

# Avera McKennan PI Project 2008

- Team Members
  - Team Leader: Cathy Kellogg RN, CHPN
  - Technical Expert: Linda “Liz” Nolen RN, CHPN
  - Day to Day Leader: Julie Dragstra RN, CHPN
  - Senior Leader: Linda Dressen-Schmid MSW
  - Others: Katie Bloom MSW, Michelle Anderson RN



7/22/2008

# Avera McKennan Hospice and Palliative care

- Coverage Area:  
Sioux Falls and 40 mile radius. Branches in Flandreau, Madison, Sibley IA. Branch offices serve 30 mile radius.
- Average Daily Census 54
- 415 patients served per year in home, hospital or hospice house.

# Lessons Learned in Pre-work

## How was project selected ?

Brainstorming: Emphasis on selecting issue addressing greatest potential for impact on customer satisfaction, quality of care and immediacy of need.

## What did you know about the area selected?

History of waiting list.

No process in place (new area).

Concerns verbalized by staff, peers, doctors and the palliative care team regarding transfers.

## How will progress be measured ?

Time of referral (date and time)

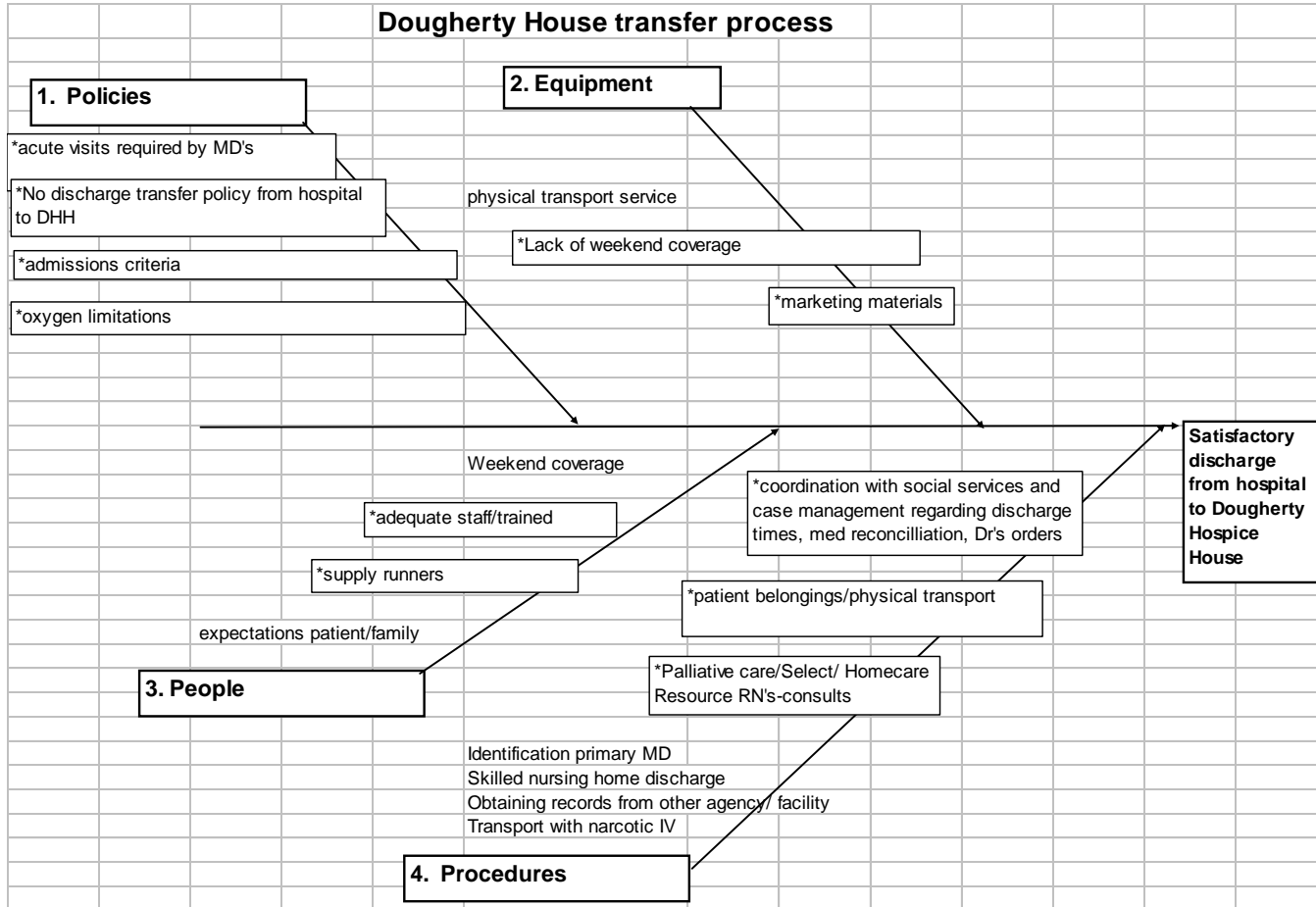
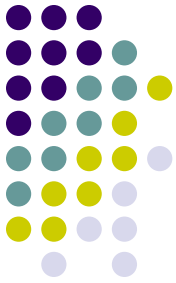
Time of first contact

