

HPOE *Live!*

2017 Webinar Series

The presentation will begin shortly.

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The AONE Care
Innovation and
Transformation
Program: Improved
Outcomes and Value-
Based Care

May 9, 2017



Today's Presenters:

CIT Program Introduction

Janet Stifter, PhD, RN, CPHQ

Case Presentation #1

Cynthia Brown, RN, MSN, CAAMA-FACCA, BC
Lee Health System

Case Presentation #2

Mary Robinson, PhD, RN, NEA-BC and Gretchen Hunt, MSN, RN,
ACNS- BC, NEA-BC
Texas Health Resources

CIT Program Introduction

Janet Stifter, PhD, RN, CPHQ
Director, Center for Care Innovation and Transformation
AONE
Chicago, IL

Webinar Objective

The purpose of this webinar is to introduce the AONE's Care Innovation and Transformation Program (CIT) and share case examples from two systems who have successfully hardwired the role of frontline nurses in their organizations leading change to ensure sustained safety, quality and satisfaction outcomes for patients and families.

What is the CIT?

- **The Care Innovation and Transformation (CIT)** program is an interactive learning community that comes together through face-to-face meetings, monthly conference calls, webinars, information sharing, data collection and analysis.
- **10-14 nursing units** from hospitals and healthcare organizations from around the country comprise a Traditional CIT cohort and develop into a learning community over the 2 year CIT journey.

Purpose of the CIT

- The CIT program is designed to improve patient care, hospital performance and employee satisfaction through the engagement of frontline staff, collaboration, innovation and leadership development.
- The CIT program challenges bedside nurses to lead innovative change transforming their environment of care to one of higher quality, safety and satisfaction.

CIT Background

- TCAB (Transforming Care at the Bedside) history
 - TCAB commenced in 2003 in response to 1999 IOM report
 - AONE participation (2007 – 2009)
 - Coordinated 68 participating hospital sites
- CIT's evolution
 - Launched in 2010
 - Over 100 hospitals and more than 200 units participating to date
 - Nurse Manager development

