Safety Walkaround, esperienze regionali a confronto ”

Rounding for Outcomes

The Mount Sinai Medical Center
New York City, New York, U.S.A.

Carol Porter, DNP, RN
Chief Nursing Officer/ Senior Vice President
Associate Dean of Nursing Research and Education

Roma, 27 marzo 2012
The Mount Sinai Medical Center, NYC, USA
The Mount Sinai Medical Center

Research Poster Presentation

Outdoor Courtyard
History

Mount Sinai is one of the nation’s oldest & largest voluntary not-for-profit hospitals

• 1852: Founded as the Jews’ Hospital
• 1866: Renamed The Mount Sinai Hospital
• 1881: Established a nursing school
• 1971: Nursing school closed
• 1999: Acquired Mount Sinai Queens Hospital
• 2004 - 2013: Received the American Nurses Credentialing Center’s Magnet Award
Our Premier Programs

- Cardiovascular Medicine and Surgery
- ENT
- Gastroenterology
- Geriatrics and Palliative Care
- Neurosciences
  - Neurosurgery
  - Stroke Center
- Oncology
  - The Dubin Breast Center
  - The Ruttenberg Treatment Center
- Orthopedics
- Rehabilitation Medicine
- Transplant
The Mount Sinai Hospital—New York

Mount Sinai Hospital-NYC:
Campus = 4.5 million square feet
Total Licensed Inpatient Beds: **1,171**
  • Non-ICU: 877
  • ICU: 133
Operating Rooms: 47
Total Employees: 9,196

Mount Sinai Queens:
Campus = 74,452 square feet
Total Licensed Beds: **235**
Operating Rooms: 6
Total Employees: 1,255

**2011 Statistics- Main campus**
• Surgical Procedures: 32,906
• Cath Lab Volume: 20,181
• Ambulatory Care Visits: 612,350
• Deliveries: 6,238
• ED Volume: 98,044
• Discharges: 57,922
• Occupancy Rate: 86%
The Mount Sinai Medical Center (MSMC) ranks 16 out of nearly 5,000 hospitals nationwide in the 2011-2012 “Best Hospitals” issue of U.S. News & World Report, and earns a spot on the “Honor Roll.”

### The Mount Sinai Hospital’s National Ranking

<table>
<thead>
<tr>
<th>Specialty</th>
<th>National Ranking</th>
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<tbody>
<tr>
<td>Geriatrics</td>
<td>1</td>
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<tr>
<td>Digestive Disorders</td>
<td>5</td>
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<tr>
<td>Heart &amp; Heart Surgery</td>
<td>11</td>
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<tr>
<td>Rehabilitation</td>
<td>14</td>
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<tr>
<td>Diabetes/Endocrinology</td>
<td>15</td>
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<tr>
<td>Ear, Nose &amp; Throat</td>
<td>18</td>
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<tr>
<td>Research</td>
<td>18</td>
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<tr>
<td>Psychiatry</td>
<td>18</td>
</tr>
<tr>
<td>Neurology &amp; Neurosurgery</td>
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<tr>
<td>Kidney Disorders</td>
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<td>Gynecology</td>
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<td>Urology</td>
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<tr>
<td>Cancer</td>
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- MSMC consistently ranks among the top 20 medical schools both in National Institutes of Health (NIH) funding and by U.S. News & World Report.
- MSMC Ranks 17th in National Institutes of Health (NIH) funding.
- The Mount Sinai Medical Center has been named one of New York's safest hospitals by The Niagara Health Quality Coalition- 2011

The Healthcare leadership team and staff lead quality care and Mount Sinai Hospital’s achievements.
Vacancy & Turnover

**RN Vacancy and Turnover:**

<table>
<thead>
<tr>
<th>2010 for MSH:</th>
<th>2011 for MSH:</th>
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</thead>
<tbody>
<tr>
<td>RN vacancy = 5.0%</td>
<td>RN vacancy = 4.4%</td>
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<tr>
<td>RN turnover = 6.2%</td>
<td>RN turnover = 7.5%</td>
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</tbody>
</table>

