

# Partnership for Patients

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ALASKA STATE HOSPITAL &  
NURSING HOME ASSOCIATION



Washington State  
Hospital Association



Washington State  
Hospital Association

RURAL QUALITY

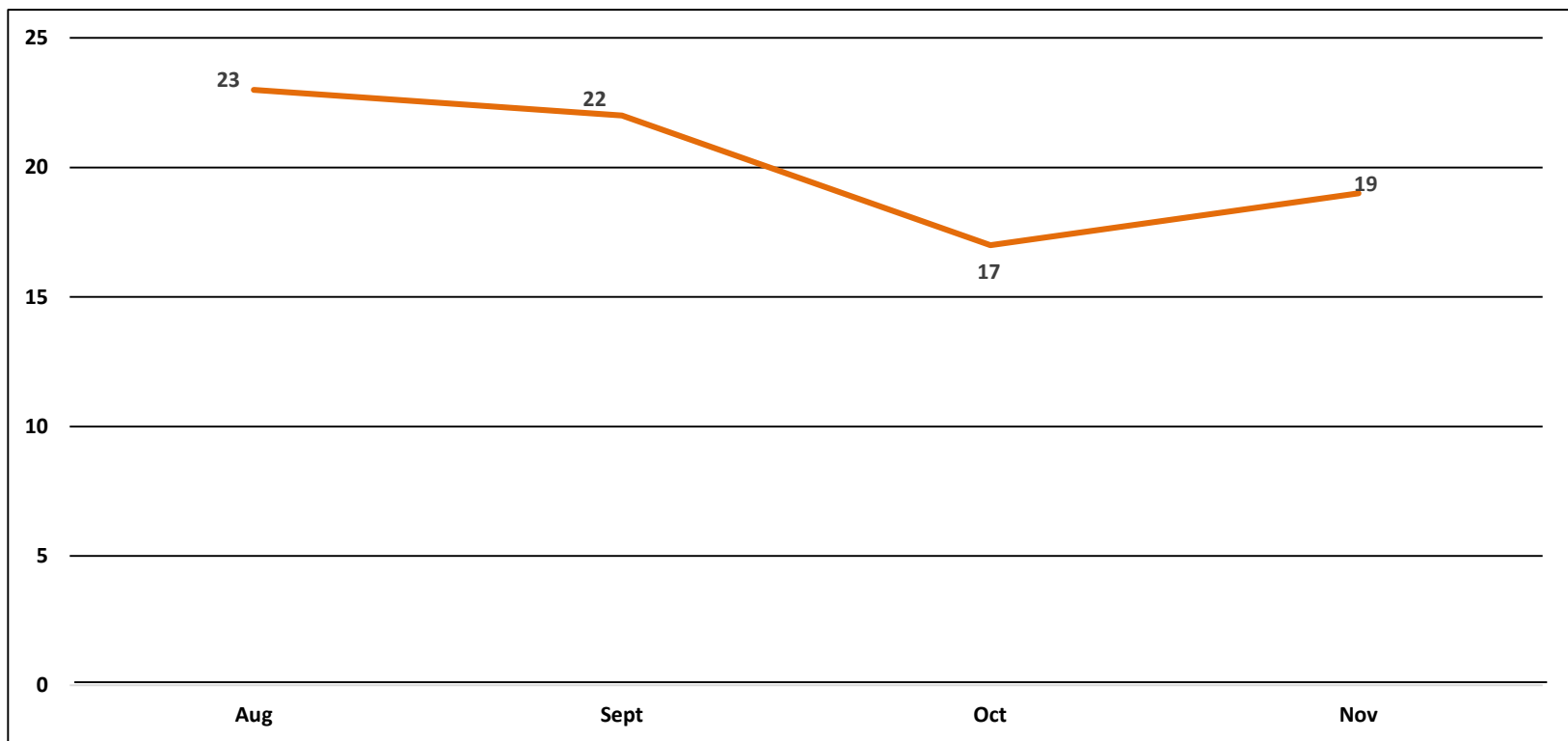
## Little Bites

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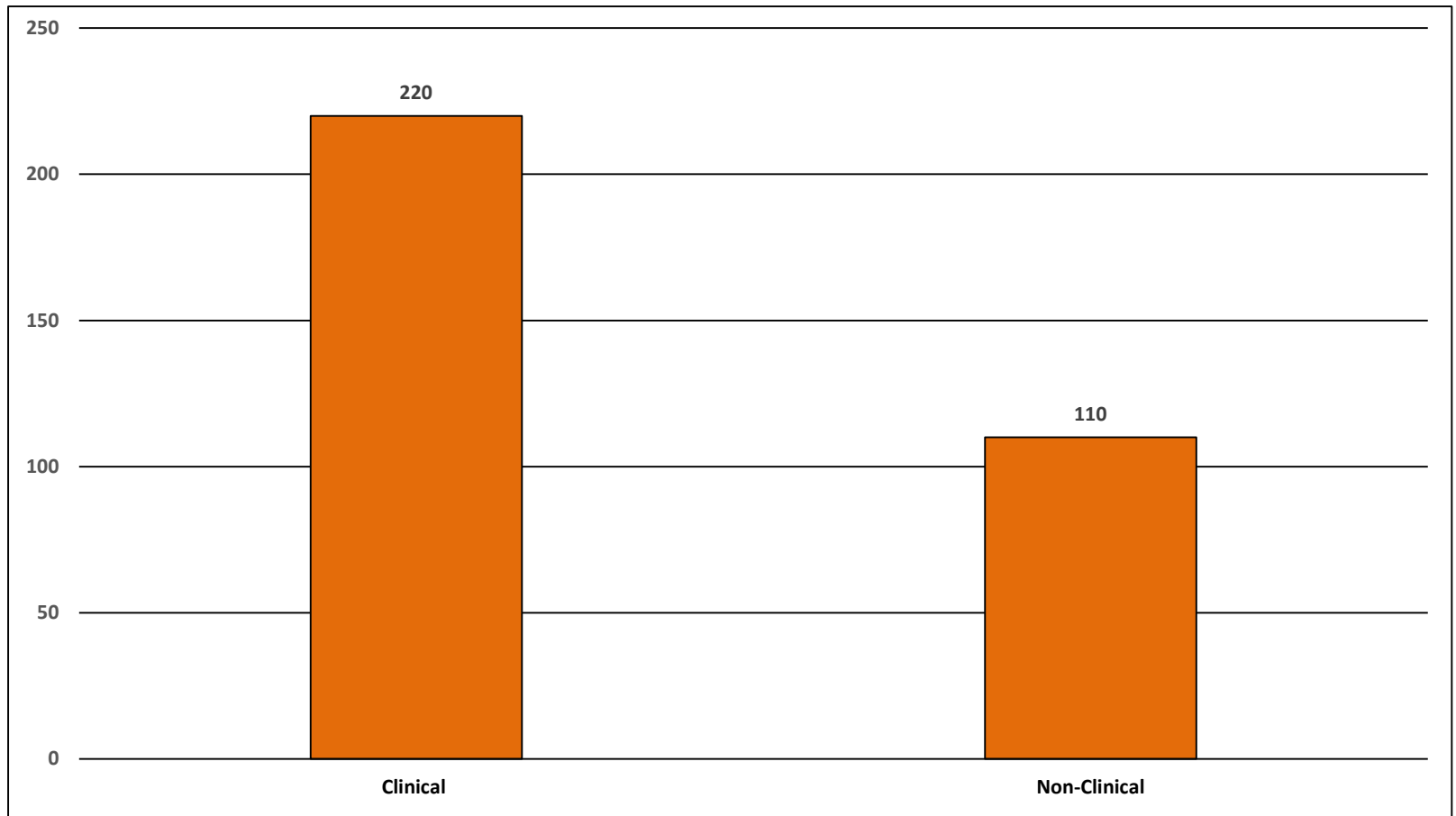
Linda Michel, Director Rural Quality/Patient Safety, WSHA