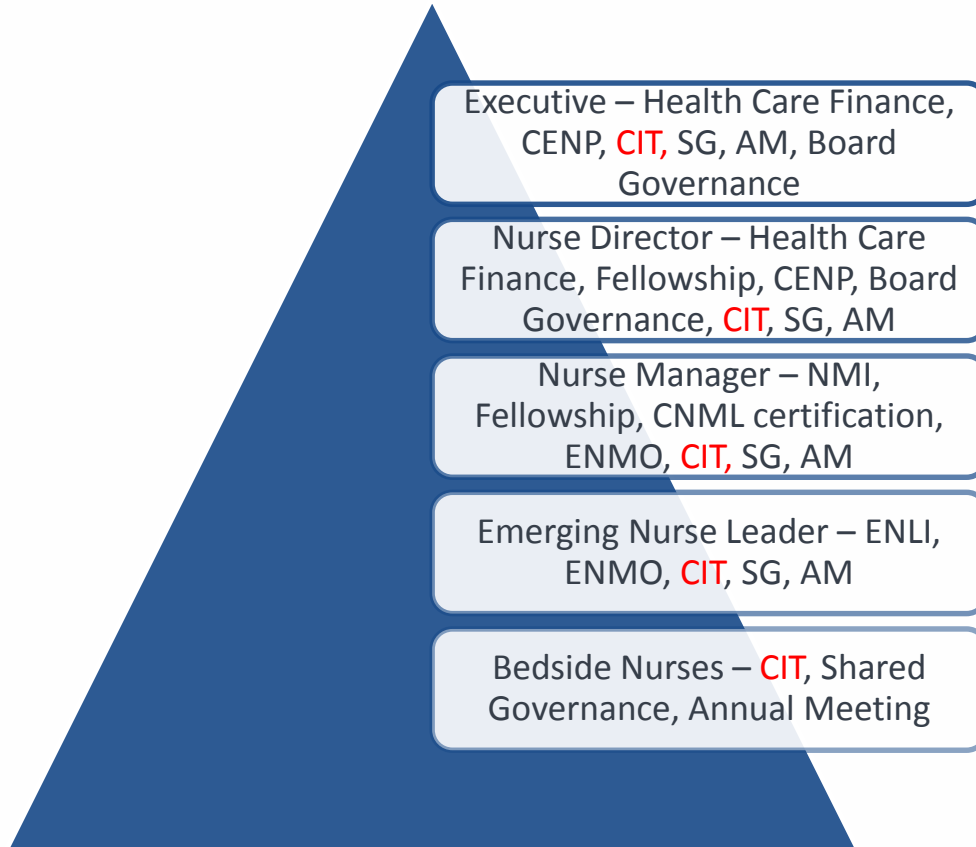
Strategic Objectives of CIT

- To develop improvements and innovations on nursing care units that will:
 - Improve the quality and safety of patient care
 - Increase patient-centeredness
 - Create more effective care teams
 - Improve staff satisfaction and retention
 - Improve efficiency
- To develop leadership skills of front line staff and managers
- To facilitate an environment of transformational leadership
- To promote nurse autonomy and ownership of practice

Key Aspects of the CIT

- Rapid cycle tests of change using the PDSA methodology
- Learning communities with 4 face-to-face on-site meetings and webinar programs
- Rigorous program of innovation, improvement and data collection
- Ongoing sharing of successes and challenges among the participating hospitals through our Ring of Knowledge, monthly conference calls, and Leader2Leader site

AONE Nurse Leader Development



In Summary

The CIT Program Is . . .

