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Strategies to Improve Post-procedural Safe Patient Handoffs

Marguerite Peggy Anderson
Maine Medical Center

Tara Herman
Maine Medical Center

Janice Nichols
Maine Medical Center

Robyn Dixon
Maine Medical Center

Elizabeth Van Der Linden
Maine Medical Center

See next page for additional authors

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Authors

Marguerite Peggy Anderson, Tara Herman, Janice Nichols, Robyn Dixon, Elizabeth Van Der Linden, Bonnie Boivin, and Stephen Tyzik

Strategies to Improve Post-procedural Safe Patient Handoffs

Last Updated: 9/24/2018

Executive Sponsor: Mark Parker, MD Facilitator: Stephen Tyzik, Suneela Nayak, Ruth Hanselman and Amy Sparks

Team Members: Leadership – Peggy Anderson, Tara Herman, Janice Nichols, Robyn Dixon, Elizabeth Van Der Linden, Bonnie Boivin
Front-Lines – Angie Vereshko, Janice Hallett, Janna Brown, Jennifer Albert, Sue Klock, Ruth Cote, Jean Murphy, Rebecca Graves and Bonita Valls



Problem/Impact Statement:

As a result of changing criteria and lack of appropriate communication between staff; timeliness, patient flow and patient/RN satisfaction may suffer. Furthermore, with the addition of a new bed management department (One Call Central), RN → RN verbal communication has been taken away during handoff, reducing the ability of each unit to understand the full impact of current situation and a reduction in RN satisfaction. This leads to the units not being able to leverage positive relationships for the ultimate goal of safe patient centered movement in a timely manner.

Scope:

In Scope: All process steps from when a patient clears phase 1 criteria until they arrive safely in Ambulatory Surgery Recovery (ASU) or Short Stay Unit (SSU)
Out of Scope: Volume of patients, number of beds, bed designations, direct admits to SSU and space challenges

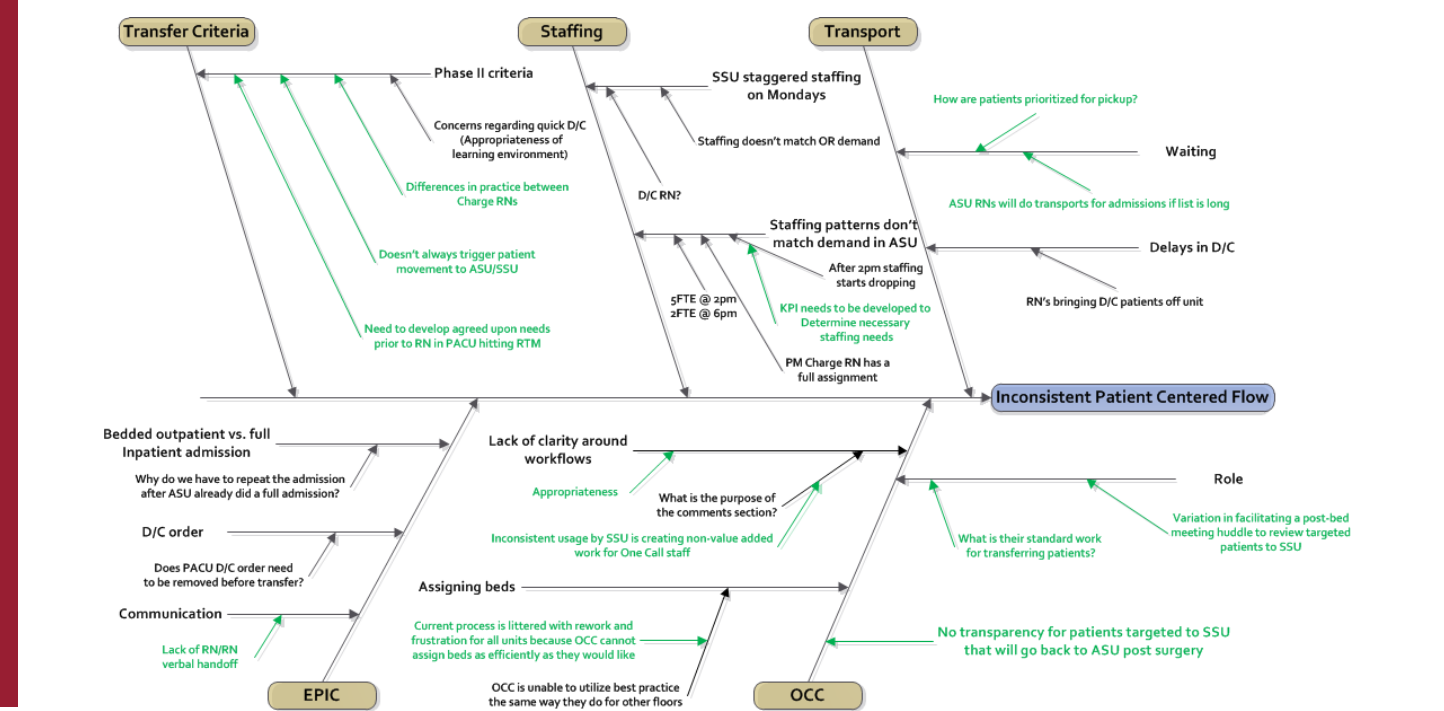
Goals/Objectives:

- 1. To improve the PACU/SSU score for “Things fall between the cracks when transferring patients from one unit to another” question on Culture of Patient Safety Survey from 38% to 43% by end of FY18
- 2. Increase PACU/SSU score for “Problems often occur in the exchange of information across hospital units” question on Culture of Patient Safety Survey from 36% to 47% by end of FY18
- 3. To sustain improvements with at least 5 joint KPIs between PACU, ASU, RADCU, SSU, ADV. ENDO and One Call Central

Baseline Metrics/Current State:

Time from PACU RTM → Pt. occupies bed on SSU is currently 78 minutes
Time from room assignment → Pt. occupies bed on SSU is currently 42 minutes

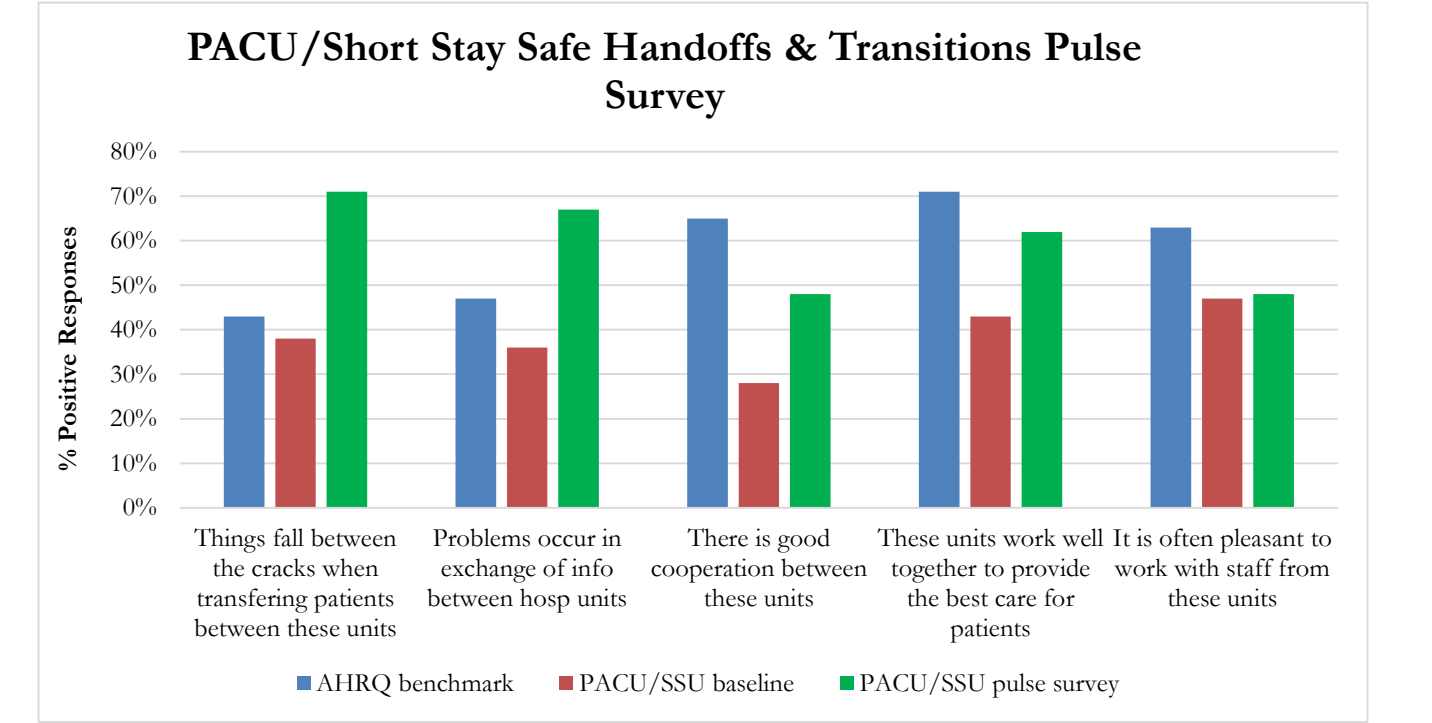
Root Cause Analysis:



Countermeasures

| Action | Owner | Completion Date | Status |
|--|---|-----------------|-------------|
| Scope: Initial project meeting with Leadership to determine scope and overall goals of the Kaizen | Gail Chop, Peggy Anderson, Janice Nichols and Stephen Tyzik | 11/16/18 | Complete |
| Kaizen Event: Problem statement development, current state mapping, fishbone diagraming, ideal state mapping, ad-hoc team member input (OCC/Transport) and joint KPI development/prioritization for post-kaizen implementation and sustainment | PACU/SSU/ASU/RADCU front-line staff and Stephen Tyzik | 5/9/18 | Complete |
| Leadership Update: Progress assessment, next steps and development of the communication/education plan for all staff in PACU/SSU/ASU/RADCU | PACU/SSU/ASU /RADCU/ADV ENDO Leadership and Stephen Tyzik | 4/11/18 | Complete |
| Education: Staff in PACU/ASU/SSU hear lessons learned from Safe Transitions and Handoffs team (R2/P3CD/ED) about how to sustain improvement utilizing joint KPIs | Staff from R2, P3CD, ED and Stephen Tyzik | 6/27/18 | Complete |
| Wave 1: KPI #1 - 100% of the time the overnight OCC RN will fax the scheduled admit list to PACU/SSU/ASU /RADCU/ADV. ENDO for review by 830am | OCC | 8/1/18 | Complete |
| Wave 1: KPI #2 - 100% of the time PACU/SSU/ASU /RADCU/ADV. ENDO and OCC will have a post 930 bed meeting huddle to discuss daily plan for patients targeted to SSU | OCC, PACU/SSU/ASU /RADCU/ADV. ENDO | 8/1/18 | Complete |
| Wave 2: KPI #3 - 100% of the time admissions to SSU will be accompanied with a “safe” RN → RN verbal report using the ‘Safe Handoff Communication Tool’ | PACU/SSU/ASU /RADCU/ADV. ENDO | 10/1/18 | Complete |
| Wave 2: KPI #4 - 100% of the time SSU will call for report within 10 minutes of the bed being clean and ready | PACU/SSU/ASU /RADCU/ADV. ENDO | 10/1/18 | Complete |
| Wave 2: KPI #5 - 100% of the time OCC assigns bed within 15 minutes of PACU clicking RTM | OCC and PACU | 10/1/18 | Complete |
| Wave 3: KPI #6 - 100% of the time Transport picks up patient in PACU within 15 minutes | Transport Department | 10/1/18 | In Progress |

Outcomes



Next Steps

- 1. Utilizing ED/R2/P3CD staff to help coach and educate the staff in SSU/PACU/ASU/RADCU to their experience with this process, lessons learned and outcome measures
- 2. Hardwire ideal state target map utilizing multiple waves of joint KPIs (2-3 departments with same KPI)
- 3. Utilize SSU/PACU/ASU/RADCU staff to serve as Champions of this work and help coaching other teams on joint KPI development and implementation