

Trustee Immersion Proposal May 5, 2017

- 7am-7:30am Breakfast (Please go through cafeteria line and bring your breakfast to the Board Room)
- Introductions and Itinerary Review
- 7:30am-8:30am Surgical Services (OR): Follow patient from Registration to Recovery.
- Support Staff: K. Mintz
 - MD's: Dr's. Carter, others
- 8:40am-10am Inpatient Units: Nursing report, Huddles, Safety Call, Follow Hospitalist and observe IT systems.
- Support Staff: Chinna Hale
 - MD's: Hospitalists
- 10:10am-12pm Emergency Center: Observe Huddle, Ready Care, "regular" ER; Registration and Behavioral areas.
- Support Staff: Karen Carlisle
- 12:15pm-12:45pm Lunch - Q & A (Board Room)
- 1pm-1:35pm Interdisciplinary Rounds: Daily multidisciplinary meeting to discuss all patients.
- Support Staff: Matt Pracht
 - MD's: Hospitalists
- 2pm-2:45pm Harris Family Practice
- Support Staff: Natasha Cummings, Angie Knight
 - MD: Dr. Harris
- 3pm-3:45pm Scotland Surgical Services:
- Follow processes for patients at both practices.
 - Support Staff: Angie Knight
 - MD: Dr. Salloum, Harrison Glover, PA-C
- 4pm-4:45pm Debrief (Board Room)

Daily Schedule

Surgical Services: Escort from Debrief, Handoff to Kim Mintz

7:30am – 8:30am

- Meet with Surgeon and observe workflow in all areas of Surgical Services as appropriate. (Outpatient Surgery, Pre-Op Holding, Operating room, Recovery room, Central Sterile, Anesthesia)

Potential Questions to ask to staff or providers:

What do you find most challenging about our current EMR?

Do you feel that the equipment you need to perform your daily duties is readily available?

Can you explain the difference in the flow of the patients that are taken directly from Outpatient as opposed to being taken directly from the holding area into the OR?

What factors impede patient flow affecting patient satisfaction in Surgical Services?

What are the challenges that you encounter within Surgical Services as a staff member as well as a caregiver?

Inpatient units: Handoff to Chinna Hale

8:40am

- Observe the charge nurse huddle in nursing office where discussion about discharges and admissions occurs

Potential Questions to ask:

What are the basic daily duties of the charge nurse?

What all is involved in the dismissal process?

8:45am

- Observe leader huddle to review staffing for the next two shifts & discuss any patient issue or other concerns

Potential Questions to ask:

What is the process used when an associate calls off work for the day?

9:00am

- Observe leadership daily safety huddle (call)

Potential Questions to ask:

What is the follow up for issues brought up during the safety call?

Who enters the information into the event reporting system?

9:15am

- Meet with Hospitalist and/or Nurse and observe workflow

Potential Questions to ask:

What do you find most challenging about our current EMR?

Do you think an integrated system would benefit the organization?

How do you perceive a change in workflow with an integrated system?

9:45am – 10:00am

- Observe ICU Interdisciplinary Rounds (IDR) with ICU RN, MD, RT, and Pharmacist for one patient

Potential Questions to ask:

When did we start IDR in the ICU?

What is the biggest benefit you have seen with the daily rounds?

Have you identified anyone else who should participate?

Emergency Center: Handoff to Karen Carlisle

10:10am

- Observe Department Daily huddle at the EC Huddle board (standard work in packet)

Potential Questions to ask:

What is the primary benefit of the huddle board?

Does the EC physician ever participate?

10:30am

- Observe Workflow in the registration area

Potential Questions to ask:

What is the average registration wait time?

How many registration clerks work during the different shifts?

What hours does bedside registration function?

10:45am

- Observe Ready Care Process

Potential Questions to ask:

When did we open Ready Care?

How has Ready Care improved our patient flow processes?

11:00am

- Tour IVC area as appropriate: review criteria for holding in this area

Potential Questions to ask:

What constitutes an Involuntary Commitment (IVC)?

What is our average daily census of these types of patients?

11:15am

- Meet with RN and observe workflow

Potential Questions to ask:

Do you find the EMR documentation to be user friendly?

How are you made aware that you will be getting a new EC patient?

11:35am

- Meet with Dr. and Observe workflow

Potential Questions to ask:

Are there any struggles with your EMR documentation system?

What factors impede throughput of patients out of the EC?

12:15pm – 12:45pm

- Lunch in Boardroom for Q&A with leaders (as available)

Interdisciplinary Rounds: Handoff to Matt Pracht

1:00pm – 1:35pm

- Attend and observe Interdisciplinary Rounds (standard work in packet)

Potential Questions to ask:

How many disciplines typically participate in the meetings?

What is an Avoidable Day?

