GIVE ME A PEDI-BOOST!

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Our Journey to Better Outcomes by Optimizing Safe Transitions in Pediatric Acute Care

Objectives

- Define Pedi-BOOST® and the Interprofessional Teamwork Innovation Model (ITIM)
- Describe impact of low health literacy on patient/family understanding and pediatric health outcomes
- Discuss how teamwork in the health care organization contributes to better patient care

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Hospital Value-Based Purchasing (VBP) Program

- Began 2010 with Affordable Care Act
- Rewards hospitals based on:
  - Quality of care provided to Medicare/Medicaid patients
  - How closely best clinical practices are followed
  - How well hospitals enhance patients' experiences of care during hospital stays
- No longer paid solely on **quantity** of services provided

(Centers for Medicare and Medicaid Services [CMS], 2015)

The Opportunity…

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Table 1. Applicable Domains for FYs 2016–2018

FY	Applicable Domains & Weights
2016	Clinical Process of Care (10%) Patient Experience of Care (25%) Outcome (40%) Efficiency (25%)
2017*	Patient and Caregiver-Centered Experience of Care/Care Coordination (25%) Safety (20%) Clinical Care (30%) • Clinical Care – Outcomes (25%) • Clinical Care – Process (5%) Efficiency and Cost Reduction (25%)
2018	Patient and Caregiver-Centered Experience of Care/Care Coordination (25%) Safety (25%) Clinical Care (25%) Efficiency and Cost Reduction (25%)

(Centers for Medicare and Medicaid Services [CMS], 2015)

VBP Program Measurement of Hospital Performance

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Institute for Healthcare Improvement

Open School

A Parent's Perspective: Noah's Story

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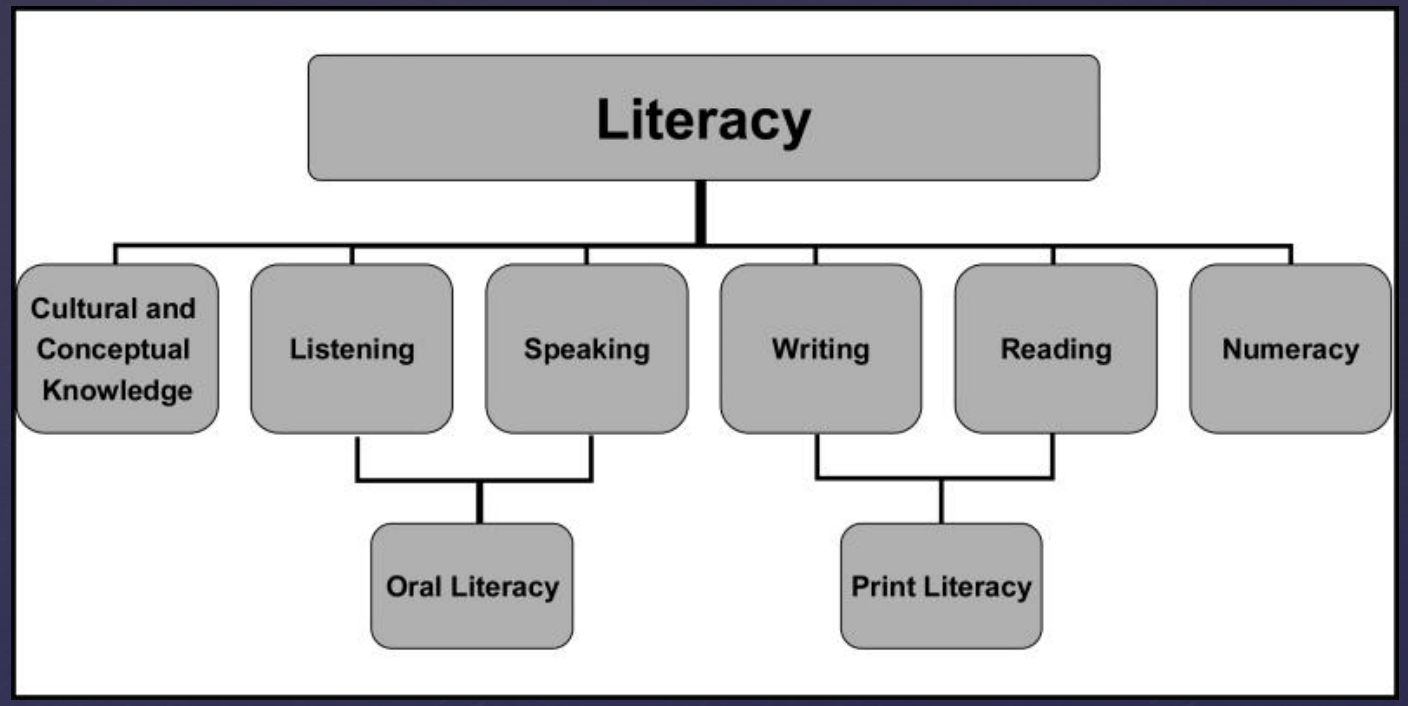

(Rothman, Montori, Cherrington, & Pignone, 2008)

- Reading
- Writing
- Arithmetic
- Comprehension
- Complex Reasoning
- Navigation
- Finance
- Self-Advocacy

Skills Required for Health Literacy

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Patients of…

- Limited English language skills
- Lower education levels
- Ethnic and cultural minorities
- Lower socioeconomic status
- Advanced age

(Heinrich, 2012)

Are more likely to experience…

- Increased hospitalizations
- Increased Emergency Department visits
- Poor adherence to health care instructions
- Non-compliance with preventative appointments
- Overall health inequities

(Benyon, 2014)

The Risk of Low Health Literacy

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RESEARCH ARTICLE

Communication and Shared Understanding Between Parents and Resident-Physicians at Night

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- Healthcare team breakdowns contribute to >60% of sentinel events
- Leads to poor satisfaction with care, poor patient engagement and discourages family-centered care
- Potential for decreased safety from lack of shared mental model (poor handoffs)
- 41.5% Incidence of lack of shared understanding in parent-resident dyads
  - Variance in key elements in reason for admission, plan of care (POC), resident reports
  - 62.5% resident additions
  - 29.2% parent additions
  - 8.3% contradictions between resident and parent reports

(Khan et al., 2016)

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- Significant predictors of misunderstanding
  - Nonwhite parent race
  - Lower parent education
  - Public insurance
  - Length of stay (LOS)
  - Plan complexity

(Khan et al., 2016)

Communication Breakdowns

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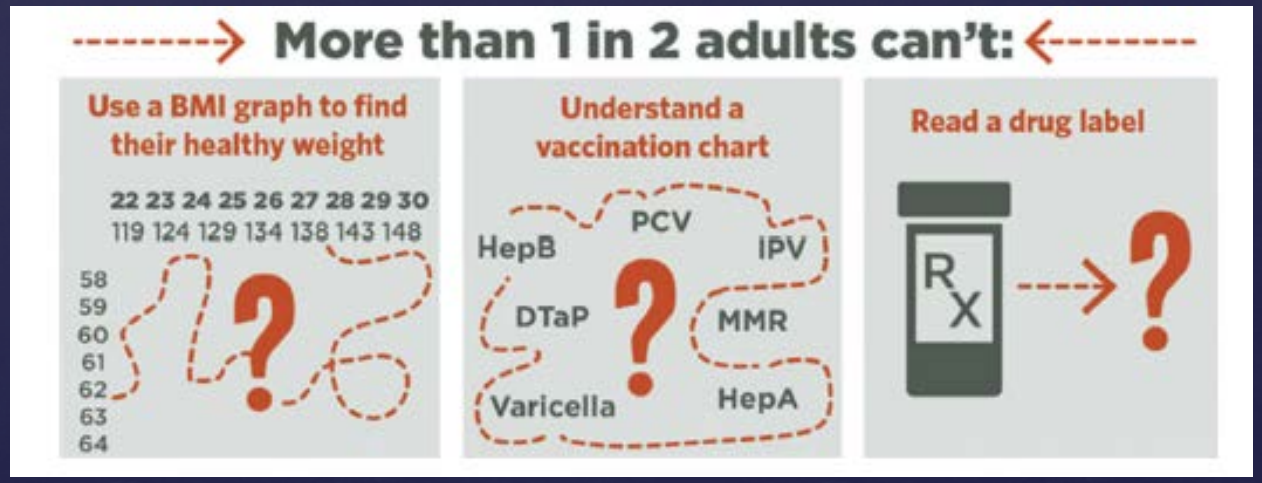
Associations of Lower Parental Health Literacy and Pediatric Outcomes

- Increased emergency room visits and higher hospitalization rates in children with asthma
- Decreased parental comprehension of information included in vaccine and newborn screening brochures
- Decreased parental understanding that liquid medication is dosed on weight
- Decreased rates of breastfeeding
- Increased rates of parental smoking



(Scotten, 2015)

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Pediatrician's Experiences with Health Literacy

- National survey of >800 pediatricians
- 81% recalled at least one situation in the last year of parents not understanding medical information delivered
- 44% aware of error in medical treatment of child caused by parental difficulty with reading or writing skills
- Of medical errors to child, 15% were in category of causing moderate to great harm

(Turner, Cull, & Bayldon, et al. 2009)

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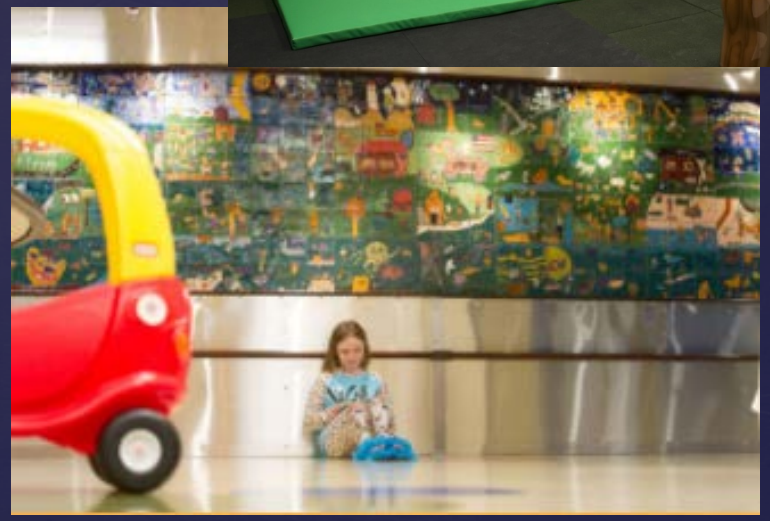
- Academic Medical Center
- 43 Acute Care Beds + 8 Observation Beds
- 12 Progressive Care Beds
- 12 PICU Beds
- 70 NICU Beds
- 26 Newborn Nursery Beds
- 30 advanced sub-specialty programs
- 350+ Pediatric Nurses
- 4,963 annual inpatient admissions
- 3,539 non-ICU admissions
- Providing care for Kentucky, Indiana, Ohio, Tennessee, Virginia, West Virginia



HealthCare
KENTUCKY CHILDREN'S HOSPITAL

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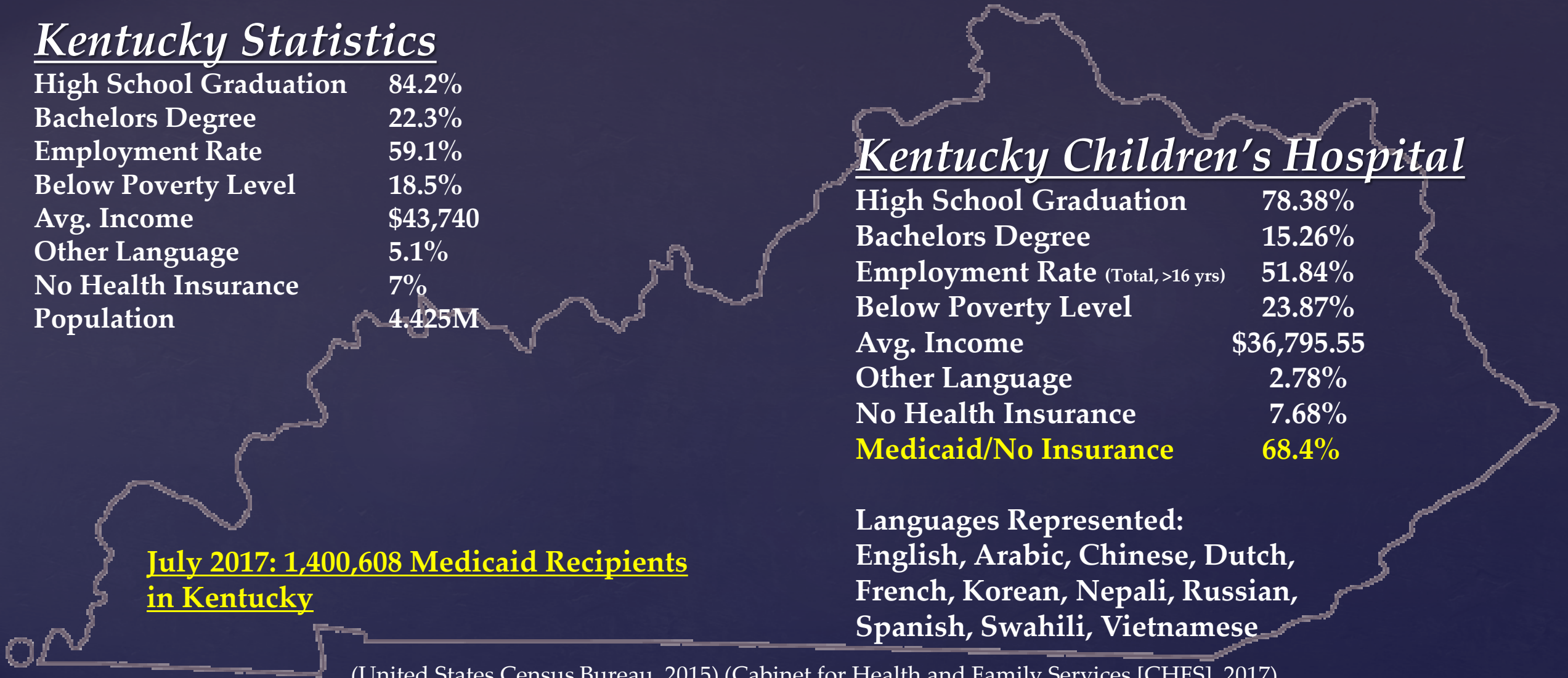
Kentucky Statistics

High School Graduation	84.2%
Bachelors Degree	22.3%
Employment Rate	59.1%
Below Poverty Level	18.5%
Avg. Income	$43,740
Other Language	5.1%
No Health Insurance	7%
Population	4.425M



Kentucky Children's Hospital

High School Graduation	78.38%
Bachelors Degree	15.26%
Employment Rate (Total, >16 yrs)	51.84%
Below Poverty Level	23.87%
Avg. Income	$36,795.55
Other Language	2.78%
No Health Insurance	7.68%
Medicaid/No Insurance	**68.4%**

Languages Represented:
English, Arabic, Chinese, Dutch, French, Korean, Nepali, Russian, Spanish, Swahili, Vietnamese

July 2017: 1,400,608 Medicaid Recipients in Kentucky

(United States Census Bureau, 2015) (Cabinet for Health and Family Services [CHFS], 2017)

