:RN = 3:1)
• Intervention- Hourly rounding using 5P’s: Potty, Pain, Positioning, Possessions & Pumps
• Comparison- No standardized rounding schedule
• Outcomes- Pre/Post Call Bell, Fall rates and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores
EBP Question

- How does hourly rounding impact patient’s perception of staff responsiveness, call bell usage and fall rates?

Purposeful Rounding Using the 5P’s

- **Enter** the room with a smile
- **Introduce** self and sit down next to patient
- **Ask** “How are you?”
- **Potty**
- **Pain**
- **Position**
- **Possessions**
- **Pumps**
- **Exit:** “Is there anything else I can do for you? I have the time.” “It was nice speaking with you. Someone will be checking in again in one hour.”

You are on a floor that conducts **Hourly Rounding**

Each hour during the day and every 2 hours during the night, nurses will conduct rounds using the “5P’s”:

- **Potty**: Ensure patient is clean and comfortable
- **Pain**: Pain control is assessed and documented
- **Position**: Ensure proper body alignment and comfort
- **Possessions**: Ensure personal effects are in reach
- **Pumps**: Ensure all pumps are functioning properly

Please notify your nurse of any questions or concerns during the rounds process

Thank You,
The Weakley 3A/3B Team
Patient Education Handout

Hourly Rounding

We would like to address your personal needs and monitor your well-being on hourly basis so that you, your friends, and family can focus on your recovery.

What will happen during hourly rounding?

The staff will come to your room and ask about specific needs:
- Are you having any pain?
- Do you need to be repositioned in bed or need to take a walk on the unit?
- Do you need help to get to the bathroom?
- Can you reach the things you need like the call bell, a glass of water, the telephone or tissues?

Purposeful Hourly Rounding (PHR) Schedule

- Hourly 0600 – 2200
- Every two hours 2200 – 0600 (2200, 0000, 0200, 0400, 0600)
- We don’t wake sleeping patients

- Nurses are responsible for all hours when there are no Clin Techs and/or Unit Associates

- Clin Techs (Nursing Assistant) responsible for ODD Hours

- Unit Associate (Unit support staff) responsible for 0900, 1300, 1600 and 1900

PHR Documentation Initiated on Paper May 2013

As indicated by my initial and I have assisted the patient in all 4 spots unless otherwise indicated in the comments section. I asked if there was anything more I could do and understood the patient remains would return to numbers.
PHR Using Locator Technology

Initiated November 2013- signage posted to remind RN, Clin Techs, Unit Associates

**EVERY SHIFT:**
- Staff check to ensure they are locating,
- If not locating change the battery or ask for help

Pros in Using Locator Technology

- Eliminate need for manual documentation
- The locator reports the following data:
  - # of visits per room in 24hrs
  - Amount of time spent in room
    - Average amount of time per locator
    - Maximum amount of time per locator
    - # of total minutes spent in per room
- System can determine RN, Clin Tech or Support staff

Challenges Using Locator Technology

- Unable to track patients temporarily off the unit (for tests, etc.)
- Exact times of transfers, discharges and admissions are not reported in the system, requiring reconciliation using other data sources
- Staff forget locators and temporary/new staff may not be entered into system
- Nurse may be providing time-consuming care to one patient, therefore unable to provide hourly visits to other patients
- Locators flip over, break, and batteries die
- Very time consuming to retrieve data
- Unable to customize reports

Photo courtesy of Callie Solenberger, RN
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April 28–May 1, 2016 Thursday
24hr Locator Reports

Hourly Locator Data

Weinberg 5A Call Bell Data Pre & Post Hourly ROUNDS
HCAHPS
Patient Satisfaction Scores

- Focused on Staff Responsiveness questions
  - Call button help soon as wanted it
  - Help toileting soon as you wanted
- Answer Choices: Never, Sometimes, Usually or Always
- % of ALWAYS is reported

Staff Responsiveness: % Always

- Call Bell: 66% FY2012, 73% FY2013, 73% FY2014, 62% FY2015, 72% FY2016Q2
- Toileting: 50% FY2012, 67% FY2013, 70% FY2014, 60% FY2015, 67% FY2016Q2
Timeline of Unit Initiatives

