Improved Communication Among Patients and Families

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Purpose and Goals

The purpose of this project was to:

- Improve communication with patients and families.
- Improve patient/family satisfaction with care

A challenging topic for data collection:

- Not easy to quantify
  - Patient satisfaction scores do not directly represent ICU experience
- Patient satisfaction related to nurse satisfaction
  - What would also help nurses at the bedside?

Kutney-Lee et al., 2009
Improved Patient and Family Communication

- Aligns with WakeMed’s mission to “provide a quality experience for our customers”
- Complements patient and family-centered care
- National Patient Safety Goal
- Partnerships in quality, safety, satisfaction
- Patient satisfaction tied to reimbursement from CMS
- Is the right thing to do (“Nothing About Me, Without Me.”)

CMS, 2013; Joint Commission, 2013; Johnson et al., 2009; Powers et al., 2000
Improvement Opportunities

Patient and family improvement opportunities

- Lack of consistent handoff between shifts
- Families anxiously awaiting doctors’ rounds
- Families and nurses unsure of the plan

Nurse process improvement opportunities

- Missed daily orders
- Missing or incorrect medications
- Change of shift report takes too long
- No progress on the daily plan of care
Meet the **Bedside Team Check**!

- Started in aviation: checklists increased safety
- Now being applied in medical-surgical contexts
- “Everything stops until everyone agrees.”

Gawande, 2011
Bedside Team Check

A tool that can be used with the Communication Bundle already in place at the bedside!

- Bedside Report
- White Board Plan of Care
- Hourly Rounding
- Huddles
# Action Plan

<table>
<thead>
<tr>
<th>Date</th>
<th>Actions</th>
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<tbody>
<tr>
<td>Early April, 2013</td>
<td>Work with PR to find approved Team Check logo and obtain materials from vendors</td>
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<tr>
<td>Early May, 2013</td>
<td>Meet with management and administrative stakeholders to sign off on initiative. This included approval for placement on whiteboards</td>
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<tr>
<td>June 24-30, 2013</td>
<td>Develop education plan and deliver to all shifts on use of Team Check</td>
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<tr>
<td>July 3, 2013 7:00 am</td>
<td><strong>Go Live!</strong></td>
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<tr>
<td>Ongoing</td>
<td>Intermittent audits and troubleshooting with management and staff</td>
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Project Goals

Short-Term Goals

- Obtain feedback from staff, patients, and families on communication needs
- Obtain feedback from management and interdisciplinary teams on recurring communication issues reported by families
- Create communication tool

Medium-Term Goals

- Obtain approval for Bedside Team Check tool
- Obtain funds and materials
- Educate all shifts
Project Goals

Long-Term Goals

- Adoption of initiative throughout WakeMed system (many units already asking for tool)
- Incorporation into unit-specific standards for new hires
- Share initiative and tool with other area hospitals
- Continue quarterly audits and ongoing improvement as needed
Go Live! July 3, 2013
Challenges

- Culture change
- Budget constraints and lack of access to funds
- Vague subject for data collection
- Management and staff collaboration
  - More frequent updating of management and bedside staff on initiative progress and needs by CSI committee members
Results

Hard to quantify improved communication and patient/family satisfaction

- Satisfaction scores not directly measured in our ICU

Positive Outcomes:

- Checklist prompts discussion of plan of care
- Questions for doctors left on white board
- Checklist is consistent among shifts
- Checklist prompts staff on essential items, leading to shorter report times
- Fewer concerns from families to management
Results

- Length of ICU stay linked to improved communication with patients and families (Curtis et al, 2008)
- Shorter ICU Length of Stay (LOS)
- 4th quarter (2013) reduction in LOS from previous reporting year
  - CVICU: from 2.93 to 2.86 = 0.07
  - CICU: from 3.81 to 3.47 = 0.34
Fiscal Impact

CVICU
- LOS reduced by 0.07 day ($3,500/ICU day)
- 2013 4th quarter patient volume: 453
- Estimated savings (quarterly): $110,985

CICU
- LOS reduced by 0.34 day ($3,500/ICU day)
- 2013 4th quarter patient volume: 362
- Estimated savings (quarterly): $430,780

Total Quarterly Savings: $541,765*
Potential Yearly Savings: $2.1 million*

*Other factors may have decreased LOS over this time period.
Potential Fiscal Impact: CMS Incentive Payout

- CMS decreased payments to all hospitals by 1.25%
- $1.1 billion incentive payback to the hospitals
- Incentive pay based on:
  - Clinical outcomes (70% of the incentive)
  - Patient satisfaction (30% of the incentive)

Rau, 2013
References

References

Questions?