Time until transfer complete

Number of referrals (increase or decrease)

Family survey

MD surveys



# Avera McKennan Hospice's Initial Aim for the Collaborative

- By May 2008 the referral and transfer process for admission to Dougherty Hospice House will meet or exceed customers expectations in 90% of all transfers.

# Outcome Measures

# of patient/families who express satisfaction that their needs were met or exceeded during transfer from **hospital to** Hospice House

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# of patient/families who answer telephone/in person survey

# Changes Tested

Identification of top referring physicians.

Letter to top inpatient referral base re: new facility issues or concerns.

Updating order sheets to include choice for MD to continue care or to transfer care to facility medical director.

Education to patients as transfer to Dougherty Hospice House begins.

Implementation survey of patient/family and both sending and receiving teams from hospital to hospice.

Designation of one RN per shift at hospice house to be admission RN

# More Changes....

Creation new brochures for art collection, house information and residential patient information

Lodgenet Video with virtual tour of DHH to be available in hospital @ March '08

Scanning process for initiation of patient med entry into Pyxis system updated

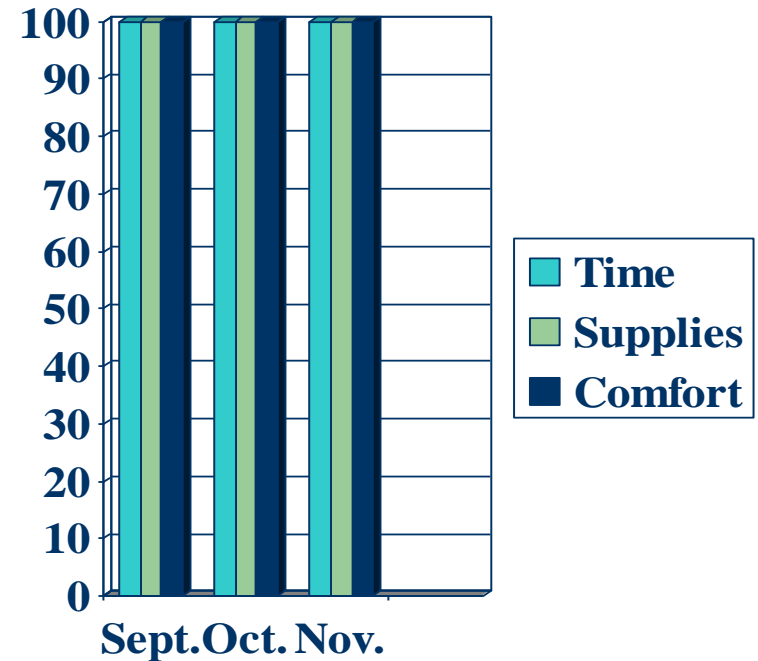
Consult order linked to MD list

# Process Measures

- # of those surveyed expressing satisfaction with timeliness of initial contact  
# of those completing telephone/in person survey  
  