KCH Family Literacy Snapshot

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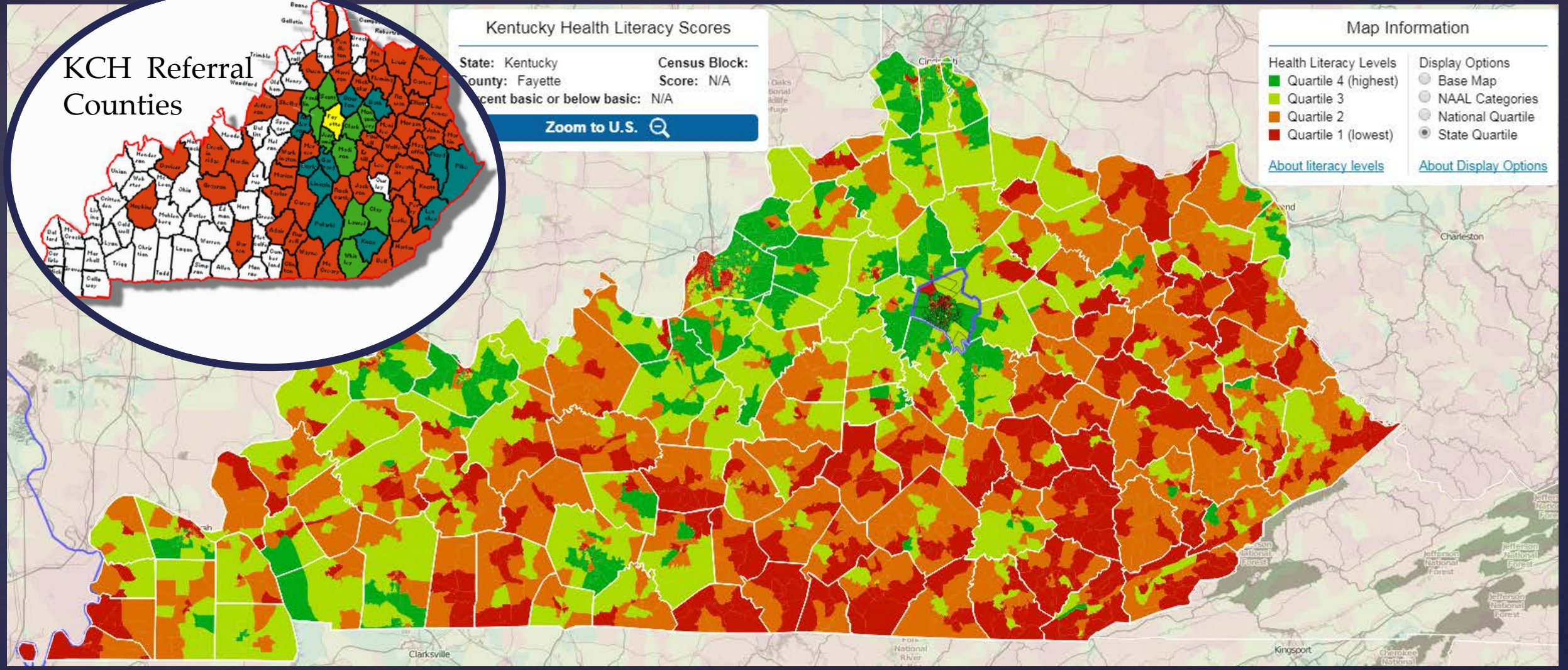

(Health Literacy Data Map, 2014)

Kentucky Health Literacy

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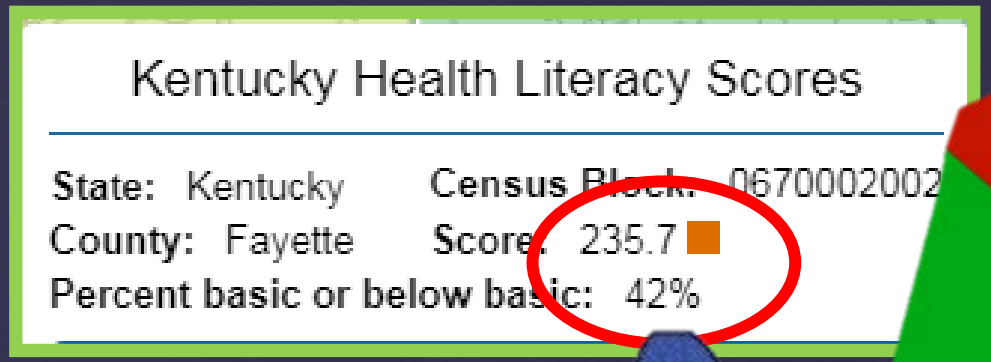
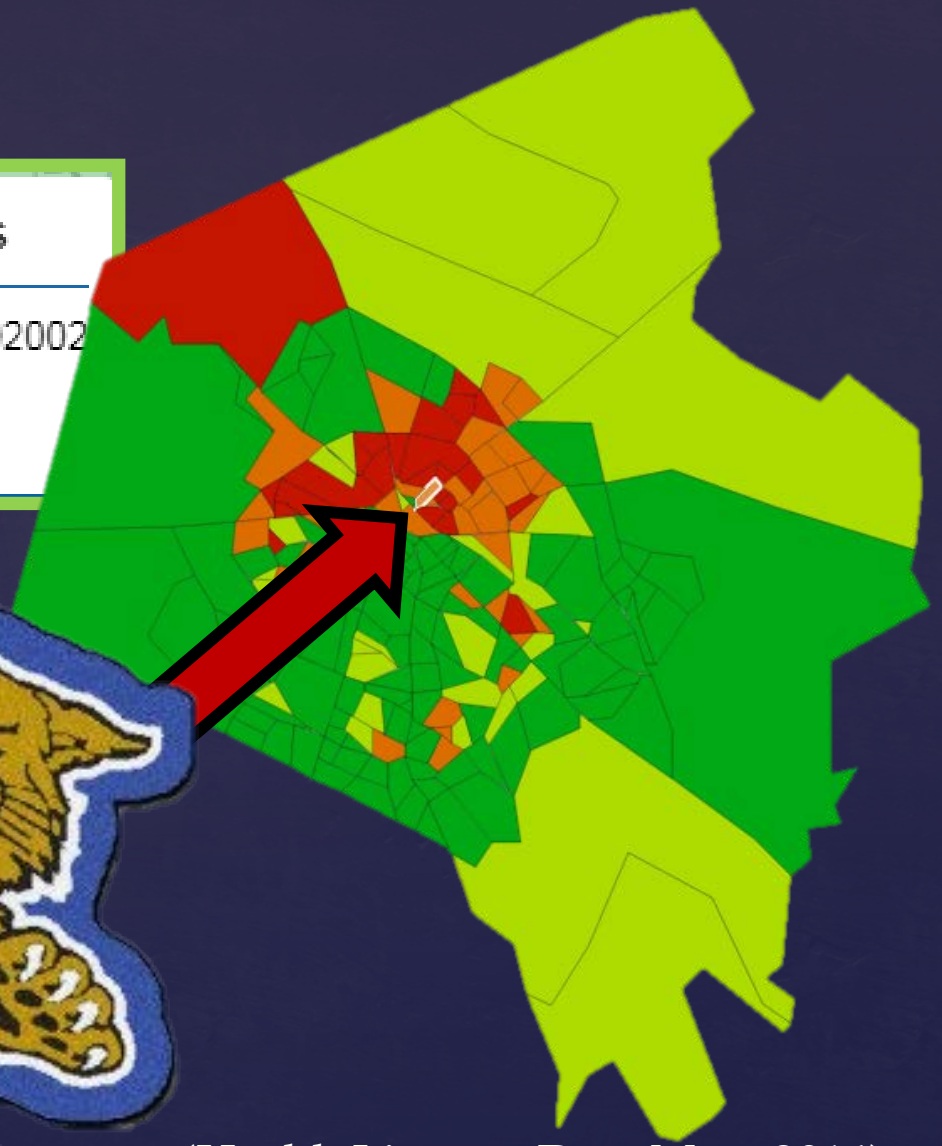
NAAL Category (2003)	Score
Proficient	310-500
Intermediate	226-309
Basic	184-225
Below Basic	0-184





(Health Literacy Data Map, 2014)

Fayette County:

- Lexington
- University of Kentucky
- Lexmark International
- Toyota International ($1.4B)
- "Horse Capital of the World"
- Keeneland Racing ($590M)

Fayette County

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Where to Begin?

- Examination of QI/QA
- Collaborative interdisciplinary team
- Examined patient experience from admission to discharge focusing on safety and patient/family centered care
- Invited feedback from staff and participation of Parent Partnership Advisory Council

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Project BOOST:

Better Outcomes by Optimizing Safe Transitions

Purpose: Assist in optimizing care transitions at discharge, including the discharge process

Vision: Identify patients at high risk for readmission & provide interventions to:

- Reduce adverse outcomes
- Decrease 30-day readmissions
- Improve patient satisfaction
- Improve communication among providers and patients
- Improve the overall discharge process and care transitions.

("BOOST," 2017)

shm project BOOST® Better Outcomes by Optimizing Safe Transitions

shm Society of Hospital Medicine

Hospitalists. Transforming Healthcare. Revolutionizing Patient Care.

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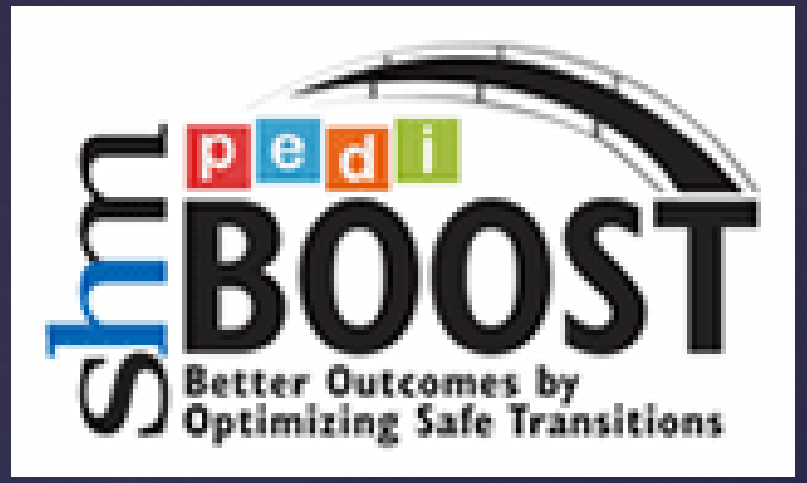
Pedi-BOOST:
Adapted from Project BOOST



- Focus on Patient Experience
- Patient and Family Centered Care (PFCC):
  - Effective treatment by trusted staff
  - Involvement in decisions and respect for patients' preferences
  - Fast access to reliable healthcare advice
  - Clear, comprehensible information and support for self-care
  - Physical comfort in clean, safe environment
  - Empathy and emotional support
  - Involvement of family and friends
  - Continuity of care and smooth transitions

(Society of Hospital Medicine [SHM], 2017)

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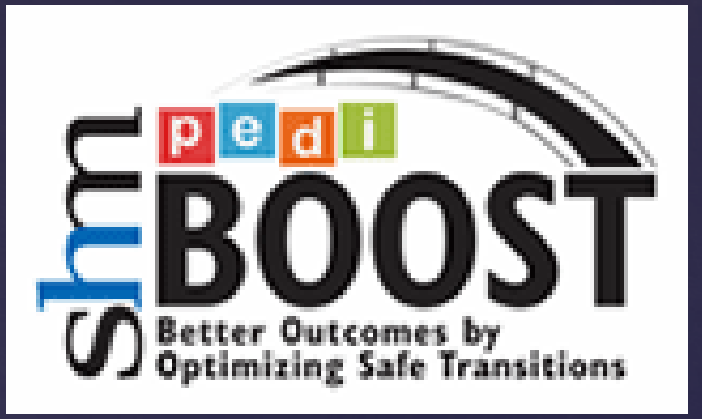
Importance of Care Transition



- Fragmentation of care related to lower quality of care and unplanned readmissions
- 1:5 Patients discharged experiences an adverse event
- Many patients have difficulty understanding their diagnosis and treatment plan
- Poor discharge processes cause significantly lower patient satisfaction, worse clinical outcomes and higher hospital readmission rates
- 37% of parents surveyed reported adverse event or near miss related to discharge

(Society of Hospital Medicine [SHM], 2017)

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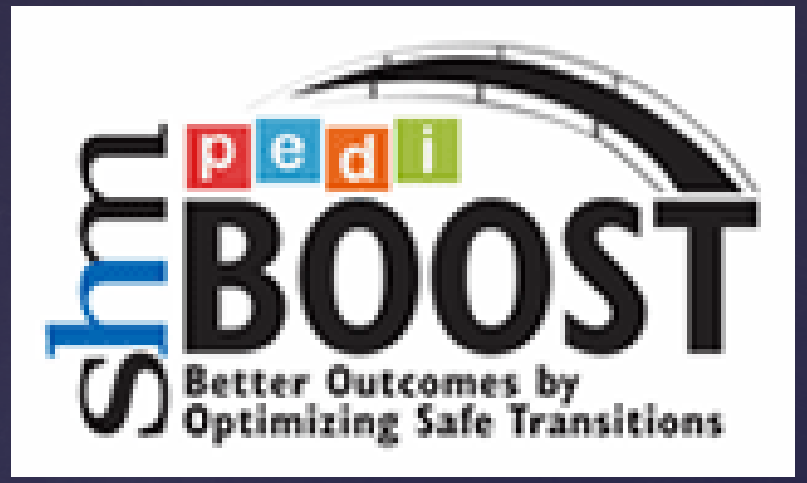
- Medications
- Equipment
- Environment
- Education
- Follow-up / Access to Care
- Communication
- Risk Assessment



Key Elements for Pediatric Discharge

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PediBOOST Goals at KCH

- Involve patients, families and team members (Physician, Nurse, Case Manager, Pharmacist and other services) in the plan of care.
- Keep patients and families well informed of progress towards daily goals and the discharge plan.
- Utilize Teach-Back with every patient encounter to promote enhanced understanding of care and decrease preventable readmissions.
- Improve interprofessional communication.