Nurse Leaders at the Bedside



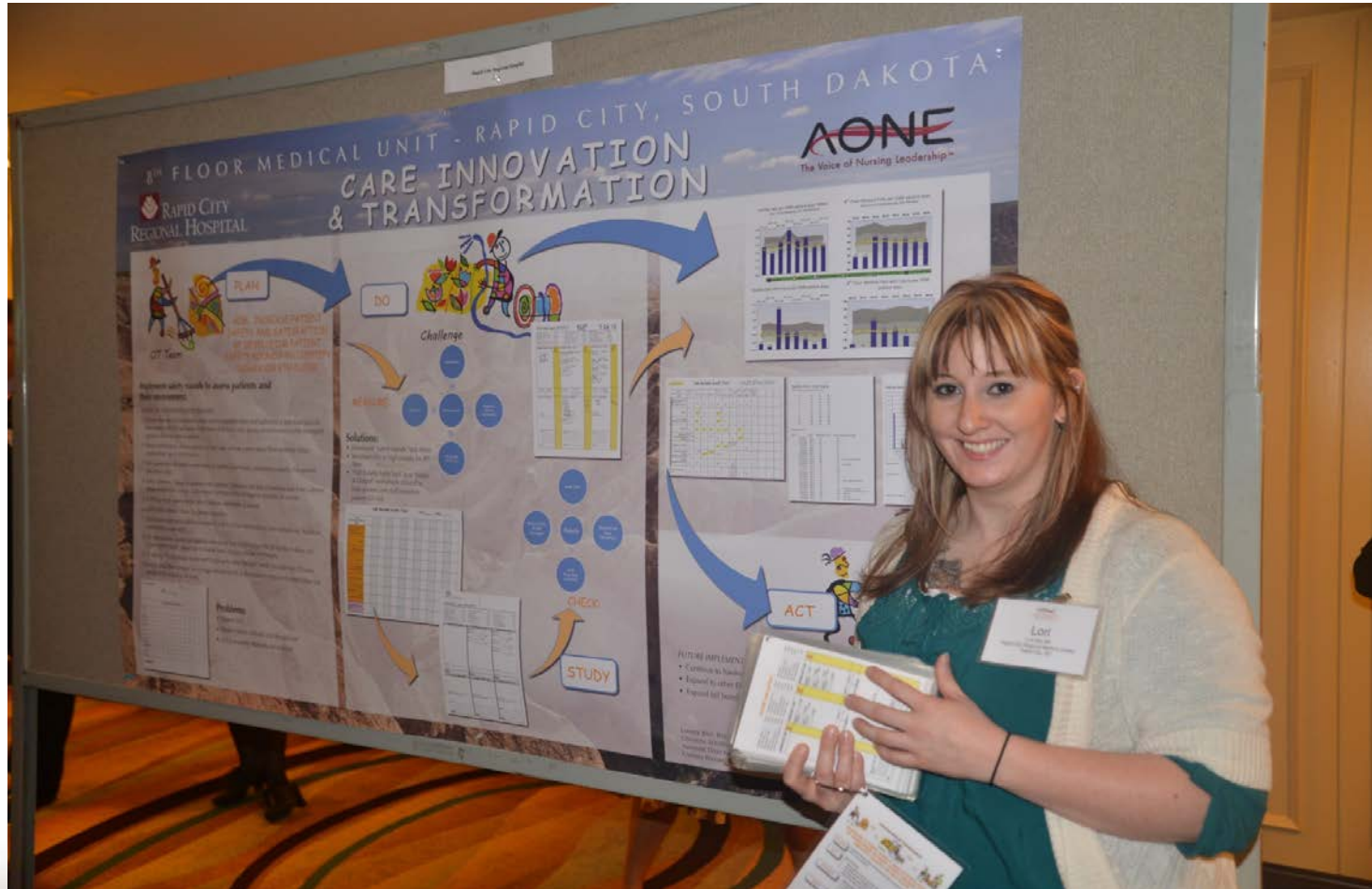
Empowering Staff Nurses to Lead Change



Nurse Manager Development



Nurse Autonomy and Ownership of Practice



Sharing Successes and Challenges



Creating Learning Communities and Lifelong Friendships



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For more information on CIT go to:
<http://www.aone.org/education/cit.shtml>

A large, stylized green plant graphic is positioned on the left side of the slide. It features a central vertical stem with several long, pointed leaves extending upwards and outwards. The leaves are a vibrant green color, and the overall design is clean and modern.

Lee Health...HealthPark

Cindy Brown, RN, MSN,
CAAMA-FACCA, BC



- HealthPark Medical Center is a 368 licensed bed acute care facility that opened in December 1991
- HealthPark Medical Center is the location of the health systems
 - Cardiac Surgical Program
 - Fully accredited Chest Pain Center
 - Fully accredited Congestive Heart Failure Center
 - High Risk Obstetrical Care
- The Cardiac Rehabilitation Program is Certified by the American Association of Cardiovascular and Pulmonary Rehabilitation
- Advanced minimally invasive procedures for Cardiac, Urology, Gynecology and General Surgery using Robotic Technology
- The Structural Valve Program is the only one in the region

Why....CIT?

Success of TCAB – Transforming Care at the Bedside

- 5S
- Communication Boards
- Intentional Rounding
- Quiet Time
- Leadership Patient Care Rounds
- Business Associate



CIT's Approach included Leadership Development and Staff Nurse Empowerment

Why...7W Med/Surg and SPCU

- Strong Leadership
- Willingness of Leadership and Staff
- Strong Physician Nursing Practice Base



CIT...The Results

- Empowered Staff
- Team Building
- Relationship with Senior Nursing Leader
- “Aha” Moment for Nursing Director
- CIT Units are the Beta Sites for System Initiatives
- Cultural Transformation
- Improved Patient Satisfaction
- Improved Employee Engagement
- Improved Physician Relationships
- Improved Quality

CIT...More Results Make the Difference

- Video Monitoring
- Organized Room Set-Up
- Organized physician communications
- MD/RN Rounding 93%
- HCAPS Improvement
- BSN and MSN 50% of total staff
- Certification 28% of total staff
- Supervisor Coverage

Why....CIT-The Future

- Beta Site for New Initiatives
- Spread to Sister Units
- Unit CIT/Culture of Caring Council
- Reorganize Unit Leadership
- Participated in “CIT Reunion”
- Participates in future CIT



Why....The Real Reason?



Empowered Staff

Why....The Real Reason?



Relationships

Why....The Real Reason?



Team Building

Why....The Real Reason?