04-26, 2017

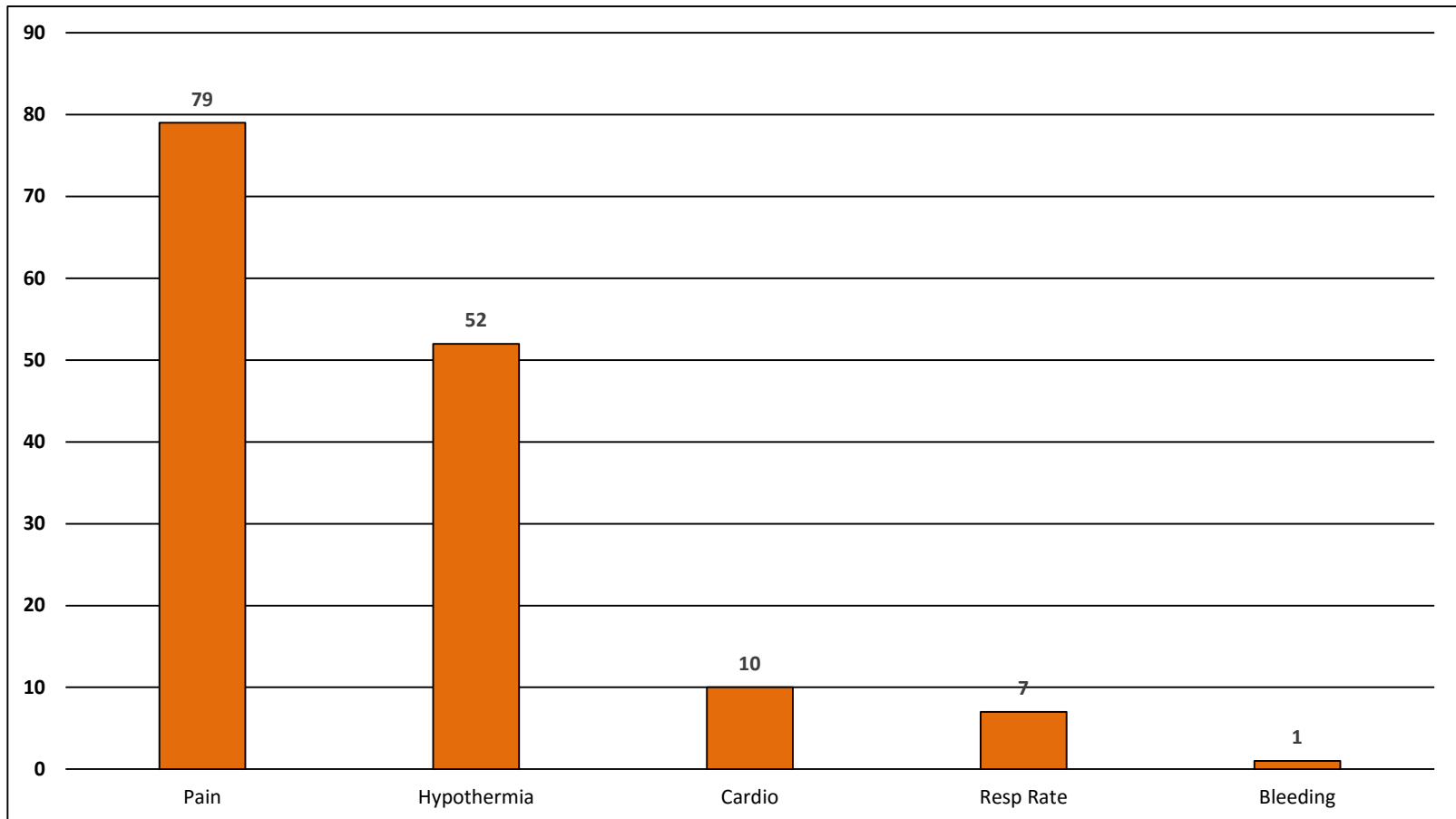
- The Percent of Patients Requiring >1 Hour in PACU



