Teaming up to LEAP forward

New tools capture spirit of Highland at work

Highland’s 2011 employee engagement survey provided important insights on our organization’s strengths and opportunities for improvement. Since that survey, employees and their teams have been partnering to make a great workplace even better. Last month’s Highlights introduced a phrase that captures this spirit of innovation and employee excellence: “Making It Work @Work.”

With the 2013 survey just months away, we want to share and celebrate all the ways you are helping Highland grow and thrive. And to do that, we’re creating a “Making It Work @Work” website to house existing employee communications and 

Highland Family Medicine’s innovative, team-based approach to patient care and physician training has earned the practice national recognition. Out of hundreds of nominees from across the country, HFM was selected as one of 30 practices to be part of a new national project – The Primary Care Team: Learning from Effective Ambulatory Practices (LEAP).

“This is a huge honor and responsibility,” said Dr. Michael Mendoza, Medical Director at HFM. “The innovations we have HFM to share best practices

HFM will receive $10,000 and participate in a conference with other top practices to identify creative solutions that will make primary care more effective and accessible.

Radiation Oncology to get major renovation

Radiation Oncology renovation will begin March 15 and bring many benefits to patients, providers and staff: easier patient access to the clinic, an office layout that improves efficiency, and relocation of registration and check-out areas to bring caregivers closer to patients throughout their visit. The most striking aspect of the new design is also the biggest change for patients: instead of walking the length of a corridor to reach the Rad Onc clinic,
Labor induction scheduling streamlined

Labor and Delivery conducted a kaizen to improve its labor induction scheduling process, with impressive results (see box below). The team found many opportunities for improvement, identifying 51 types of waste.

"Most of it was inefficiencies related to time," says Bonnie Walden, Clinical Nursing Director of the Family Maternity Center. "We want to be as efficient as possible for patients, providers and our staff."

The interdisciplinary team’s goal was reducing delays in admission – a potential dissatisfaction for patients and the community OB providers who scheduled their procedures at Highland.

To streamline the process,

- 12 percent improvement in patients needing to reschedule for labor induction since Aug. 2012 implementation.
- Average hours between scheduled labor induction date to actual admission decreased by 41 percent.
- 61 percent improvement in patients receiving educational handout in provider office.

LEAP Continued from front

implemented and the advances we discuss at this conference could help transform primary care across the country.”

The goal of the LEAP Project is to address the primary care physician shortage and the millions of new patients who will enter the health care system under the Affordable Care Act.

HFM has already started tackling these challenges by capitalizing on the strengths of all of its team members.

For example, medical assistants or secretaries review patient medical records prior to appointments. If patients are behind on vaccinations, preventive screenings or lab work, they alert the patients and the provider.

"The more information I can gather up front during an office visit, the easier it is for a provider to come into the room and spend time listening and talking with the patient about their current needs," said Linda Gathmann, a Lead Medical Assistant.

In an effort to prevent readmissions, care managers at HFM ensure patients make smooth transitions from the hospital to home. They call patients to help them navigate their medications and to coordinate follow-up appointments.

The residency training program also has been instrumental in developing a team-based approach. In staff meetings, for instance, residents take on different roles, such as team leader, note taker or time keeper. Dr. Steve Schultz, Director of the Residency Program, says this teaches them how to work effectively with other team members.

“We want the residents to be able to replicate this approach if they go to a practice that is not team based,” Dr. Schultz said.

Later this year, a LEAP Project team will conduct a three-day site visit to observe HFM’s innovations. The LEAP conference will follow in October. The Project is funded by the Robert Wood Johnson Foundation.

I CARE Spotlight: RESPECT

I will always treat patients, families and colleagues with dignity and sensitivity, valuing their diversity

In the four months since Teona Green started working as a housekeeper in Environmental Services at Highland, she says the one thing that stands out is how friendly everyone is at Highland.

“I noticed it right away,” Teona says. “People are friendly to one another. They try to help one another.”

It fits right in with Teona’s own approach. She frequently checks with patient care technicians to see if they need anything and she says she does the same for patients.

“I always introduce myself and tell them what I’ll be doing,” Teona says. “What really makes a difference is I spend a few minutes just talking to patients or asking about their favorite TV show.

“It’s important to make these connections, even if it’s getting them a glass of water when they ask for it. I’ll do whatever I can to make the patient feel respected and cared for while I’m in the room.”

Teona’s efforts as a floater haven’t gone unnoticed. Her supervisor, Franklin Allen, mentioned to her recently that he was told what a “pleasant and good worker” Teona is.

“That’s nice to hear,” Teona says. “It makes you want to keep on doing what you do.”

Financial update

The latest patient statistics from January 2013 show we are below expected adult inpatient discharges, but higher-than-budgeted outpatient procedures are helping offset the shortfall. We measure our results against what we have budgeted each month and look to address any shortfalls. While the hospital is running slightly behind budget, we continue to work to build volumes and reduce expenditures appropriately as we strive to meet our budgeted targets. It is critical for Highland to continue to generate positive operating margins to support investments in our infrastructure, upgrades in clinical equipment and investments in our workforce.

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DEPARTMENT SPOTLIGHT

VAT’s expertise supports patients, staff

Team handles challenging vascular access cases

The Vascular Access Team brings skills to the job that benefit patients and fellow colleagues. Their presence on nearly every unit of the hospital is crucial to the quality of care patients receive and always is in support of those providing care.