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Develop Global & Specific Goals

Build Team

Back-ground Info

Baseline Data

Timeline

Implement

Analyze

Action

PDSA

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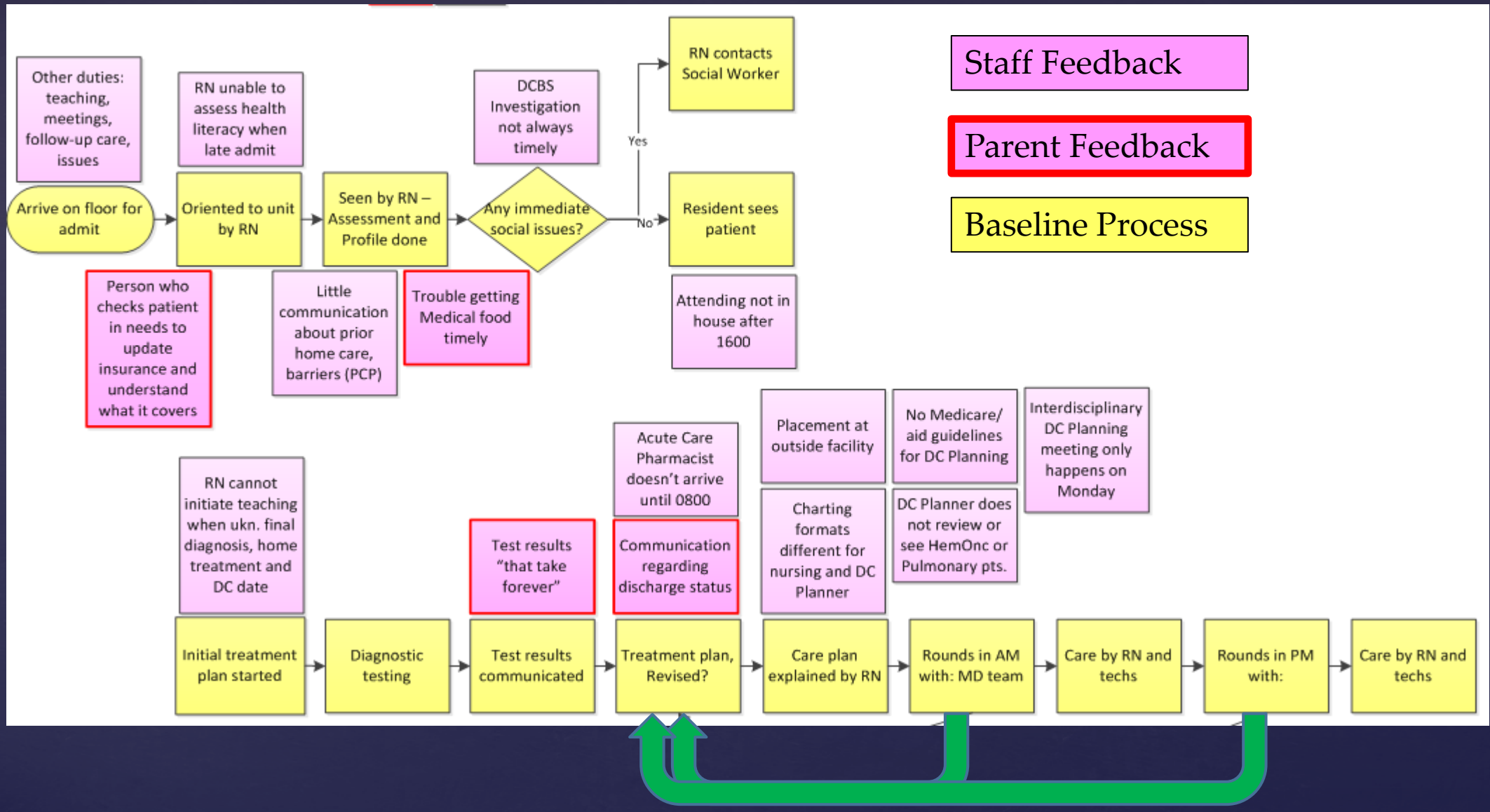

Finding Process to Improve

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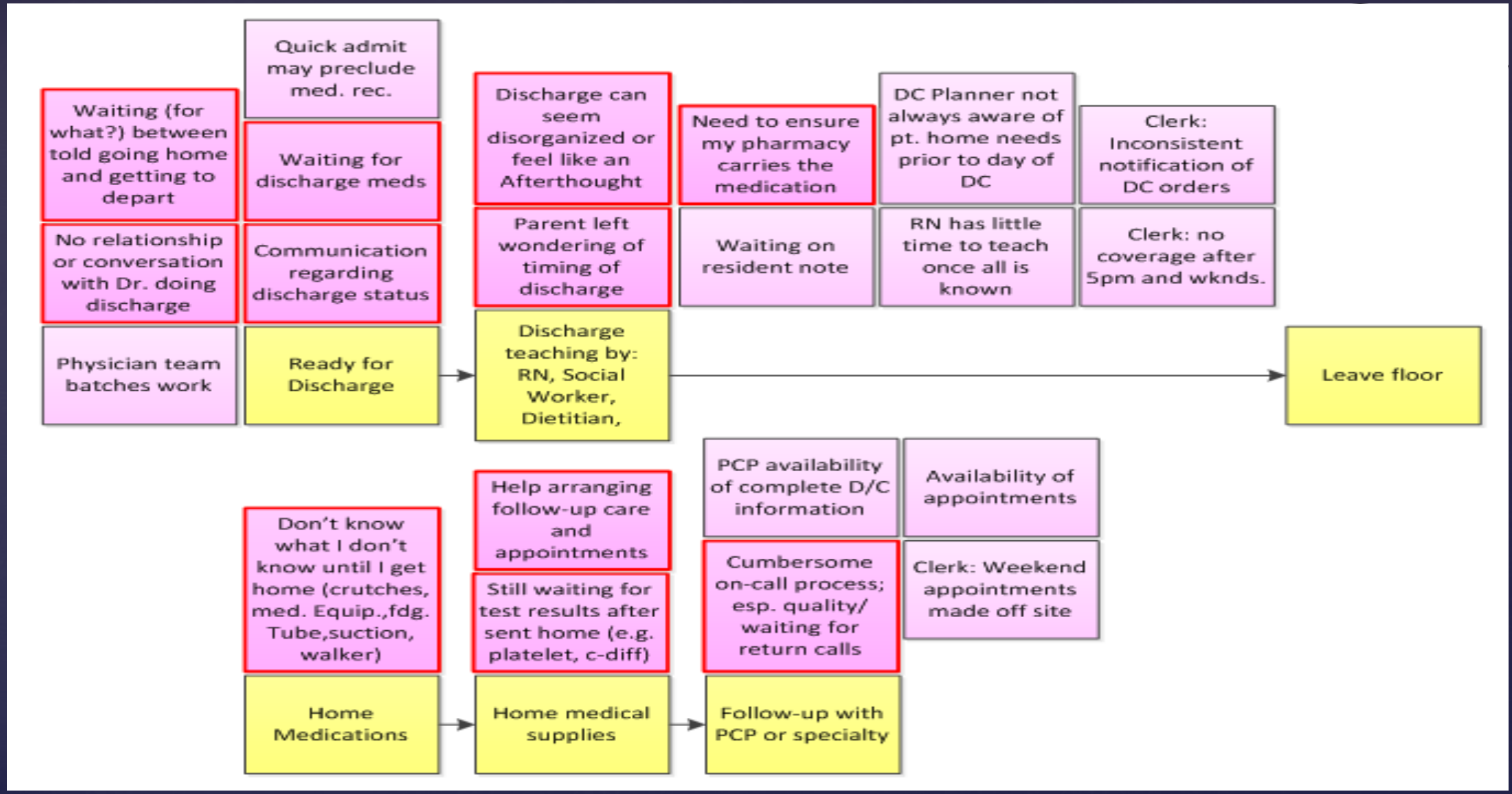

Finding Process to Improve

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- Erich Maul, Physician Champion
- Suzanne Springate*, Project Leader
- Mark Williams, BOOST
- Jing Li, OVIHD Sponsor
- Barbara Latham, Project Manager
- Jeffrey Bennett*, Hospitalist
- Trinaye Pierson*, Case Manager
- Sam Osborne, PharmD
- Brian Gardner, Pharm D
- Parent Partnership Advisory Council
- Shawna Stocker, Project Coordinator
- Korinne Callihan, Patient Educator
- Teresa Chase, Staff Development
- Jessica Lawrence, Clinical Nurse Spec.
- Dee Verdecchia, Bedside RN
- Karen Harris, Case Manager
- Ann Peoples, Case Manager
- Lisa Butcher, Unit Manager
- Jessica Hutchins, Asst. Unit Mgr.
- Cheryl Talbert, Dir. Social Work
- Nancy Maggard, Dir. Case Mgmt.
- Quality, Safety and Service Committee

Organizing the Team

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8 Types of Waste: Waste Walk

(Lean Six Sigma [LEAN], 2017)

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Types of Waste	Observations
Motion	Spaghetti flow diagram nightmare in Peds Pharmacy D/c med list doesn't trigger pharmacist review
Over-Production	M2B written consent requirement nearly renders the svc not usable in KCH (d/t short admission time)
Over-Processing	TPN ordering process redundant & outdated work Chemo ordering process cumbersome using significant resources to get safely accomplished
Waiting	DC calls: Incorrect phone numbers. Families not answering
	Awaiting scripts for equipment/supplies (more in subspecialty teams)
	Meds to beds always slow. Most often they aren't enrolled by discharge
	RN's in outpatient: delay time on scripts, equipment and supplies (Ortho and Endocrine team)
	Late discharge prescriptions sent to CRP M2B delivery waiting
	Relying on outlying services: Calling facilities/stores local to patient/community resources (esp. Eastern KY) that carry right formula or will special order and have on hand when patient arrives
	Neurology surprises most when deciding to send patient home while there are outstanding CT, MRI orders.
	Waiting for "last dose" then DC home.
	M2B; fax or refax copy of script then waiting 20 min to 4 hours. Gen Peds better about planning ahead. Sub specialty uses med list but no script in hand or e-script and we have to call, then wait for resident to bring the paper script and start the process of M2B. If it's not formulary, it's a longer wait.
Inventory	No pharmacist workspace in patient care area
	Night shift and weekends aren't stocked with adequate supplies (diapers, formula, IVF) so spending more time looking for supplies than patient care
Defects/Rework	DC calls: Database needing patient info for Name, phone number, Medical record number and diagnosis put in by nurses doing calls
	Patient's medications not transferred
Intellect	DC calls: Nurses and clerks not getting up to date info. Registration not getting information updated on admit.
	MD teams not getting nurse for rounding (neuroloty, ortho never attempts)
	MD e-prescribing (system limitations and no training)
	Krames information and DC packet "perfect discharge" with free text don't always match-then we teach by one and patient reads the other;
Transportation	When residents give scripts to d/c planner instead of RN at bedside; scripts can lay on my (d/c planner) desk for 0.5-1 hr. if not aware of them
	If not private transport home, have to arrange ambulance-Social work and MD issue. It doesn't happen often but a problem with chronic kids)

2015 Analysis: Waste in Work Environment

(Latham, 2016)

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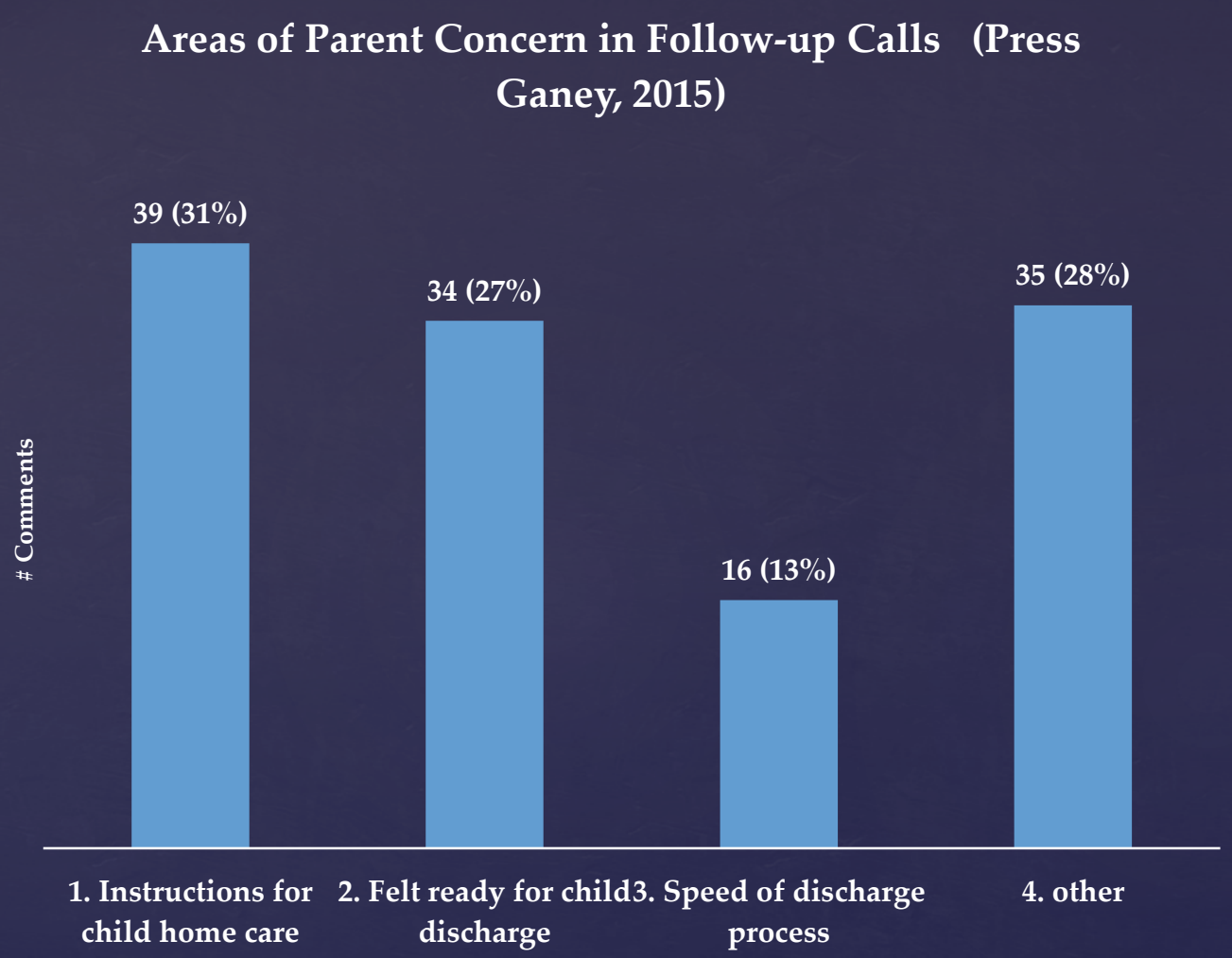

	Themes by Discharge Category: grayed out are those combined/covered by another orange outlined category
	Instructions for child home care
1	Health literacy (what brought you here, what did we do while here, what to do when home)
2	DC Teaching Instructions
3	Side effects and dosing instructions (intended action and expectations of medication)
4	Access to information post discharge
	Felt ready for child discharge
1	Appointments
2	Follow up appointment related to procedures/tests
	Speed of discharge process
1	Communicating when going & it actually
2	Delay in medications; last dose or M2B
3	M2B
4	Prescribing process (controlled, e-prescribe, ability to fill scripts
	Other
1	coordination of care (OP follow-up
2	DC to foster family
3	Lack of contact information for DC calls; accuracy of information
4	Ability to fill prescriptions
5	Accuracy of patient demographics
6	Caregiver incompetencewith home care plan

Analysis of Parent Feedback Post Discharge

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Discharge Process: Needs Improvement!