**USA:** Bedside RN Turnover = 13.8%

**New York:** Bedside RN Vacancy = 9.5%  Turnover = 6.1%

The Registered Nurse Population.
U.S. Department of Health and Human Services Health Resources and Services Administration, March 2010

Mount Sinai Hospital’s Focus

• Improving the patient & family experience of care & patient satisfaction
• Providing outstanding care
• Maintaining excellent operational performance
• Cost reduction and revenue enhancing strategies
• Utilizing innovative technologies
  • EPIC Electronic Medical Records
  • Wireless communication devices for clinicians linked to patient safety
• Expanding and modernizing the physical plant
• Growth
Operational Challenges

• Create more efficient care delivery models
• Increasing competition in a transforming industry
• Need for the most current and advanced technologies
• Maintaining excellent patient care and quality outcomes in a highly regulated environment
• Maintaining position of strength during era of health care reform
Rounding:
A Management Tool
To Lead Staff Engagement and Patient Outcomes
Rounding As a Leadership Tool to Drive Improvements

• Clinical Quality
• Patient Safety / Staff Safety
• Patient Experience with their Care
• Visibility and Accessibility to Staff
• Environment
Clinical Quality Rounds

• Rounding with different levels of leadership on staff and quality process /outcomes

• Rounds with Chief Executive Officer, President, Faculty Chairs, Medical Leadership, Nursing Leadership, Board of Trustee Members, Union Leadership, Staff

• Examples of focused rounds: Pain Management, Patient Throughput, Handwashing, Spinal Surgery Program, Orthopedic Program, Obstetrical & Post-Partum Care
Pain Management Rounds

• Pain Management Committee → multidisciplinary team to analyze current status of pain management interventions and outcomes. Collect data, round on patient units/staff as well as patients.

• “Pain Status Intervention sub group” made up of 4 committee members rounding on clinical staff to identify and analyze the obstacles to improving the patients’ experience with pain & what works well. After discussion with staff, the team analyzes their comments, data, and suggests interventions to staff involved.
Pain Management Rounds

- Senior Leadership Rounds on staff
  – Nurses and Doctors involved on units that excel in Pain Management and units that were having difficulty reaching pain management goals. Share best practices and implement interventions.

- Monthly “Pain Buster Rounds” by Pain Management Committee members to all patient units that meet pain goals to reward and recognize entire unit staff. Very well received by all staff. Pain Buster Rounds have been done monthly since 2008 and to date have done over 600+ rounds on units / staff for obtaining Pain Goals.
8 East Patient Satisfaction
The Story of Pain

- Surgical Orthopedic Pain Unit
- Pain Composite includes 2 questions: Score = % Always
- Beginning 2010 high degree of variability (range = 57% - 82%)
- Goal = 67% Always
- Begin rounds with CNO & Department Chair of Orthopedics and Clinical Nursing Manager & health care unit team
- Rounding consultation with Pain Service RN/NP/MD team

2010
8 East Patient Satisfaction Pain Composite 2011

- *Met pain goal every quarter in 2011*
- Monthly variability decreased with 11/12 months above goal.
- Rounds continue
- Pain Buster rounds to reward and recognize staff.
- Nursing Communication rounds to recognize and reward staff.
Mount Sinai Hospital

Mount Sinai Queens

Pain Buster Rounds
Clinical Safety Rounds

Clinical Safety Round Team Members

- Chief Nursing Officer
- Associate Chief Medical Officer
- Senior Manager of Nursing Practice
- Analyst
Clinical Safety Rounds

• Started 2010
• Rounds done twice/month on 35 clinical areas/Services
• Clinical Safety Team engaged frontline staff in discussions concerning safety & quality and areas needing improvement.
• Information obtained was reported back to staff and all levels of leadership involved. Team supported and facilitated improvements.
• Set time for analysis and planning
• Maintain data base
Examples of Discussions with Staff