**Senior Leadership
Relationship**



Team Building

Change: The View From the C-Suite

Mary Robinson, PhD, RN, NEA-BC

Texas Health Southwest Fort Worth Hospital

Gretchen Hunt, MSN, RN, ACNS-BC, NEA-BC





Texas Health Resources

- 24 acute-care and short-stay hospitals that are owned, operated, joint-ventured or affiliated with the system.
- 18 Outpatient Facilities
- 3,800 licensed hospital beds
- 21,500 employees
- 6700 Registered Nurses
- 5500 physicians



Texas Health Southwest/Clearfork



- 1,307 Employees
- 686 Active medical staff
- 96 Volunteers

- 13,000+ IP admissions
- 3,200+ Births
- 9,000+ Surgeries
- 65,000+ ED visits
- 100,000+ OP visits

- 263 licensed beds
 - 8 NICU level III
 - 24 ICU
 - 15 Labor/Delivery
- 36 Emergency rooms
- 30 ORs (2 c-section)
- 2 Endoscopy suites
- 2 Cath Labs



Care Innovation and Transformation

Circle of Influence/Concern

- Patient care issues
- Compliance with standards
- Best use of resources
- System issues/streamlining
- Consistency in practice and policies
- Interface with other departments/patient flow
- Best practices in regions
- Evidence based practice
- Outcomes