May 2013
PHR tracked via Paper

November 2013
PHR tracked via Locator

January 2015
Bedside Reporting

October 2015
Call Bell Initiative to Improve Staff Responsiveness

Ongoing & Future Goals

- Continue to
  - Review literature about “Purposeful Hourly Rounds”
  - Educate staff about PHR’s
  - Audit PHR’s

- Goals for PHR include
  - New technology to monitor PHR’s
  - Involve patients in the process of PHR’s

References


On Wednesday, April 27, 2016, the Oncology Nursing Society (ONS) 41st Annual Congress was held in San Antonio, TX.
**Discharge Before Noon (DBN)**

A Nurse-Led Initiative to Improve Quality of Care and Patient Experience

Kathleen Edmondson-Martin, RN, MA, OCN  
Clinical Nurse Manager, Bone Marrow Transplant  
Mount Sinai Hospital

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**DBN TEAM**

- 11C & 11E Clinical Nurses  
- MD/NP Teams  
- Laura Butler, RN, Associate Director of Oncology  
- Kathleen Edmondson-Martin, RN, CNM BMT 11C  
- Philip Friedlander, MD, 11E Physician Dyad  
- Jane Gonzales, RN, CNM, Hem/Onc 11E  
- Rita Jakubowski, Lead BMT NP  
- Molly Lawson, RN, Clinical Coordinator, BMT 11C  
- Mary McKiernan, RN, Case Manager  
- Denise O’Dea, Lead Hem/Onc NP  
- Emily Storch, Social Work  
- Amir Stenberg, MD, 11C (BMT) Physician Dyad  
- Frances Cartwright, RN, PhD, Interim CNO

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**Definitions**

- **Discharge Before Noon**: Patient exits the unit before 12 noon.  
- **Interdisciplinary approach**: Social Work, Nurse, Physician, NP, Nutrition, PT, Case Management talk to each other about course of care.  
- **Transdisciplinary approach**: Above disciplines share a common goal about all aspects of course of care.  
- **Patient Satisfaction**: Press Ganey Scores  
- **Value-based Care**: right care, right time, right healthcare professional in right setting at right cost.
Discharge Before Noon (DBN)

- Interdisciplinary, nurse-led initiative that promotes clinically safe quality patient care.
- Decrease in avoidable readmissions and hospital length of stay.
- The nurse collaborates with the health care team to ensure discharge needs are met.

Role of the Clinical Nurse in DBN

- Prepares patient and family for discharge.
- Identifies barriers.
- Coordinates all aspects of discharge plan.
- Facilitates the discharge.

CORE VALUES OF DBN

1. Nurse-patient relationship
2. Clinical Expertise
3. Interdisciplinary collaboration using the transdisciplinary approach
DBN: INTERDISCIPLINARY TEAM becomes transdisciplinary

Why is DBN a Priority

- Patients arrive at their home or destination earlier in the day.
- Any “day-time” sensitive issues can be addressed.
- Improvement in patient experience
- Increased DBN improves throughput so that patients get to their point of care without delay.

DBN Commitment Requirements

- Active problem solving in “real time” on individual, simple and system fixes.
- Structured, timely ongoing communication.
- Continuous process improvement.
- A spirit of camaraderie and competition.
**DBN Guiding Principles**

- Transparent communication
- Patient focused
- Value-based care
- Trust
- From Interdisciplinary to Transdisciplinary

**Strategies of Successful DBN Initiative**

- Daily Interdisciplinary DBN meeting and ongoing communication
- Nursing and physician leadership presence
- Contribution and buy-in of all team members
- DBN Escalation Tool
- Clinical Nurse Role
- Review of near-miss cases

**DBN Escalation Tool**
**DBN Escalation Tool**

| DBN Escalation Tool | Receiving & Scheduling | Escalation: Marcus F
<table>
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<tr>
<td>DBN: Action Required</td>
<td>DBN: Person(s) Responsible</td>
<td>DBN: to Escalate</td>
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<td>F/U appointments:</td>
<td></td>
<td></td>
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<tr>
<td>Between 9 - 4pm can email</td>
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<tr>
<td>RTC Scheduling &amp; will receive response within 2 hours.</td>
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<tr>
<td>Between 4 - 7pm (or urgently) can call front desk at 58880 or 58870.</td>
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**MDs, NPs, Residents & Interns**

The Attending MD sees patients before rounds on the day of DBN to facilitate the rest of the discharge process.