Patients need blood drawn, require an IV for fluid or must be medicated intravenously. Not every patient, however, has easy-to-find veins.

Enter the VAT staff: Nurse Leader Jong Hee Oh, RN, VA-BC, CRNI; Jenai Werder, RN, VA-BC; and Michelle Friedrich, RN, BSN. In the past few months, the VAT implemented protocol to prevent central line-associated blood stream infections (CLABSI) and expanded its coverage hours.

“Our primary role is to provide optimal vascular access in difficult but necessary situations,” Jong says.

“We support patient care by consulting with providers and helping meet the needs of caregivers on the units,” says Michelle, who came to VAT from Labor and Delivery in November.

“We do a lot of explaining and comforting, and that works in everyone’s favor because when the patient relaxes it’s easier to find a vein,” Jenai says.

The unit works so well together, they frequently finish each other’s sentences. They often work in twos while placing peripherally inserted central catheter (PICC) lines: one performs the procedure and the other documents and troubleshoots. It’s a sterile procedure that could take hours to perform and it involves the use of an ultrasound machine and skills they have honed through experience.

Once a PICC line is placed, the VAT’s responsibilities include that patient’s line care until it is removed or the patient is discharged. In an effort to achieve one of their goals of zero CLABSI, the team began using a new medical supply that keeps the area around the PICC sterile and could lengthen the life of dressings to seven days. This frees up VAT members to attend to other patients.

Equally important is the real-time education VAT nurses provide to unit nurses and PCTs about PICC line protocols and maintaining dressings. This educational training helps create a continuity of care. In fact, the VAT is currently auditing for dressing compliance to collect data and provide additional training based on the results.

In order to enhance the continuity of care for patients, the VAT also recently began staffing on Saturdays.

“We saw a need for additional coverage and made a change,” Michelle says.

“It comes back to patient care and staff support,” Jong says. “How can we help?”

“We’re here to make sure a patient’s stay is the best it can be,” Jenai says.

Ready at a moment’s notice

The VAT performs 35 to 40 PICCs per month, conducts an average of 15 audits daily and responds to another five calls for IV placements and blood draws per day. To help them prioritize orders and for a more efficient response, caregivers who need their assistance should web page “HH Vascular Access Team” and provide as much detail as possible (patient name, patient room, etc.)

Pride Week June 10-14

- Recognize valued colleagues who have 20 or more years of service by writing a short tribute. If you’re interested in being filmed for a “video tribute,” be sure to check the box on the form (located on the Highland Intranet) and return it by March 8. All other tributes due April 1.
- Submit entries for the Quality poster contest to HR by April 15. To create poster, click Highland Templates under Useful Tools on left-hand side of Highland Intranet homepage; select “HH Poster 2” template.

Employee of the Month

OCTOBER

Kevin White
Environmental Services
5 win RBJ Health Care Achievement Awards

Five employees and physicians with Highland Hospital and Highland Family Medicine earned Rochester Business Journal 2013 Health Care Achievement Awards.

Highland’s Chief Medical Director Dr. Raymond Mayewski was recognized in the Management category for building the University of Rochester Medical Faculty Group that oversees doctor’s credentialing, billing and contract negotiation into a nationally recognized entity and then helping it evolve.

Dr. Roger Oskvig was recognized in the Physician category. He is a hospitalist, Medical Director of the Alternative Level of Care unit, and medical advisor on the long-running nationally televised PBS series, “Second Opinion.”

The Innovation award went to OR nurse Tamra West, RNFA, who invented the AliMed Trendelenburg Stabilizer. The device improves patient safety by securing patients to the OR table during surgeries when the table is on an incline.

Mary Eileen Callan, RN, MSN, FNP, of Highland Family Medicine was honored in the Nursing category for her work with underserved populations and her efforts to lower community lead levels.

Dr. Supriya Mohile, Director of the Geriatric Oncology Clinic at Highland, achieved honors in Senior Care. She formed a multidisciplinary team to support older adults with cancer.

RadOnc to close temporarily

RadOnc will be closed March 15 to April 8 for treatment procedures during the first phase of the renovation project. However, physicians and physician assistants will be on site for consultations.

The project will update every part of the clinic and includes a new CT simulator that aids radiation treatment planning. Currently, patients go to Medical Imaging on Level 2 for this procedure; providing the CT in Radiation Oncology improves the patient experience and supports efficiency of care.

“All of these changes will enable us to continue to go out in the community and present Highland’s Radiation Oncology unit as a place where patients receive the best treatment,” Dr. Zhang says.

HCAHPS – 4th QUARTER

HCAHPS is focused on providing the best experience for patients and families – our goal is to be in the top 10 percent. HCAHPS patient surveys scores impact Highland's reimbursement. (Scores are percentages)

|------|--------|--------|----------------
| Rate Hospital 9 or 10 | 75 | 66 | 83 |
| Comm. with Nurses | 82 | 75 | 85 |
| Response of Staff | 63 | 62 | 78 |
| Comm. with Drs. | 83 | 79 | 89 |
| Hospital Environment | 65 | 63 | 78 |
| Pain Management | 72 | 69 | 78 |
| Discharge Information | 90 | 82 | 89 |
| Comm. on Meds | 67 | 59 | 70 |

Note: Percentages based on people who answered ‘Always’