		Which of the following do you use to determine if discharge goals have been met? (Select all that apply)							
		Family report	MD Note	RN Note	RN-RN report	MD-RN communication during rounds	White board	Discharge order	Other
Role at KCH	RN	45.5% (10)	36.4% (8)	18.2% (4)	68.2% (15)	63.6% (14)	18.2% (4)	68.2% (15)	0% (0)
	MD	68% (17)	40% (10)	12% (3)	4% (1)	92% (23)	12% (3)	28% (7)	16% (4)
	Total	57.4% (27)	38.3% (18)	14.9% (7)	34% (16)	78.7% (37)	14.9% (7)	46.8% (22)	8.5% (4)

- "I'm efficient and work to get the patient out the door quickly. When a doctor puts in the discharge order, I think everything is done and it's time for me to do the discharge paperwork. I've had doctors bring scripts to me after the patient has left. They didn't communicate with me in any way to wait to discharge the patient the patient and they are not happy that I have discharged the patient. Communication is important!"
- "Nurses need to participate in morning rounds. I see nurses rounding with docs and they are in the doorway with several people in front of them. Nurses need to be at the bedside beside the attending. That way plans are heard and understood."

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Snapshot HCAHPS Scores FY 15-16 Q1-3: Nursing, Physician & Discharge Domains

Kentucky Children's Services by	FY16 Q2 n=120		FY16 Q3 n=138		FY16 Q4 n=107	
Dimension of Care/Question	Score	Percentile	Score	Percentile	Score	Percentile
Admission	82.3	1	83.4	1	85.5	10
Your Child's Room	86.5	40	84.3	1	86.7	32
Room cleanliness	84.0	13	83.0	9	85.1	15
TV, call Button etc. working	87.9	51	84.4	1	86.9	38
Courtesy of cleaning personnel	88.7	11	88.1	15	89.5	24
Appearance of room	86.0	43	82.1	6	86.0	43
Meals	81.4	55	79.8	43	79.8	43
Nursing Care	91.0	22	92.2	45	92.5	53
Friendliness/courtesy of nurses	93.3	37	94.0	36	93.6	20
Nurses' promptness to call button	90.5	58	90.4	61	91.9	76
Nurses' attitude toward requests	91.0	21	92.1	31	92.8	52
Nurses' special/personal needs attn	89.8	23	90.4	8	90.9	22
Nurses' inform using clear language	92.1	32	93.6	58	93.2	28
Skill of the nurses	90.2	6	92.6	12	92.9	25
Tests and Treatments	86.7	20	88.5	63	87.9	28
Family and Visitors	81.7	2	84.9	47	83.6	34
Helpfulness of info desk personnel	85.7	2	89.2	22	85.9	5
Your Child's Physician	90.3	79	91.1	56	88.9	29
Time DR spent with child	86.9	79	87.6	58	86.8	47
DR informed w/clear language	91.3	84	90.2	37	89.2	31
Overall rating of Interns/Residents	89.2	N/A	91.7	N/A	88.0	N/A
DR's concern for questions/worries	90.6	79	91.8	61	89.3	19
DR friendliness/caring to child	91.8	70	94.0	87	89.4	2
Trust in child's DR	90.8	45	92.0	46	89.9	24
Discharge	88.1	92	87.8	46	86.5	22
Felt ready for child discharge	90.4	88	89.2	39	89.1	34
Speed of discharge process	83.3	69	83.6	72	81.1	7
Instructions for child home care	91.0	88	91.0	70	89.2	32
Pediatrics ICU/CCU	-		-		-	
PCCU nurse's friendliness	97.2	99	97.9	N/A	93.1	N/A
Skill of PCCU nurses	95.8	N/A	97.9	N/A	87.5	N/A
Care involvement w/PCCU nurses	97.2	N/A	97.9	99	94.4	79
PCCU DR inform w/clear language	94.4	99	97.9	99	94.4	80
Personal Issues	88.4	54	89.1	59	89.5	70
Staff addressed emotional needs	89.3	92	89.9	99	88.8	90
Response to concerns/complaints	88.4	88	88.6	69	88.6	69
Staff include you decis re:treatmnt	88.5	52	89.8	45	92.1	99
Pain Control	89.2	45	87.2	13	88.8	41
Overall Assessment	89.8	35	90.7	42	89.5	9
How well staff worked together	91.5	77	91.1	64	90.3	28
Overall rating of care	91.5	58	90.7	19	90.7	20
Recommend hospital to others	89.7	35	91.4	30	89.4	10

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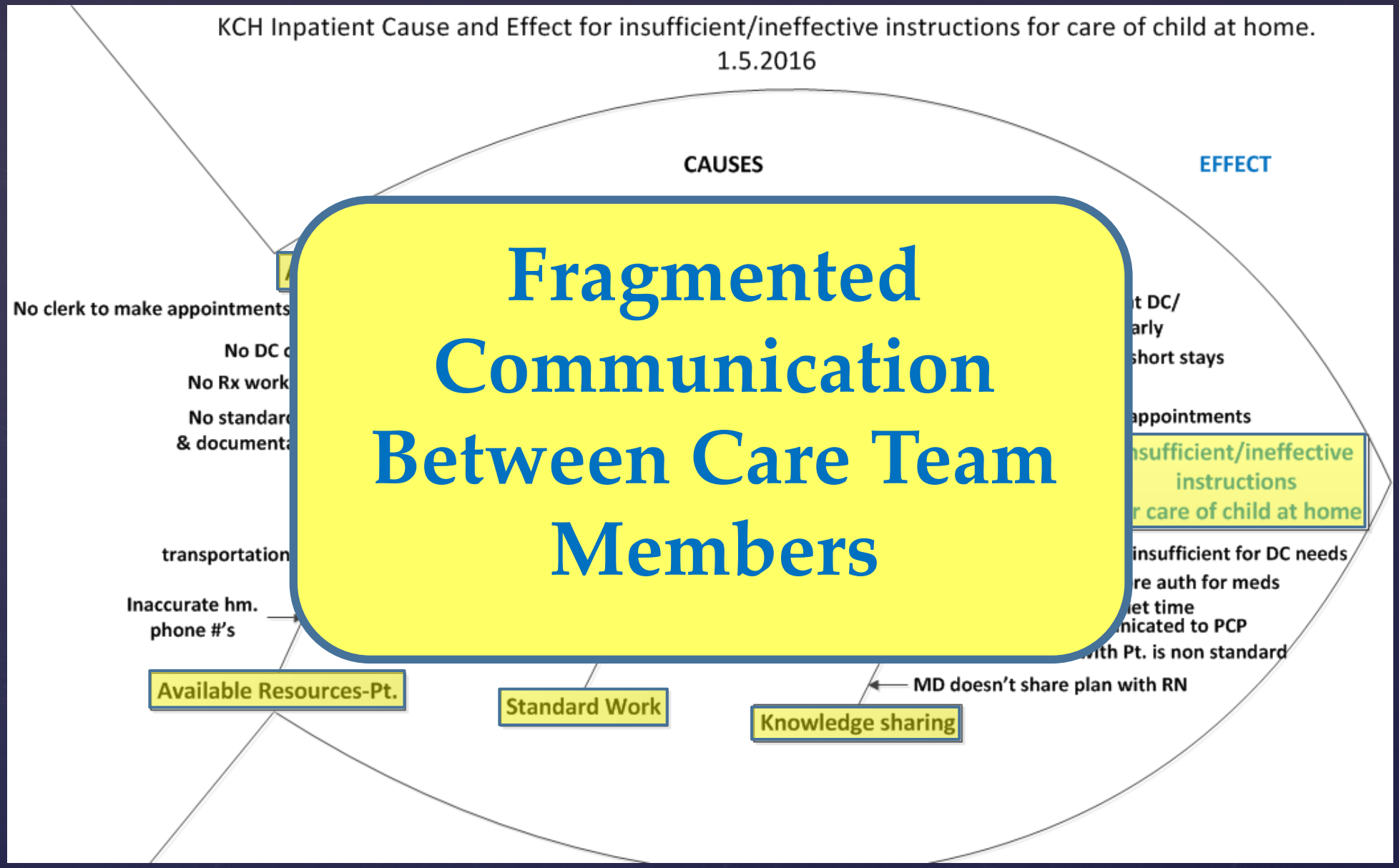

Understand Root Causes

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Implementation idea	workability (daily) fin it/burden/non people 20%	impact on Pt. DC readiness 45%	manpower (interprofessional) 15%	Sustainability ongoing/7 days a week 15%	unintentional consequences 5%	Score
Am Rounds Structure-Defined Roles	5	5	3	5	3	4.6
Checklist for DC Readiness during AM rounds	5	5	5	5	5	5
Standardized whiteboard communication	5	5	5	5	5	5
DC Plan communication to pharmacist	5	3	3	1	3	3.1

Selecting the Improvement

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Clerk

Admit RN

Night RN

Day RN

Attn. MD

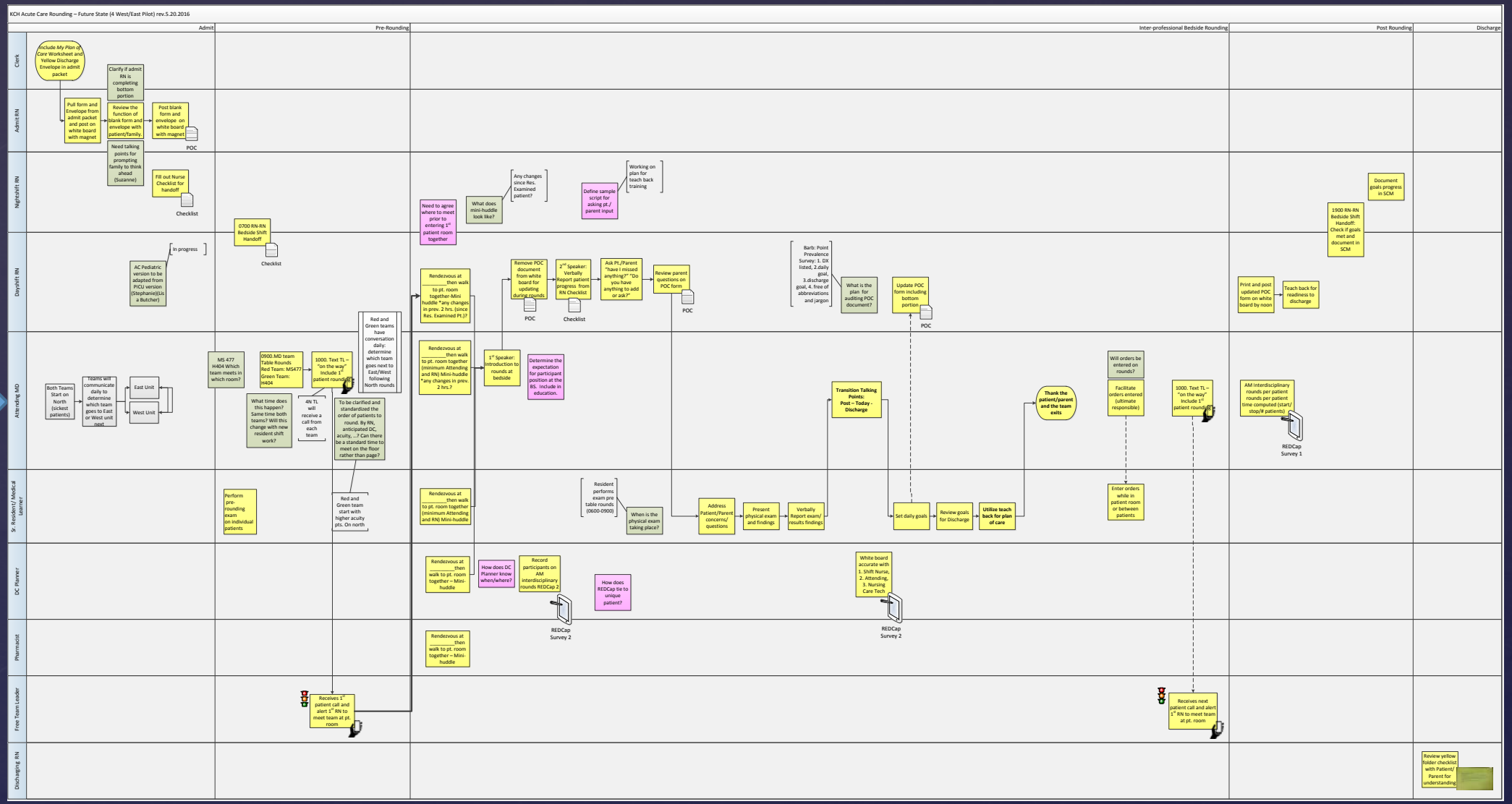
Resident

CM

PharmD

TL

D/c RN



"Swim Lane" Responsibilities

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PediBOOST Interprofessional Rounding Roles and Responsibilities

ROLE	RESPONSIBILITIES
Clerk:	• In Plan of Care worksheet and Yellow Discharge Envelope in admit packet
RN:	
***Admitting:**	• Review POC form and DC envelope with patient/family during orientation to unit • Post POC and DC Envelope on white board with magnet • **Use Teach-Back skill for effective patient/family communication and information sharing**
***Night Shift:**	• Fill out paper SBAR Report for Bedside Shift Handoff (and interprofessional rounding) • Document goals progress in SCM • **Use Teach-Back skill for effective patient/family communication and information sharing**
***Day Shift:**	• Receive Bedside Shift Handoff using SBAR Report • 2nd Speaker in patient room: Participate in interprofessional bedside rounding using SBAR Report • Update POC paper document during rounds (including bottom portion) • Enter daily goals in SCM • Review new POC document with patient/family • Post new POC document in patient room by noon • **Use Teach-Back skill for effective patient/family communication and information sharing**
***Free Team Leader:**	• Receive calls from physician teams and alert next RN's for rounding on their assignment
	• Cover other patients in assignment while RN is rounding
***Discharge RN:**	• Review yellow folder checklist and DC Instructions with patient/family • 0900 MD Team/Pharmacist/DC Planner Table Rounds in designated location (Red Team in H404; Green Team in MS477)
	• **Use Teach-Back skill for effective patient/family communication and information sharing**
Attending Physician:	• 0900 MD Team/Pharmacist/DC Planner Table Rounds in designated location (Red Team in H404; Green Team in MS477) • Text TL which patient is next • Facilitate mini huddle outside patient room for any changes in previous 2 hours only (Attending, Resident/learner, Patient's RN, Pharmacist/Pharm Res, DC Planner) Facilitate smooth rounds: • 1st speaker in patient's room: Introduce individual team members/role • Facilitate rounds transition from reporting to goals for today and progression to discharge (this benefits the patient/family as well as the team) • Prior to exiting patient room ask each team participant and the patient if they have anything to add or clarify • Facilitate entering orders prior to next patient • Text or alert TL of next patient (to get RN to the room) • Complete REDCap Survey #1 • **Use Teach-Back skill for effective patient/family communication and information sharing**
Resident/Medical Learner:	• Prior to 9:00am table rounds, perform pre-rounding exam on individual patients • 0900 MD Team/Pharmacist/DC Planner Table Rounds in designated location (Red Team in H404; Green Team in MS477) • Participate in mini huddle outside patient room • 3rd speaker in patient room-address patient/family concerns pointed out by RN • Present physical exam and findings • Following Attending transition from reporting to current plan-set the daily goals with the patient/family/team • Enter orders while in patient room or before moving to next patient • **Use Teach-Back skill for effective patient/family communication and information sharing**
Discharge Planner:	• 0900 MD Team/Pharmacist/DC Planner Table Rounds in designated location (Red Team in H404; Green Team in MS477) • Participate in mini huddle outside patient room • Record data into REDCap Survey #2 (participants, white board accuracy…) • **Use Teach-Back skill for effective patient/family communication and information sharing**
Pharmacist:	• 0900 MD Team/Pharmacist/DC Planner Table Rounds in designated location (Red Team in H404; Green Team in MS477) • Participate in mini huddle outside patient room • **Use Teach-Back skill for effective patient/family communication and information sharing**