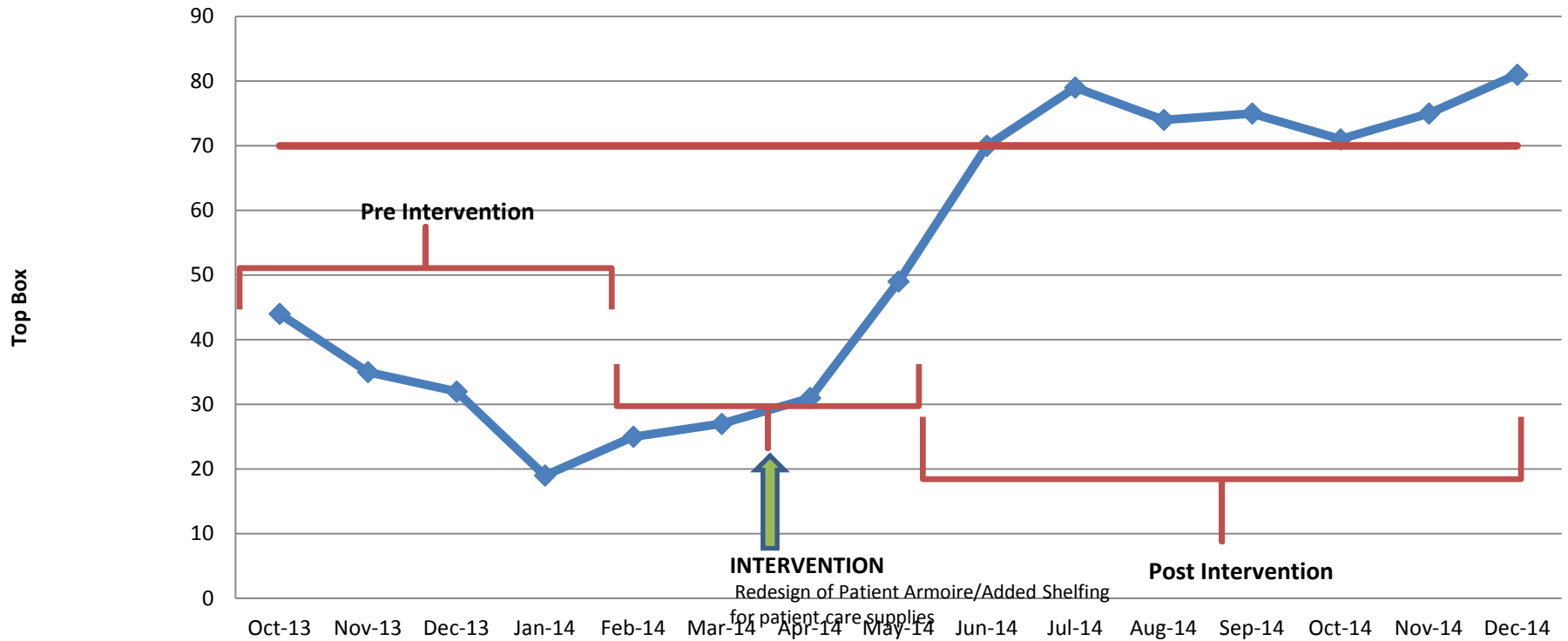
Magnet Designation 2016

Many CIT projects were included in the Magnet documents



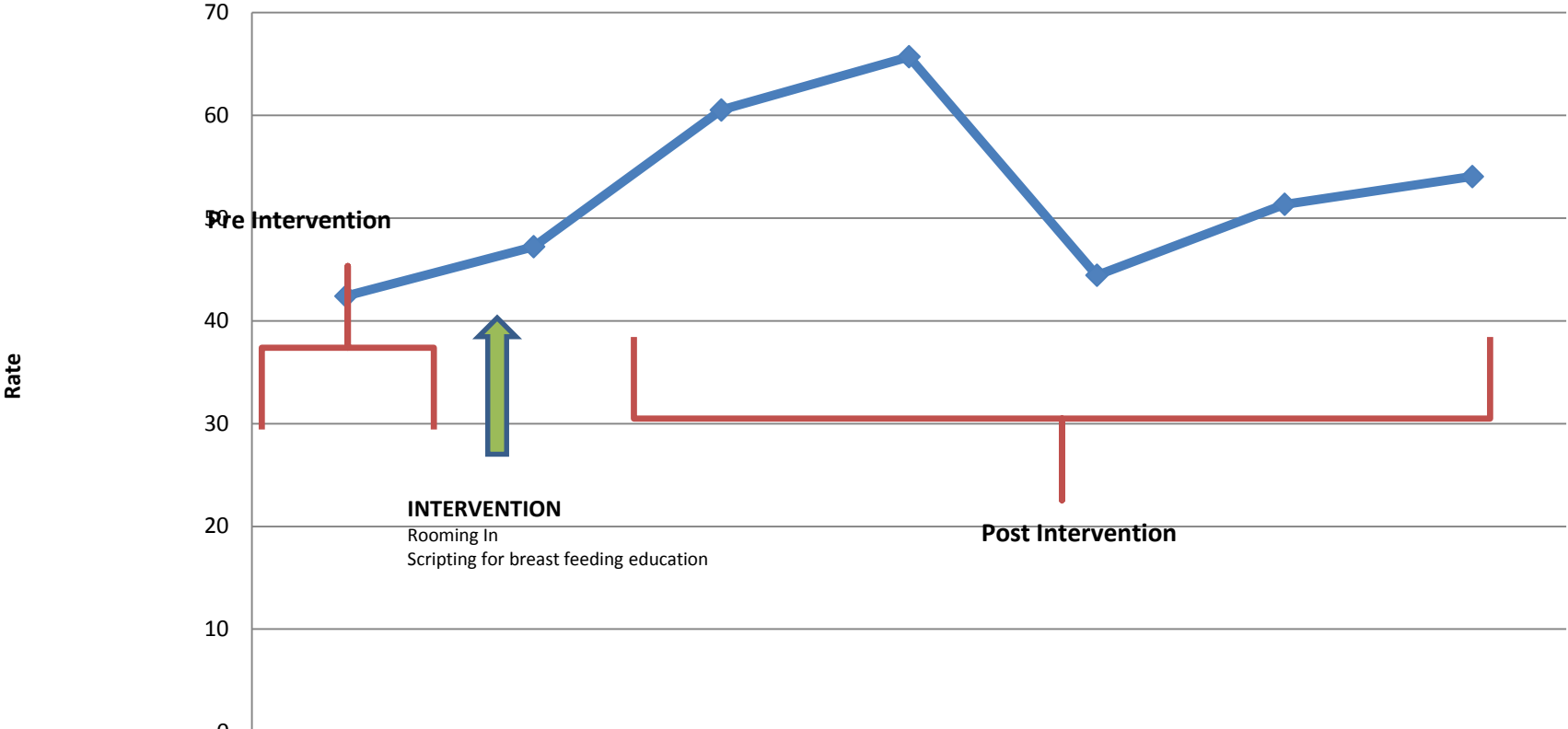
Project Outcomes

MST Project - Cleanliness Scores



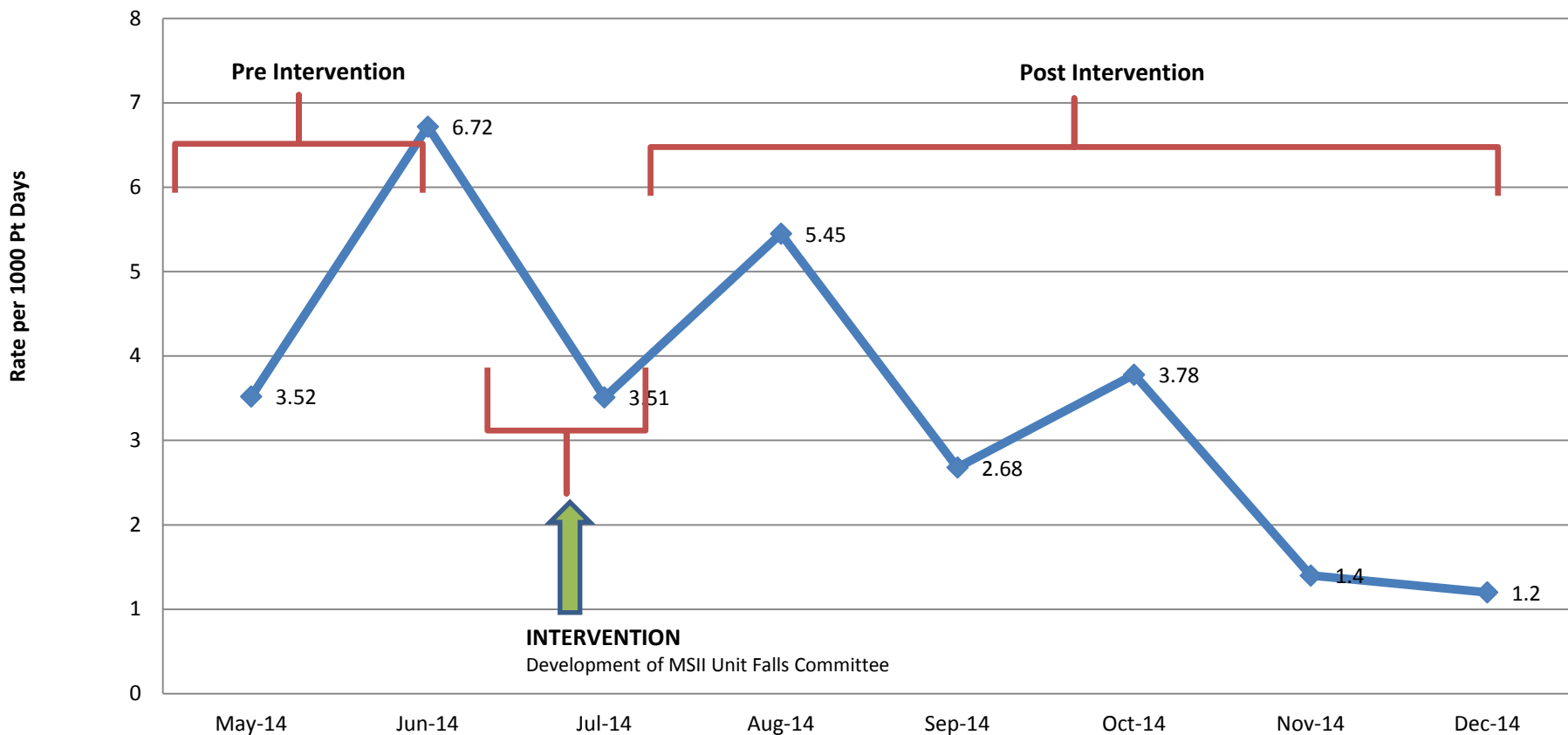
	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Cleanliness Scores	44	35	32	19	25	27	31	49	70	79	74	75	71	75	81
Top Box Goal	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70

Exclusive Breast Feeding Rate



	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Exclusive Breast Feeding Rate	42.42	47.22	60.53	65.71	44.44	51.35	54.05

