Progression of Care Rounds

*Tomorrow’s Care Today*

Michael M. Zimmer, Ph.D.

Unified Quality Improvement Symposium

February 5, 2020
Collaborative Team Members

- Debra Thompson – President Access East, Executive Sponsor
- Dr. James Manning – Hospitalist, Physician Lead
- Marie McKinney – Nurse Administrator, Nursing Lead
- Susan Suiter – VP Patient Care Services, VCOM Lead

- Dr. Ileen Craven / Christy Harding – VMC Champion
- Mary Ellen Foreman / Jenna Horvath – VBEAU Champions
- Christy Cantrell – VDUP Champions
- Martha Lilley / Stacy Simmons – VROA Champions
- Lauren Zaritsky – TOBH Champion
- Renee White – VBER Champion
- James White – VCHO Champion
- Cindy Anderson – VEDGE Champion

- Angela Mayo – Pharmacy Representative
- Kristin Murtha – Allied Health Representative
- Skip Bangley – Respiratory Representative
- Amanda Hargrove / Sara Beard-Linton – Case Mgmt Representative
- Lynn Dale – VCOM Champion & Representative
- Stephanie Smith – Utilization Mgmt Representative
- Rose Ann Simmons – Pt. and Family Engagement Representative
- Dr. Ryan Taylor – Hospitalist Representative
- Sujitha Nandimandalam – ECU Physicians Representative
- Misty Skinner – Informatics Representative
- Premier - Consultants

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How do we effectively progress the patient through their care in our system?
AIM Statement

1. Develop a structured, standardized and sustainable interdisciplinary rounds as a best practice to effectively address the system’s challenges.
   - Throughput & Capacity
   - Length-of-Stay
   - Levels-of-Care

2. Ensure patients receive the right care, at the right time, at the right level-of-care for their optimal length-of-stay.
Design Thinking

- Empathise
- Define
- Ideate
- Prototype
- Test

Steps:
1. Empathise to help define the problem
2. Learn about the users through testing
3. Tests create new ideas for the project
4. Learn from prototypes to spark new ideas
5. Tests reveal insights that redefine the problem

UX Collective
Build a **Framework/Guidelines** that gives a unit **freedom to deploy** POCR for max effectiveness

- Having the right professionals consistently
  - I.E. *Always need Case Mgmt and Pharmacy present with Nursing and Providers*
- Performed best according to the unit’s logistics
  - I.E. *Walking rounds or Room setting that best fits the team’s dynamic*
- Consistent discussions and consistent practices
  - Rounding Imperatives addressed
  - Efficient and timely
  - Getting answers now, not later
Measures of Success

1. Reduction in Length-of-Stay (LOS)
2. Increased number of discharges / transfers / step-down
3. Reduction in avoidable delays
4. Enhanced communication
5. Improved productivity
Approximately 120 more patients per month!
Then and Now: Length-of-Stay

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Then and Now: Length-of-Stay

### INTERMEDIATE UNITS LOS

**AUG 19 HURRICANE INCREASE LOS**

**MAR 19 POCR START**

**MSU/MTCU/CIU**

**9/30 POCR START**

**NSIU**

**ALOS**

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Culture & Buy-in

Changes to the incumbent way

Belief it will make a difference
Deferring to expertise – **High Reliability Organization**
- Look to the team members that it impacts
- Local knowledge
- Never a top-down approach

Boots on the ground – **Gemba Walk**
- Being close to the work to know best
- More connected – people & process
- Never assume you know unless you see it yourself
Next Steps

- Sustainability efforts to make it second nature
  - Data to track against progress or regression
  - Leader & Team Member involvement and engagement
  - Audits and observations
  - Continuous feedback – opportunities and values

SHOW THE IMPACT & GIVE MEANING TO THE WORK
Questions?

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