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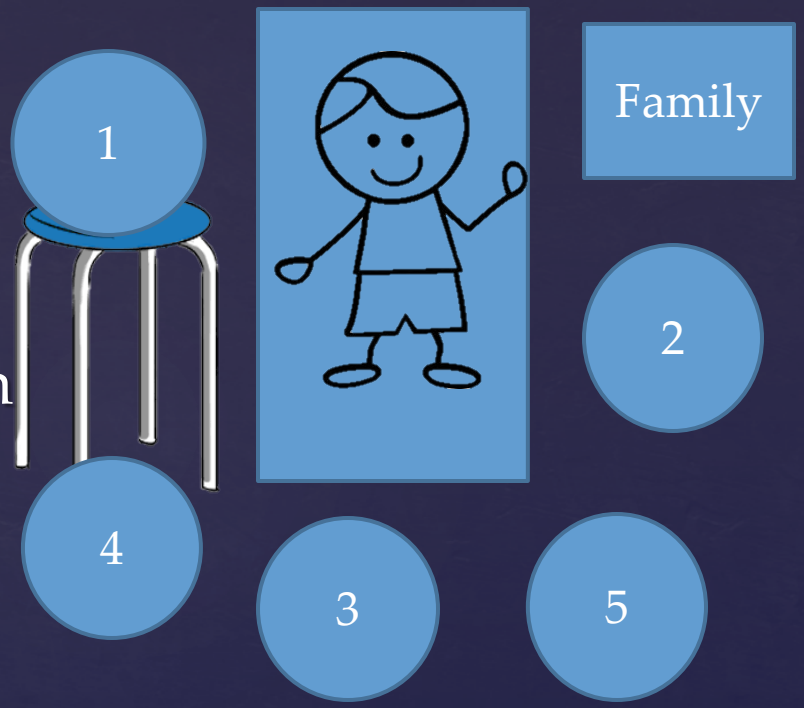
Team presentation at bedside

1. Attending – first speaker and facilitator
   - Member introductions and description of roles
2. Nurse SBAR tool presentation
3. Resident/Learner: PE and findings, address concern from SBAR
   1. Together with attending, RN, and family, develop goals for day and discuss
4. Pharmacist: medication review and questions
5. Case Manager
6. ALL members utilize TEACH-BACK, Plain Language and correct Jargon-ese



Key Functions

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Summer 2016: The Timing is Never Perfect

- Remodeling/Construction of Acute Care Units
- Orientation & Training of New Staff
- Loss of Key Personnel
- Vacation & Medical Leave
- Employee Engagement Roll-Out
- New Equipment
- Evaluations
- Special Events
- Education Retreats & Blitzes

… Pilot Begins November 1

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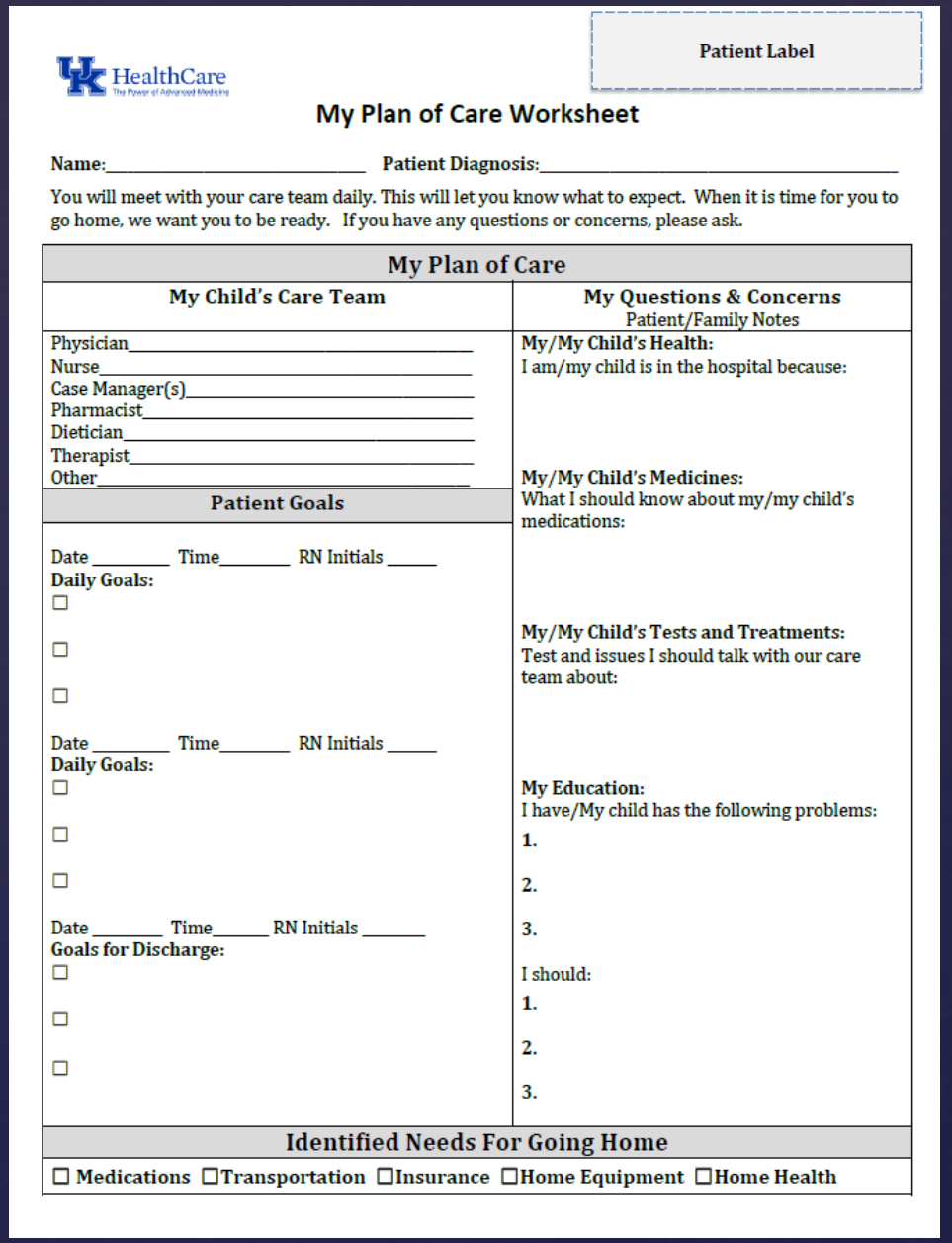
- Physicians, APPs, Nurses, Pharmacists
- Parent Perspectives
- Educational Assessments
- Living Room Language – Jargon!
- Practice Teaching Scenarios
- Teach-Back
- SBAR
- PediBOOST process
- Roles and Responsibilities

Retreat & Educate!

UK HealthCare

- 90 total rounding encounters logged
- Plan of Care Form
  - In Room: 94%
  - Updated: 92%
  - Discussed: 83%
  - Questions: 35%
  - Jargon Free: 75%
  - Abbr. Free: 75%
  - Daily Goals: 100%
  - D/C Goals: 100%
  - Dx Listed: 100%

Implementation: Week 1



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Patient Label

My Plan of Care Worksheet

Name:_____ **Patient Diagnosis:**_____

You will meet with your care team daily. This will let you know what to expect. When it is time for you to go home, we want you to be ready. If you have any questions or concerns, please ask.

My Plan of Care

My Child's Care Team	**My Questions & Concerns** Patient/Family Notes
Physician_____ Nurse_____ Case Manager(s)_____ Pharmacist_____ Dietician_____ Therapist_____ Other_____	**My/My Child's Health:** I am/my child is in the hospital because: **My/My Child's Medicines:** What I should know about my/my child's medications: **My/My Child's Tests and Treatments:** Test and issues I should talk with our care team about: **My Education:** I have/My child has the following problems: **1.** **2.** **3.** I should: **1.** **2.** **3.**
Patient Goals Date _____ Time_____ RN Initials _____ **Daily Goals:** ☐ ☐ ☐ Date _____ Time_____ RN Initials _____ **Daily Goals:** ☐ ☐ ☐ Date _____ Time_____ RN Initials _____ **Goals for Discharge:** ☐ ☐ ☐	

Identified Needs For Going Home

☐ **Medications** ☐**Transportation** ☐**Insurance** ☐**Home Equipment** ☐**Home Health**

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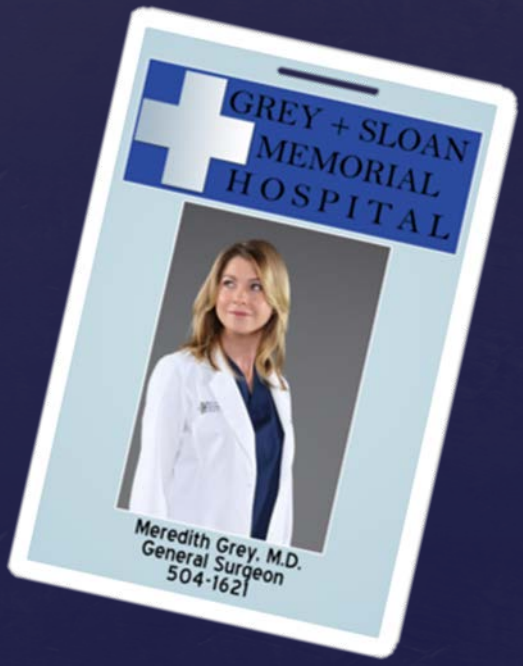
The “Professionals” and Medical Jargon



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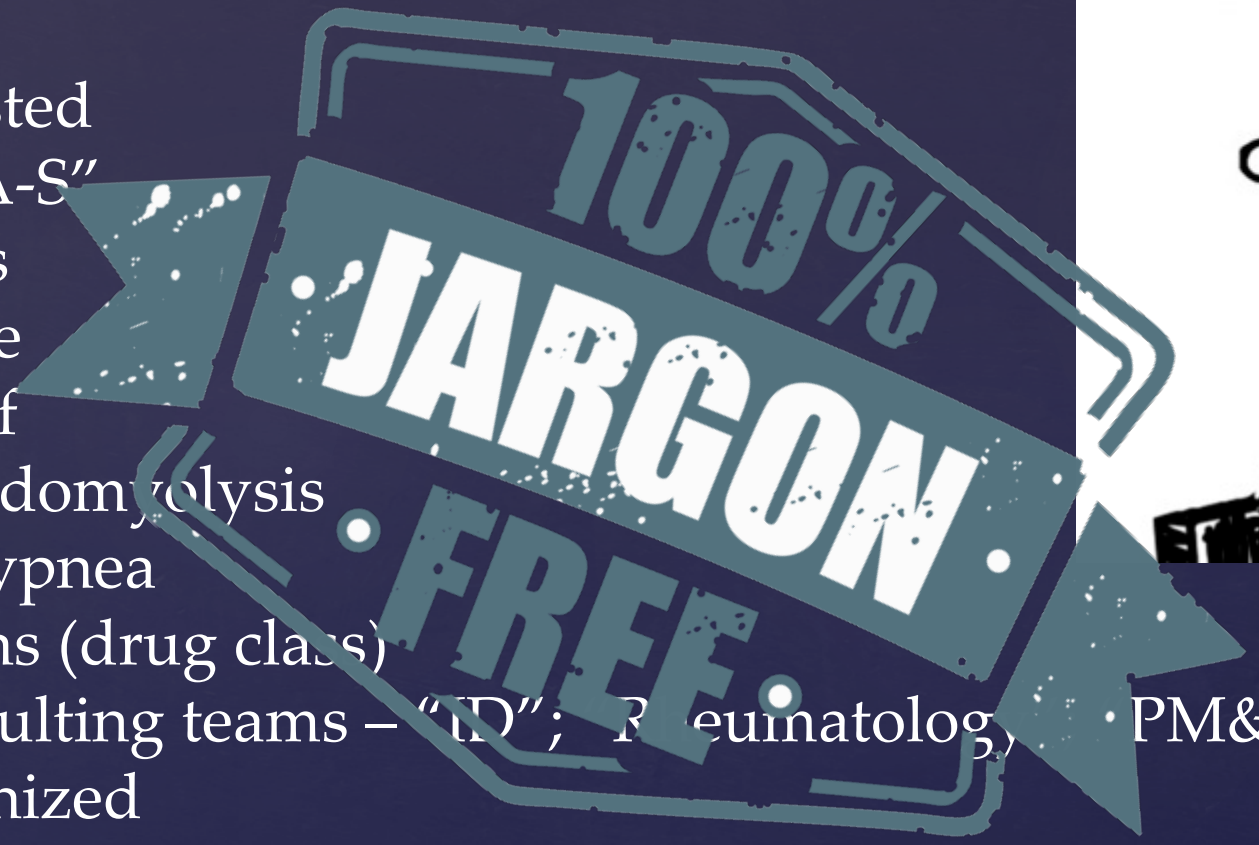
Terminology Creep…

- CKMB level
- PO
- Ingested
- "M-A-S"
- Bolus
- Stable
- C-diff
- Rhabdomyolysis
- Tachypnea
- Statins (drug class)
- Consulting teams – "ID"; "Rheumatology"; "PM&R"
- Colonized



JARGON-ESE!

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Discharge Domains: 90 Day Evaluation

PED'S HCAHPS DC SPECIFIC	Cumulative Div of Hosp Peds			2/12/17-2/18/17 Div of Hosp Peds		
DOMAIN/Question	Score	Percentile	n	Score	Percentile	n
9-10	66.7%	1	36	50.0%	1	6
Definitely yes	72.2%	1	36	100.0%	99	6
COMMUNICATION CHILD'S MED	73.7%	5	36	82.5%	99	6
First day review prescription meds	94.3%	99	35	100.0%	99	5
First day list/review vitamins/meds	74.3%	53	35	80.0%	96	5
Provider explain how take new meds	82.4%	1	17	100.0%	99	3
Staff describe medicine side effect	43.8%	1	16	50.0%	1	2
INFORMED CHILD'S CARE	70.6%	14	36	80.0%	99	6
Keep you informed done for child	80.6%	80	36	100.0%	99	6
Give info wanted about test results	60.6%	1	33	60.0%	1	5
PREPARE CHILD LEAVE HOSP	79.3%	52	36	93.3%	99	6
Ask you concerns child ready leave	80.6%	89	36	100.0%	99	6
Provider talk care child leave hosp	88.9%	99	36	100.0%	99	6
Provider explain child regular acts	65.7%	1	35	66.7%	5	6
Explain symptoms/prob to look for	77.8%	30	36	100.0%	99	6
Symptoms/prob look for in writing	83.3%	70	36	100.0%	99	6
INVOLVE TEENS IN CARE	61.1%	8	3	0.0%	1	1

One thing you wish were different?