Falls with Injury Med Surg II



	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Falls with Injury	3.52	6.72	3.51	5.45	2.68	3.78	1.4	1.2

Stories from the Field

- Medical Surgical Telemetry – cohort 1 2011
- Medical Surgical Orthopedic – cohort 2 2013
- Progressive Care Unit-- 2014
- Mother Baby --2014
- Telemetry 4 -- 2016

Medical Surgical Telemetry

PDSA

- AIM: Improve communication among members of the healthcare team.
- Implement bedside report
- Improve availability of team members for assistance
- Decrease delays in responsiveness.

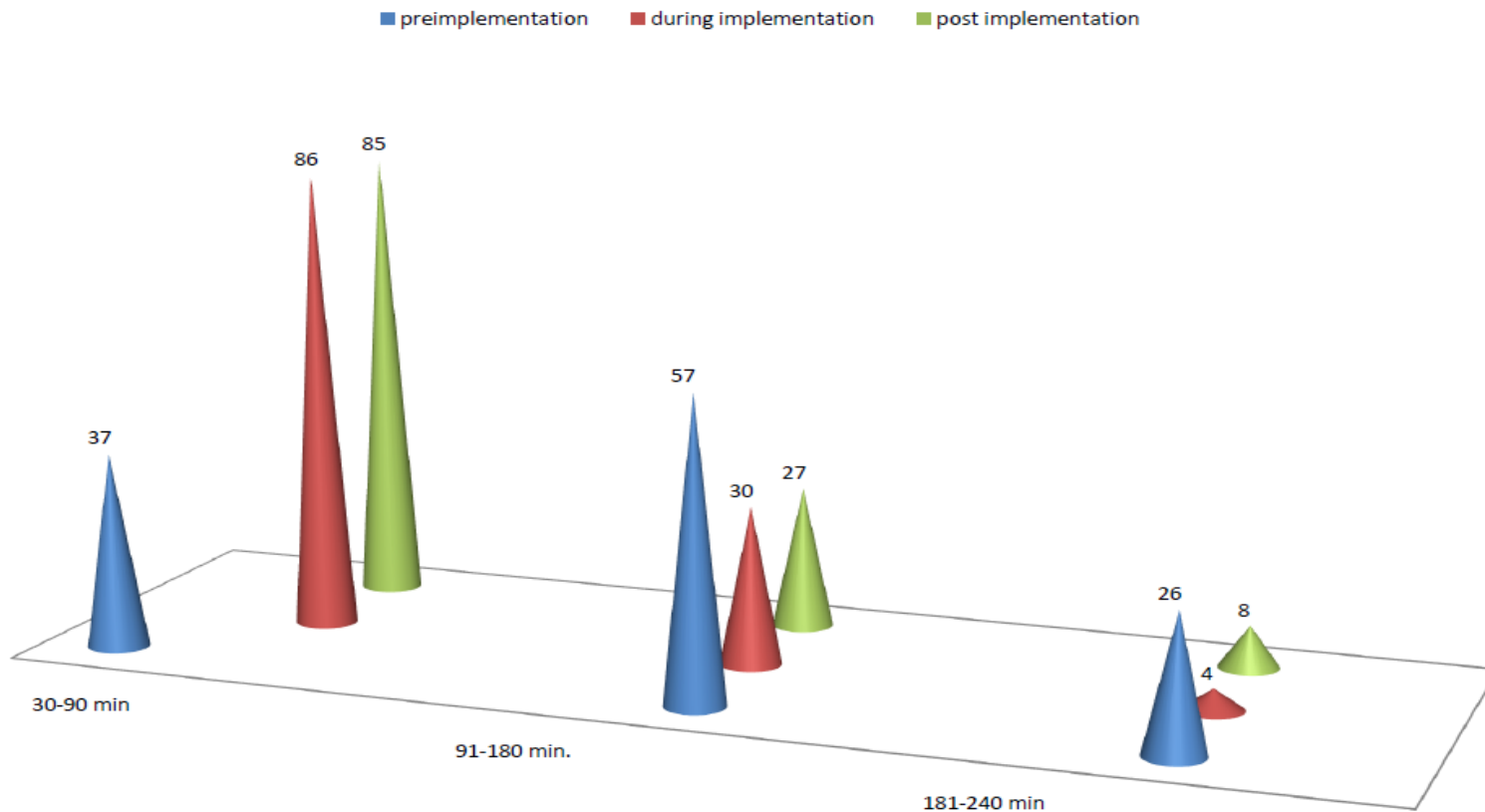
Brainstorm (Do)