Themes:

• Environmental/Space Concerns
• Scheduling Ancillary Tests
• Support for new equipment
• Support with challenging interactions with families
• Clinical Handoffs
• Additional staff education
Rounding As a Leadership Tool to Drive Improvements

- Clinical Quality
- Patient Safety / Staff Safety
- Patient Experience with their Care
- Visibility and Accessibility to Staff
- Environment

Examples
Patient Satisfaction Survey:
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

• Monthly survey report on from the patients’ perspective of their care experience
• Mailed to patients discharged to home from Inpatient Units in acute care hospitals in U.S.
• Standardized survey instrument that includes 18 patient perspectives of care and 8 key areas measured by 27 questions.
• Mount Sinai: 2011 mailed 27,600 surveys with a response rate of 27%
Medicine Services: Going Green 2012

<table>
<thead>
<tr>
<th>MSH CAHPS Composites</th>
<th>1st Quarter 2011</th>
<th>2nd Quarter 2011</th>
<th>3rd Quarter 2011</th>
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<tr>
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<td>Communication with Doctors</td>
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Met all Patient Satisfaction Goals

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<td>Responsiveness of Hospital Staff</td>
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Medicine Services Rapid Change Plan
January 2012

• HCAHPS Survey Medication Composite:
  – “How often did the hospital staff tell you what the (new) medication was for?”
  – “How often did the hospital staff describe possible side effects in a way you could understand?”

• Phase I: Focused Rounding on Patients → Medication Management
  – Nurse Managers round using structured questions on 5 patients/week
    • What do you need to be fully informed about medications?
    • Who taught you about medications?
    • How can we improve?
    • What can we tell you that you may not know?
  – Data forms completed by Friday & analyzed with feedback within 4 days
  – Revise questions as needed.
Phase II: Expand focus → Add questions related to Nursing Communication and Responsiveness
– “What is the most important thing you are thinking about?”
– “Do you know your plan of care?”
– “We want to be responsive and sensitive to your needs….how are we doing?”

Continue interviews with patients
Phase III: Staff Coaching

- Nurse managers demonstrate and teach one patient each day about medications with a nurse.
- Nurse managers then observe nurse teach a patient about medications.
- Provide immediate coaching:
  - Information given; verbal and written.
  - Verbal and nonverbal behavior of nurse and patient.
  - 2012 results the best in 5 years.
# 8 Center Transition from Medicine Unit to Surgical Specialty Unit

## Surgical Specialty Unit

- Physician and Nurse Leadership Change
- Staff Education on Specialty Focused Rounds on Pain
- Pain Committee Consultation
- Customer Service Rounds

### Spine Surgery Consolidation
September 2011

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<tr>
<th>8 Center - Surgical</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
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<th>Dec</th>
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## 8 Center Today

### National Average (%) vs. Goal

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<th>National Average (%)</th>
<th>Goal</th>
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<tbody>
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<td>61%</td>
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<tr>
<td>80%</td>
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<td>76%</td>
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<tr>
<td>Would Recommend Hospital</td>
<td>79</td>
<td>86</td>
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Many Composites far exceeding goal
Rounds continue
Rounding: Chief Nursing Officer & Chief Executive Officer/President

- Started in 2006 - 12-15 times/year for a total of 80-90 rounds devoting one hour per rounding session.
- Focused on quality patient care, patient satisfaction and patient safety
- Focused on new technology to support practice & safety
- Discussions around challenges in achieving patient satisfaction goals
- Recognition of Staff for achievements in patient care outcomes and safety
Rounding: Chief Nursing Officer & Chief Executive Officer/President