I know that they were working on remodeling some of the hospital. Some of the hospital needs work
Cleaned the room/bed better
I honestly couldn't have a better experience with the hospital. No complaints
We sat in ED waiting for a room for 12 hours - it was very uncomfortable w/a baby
TV's with HDMI ports.

Best thing re family's experience?

They were caring & friendly and that is very important to me.
Nurses were absolutely wonderful
They made all daughter comfortable and went above and beyond to make... and make her smile.
One of her favorites... Extremely pleased w/ hall the _____, doctors and...
Dr. Maul, the ED nurses & the respiratory therapists
Excellent and caring nursing staff.

Anything else you would like to say

The staff was very good. The doctors were great! Overall the stay was fine
We could not have asked for better care to be given to our daughter. Exceptional hospital
He was well taken care of, I did stay the whole time
Dr. Maul was amazing. He listened always & answered any & all questions I had
Excellent care. My family is so grateful!
Great.
Was overwhelmingly surprised how wonderful the staff were throughout the hospital

score < 40th percentile | score ≥ 40th percentile | ore ≥ 60th percent | score ≥ 75th percentile | score ≥ 95th percentile

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Limitations

- Resident Duty Hours
- Case Manager Availability – block time rounding
- PharmD Availability
- Retirement of Nursing Director
- No capital gain
- No FTE gain
- Modifications to existing team member roles
- Difficulty hardwiring culture change with administrative, faculty and staff turnover
- Bedside staff / Plan of Care forms

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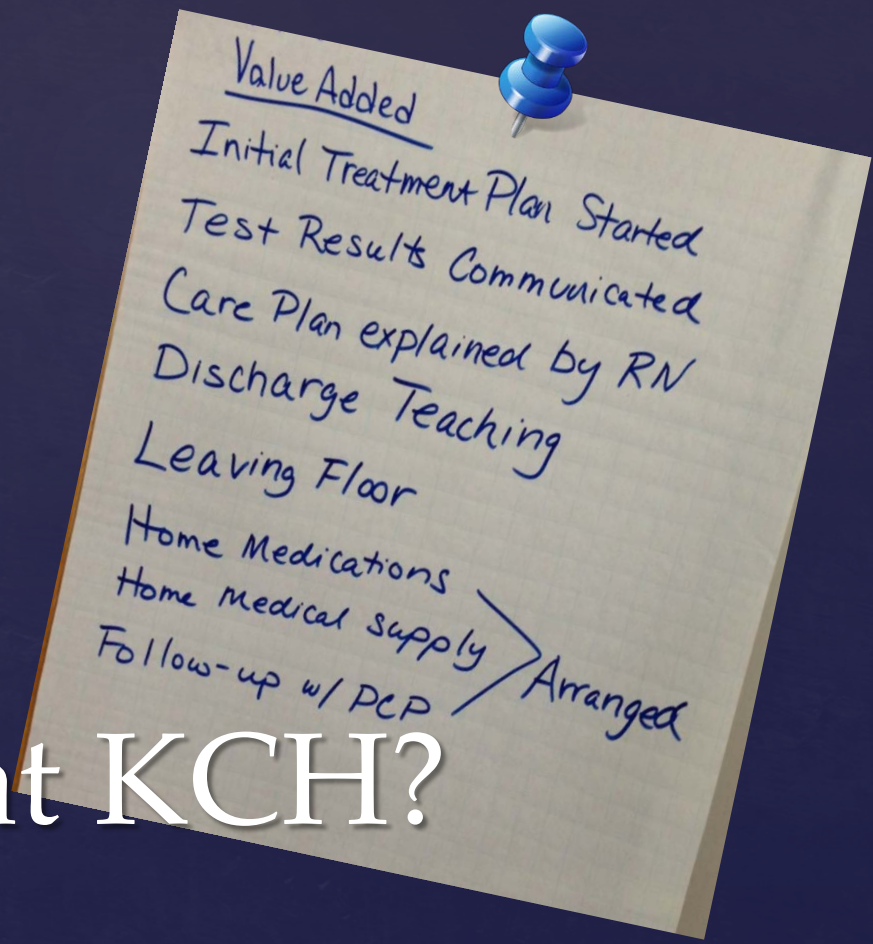
- ✗ Need additional FTE's in Pharmacy & Hospital Medicine for full complement
  - Current PharmD load is 60+:1
  - PediBOOST participation (rounding) limits ability to function effectively
  - Medication counseling challenges
  - Chronic Overtime
- ✗ Staff Turnover and Faculty recruitment
- ✗ "Not my style"

- ✓ Engagement of >200 staff from different disciplines
- ✓ Improved family engagement
- ✓ Reassess and Reprioritize
- ✓ Improved situational awareness for ALL team members
- ✓ Measureable goals for discharge



Is PediBOOST Sustainable at KCH?

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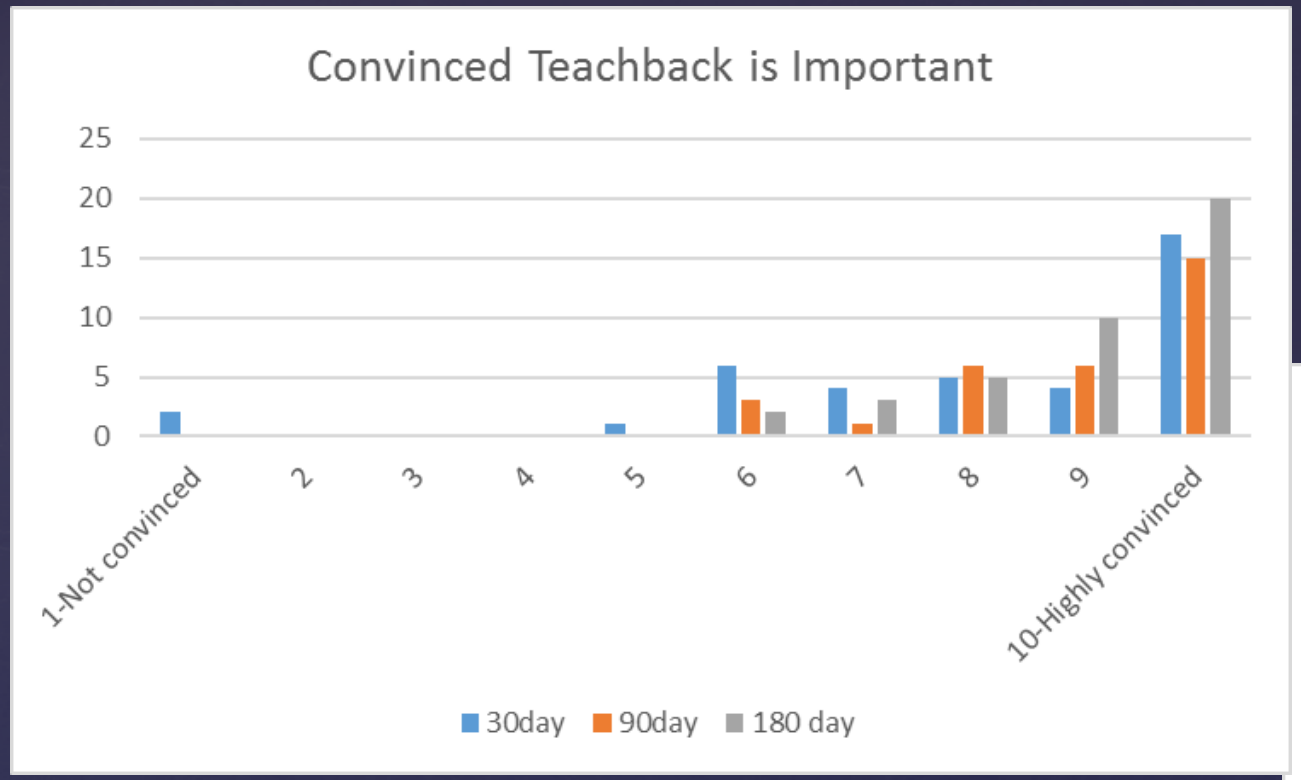
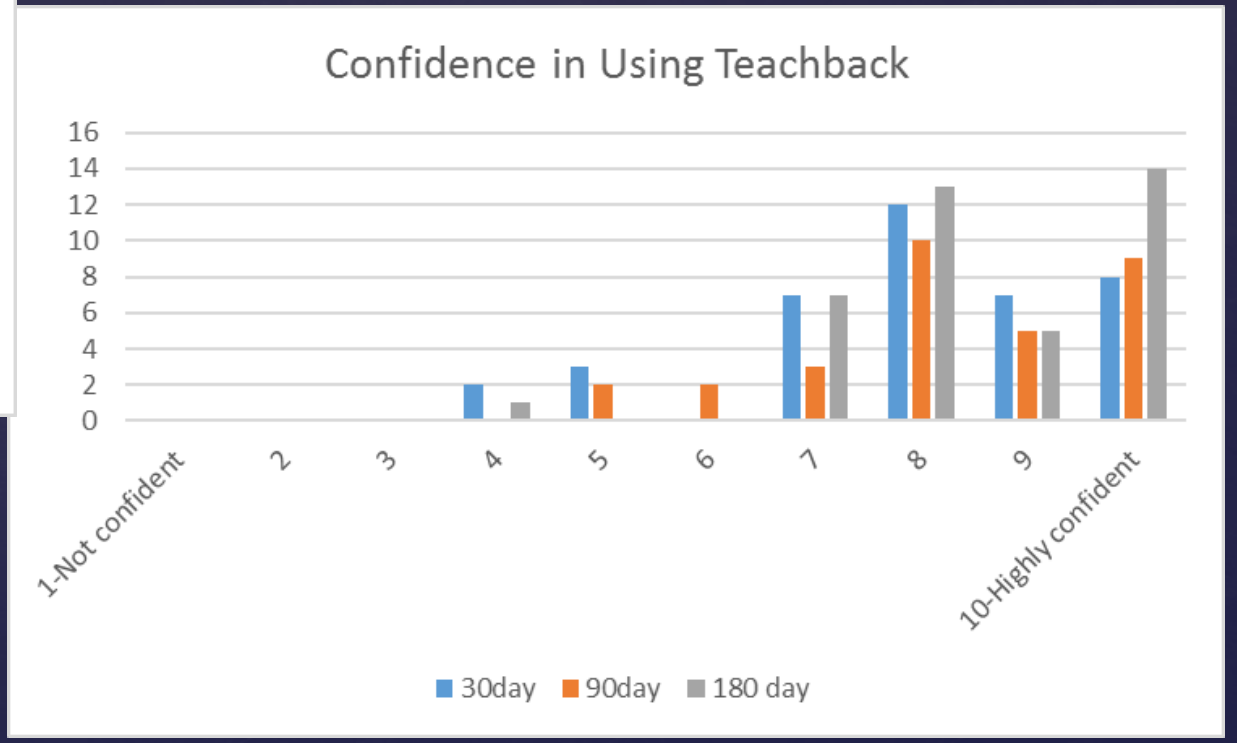


"I thought I knew how to do this….
Until I tried to do it."

– Dr. Erich Maul



Post-Pilot Surveys: Teach-Back

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PediBOOST Participant Survey

December 2016: 30-Day Post-Implementation (n=39)
March 2017: 90-Day Post-Implementation (n=31)
May 2017: 180-day Post-Implementation (n=40)

What elements of effective teach-back have you used more than half the time in the past work week? (Please check all that apply.)

	30-Day	90-Day	180-Day
Use a caring tone of voice and attitude	95%	94%	100%
Use plain language	92%	100%	98%
Include family members/caregivers if they were present	67%	81%	95%
Display comfortable body language, make eye contact, and sit down	87%	87%	90%
Take responsibility for making sure you were clear	74%	71%	83%
Use non-shaming, open-ended questions	69%	77%	83%
Ask the patient to explain, in their own words, what they were told	79%	71%	78%
Explain and check again if the patient is unable to teach back	54%	58%	63%
Avoid asking questions that can be answered with a yes or no	51%	55%	60%
Use reader-friendly print materials to support training	59%	61%	58%
Document use of, and patient's response to, teach back	31%	45%	30%

