



# Safety Across the Hospital Stay and Beyond



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## Objective

### Plan

2018

To Promote Safety Across the Hospital Stay and Beyond

## Action Taken

### Act

2019

1. Adopted use of White Board in patient rooms. Received input from acute care staff on design and info.
2. Leadership Rounding from Quality Department began.
3. Change name of Discharge Folder to Care Transition/Discharge Folder.
4. Educated on differences on Discharge Instructions vs Care Transitions.
5. Showed video to acute care staff on Teach-back by using Dr. House video.

**SUCCESS! All shifts fully engaged with BSSR**

## Background

### Do-Study

2018

Our survey process was a manual process of surveying Inpatients. We had no way to compare with others. We also did not have any type of hand-off communication other than taped report. Already had established Discharge Planning Committee.

1. Collaborated with Professional Research Consultants for Inpatient Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). Began gathering baseline data.
2. Began working with acute care staff on Bedside Shift Reporting (BSSR). Surveyed staff on knowledge of BSSR. New Concept to our facility. Alleviated concerns about implementing. Presented slideshow on whys of BSSR and process.
3. Care Coordinator doing f/u phone calls to patients.

## Action Taken

### Act

2020

1. Pandemic. BSSR reduced due to changes in Infection Control Practices and workflows. Continued to post HCAHPS responses.
2. Leadership Rounding stopped.

## Action Taken

### Act

2021

- 2/17/21 Worked with acute care staff to increase HCAHPS scores. Laminated forms for patients to write down their questions they wanted addressed.
- 8/2/21. Met with acute care staff. Decided to put definition of care transitions on back of laminated form to educate patients.
- 10/13/21 Met with acute care staff. Checked in on progress and process. Updated HCAHPS results. Encouraged staff to use care transition verbiage in their conversations. Definition posted by white boards. Care Coordinator began using care transition verbiage in f/u phone calls.

## Metric

	2019	2020	2021	2022
Quality Metrics				
Discharge Info	89.09	90.50	92.68	90.17
Care Transition	63.77	58.02	55.82	61.27
Care Preferences	47.76	43.21	41.18	55.26
Responsibilities	61.43	56.79	57.41	58.54
Medications	68.33	60.87	59.57	58.62
Key				

(Source PRC)

Readmissions to Any Hospital
1st Qt 2019-14.78
1st Qt 2022-3.32%
Average 2019-2022=5%

(Source IHC)

Analysis

Sustain the Gain

**“Like the “Aspen Tree” we continue to grow”**

## Next Steps

2022

BSSR resumed very sporadically. Have started to do audits on shift-to- shift hand-offs. Will compile data and present in October Staff meeting along with updated Slideshow of BSSR. Have many new faces. Promote culture of safety. Reinstate Leadership Rounding from the Operational Performance Department. In discussions with Nursing Leadership about ways to communicate care transition and preferences to patients without more paperwork. Continue to analysis our HCAHPS data and reach the benchmarks and then work on sustainability.