# of those surveyed expressing satisfaction with presence of medications and supplies  
# of those completing telephone/in person survey  
  
# of those surveyed expressing satisfaction with comfort of physical transport  
# of those completing telephone/in person survey

# Results thus far

- Initial survey tool measuring patient/family satisfaction in three key areas: Timeliness of initial contact with hospice, Satisfaction with medications and supplies and Satisfaction with physical transport; was administered to individuals transferring from hospital to home hospice care. This tool was used for the 3 month period immediately preceding opening of hospice house.
- Data collected using initial survey tool indicated 100% satisfaction in all three process measurements over the course of three month period.
- 100% of those eligible for survey were contacted.
- N=9

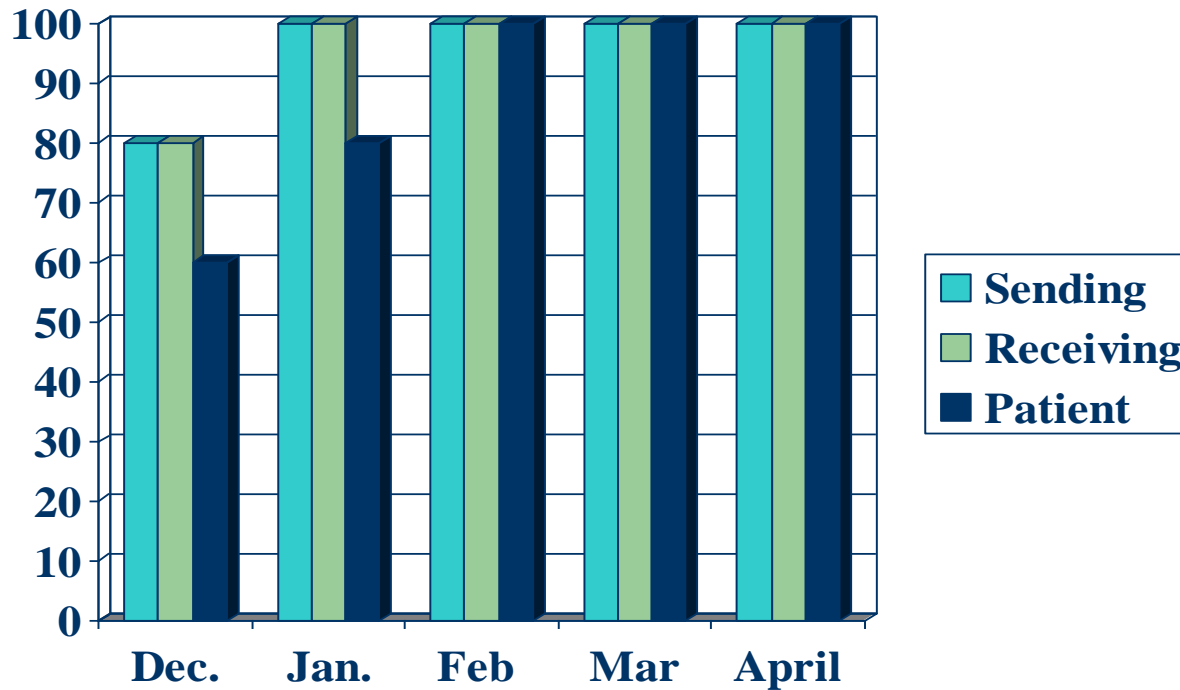


# Major Activities

- Dougherty Hospice House open for patient care 12/17/07
- Updated survey tool designed to capture additional information from ancillary health care personnel on both sending and receiving teams (N=19)
- Completion initial MD satisfaction survey (N=32)
- Linda and Cathy met with CM/SW to discuss process concerns
- Message sent to in house managers updating them on changes to admission process
- Change of patient care coordinator role to specialization in intake
- Cathy met with wheelchair transport services directly to address dissatisfactions when reported.
- State Department of Health certification process completed 12/19-12/21/07. No deficiencies.