Post-Pilot Surveys: Teach-Back

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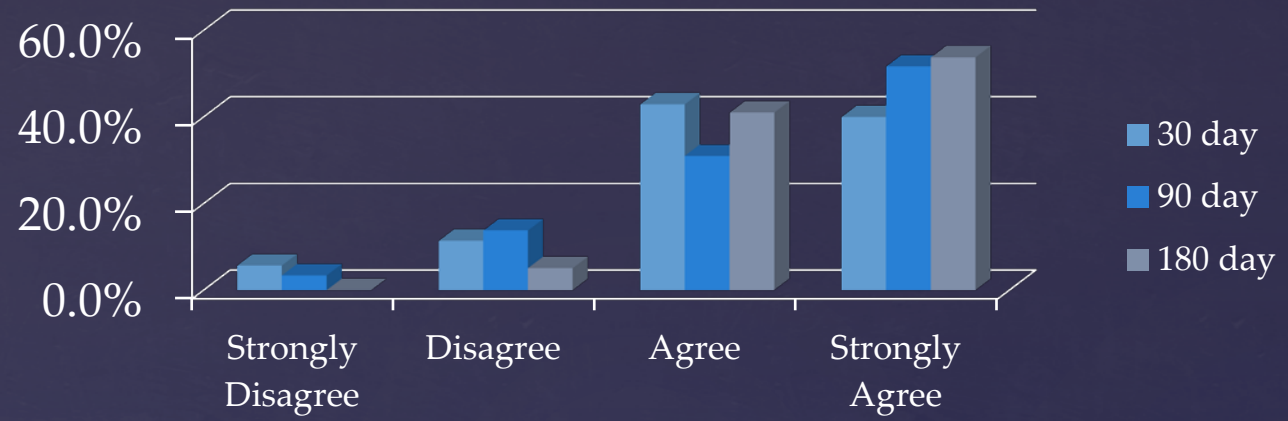
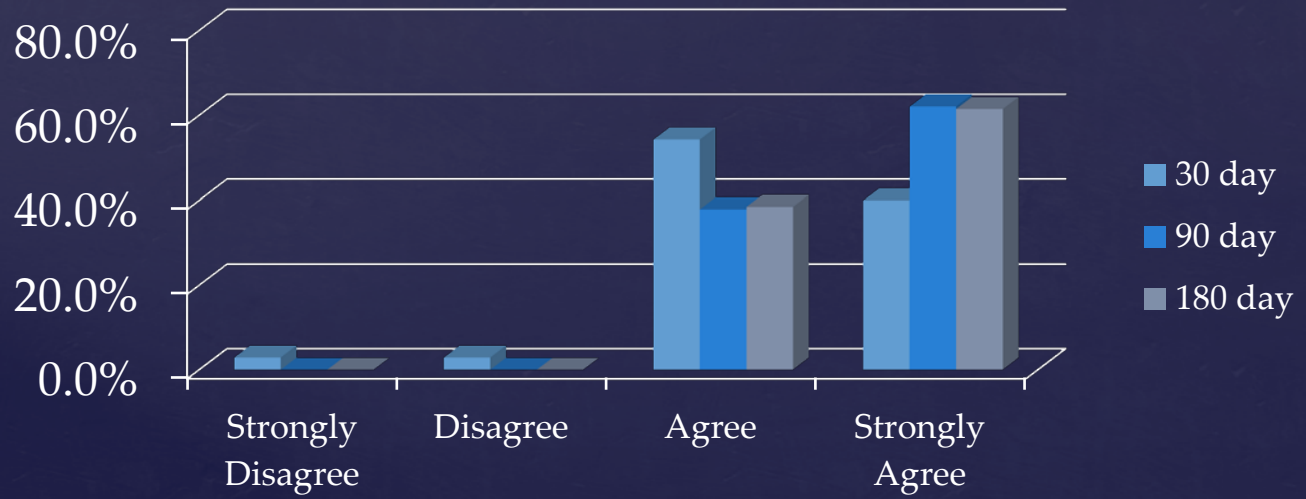
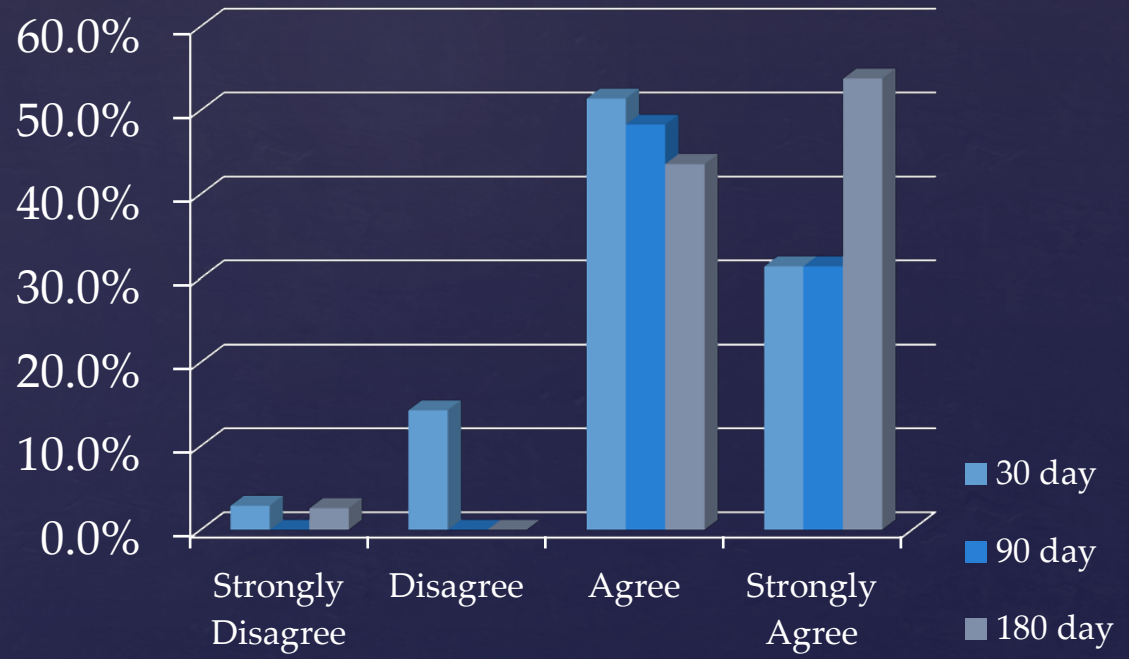
The team approach makes delivery of care more efficient.



The team approach permits health professionals to meet the needs of family caregivers as well as patients.



Patients who receive team care are better prepared for discharge than other patients.



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- Old Model: pre-PediBOOST
  - Mean time to round — 164.8 minutes (95CI 155.7, 173.9)
  - Mean time per rounding encounter — 14.2 minutes (95CI 13.9, 14.4)
  - Average Daily Census (ADC) — 11.6 patients (95CI 11.2, 12.1)

- New Model: PediBOOST
  - Mean time to round — 169.7 minutes (95CI 159.7, 179.9)
  - Mean time per rounding encounter — 14.3 minutes (95CI 13.8, 14.6)
  - ADC — 11.9 patients (95CI 11.6, 12.3)

Rounding Times

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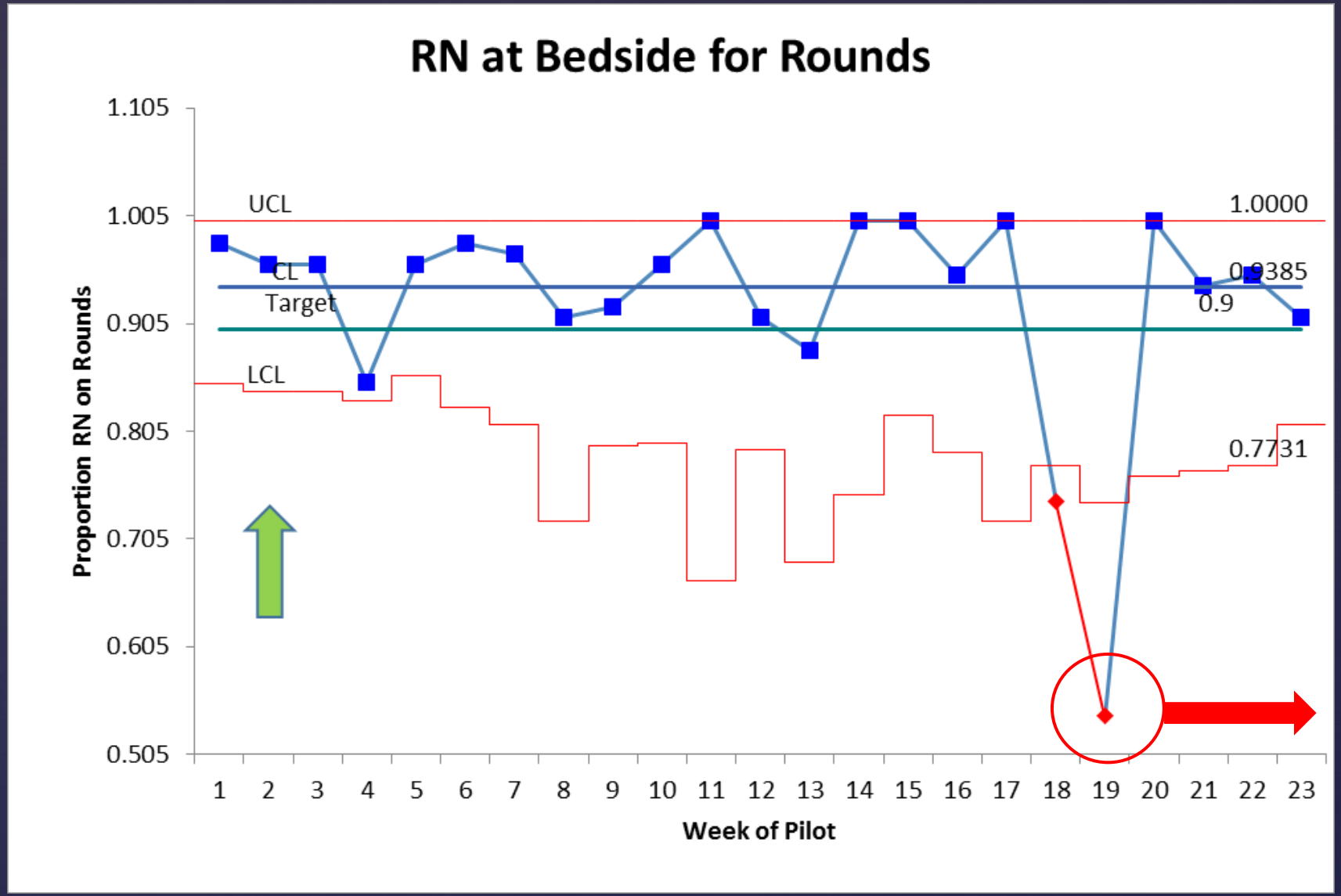

Patient's Nurse at Bedside for Rounds

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Week	11/13/2016	11/20/2016	11/27/2016	12/4/2016	12/11/2016	12/18/2016	12/25/2016	1/1/2017	1/8/2017	1/15/2017	1/22/2017	1/29/2017	2/5/2017	2/12/2017	2/19/2017	2/26/2017	3/5/2017	3/12/2017	3/19/2017	3/26/2017	4/2/2017	4/9/2017	4/16/2017	4/23/2017	4/30/2017
Global Rating	99		39	99	77	1	1	99	99	77	1	1	1	1	39	1	3	13	77	1	1	54	99	99	99
Global Recommend	99		89	1	5	1	89	1	99	5	25	1	1	1	89	1	1	1	99	99	1	1	1	99	99
CARE IN ER	99		99	N/A	45	99	10	99	99	99	99	99	45	1	99	1	99	99	99	1	99	1	99	99	1
ER kept informed	99		99	N/A	45	99	10	99	99	99	99	99	45	1	99	1	99	99	99	1	99	1	99	99	1
COMMUNICATE CHILD'S MEDS	99		91	16	94	99	4	16	1	1	99	99	94	1	99	16	99	99	1	16	99	16	16	99	1
1st day Rx review	99		12	1	99	2	99	99	99	4	99	99	10	2	99	99	99	99	99	99	99	1	99	99	1
1st day list/review vits/meds	99		38	1	99	58	99	99	1	1	87	58	99	6	99	99	99	99	10	1	99	1	99	99	10
Provider explain new meds	99		99	99	1	99	1	1	N/A	17	99	99	99	99	99	1	99	99	1	99	99	99	99	99	99
[illegible]																									
RN COMMUNICATE CHILD	1		99	99	1	1	99	1	99	10	N/A	99	94	1	99	1	99	83	99	1	1	1	99	99	99
RN listen carefully to child	99		1	99	1	99	99	1	99	99	N/A	99	99	1	1	99	99	88	99	99	99	99	99	99	99
RN explained in way child understands	1		16	99	1	99	99	1	99	1	N/A	99	99	1	99	1	99	99	99	1	1	99	99	99	99
RN encourage child ask questions	1		99	99	1	1	99	1	99	1	N/A	99	1	99	99	1	99	34	99	1	1	1	99	99	99
DOC COMMUNICATE CHILD	24		56	99	1	70	99	1	19	1	N/A	99	1	43	87	35	99	83	69	27	41	68	95	84	85
Doc listens to child	16		54	99	88	71	99	1	99	88	N/A	99	1	47	87	36	99	85	69	27	38	73	98	83	89
Doc explains way child understands	9		52	99	1	73	99	1	99	1	N/A	99	1	50	87	38	99	86	70	26	36	77	99	82	93
Doc encourage questions child	1		51	99	1	74	99	1	1	1	N/A	99	1	54	87	39	99	88	70	25	34	82	1	81	98
COMMUNICATE YOU CHILD'S RN	-7		49	99	1	76	1	1	1	99	1	62	62	58	87	41	1	90	70	25	31	86	1	80	1
RN listen carefully to you	-14		47	99	1	78	1	1	1	99	1	92	92	62	87	42	1	92	70	24	29	91	1	79	1
RN explain way you understand	-22		46	99	1	79	1	1	1	99	1	73	73	65	87	44	1	94	70	23	27	96	1	77	1
RN treat courteous/respect	99		30	99	1	99	30	1	99	82	1	1	1	1	99	1	1	1	99	99	1	99	99	99	99
PRIVACY TALK MD/RN	99		1	99	1	99	1	1	99	99	99	26	1	1	1	1	99	99	1	99	99	1	99	99	99
Given privacy discuss care	99		1	99	1	99	1	1	99	99	99	26	1	1	1	1	99	99	1	99	99	1	99	99	99
HELP CHILD FEEL COMFORTABLE	99		23	99	47	1	23	1	99	72	99	5	81	1	99	1	99	69	90	1	1	99	99	99	1
Provider ask thing family know best	99		83	99	72	1	1	1	99	72	96	26	28	1	99	1	99	28	99	1	1	28	28	99	1
Provider act appropriate age	99		89	99	99	99	89	1	99	99	99	1	56	14	99	1	99	1	22	1	32	99	99	99	99
Things avail right child's age	99		7	99	11	2	99	99	99	6	77	27	97	2	99	99	99	99	62	99	9	99	99	99	1
INFORMED CHILD'S CARE	99		38	99	3	1	1	1	1	99	1	1	40	1	64	1	57	99	64	1	30	1	99	99	3
Keep informed done for child	99		99	99	1	1	8	1	99	99	60	1	72	1	99	1	99	99	45	1	60	1	99	99	1
Give info test results	99		1	99	40	76	1	1	1	76	1	1	1	1	40	1	1	76	76	11	1	1	99	99	40
RESPONSE TO CALL BUTTON	99		99	99	4	99	4	4	99	99	22	1	99	1	99	1	99	99	34	99	4	N/A	99	4	99
Press call button help given soon	99		99	99	4	99	4	4	99	99	22	1	99	1	99	1	99	99	34	99	4	N/A	99	4	99
PREVENT MISTAKES/REPORT CONCERNS	1		68	99	62	72	1	1	1	1	54	29	29	1	81	1	91	1	1	1	1	1	99	91	91
Before meds check ID	99		1	99	99	99	1	99	99	21	99	1	99	1	99	99	99	1	1	1	1	1	99	99	99
Staff tell how to report	1		99	99	4	15	1	1	1	1	1	57	1	1	28	1	57	1	1	1	90	1	99	57	57
ATTENTION TO CHILD'S PAIN	N/A		1	99	1	1	99	1	1	7	99	1	1	1	1	1	1	99	13	99	1	99	99	99	N/A
Staff ask about pain often	N/A		1	99	1	1	99	1	1	7	99	1	1	1	1	1	1	99	13	99	1	99	99	99	N/A
PREPARE CHILD LEAVE HOSPITAL	99		99	16	99	1	99	1	16	1	99	1	99	1	99	1	99	99	1	99	16	1	16	99	16
Ask concerns child ready to leave	99		99	99	99	4	99	1	99	1	99	1	99	1	99	1	99	71	19	99	71	4	99	99	1
Provider talk care leaving hospital	99		60	99	99	99	60	1	99	99	99	99	50	1	1	1	99	99	99	99	1	1	99	99	99
Provider explains child regular acts	99		99	1	1	1	16	1	1	1	99	99	99	1	99	1	99	4	1	99	1	1	1	99	1
Explain symptoms/prob look for	99		99	99	99	1	1	1	99	1	99	1	99	1	92	1	99	99	99	99	99	1	1	99	99
Symptoms/problems in writing	99		76	1	99	1	99	1	99	1	99	33	99	1	76	1	99	99	1	99	1	1	99	99	1
[illegible]																									
Doc listen carefully to you	99		94	99	99	99	1	1	1	99	99	1	73	1	94	1	99	99	28	99	99	1	99	99	1
Doc explain way you understand	99		99	99	20	15	1	1	99	99	99	73	73	1	99	1	99	24	20	99	99	15	99	99	1
Doc treats courtesy/respect	99		27	99	40	99	1	99	99	99	99	1	99	1	99	1	99	78	58	99	1	1	99	99	99
HOSPITAL ENVIRONMENT	4		4	4	78	4	99	1	4	1	16	1	12	10	11	4	48	42	1	1	16	4	99	99	4
Cleanliness	99		1	99	96	3	99	3	3	1	1	3	99	25	10	99	34	45	34	1	12	3	99	34	34
Quietness	1		21	xc	46	15	86	1	15	20	99	1	1	15	21	1	46	24	1	15	24	15	99	99	1

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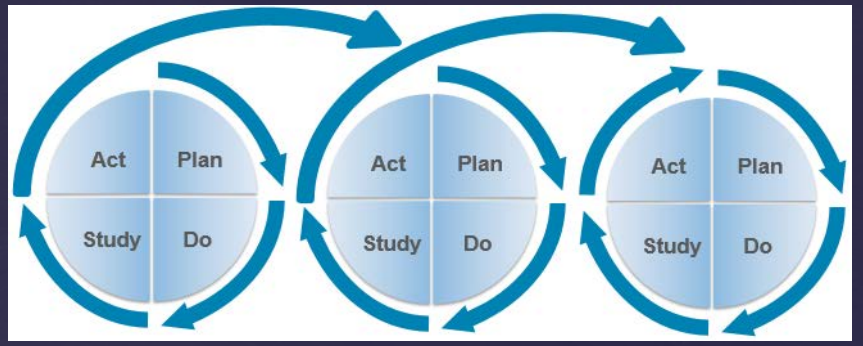
63% Downward trend on Teach-Back Practices
38% Questions for Pharmacy
Modified Plan of Care – White Board



The Four Commandments:

1. Assigned nurse participates in ITIM rounds
2. Nurse role:
    1. Overnight events
    2. Family concerns
    3. Driver of daily goals and documentation
3. Whiteboard communication and documentation
4. TEACH-BACK!