The Attending MD, Fellow, NP The Triad MD for hem or onc

Discharge education BMT Clinical Coordinator, Pharmacy, NP, and RN begin discharge education to patient and caregiver the day and night before DBN.

The RN completes discharge.

The RN communicates any unforeseen delays in DBN on day of DC.

Discharge Order in by 10am on day of DC. MD, NP, Day RN, Residents & Interns, Associate Director, Lead NP, CNM, Triad DC

Instructions reviewed with the patient & family by 11:00am.

CNM Communicate any unforeseen delays in DBN on day of DC.

Pt taken out of Agile Track by noon on day of DC.

BA Associate Director, CNM DBN Escalation Tool

**DBN: Patient Satisfaction Metrics**

- Communication about medicine
- Communication with nurses
- Pain management
- Discharge plan
- Responsiveness of hospital staff
- Care transitions

**ONS 41st Annual Congress**
April 28–May 1, 2016 San Antonio, TX

12 Oncology Nursing Society 41st Annual Congress April 28–May 1, 2016 Thursday
PRESS GANEY SCORES PRE AND POST

PRESS GANEY TAKEAWAY

- It’s better to be better than waiting to be perfect.
- 2 steps forward and 1 step back is still 1 step forward

* LEAN Care Principles

AVOIDABLE READMISSIONS
Strategies for sustainability

- Daily feedback
- Mt. Sinai Executive Score Card
- Competition between units
- Reward and recognition
- Opportunities to review cases

CONCLUSION

- DBN Initiative helped to build trust and to foster a collaborative team that became part of the culture of the unit.
Chemotherapy Admissions: An Opportunity to Improve Patient Experience

Elena Lubimov MSN, RN, OCN
Caroline Srikumar, BSN, RN, OCN
Carlos Rojas, RN, OCN
Donna Male-Mayer, MSN, RN, CNML
Mary Dowling, MSN, RN, OCN, CENP

Introduction

- Healthcare institutions can often be faced with bed crunch situations.
- Study done in MD Anderson Cancer Center: "Improving wait time for chemotherapy in an outpatient clinic at a comprehensive cancer center" (2012) found that excessive patient wait time for chemotherapy was a primary source of patient dissatisfaction.
- Study done in Singapore: "To reduce the average length of stay of patients who were admitted for EPOCH-R chemotherapy regimen" (2015) found that delayed prescribing chemotherapy treatment lead to increased length of hospital stay and patient dissatisfaction.
- Study done in University of Miami Health System: "Delivering patient value by using process improvement tools to decrease patient wait time in an outpatient oncology infusion unit" (2016) also focused on decreasing wait time and improving patient satisfaction.
- The goals on all 3 studies were to decrease the wait time by reducing the number of patients admitted, decreasing the time spent during the infusion, and increasing the patient satisfaction among the patients involving chemotherapy.

Chemotherapy Volume

In 2014, the Hematology Oncology Unit at Memorial Sloan Kettering Cancer Center administered 30% of all inpatient chemotherapy. (2,653 treatments)
Inpatient Chemotherapy Volume

- 2014 Adult Inpatients
  - 7-10 patients admitted per day for chemotherapy
  - 45 inpatients per day receiving chemo treatments

Our Background

Leadership Safety Rounds
- Focus on patient safety and patient experience
- Interdisciplinary
- July – September 2014 on Hematology/Oncology Unit.
- Wait times for chemo patients identified as a priority

Pre-Pilot Workflow

Pre-Pilot Workflow

- Pre-admission
- Day of Admission
- RN assessed
- Drug received
- Drug administered
Pre-Pilot Data

Wait time from Admission to 1st Dose = 9.7 hours
Treatment Time of Day = 8pm

Potential delays

1. Electronic chemotherapy orders
   - Only 12% submitted 24 hrs prior to admission
2. Blood work
   - Blood work within prior 72 hrs not available
3. Clearing for treatment
   - 46% treatments held pending 'Proceed to Treat' order
4. PICC line placement
   - Ordered on day of admission
5. Bed availability
   - Only 30% discharged by 2pm
6. Drug delivery
   - Drug prepared to delivery = 1 hr 47 min
Pilot

- Start date January 26, 2015
- Staffed with 3 Clinical Nurses and 1 Unit Assistant from Leukemia/Lymphoma/Multiple Myeloma Floor
- Equipped with four recliner chairs
- Data collection: February, March, April
- 192 chemo admissions

