

THE ORGANIZATION

Bed Size: 929

Number of Sites/Locations: Two

Academic or Community: Academic

THE TEAM

Description: 5 Anderson Interdisciplinary Team

Multidisciplinary: Yes

Established: 2012

Care Setting: Inpatient acute care unit

Patients: Cardiovascular and thoracic patients

TEAM STRUCTURE

Location: Though much of the work is done on the unit, some team members have offices in other locations with an unofficial “home base” on the unit. Team meets once daily for rounds to review the plan of care for each patient.

Outcomes Access: Team members share data including Press Ganey scores, HCAHPS, HAI, CAUTI, CLABSI, SSI, C. difficile, VTE, influenza immunizations, sepsis, stroke, pressure ulcers, falls, restraints, length of stay, discharge trends, care management trends, and avoidable delays.

Shared Goals: Achieve 66th percentile inpatient patient experience, 66% HCAHPS overall satisfaction, 10% reduction in raw mortality through improved care of sepsis patients, 5% reduction in overall CAUTI rate, and 90% compliance VTE performance.

Team Incentives: Organizational incentive payment program; team/unit recognition for achieving patient experience and quality metrics; unit/service line recognition at leadership meetings; certificates of recognition, features in quarterly employee newsletters, “Carolina Care Dollar” awards for mention on patient surveys

Team Building Example(s): Team convenes to discuss Press Ganey scores and identify areas of strength and opportunity. Team members partner with each other and round on the unit to get patient feedback on their experience.

TEAM PERFORMANCE

Team Contributions to Improving Value and Enhancing Care

- Daily physician rounds, Communication and Patient Planning (CAPP) meetings, and touch-base rounds foster interdisciplinary communication.
- Patient Engaged Reporting at shift change engages the patient in developing the plan of care for the next shift.
- Hourly nursing rounds facilitate efficiency by allowing nurses to be proactive in meeting patient needs.
- Staff members are educated in proper catheter care, central line care, C. difficile prevention, and hand hygiene practices through in-services, skills fairs, and competency and skill validation events.
- Unit achieved 339 days without a CAUTI and greater than 3 years without a CLABSI.
- Interventions to prevent falls include using safe patient lift equipment, staying with fall-risk patients in the bathroom and at the bedside, performing safety checks of rooms, and verbally contracting with fall-risk patients to call for assistance.
- Developed a quick, individualized reference communication tool for use in patient rooms to indicate mobility needs.

Team Impact on Delivering Care that Reduces Patient Suffering

- Amputee patients endure anxiety, depression, fear of how life will be after their amputations, and phantom pain. Team advocated for a peer mentoring program to address these special issues with these patients. Two mentors—amputees themselves—now come to speak with patients about their fears, loss of limb, and pain.
- Chronically ill and surgical patients often have pain management issues. Four nurses were sent to training to become educated in pain management techniques/strategies and to serve as pain resources nurses on the unit. Press Ganey pain management score reflects team success with a mean score of 90.5 and a 98th percentile ranking.
- To ensure continuity of care, interdisciplinary team rounds with physician team in mornings and comes together to discuss plan of care for each patient. Team contacts each other throughout day with any care plan changes.

Outcome Highlights

PATIENT EXPERIENCE

Overall Patient Experience

- FY16 Press Ganey overall mean score is 88.8, exceeding the goal of 88.5 and the nursing division's strategic goal of 75%.
- Overall HCAHPS score is 81 for FY16 which exceeded the organizational goal of 66%.

Patient Evaluation of Teamwork

- The FY16 Press Ganey overall mean score on "Staff work together to care for you" is 93.2 (96th percentile).

SAFETY, CLINICAL, OPERATIONAL, COST

Safety

- AHRQ Patient Safety Culture Hospital Survey 2015: 5 Anderson ranked above the benchmark in every category
- 2015 inpatient core measure performance for venous thromboembolism: 95% for the organization
- 2015 inpatient core measure performance for stroke: 97% for the organization
- Falls with injury: Average for 2015 was .49 per 1000 patient days
- Hospital acquired skin breakdown: Only two pressure ulcers in past two years
- Hand hygiene initiative
 - Overall the organization met their goal of greater than 90% compliance every month for FY16
 - 5 Anderson team exceeded the 90% compliance goal every month

Clinical Process

- 5 Anderson has improved the overall BSN percentage to an all-time high of 73% of its RN staff.
- Achieved a professional certification rate of 43%.
- Pain management score improved to a mean score of 90.5 (98th percentile) in FY16.
- Length of stay improved with a 6.90 average LOS in September 2015 to 5.8 LOS in August 2016.

Clinical Outcomes

- Team has exceeded greater than three years without a CAUTI and 339 days without a CLABSI.

Cost to Patient

- For FY16, 5 Anderson achieved 108% Productivity Index and a Paid Index of 111% (higher is better). Total operating expenses were below budget, meeting all financial goals.

ENGAGEMENT

Overall Team Member Engagement

- The organization had 8,677 employees take the Press Ganey Engagement survey and scored above the benchmark average in all categories including the organization, manager, employee, and engagement indicator domains.
- Overall score on the survey was 4.50 and Engagement Indicator was 4.48, which is 0.05 higher than the National Top Decile average for 2015, and 0.29 higher than the National Magnet Organization average.
- 5 Anderson team achieved Tier 1, the highest ranking, for the 5th consecutive year in 2015.
- On NDNQI, 5 Anderson ranked higher than the national mean in all 6 categories and ranked a 62.35 on the job enjoyment scale with a national mean of 54.01.

Team Perception of Teamwork

- 2015 Press Ganey engagement survey score for Teamwork was 4.24 which is .22 above the norm for the organization.
- In the 2015 AHRQ Patient Safety Culture Hospital Survey, teamwork was rated at 100% compared to the benchmark of 79%.