What is LOS vs GMLOS and how is this information used?

What is the biggest benefit you've seen with IDR? (Physician)

What are the challenges you encounter with IDR? (Physician)

Outpatient Family Practice (Harris): Handoff to Natasha and Angie

2:00pm

- Introduce to providers and associates, observe the Practice huddle with discussion about daily operations

Potential Questions to ask:

What are daily hurdles that get addressed about operations?

2:20pm

- Observe the check in process for 2 or more patients

Potential Questions to ask:

What are the basic daily duties of the Check in receptionist?

What all is involved in the registration process?

2:30pm

- Observe and shadow a patient with the clinical assistant and the provider during visit.

Potential Questions to ask:

What are some barriers with the EMR and/or preference of EMR?

How does the EMR affect the coordination of care between EC, Acute, and outpatient settings?

2:40pm – 2:45pm

- Observe Check out process/referral process/scheduling

Potential Questions to ask:

What are barriers using two pieces of software at check out?

What are some barriers during the referral process?

What is your daily call volume as a scheduler?

Outpatient Surgical Practice (Scotland Surgical): Handoff to Angie

3:00pm

- Introduce to providers and associates, observe the Practice huddle with discussion about daily operations

Potential Questions to ask:

What were the biggest challenges with starting daily huddles?

How has daily huddles/huddle board improved patient experience?

3:10pm

- Observe the check in process for 2 or more patients

Potential Questions to ask:

What are the basic daily duties of the Check in receptionist?

What all is involved in the registration process?

3:20pm

- Observe and shadow a patient with the clinical assistant and the provider during visit.

Potential Questions to ask:

How long has the patient waited to get called back?

How long has the patient waited on the provider to come in the room?

3:40pm – 3:45pm

- Observe Check out process/referral process/scheduling

Potential Questions to ask:

What are barriers using two pieces of software at check out?

Help me understand how you work with the hospital to get test scheduled, labs, surgeries, procedures etc..?

How many surgery/procedures do you schedule on average daily and how many need pre-authorization.

4:00pm

- Return to Board Room for Debrief of visit

Immersion Day with Board Member Morning Orientation by area

Surgical Services

- SS was the top performer in patient excellence in the second quarter of 2016 for CHS
- Surgical Site infection rate as of September 2016 0.42% - our goal is less than 1% for deep and organ infections. We report the Hysterectomies and Colons to CMS, in 2016 we had zero
- We have performed Robotic Orthopedic Surgery for Total Hips and Partial Knees since October 2015
- Zero DVT's (Deep Vein Thrombosis – blood clots) for the year 2015, received the Gold Award from CHS
- The most improved in Outpatient Surgery – Regional Patient Experience for 2016 for all of CHS
- We provide an Outpatient Surgery Endoscopy Center for healthy patients
- We provided 4726 surgeries in our 5 Operating Rooms in FY 2016

Surgical Services Consists of multiple areas

1. PAT (Pre Admission Testing)
2. OPS (Outpatient Surgery)
3. POHA (Pre-Operative Holding Area)
4. OR (Operating Room)
5. PACU (Post-Operative Care Area – Recovery Room)
6. CS (Central Sterile)
7. Anesthesia

Inpatient Units:

- Med-Surg PEDS, Telemetry, Progressive Care, ICU, Women's Center
- Paragon is the EMR used

Emergency Center:

- 57, 199 patients/2016
- Length of Stay 185 minutes overall in EC
- Optum ED PulseCheck is the EMR

Interdisciplinary Rounds (IDR)

Purpose of IDR:

IDR is a structured daily meeting of all disciplines with the goal of coordinating a team approach to care and service. Our focus is to provide an opportunity to address critical patient care concerns, financial issues for the patient and the hospital, and discharge planning needs to ensure continuity of care and an optimal outcome for the patients we serve.

Tools Used for IDR:

- IDR Script
- Daily IDR Spreadsheet
- Standard Work

Outpatient Family Practice: Harris Family Practice

- 19,299 patient visits for 2016
- Average flow times are 55 minute for the practice.
- Providers :
 - Dr. Glenn Harris,
 - Dr. Mary C. Moree,
 - Dr. Katie Notaro,
 - Mike Cox, PA-C,
 - Jaclyn W. Bates, PA-C,
 - Tonya Eteo, FNP-C,
 - Jennifer Graham, PA-C
- EMR(s) used: IDX, Cerner, Paragon

Outpatient Surgical Practice:

- Volume of patients 9,145/2016
- Providers:
 - Dr. Brian Parkes,
 - Dr. Stephen Lanuti,
 - Dr. Leslie Salloum and
 - Scott Glover PA
- EMR(s) Cerner, Paragon, IDX Centricity, Olympus Endoworks, I site,

