Best Practices

November 2018

Welcome

- Hannah Schoendaler – Sheridan County Health Complex in Hoxie
- Tina Capeder – Anderson County Hospital in Garnett
- Loretta Clouse and Kara Riehart-Bornholdt – Kingman Community Hospital in Kingman
- Philip Sampson and Sharon James – St. Luke Hospital and Living Center in Marion
- Stephanie Bjornstad and Pam Harmon – Rooks County Health Center in Plainville
Hannah Schoendaler, RN
Chief Nursing Officer

Sheridan County Health Complex
Hoxie, KS
18 Bed CAH
Population 1,200

PREVIOUS SCREENING TOOL

- Located in a portion of the EMR that providers couldn’t see
  - FANTASTIC USE OF INFORMATION, RIGHT?!
- Providers didn’t have a screening tool with prompts in the EMR
- Nurses were bringing subjectivity into the equation and down playing their findings
- They would call findings to the providers, who would be in disbelief
  - Remember, they couldn’t see our e-form and we lacked education
1. Involved our CNA’s who screened every patient while obtaining vital signs for 30 days

Champions don’t always have to be nurses and providers. We saw immense buy in from our aides.

2. Had every nurse begin screening every patient admitted

3. Set up a small education at medical staff to let the providers know about the app and how to use it

4. HAD A PROVIDER CHAMPION JUMP ON BOARD

5. Repeated steps 1-4 until we got buy in from the majority of staff and providers

6. Encouraged Providers to begin screening in the clinic and ER prior to admission to the floor to ensure we started the right medications at the right time.

HOW WE ROLLED OUT OUR NEW SCREENING TOOL

ACCURATE DOCUMENTATION LEADS TO ACCURATE CODING

Sepsis Diagnoses Broken Down by Year at Sheridan County Hospital
WHAT OUR SCREENING LOOKS LIKE

Launch screen on our phones/ipad

Quickly select your scenario

DETERMINE IF THE PATIENT HAS SIRS AND ITS POSSIBLE CAUSE

EVALUATE SEPSIS SEVERITY AND BEGIN TREATMENT
Note the fluid resuscitation suggestion only appears in Septic Shock. We still have the ability to make choices as providers regarding treatment of our patients.

We use the screens with time stamps for our documentation and coding. Decreases time because it’s real time documentation.
**WHAT WE GAINED FROM OUR NEW PROCESS**

Don’t let yourself become overwhelmed or discouraged with the amount of work it may be. Allow your fears to take a back seat and focus on positive patient outcomes and monumental growth from staff.

| More uninterrupted time at the bedside delivering care | Decreased anxiety associated with diagnosing, treating, and the process of doing both | More patients due to decreased transfer with quicker identification and treatment | Increased revenue due to an increase in patient stays | Increased likelihood of patient retention | New perspective on processes | Staff productivity and excitement | MORE POSITIVE OUTCOMES |

**YOU CAN BEGIN YOUR JOURNEY, TOO**

Until you begin monitoring and measuring, there's no true way to determine how accurate or inaccurate you are in this journey.

Research screening tools and find the BEST match for your facility and your process.

• Find one that removes subjectivity and serves the best purpose.

We don't want to simply gather information. We want to gather information and do something with it.

Make a commitment to your patients, your staff and yourself to make a change.

Have a team “kick-off”. Focus on one area if you need to, and screen every patient for 30 days.

• We chose to use it on all admissions to the inpatient unit.

• Our ER has a lower volume than our inpatient unit.

Evaluate the process, educate on the process and then re-evaluate how it's going.

“Kick-off” in phases if you need to.

Don’t get discouraged if you don’t have “champions” right away.

Most importantly, don’t give up the task or the process.

Give yourself a break as you learn, and re-take your approved screening tool. There are too many hands that give you the information. You'll conquer the process.

Without a doubt, you will find cases that would've been missed in the absence of a good screening tool. Those are the cases that will give you the momentum you need to continue through your new process.
WHERE WE STAND

Acute Sepsis Compliance
Excluding all ER, Skilled Swingbed and Private Pay

- # of inpatients with sepsis
- # of patients with hospital onset sepsis
- # of patient deaths due to severe sepsis or septic shock
- 3 hr bundle compliance
- 6 hr bundle compliance

Acute Sepsis Compliance by Year:
- 2016
- 2017
- 2018 (up to June)

REDIVUS CONTACT INFORMATION

Doug Peterson:
doug@redivus.com
913-957-9486
National Rural Health Association  
2018 Top 20 Best Practice in Patient Satisfaction

Who we are...

• Located in Garnett, Kansas  
• 12-bed Critical Access Hospital  
  – 36-bed Nursing Home  
  – 24 hour Emergency Department  
  – Family Practice Office  
  – 28 Specialty Clinics  
• Recently named one of the Top 20 Critical Access Hospitals in the country for patient satisfaction—and was the only hospital in Kansas recognized in this category.
What are we doing...

- Striving for the patient experience to be at 90% or better.
- Review survey responses monthly and identify improvement opportunities.
- Patient Satisfaction Council (front line staff) focused on strategies to meet patient needs.
- Family Practice focused on strategies to improve throughput and patient needs.

What are we doing...