Around the Cycle Again!

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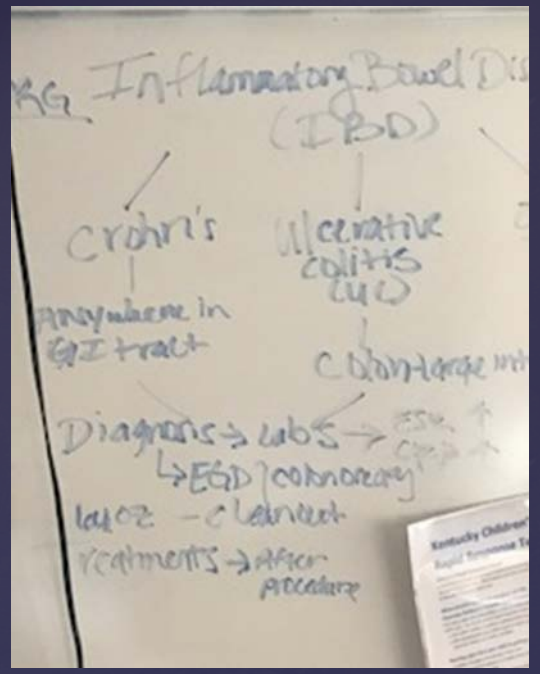
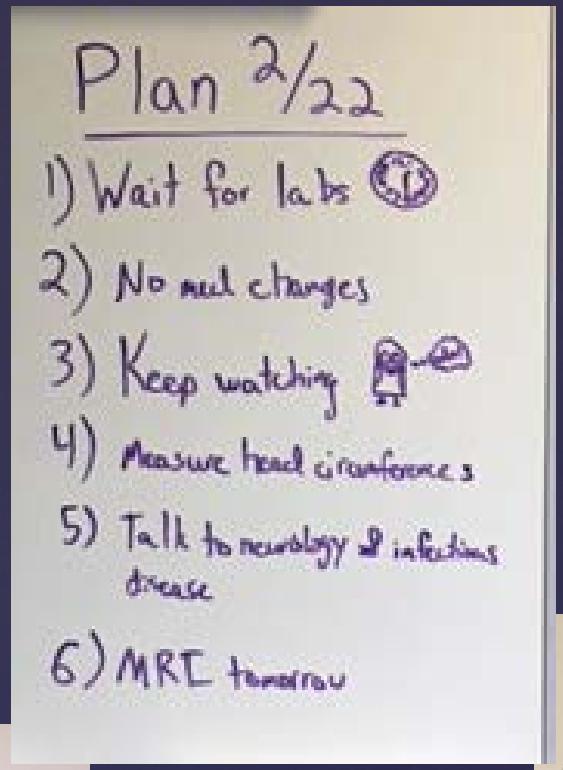
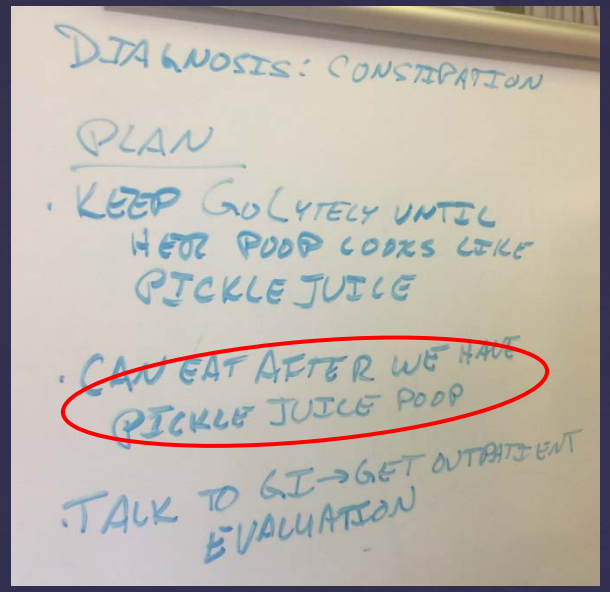
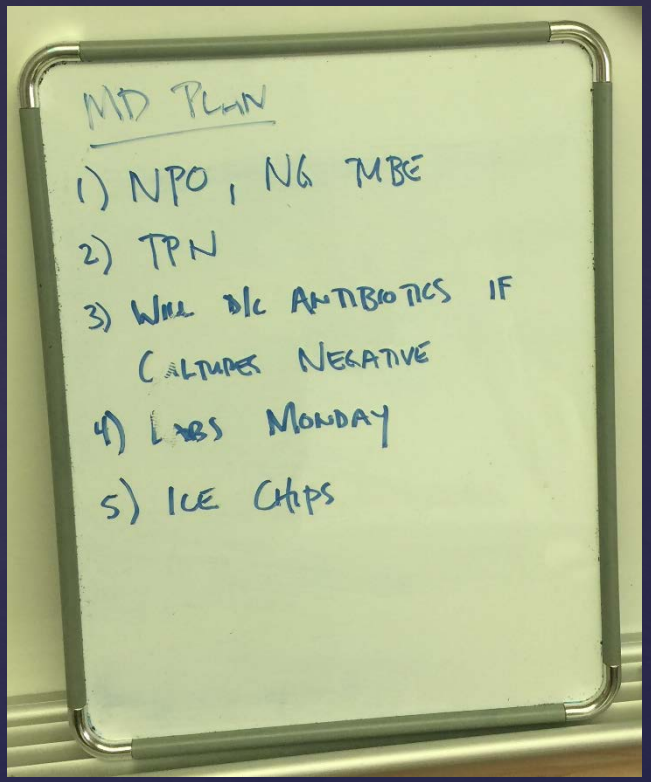
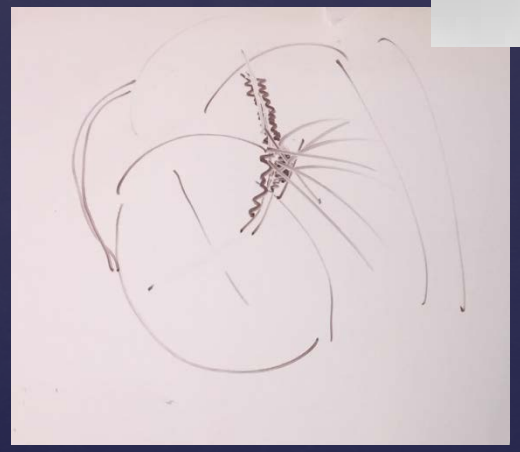
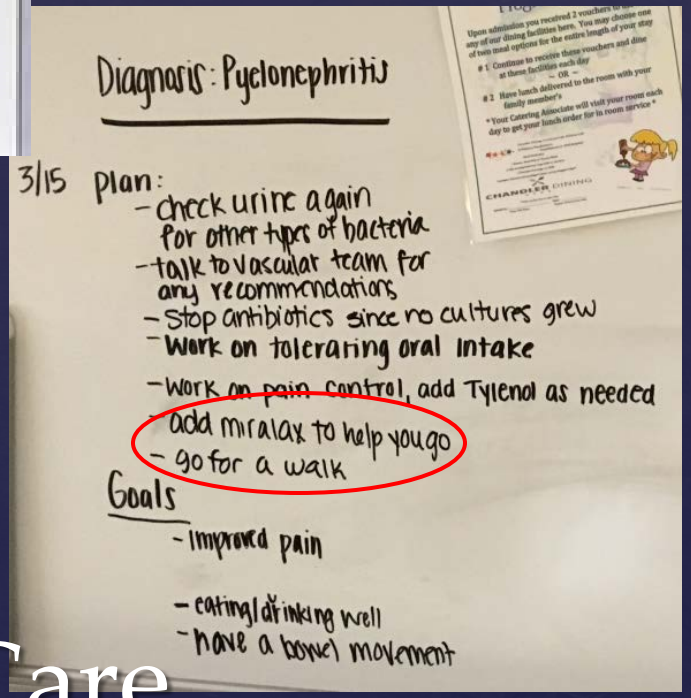












White Board Plan of Care

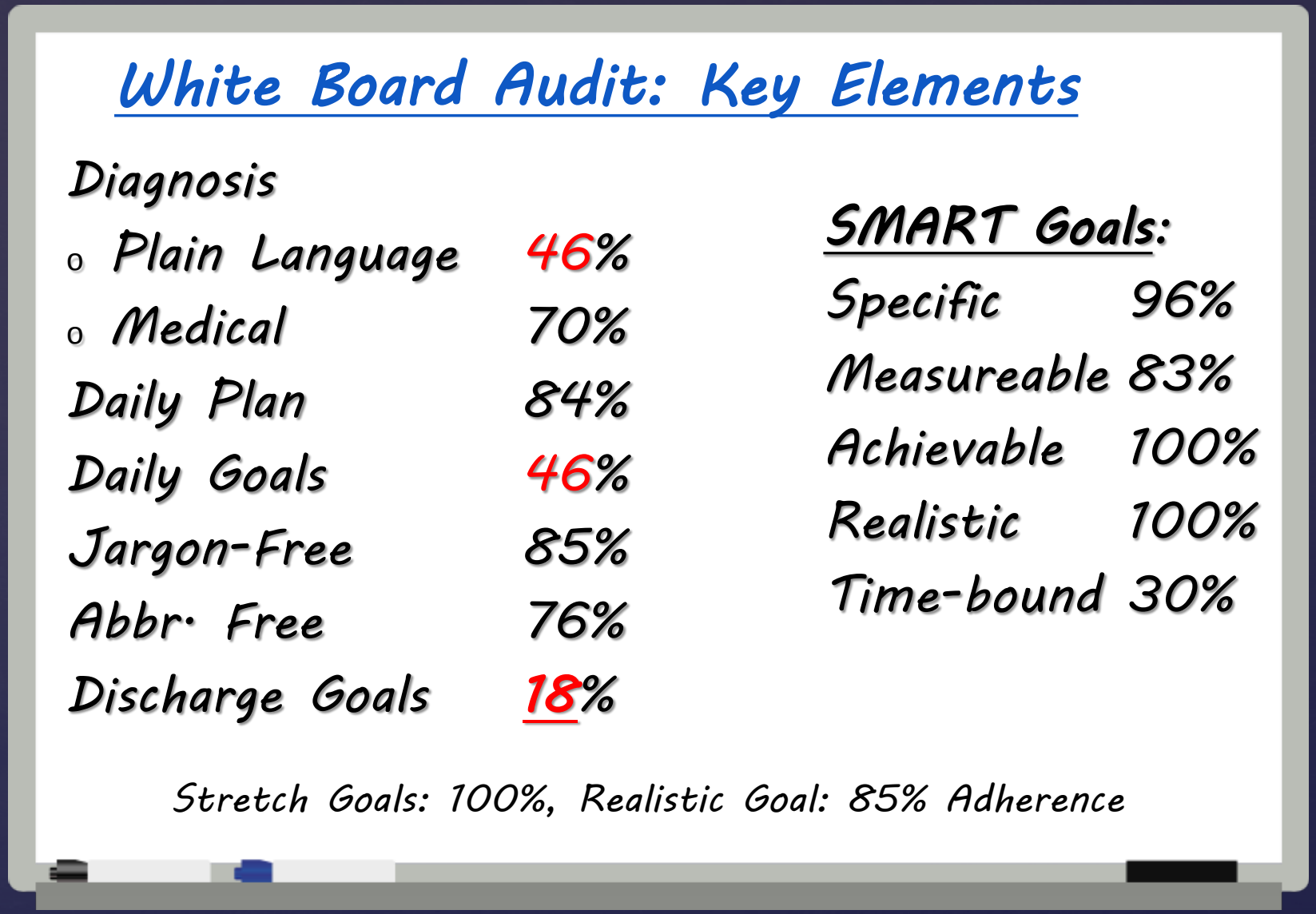
UK HealthCare

- Standardized Content
  - Diagnosis (Medical & Plain Language)
  - Plan for Today (include date)
  - Goals for Today
  - Discharge Goals
  - Family Comments/Questions

- SMART Goals

White Board Plan of Care

UK HealthCare



Ongoing Process…

UK HealthCare

Patient & Family Wins:

- Improved communication
- Improved knowledge, understanding & retention of plan of care
- Improved identification of care team and presence of unity
- Cross-shift collaboration
- Increased lead time for addressing discharge goals

White Board Plan of Care

UK HealthCare

What was the best thing about your family's experience with our hospital.
My child is special needs, medically fragile, developmentally delayed - her care is very complex. One thing I loved about this admission was nurse wrote on white board list of meds given by staff (from pharmacy), list of meds given by parents (from home), plan of care, & expected outcomes, so not everyone was on the same page & to ensure effective communication. Awesome!

Comments (describe good or bad experience):

What was the best thing about your family's experience with our hospital.
How Uncle Shaking, Supportive, and how they interacted with entire Single Line that came in the room. I really enjoyed seeing the OTs. giving high fives.

What was the best thing about your family's experience with our hospital.
The overall care of the doctors and nurses.

Comentarios (describa cualquier experiencia buena o mala): Muchas Gracias Por todo la mejor experiencia fue todo el tiempo Porque recibimos La mejor atencion de todos

What was the best thing about your family's experience with our hospital.
Treated us like family.

Comments (describe good or bad experience): Very excellent! There were no questions too big or small that were not answered.

What was the best thing about your family's experience with our hospital.
All care providers were very thorough in educating us.

Comments (describe good or bad experience): fabulous experience, above and beyond what I thought or imagined would happen.

What was the best thing about your family's experience with our hospital.
Everyone treated us like family. Even housekeeping were so friendly.

Comments (describe good or bad experience): The nurses and doctors at KCH are fantastic!! I hope we don't need their services in the future, but if we do, we know we're in a great place!

Qualitative Feedback

UK HealthCare

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