Chemo Admission Unit

Admission Criteria

- Chemotherapy orders to be submitted and signed by the primary attending by 3pm prior to the day of admission
- Blood work to be obtained and resulted with the 72 hours prior to admission
- For women between ages 11-50, a pregnancy test is done prior
- All submitted chemotherapy orders to be verified by chemotherapy verification nurse and chemotherapy pharmacist prior to the day of admission
- A central access (if required) be placed prior to admission or pre-schedule early on the day of admission
- Using Chemotherapy admission screening tool we were able to eliminate “Progress to Treat” by LIP/MD
- All chemotherapy to be delivered by 8am on the day of admission
Patient Satisfaction Survey

- The goal for the survey was to compare between the responses of those who had a visit before the changes were implemented and those who did not experience the previous process, which generally involved a longer wait.

A total of 71 patients was asked to describe the amount of time between when you arrived at MSKCC and when the chemotherapy was started.

- Almost 40% described their time in admissions as “shorter than expected”.
- It was longer than expected, 18%.
- It was about what I expected, 55%.
- It was shorter than expected, 38%.

Patient Satisfaction Survey

Speed of Admission Process

- Pre-Pilot: 39%
- Pilot: 31.1%
- 81.3%
Forty-five patients shared their thoughts about the visit

- The treatment process started right after we got in. No waiting time.
- This is much better than waiting time to be admitted, and I think there is a chance to get home earlier by clearing methotrexate because it was started earlier. The staff was wonderful! Thank you for offering this service!!!!
- A great idea to start the chemo before your room is ready
- All staff on duty today are extremely diligent to patient care! The system for direct admission to the chemo admission area is the answer to avoiding unnecessary delays in starting PROMPT patient treatment.
- This chemo admission first stop is excellent. I felt less stressed, was happy to get my chemo started quickly and enjoyed getting the personalized attention.

The plan....

Expand program to include all elective chemotherapy admissions

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<thead>
<tr>
<th>Elective Chemo Admits by Service</th>
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<tr>
<td>Leukemia/Lymphoma</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Neurology</td>
<td>21%</td>
</tr>
<tr>
<td>ST-Medicine</td>
<td>14%</td>
</tr>
<tr>
<td>BMT</td>
<td>12%</td>
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</tbody>
</table>
Thank you!!!!

Contact Information:

Elena Lubimov, RN, MSN, OCN
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Phone #: 1-212-639-2923
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References


Yee M.I (2015). To reduce the average length of stay of patients who are admitted for DA-EPOCH-R chemotherapy regimen. BMJ Quality Improvement Reports, 15.
Objective

Identify strategies to develop navigation data collection tool within an electronic health record (EHR).

Background

- Data collection lacked uniformity.
- Navigators within health care system had different reporting structure.
- Regional navigators were not linked to Vidant Medical Center team.
Vidant Cancer Care Navigation Model

Disease specific – Top 7 sites at VMC with linkage to regional sites

- Brain
- GU / Head and Neck
- Breast
- Hematology
- Lung
- SB
- OB

Navigation Resources

VCH, VIV, VCM, VMC, VHD, VHE, VVC

Vidant Cancer Care BSN and Oncology Certification (OCN) required

Vidant Health System in Eastern NC

Evolution of Data Collection

Data Collection Tools

- EHR Tool
Integration of Data Collection in Epic

- December 2013 – Paper form with manual spreadsheet entry
- March 2014 – Utilization of Google document on iPad
- March 2015 – Web-based tool discontinued, back to paper form
- July 2015 – Navigator-specific encounter type created in EHR, continued manual data collection via paper forms to validate accuracy
- November 2015 – Discontinued manual collection, EHR doc flow sheet within navigator encounter type with IS generating report

Navigation Intervention Form

Navigation Data
Analysis of Reports

- **Barriers:**
  - Initial qualifiers used by IS to pull data did not accurately yield all actual encounters
  - Collaboration/Communication/ Language issues with IS staff
- **Successes:**
  - Data is more consistent, accurate, and reports are timely
  - Improved efficiency, satisfaction, & productivity

Future Directions

- Ability to analyze specific data within multidisciplinary teams across the healthcare system
- Standardization of data collection nationally within any EHR
- Research opportunities with a national database
- Utilization of outcome measures to show ROI and for program expansions