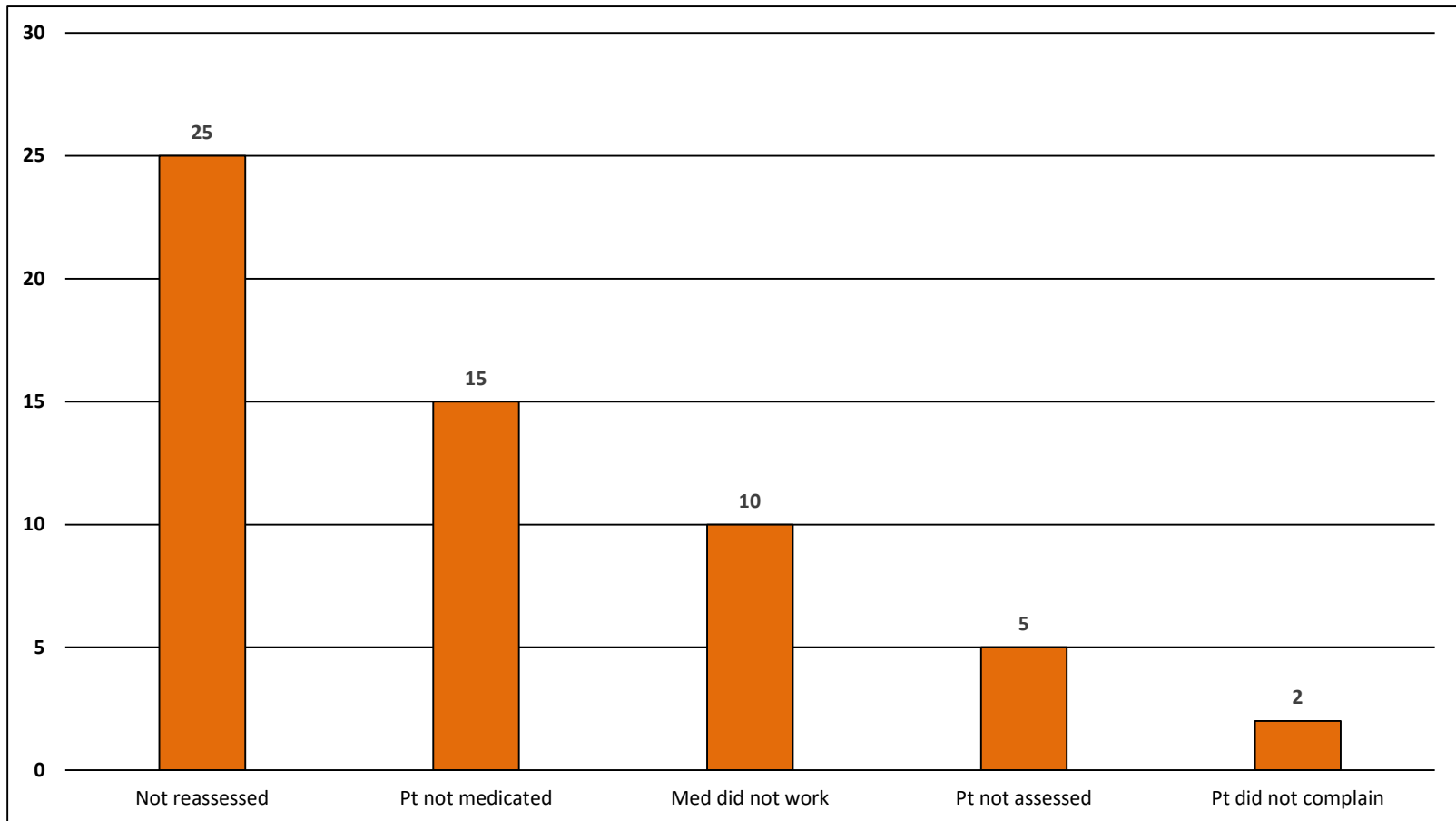
## Reason for Prolonged PACU Time



## Clinical Delay in PACU Time



## Pain Delay in Recovery



# Education and Training

- The Education Development Process is similar to the performance improvement process (PDCA).
- **Plan**
- Identify:
  - Topic with goals and objectives
  - How those goals and objectives will be measured
  - Those who need the training
  - How they best learn
  - Necessary outcome
  - What resources are available
  - Education developed



- **DO**

The education is given

- **Check**

Two types of checks:

1. Evaluate to determine if goals, objectives and outcomes were accomplished.
2. Gather info from the attendees to determine what worked well and what did not during the education.

- **Act**

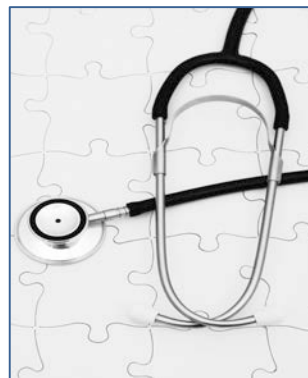
Any suggested changes should be made to the education in case it is needed again.