- Nurses perform shift-change reporting at the bedside.
- Pharmacy at the patient’s bedside:
  - Side effects of medications
  - New medication education
- Discharge rounding at the patient’s bedside two times per week.
- Emergency Room Providers perform call backs on patients within 72 hours of discharge.
KINGMAN COMMUNITY HOSPITAL
“Quality Care, Close to Home”

In healthcare, QUALITY is defined as care that is:
- **Patient-centered**
- **Beneficial**
- **Timely**
- **Safe**
- **Equitable**
- **Efficient**

Top 86.4 Percentile in Overall Performance
98 Percentile in Quality

TEAMWORK IS EVERYTHING!

Over 1,300 Critical Access Hospitals Nationwide
Kingman Community Hospital in Top 100
Top 20 Critical Access Hospitals
Top 86.4 Percentile in Overall Performance
98 Percentile in Quality
KCH has a clinical team that only works in the Emergency Department.

Benefits to having “ED only” team:
- Remain on campus 24 hrs/day which shortens wait time
- Specialist in Trauma so reaction time is faster

Quality 98% Process of Care

- ED-18: Median Time from ED Arrival to ED Departure for Admitted ED Patients
- OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients
- OP-4: Aspirin at Arrival
- OP-20: Median Time from ED Arrival to Provider Contact for ED Patients
- OP-21: Median Time to Pain Management for Long Bone Fracture
- OP-22: Percent of Patients Leaving without Being Scanned
- IMM-2: Immunization Rate for Influenza
About St. Luke Hospital

- Serve the needs of Marion and the surrounding communities
- District managed, 10-bed Critical Access Hospital, with a 32 bed nursing home, medical clinic, and home care agency
- Governed by a seven member elected board.
- Provide care to a primary service area of 9,100 and have a county population of 12,000
Services Include

- Acute Inpatient and Skilled Nursing Services
- Cardiac Stress Testing
- Community Service Beds
- Dietary and Inpatient Nutritional counseling
- Emergency Care with Telehealth – eEmergency
- Epidural Steroid and Pain Management Injections
- GI Endoscopies (Colonoscopy and EGD)
- 24-Hour Emergency Services
- Physical, Occupational, Speech Therapy
- Urgent Care Clinic
- Wound Care Clinic
- Cardiac and Pulmonary Rehabilitation
- General and Outpatient Surgery
- Radiological Services
- Inpatient Hospice Care
- Inpatient and Outpatient Pharmacy Services
- Observation Care
- Specialty Clinics (Cardiology, General Surgeon, Ophthalmology, Rheumatology, Audiology, and Urology)
- Attached Long Term Care Unit

Know the Measure

- Data Dictionary
- Exclusions
- Intent of the measure

Timely Abstraction

- When Pt is in house
- ID missing info
- Address with nursing staff to complete

Educate

- Measures
- Results
- Ask for input from staff
- Make it easier for the documentation to occur
Pam Harmon  
RN, Chief Nursing Officer

Stephanie Bjornstad  
RN, BSN Quality Coordinator, Risk Manager

Hospital Emergency Alert System
✓ All Staff  
✓ Individual Department  
✓ Trauma  
✓ Increased Patient Load  
✓ Codes  
✓ Emergency C-Section
County Coordination

- EMS Early Notification
- Stroke Patient Direct to CT
- EKG’s Transmitted – Prehospital
- Active 911
  - All County Emergency Responders & On-Call Hospital Staff
- Stop The Bleed
  - All Emergency Vehicles in the County: Law, Fire, EMS

ROOKS COUNTY HEALTH CENTER
Res-Q Bot

Stroke Ready
Access to a Neurologist within 10 minutes.

Emergency Psych Consult
Access to Psychologist within 20 minutes.

ROOKS COUNTY
HEALTH CENTER
Kansas Heart & Stroke
Avera eCare Telemedicine

✓ Specialist
✓ Nurse to Record and/or Notify Staff/Providers
✓ Notify Emergency Transport Services
✓ Translate 340 Languages
Standing Orders

- Trauma
- Sepsis
- Stroke
- STEMI
- ETOH
- Precip Delivery
- Community Acquired Pneumonia – In Progress

ROOKS COUNTY HEALTH CENTER
Upcoming Webinars

- 2018 SHIP Informational Webinars
  - December 20
- 2019 SHIP Informational Webinars
  - March 20, June 20, September 20, and December 20
- Quality Corner Calls
  - January 9, February 20, and April 17
Upcoming Projects

• Revenue Cycle Assessment Project (onsite consultation)
• PFE/HCAHPS – Patient Satisfaction Learning Community
  – Informational Webinar December 4 at noon
  – Kick-Off January 25 in Wichita

Upcoming In-Person Education

• Rural Health Symposium
  – November 15 – Salina
• State Survey Gap Analysis
  – TBD
MBQIP Report Review Site Visits

IF SELECTED – Susan R. will contact you
- MBQIP Patient Safety and Inpatient/Outpatient Care Quality Report
- MBQIP Care Transitions Quality Report
- MBQIP Improving Care through HCAHPS Report
- MBQIP Hospital Reporting Deadlines – Applicable to SHIP 2018-2019

Contact Us

Jennifer Findley
jfindley@kha-net.org
785.233.7436

Susan Runyan
srunyan@kha-net.org
620.222.8366

Susan Cunningham
scunningham@kha-net.org
785.276.3119
Funding Acknowledgement

This project was federally funded through KDHE-BCHS-FLEX Program. The FLEX program is managed by the Federal Office of Rural Health Policy, Health Resources and Services Administration, U.S. Department of Health and Human Services.