• Examples of outcomes:
  - Support for technology to support practice:
    • wireless hands-free communication devices that are connected to patients, unit team, cardiac monitor alarms, mechanical ventilators, and patient nurse call system.
      • “e-huddles” among staff and/or managers to discuss patient needs, emergency situations, patient throughput.
  - Staff engaged in discussion regarding new Nurse Call and wireless hands-free communicator devices with potential quality and safety outcomes to Chief Executive Officer /CNO on rounds.
Senior Nursing Leadership Rounding on Staff During Electronic Medical Record “Big Bang Go Live”

April 30, 2011  Time - 3:00 AM
Purposeful Rounding

• Define who you’re rounding on
  – Staff, patient

• Define focus of rounds
  – Quality (pain management, pressure ulcers)
  – Safety (medication management, falls)
  – Service Excellence

• Define purpose
  – Observation and intervention
  – Reward and Recognition
  – Establish connections with patients, staff, colleagues
Data Driven

• Quality Data
  – Medications, Pressure ulcers,

• Patient Satisfaction Survey Data
  – Medications, Discharge Process, Pain Management, Nursing Communication

• Processes
  – Electronic medical record implementation, food process, discharge process, admission process
Leading Change, Driving Outcomes

Transformational Leadership
What does this really mean?

Bedside → Bench → Boardroom → Bedside

Continuous evaluation of the patient and family hospital experience and patient outcomes

“connecting science to practice and practice to science”:

Review of comments, patient care, data, outcomes, evidence, and innovation within a positive practice environment
Foundation of Transformational Leadership: Positive Practice Environment

• Communication

  ✓ input from clinical staff nearest to the patient
  ✓ Horizontal and vertical communication
  ✓ Environment & management that support inquiry
  ✓ Management – approachable, actively listen, assist in improving the practice environment supporting excellence in Nursing practice and patient care
  ✓ Shared decision making
Foundation of Transformational Leadership: Positive Practice Environment

• Labor & Management Partnership
• Leadership visibility
• Focused Rounds – practice, patient management and safety
  ✓ Clinical Nurse rounding
  ✓ Management rounding
  ✓ CNO rounding with CEO, President, Board Members, Physician Leadership and Clinical Nursing Staff
• Collaboration with Physician Leadership, Clinical Researchers……Multidisciplinary Team work

  Excellence is based on great communication, teamwork, innovative practice/care and science.
Magnet Designation: The importance to Mount Sinai

- Commitment to Excellence in Nursing Practice & Patient Care
- Magnet Component Standards provide strong foundation
- Environment of ongoing learning and professional achievement
- Commitment to teamwork and inclusion of clinical nurses in decision making
- Positive Practice Environment
- Focus on new knowledge, innovation and research
- Recruitment- Nurses drawn to Magnet Hospitals
- Gold standard for Nursing— only 8% of US hospitals have achieved Magnet designation
- Recognition by US News & World Report

2004 - 2013
Teamwork & Collaboration
The Department of Nursing established the Center for Nursing Research and Education (CNRE) in collaboration with the Mount Sinai School of Medicine with a new focus in 2009: **Research, Education, Global Health & Advanced Practice.**

One of the only nursing centers in the country to be established within a medical school, CNRE formalizes an already strong relationship between Mount Sinai nurses and physicians. The Center will facilitate multidisciplinary translational research programs that emphasize patient care and strengthen the profession of nursing through education, innovation and the application of research into everyday nursing practice.
CORE MEASURE: AMI
MOUNT SINAI HOSPITAL - Manhattan

- AMI-8A: Primary PCI within 90 minutes
- Top 10% of all submitting hospitals: 100%
- NYS Average: 89%
- U.S. Average: 92%

*Benchmarks: U.S. HHS.Gov Hospital Compare (Jan 2010 - Dec 2010 Aggregate)
The Mount Sinai Hospital
Department of Nursing
Compliance Rates – Completed Discharge Phone Calls to Patients 2011

Compliance Rate (%)

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<tr>
<td># of Calls Completed</td>
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<tr>
<td># of Discharges Home</td>
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THANK YOU