# Data Collection Terms

- Data can be collected in several different timeframes

1. Prospective data is collected prior to care being rendered.

A patient is accepted in a Home Health facility, or a rehab program. Someone from the receiving facility assesses the patient to make sure they meet the requirements for admission or the program.

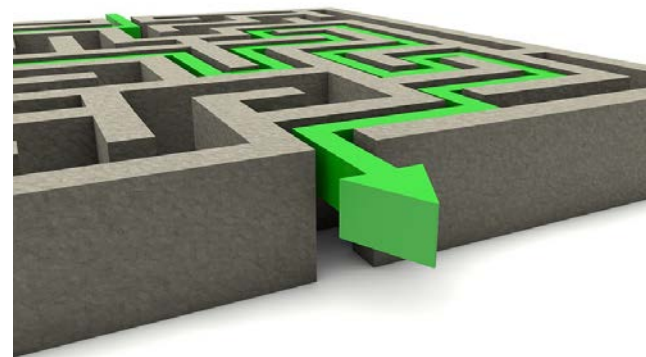




# Data Collection Terms

2. Concurrent data collection occurs while care is being given.

Medical Record review is best conducted while the patient is still receiving care. If something has been missed, it can be correct while the patient is still being treated. This process serves as a sort of checklist and reminds individuals to make sure the process is in place and working as it should. It also allows you to improve data as it is collected.



# Data Collection Terms

3. Retrospective data collection occurs after care.

Mortality data can only be collected retrospectively.

Sometimes quality monitoring is done retrospectively such as a chart review to determine if there are any patterns or trends in data.



# Data Collection Terms

4. Focused data collection is done when only certain topics are the focus of the data collection.

Collection is focused on predetermined priorities, such as the types of infections occurring in the facility, or the transfer times for cardiac patients.

Focused monitoring happens based on predetermined, high priority (high frequency/volume, high risk, and problem prone) issues, and are based on previous studies, or mandated criteria (e.g., CMS, accrediting agencies) or other base line information.

# “I Thought We Already Fixed That”

- Organizational change is often attempted but it is not always successful 😞. The change will not move forward just because you or a team came up with a new process to address the issue(s) at hand.
- Coaching – Communication and feedback are the primary ways a coach supports and encourages others to move forward. A good coach frequently can inspire others to do their best.
- Communicating – You must communicate the risks of maintaining status quo and the benefits of change. Be positive. Use different communication styles as needed.

# “I Thought We Already Fixed That”

- Involving Others – Allow members of the organization that will be impacted by the change to be a part of the change (team members). If you can not include all of the stakeholders in the process, you might elicit feedback from them periodically throughout the change.
- Motivating – The satisfaction of being part of a successful change can reinforce the staffs motivation to be involved in changes. Meeting a goal or a step in the goal and being recognized for that, motivates people to try harder and do more.



# “I Thought We Already Fixed That”

- Rewarding – Finding the right reward can be challenging, but a hand written note, a roll of Life Savers, with a note that says “You are a Lifesaver,” a small treat for all involved in the change, or other token will be appreciated. This shows you recognize the difficulty with change and engenders good will.
- Promoting Teamwork – Encourage your star performers in the change, to work with others. This creates teamwork and the change becomes easier and seems to go by quickly.



# Change

- Common errors of organizational change efforts:
  - Allowing too much complacency.
  - Failing to create a sufficiently powerful guiding coalition.
  - Underestimating the power of vision.
  - Under communicating the vision.
  - Permitting obstacles to block the new vision.
  - Failing to create short-term wins.
  - Declaring victory too soon.
  - Neglecting to anchor changes firmly in the culture.

# Creating Major Change

- These 4 steps help “defrost” a hardened status quo:
  1. Increase urgency
  2. Build a guiding team
  3. Get vision right
  4. Communicate for buy-in
- These 3 steps introduce new practices
  1. Empower action
  2. Create short term wins
  3. Don't let up
- Lastly, this stage of the process incorporates the changes in the culture.
  1. Make change stick



# Last Little Bite