Innovative ideas included:

- Partner with IT to optimize communication system with a “team assist” distribution group
- Educate team about EBP Bedside report and outcomes
- Partner with vendors for nurse call and locator systems to improve tracking and communication.

Study

Number of Times Patients Had Delays in Nurse at Bedside



Act

- Share locator data reports with team.
- Remediate noncompliant staff.
- Continue to track falls and Press Ganey Patient Satisfaction Scores.
- Re-design white boards to enhance communication process between members of healthcare team and patient/family.

CIT –Founded 2013

Med Surg Orthopedic Unit



Texas Health “Clearfork”



Our biggest challenge!

“You’re moving to
a new facility
in 12 weeks!”

July 2016
Evidence of Sustained CIT



How “CIT” helped us plan the move

Aim statement: “ Open in 12 weeks !”

● Plan

- Brainstorm tasks to be completed
- Create Project Teams with Team Leaders
- Create Time Line / Task Completion
- Schedule information/ follow up meetings
- Mandatory Staff Education
- Plan staffing for Former and New Units

● Do

- Created 7 Teams w/Team Leaders
 - Nurse Station/Desk supplies,, Binders and Forms, Room Setup / Equipment Inventory, Signage, PCT tasks, Staffing/Pt Assignments, Med Room/Supply Room set up
- Weekly Meetings
- Skills Days (New Equip, Tours, etc)

● Study

- Plan Surgery / staff Schedule for first week
- Trial “Run through”
- Keep Log of Issues
- Follow Patient Surveys
- Follow up Staff meetings / Issues

● Act

- Opened Sept 20, 2016 (1 week delay due to Magnet survey)
- Celebrate! (Party for Staff by Physicians!)



Progressive Care Unit



CIT Test of Change – September 2014 – Jan 2015

“Pocket Pulse Oximeters”

Progressive Care Unit – 3rd Floor

Aim: Increase availability of pulse oximeters

Contact: Gina Adair, BSN, RN GinaAdair@TexasHealth.org

CIT Team

Catherine Hunter, BSN, RN
Amanda May, BSN, RN-BC, PCCN
Whitney Patnot, BSN, RN

PLAN

Purchase pocket pulse oximeters that will be checked out to each PCT and charge RN for the duration of their employment. Approve a form to payroll deduct if device is broken or abused. Approve a form to comply with cleaning measures.

DO

Test of change: Trial two pocket Pulse Oximeters for one week to test accuracy and usability (one for RN and one for PCT). Obtain feedback. Place order for 35 Pulse oximeters. Engrave each device with a number to assign to staff member. Contact Human resources for review and approval of forms and agreements to protect equipment. Survey staff for satisfaction.

STUDY

The study will continue. The comparable data collected will be reflected on “Leader Listening Rounds” in the months to come for 2015 vs 2014. The first day of the official change on our unit occurred Jan 26, 2015.

“This is going to help me provide safer patient care.”

“I wish we had thought of this sooner! I no longer am spending time hunting one down”

ACT

Innovation was adopted! 35 Pulse oximeters were ordered for our unit and adopted on another unit as well. Engraved by hand. Assigned to each PCT and charge RN. Cleaning agreement form approved. Payroll deduct form for damaged or abused devices approved (They will be responsible for keeping track of it and cleaning to the standards of other shared equipment.).



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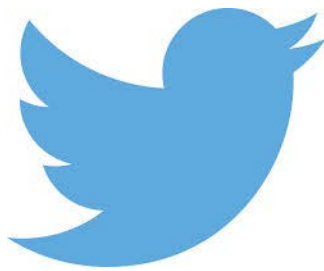
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