# Results 12/17/07-4/30/08

## Transport Satisfaction

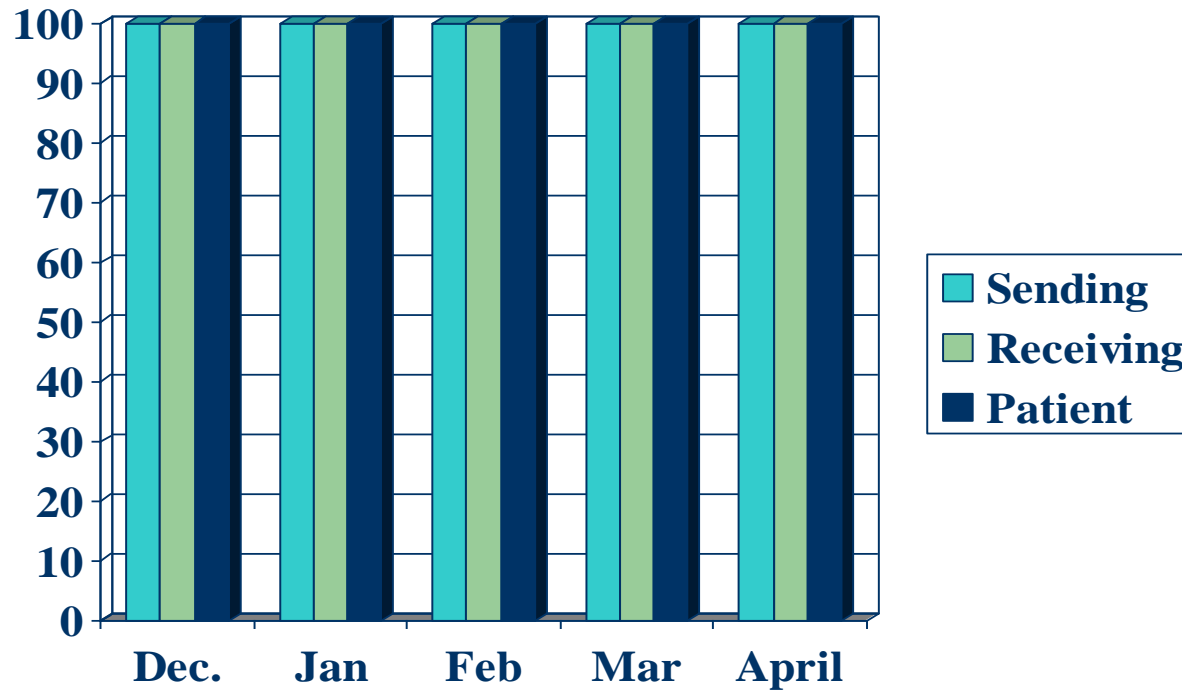


# Factors impacting satisfaction: Transportation

- Late pick ups
- RN riding with patients who have IV's
- Wheelchair transport versus ambulance transport to save \$\$\$\$-

# Results 12/17/07-4/30/08

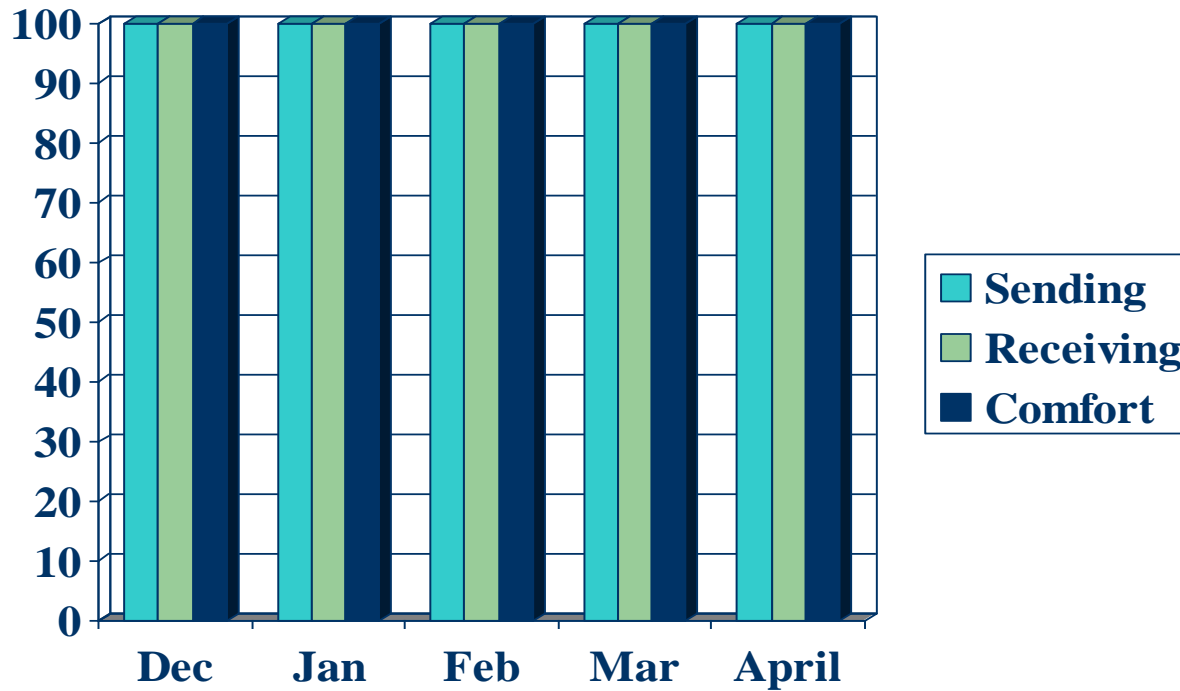
## Supplies Satisfaction



# Factors impacting satisfaction: Supplies

- Coordination of DME delivery prior to patient departure from hospital
- Coordination of medication access prior to patient departure from hospital
- Store rooms at DHH; fire-doors, LEAN project
- Multiple computer platform crossings for pharmacy management
- Oxygen availability

# Results 12/17/07-4/30/08 Timeliness Initial Contact.



# And When we come back....

- Brainstorming session post data collection.
  1. Capture data in personal survey as opposed to phone survey from receiving staff.
  2. Try different transport service.
  3. Arrange monthly meet with transport services.
  4. Implement request from hospital discharge planners to page same immediately following hospice consult.
  5. Increase in referrals to DHH and decrease in referrals to home hospice (causes and factors influencing)
  6. Change in expectations of what hospice services will be provided in hospital
  7. Change in decision making process for admission to DHH-acuity driven versus home hospice status

# Changes Implemented

- Placement of acid green stickers on in patient hospital charts after hospice consult completed. Flagging chart/patient as hospice and providing contact information for other providers.
- Phone call post consult to hospital SW and CM on every consult.
- Friday afternoon call to hospital Social Services confirming name and contact for on call social work and review of patients wait listed for transfer to DHH.
- Survey data collection during social work intake on admission to DHH.

# Changes under consideration

- Scripting for social work and case management on discharge planning for hospice patients.
- Hospital admission to hospice service prior to discharge.
- Weekend hospice RN coverage for patients in hospital on service or waiting transport to DHH.

# Who benefits/5 Keys

- Benefits:
  - Any hospice, nursing home, agency with discharges from the hospitals to their site.
- Keys:

People, Service, Quality, Financial Stewardship.
- Avera McKennan Hospice      April 2008