

## Quality and Safety for Respiratory Patients: What matters to the patient?

Mark Lindsay MD



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## Objectives

- Identify the value of Quality and Safety in caring for respiratory patients
- Identify potential opportunities for applying quality and safety principles to their work



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## Patient Satisfaction: Two most important factors correlated with recommending the hospital

- #1 How well staff worked together to care for you
- #2 Overall Cheerfulness of the hospital

- The Press Ganey Satisfaction Report 2003



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### Questions for you



- How would patients and families know that staff work well together?
- What might be indicators for patients and families that staff do not work well together?
- Can you think of examples of how work environment might influence cheerfulness of staff?

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### More Questions



- Would you prefer to work in an ICU with numerous ventilator options, and broad array of physician weaning options?
- What is the value of standard work?
- How can you as a respiratory therapist influence reducing variation?
- What is the value of standardizing equipment and how can you have an influence in your work environment?

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### Multidisciplinary Care Team Rounds



- What is the value from Respiratory Therapist standpoint?
- What is the downside of bedside rounds?

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**Bedside, family and physician-attended Core Care Rounds  
Beginning in October 2001**



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**Pilot for Core Rounds in ICU as part of IHI Collaborative**



- PDSA
- Initial Successes
- Fine tuning the process
- What is in it for the team, patient, family, physician and others??
- Win Win Win opportunities
- Don't make it too cumbersome

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**Literature on Core Rounds**



- Dodek reported that rounds improved communication and satisfaction of ICU staff
- Leape reported that pharmacists on rounds can reduce adverse drug events by 66%
- Young reported that multidisciplinary care team rounds reduced ICU length of stay and costs
- Pronovost has demonstrated that rounds can improve outcomes in ICU

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### Top Priorities on Core Rounds



1. Open ended question to patient and family making sure needs are being met
2. Getting all team members on the same page with the patient and family. Encourage broad participation on rounds
3. Reward successes of patient and care team
4. Opportunities to empower patients and staff on rounds
5. 30-60 Second Discipline updates: Timely conversations on topics longer than a couple of minutes should be considered off line unless relevant to the entire team and patient

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### Multidisciplinary Care Team Rounds and Tools



- Rounds Information Sheet
- Check list
  - Discipline updates
  - Core measures
  - Nutrition goals being met
  - Medicines reviewed
  - Plan for the day established
  - Therapy Needs
  - New Orders needed (Order sheet available on rounds)
  - End with open ended question to patient and family

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### Patient/ Family Surveys - Fall 2001



- Overall "positive experience" - 86%
- Increased ability to get questions answered - 82%
- Increased understanding of my family member's condition - 86%
- Understood what was discussed at Core Care Rounds - 88% (only measured in 2002)
- What is your role in improving patient/family satisfaction?

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### Staff surveys - Fall 2001



Compared to previous Core Care Rounds:

- Better understanding of plan for the day - 100%
- Increased communication among team members - 100%
- Increased timeliness of tasks being performed - 75%
- Increased patient/family understanding - 95%
- Increased education of team members - 85%
- What is your role in improving staff satisfaction?

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### Obstacles to Core Care Rounds



- Time for Disciplines to participate
- Physician buy in
- "We are too busy to do Core Rounds"
- "Not necessary"
- **"They take too long"**

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### Questions???



- Greatest Obstacles to Overcome in Developing Multidisciplinary Care Team Rounds
- Are Staff Empowerment and Patient Empowerment Related????
- Are bedside multidisciplinary care teams rounds patient centered?? What can we do to make them patient centered?

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## Quality Improvement



- Top down or bottom up????
- Are all of the answers with management or does management have some role in encouraging empowerment of frontlines to help redesign our processes?

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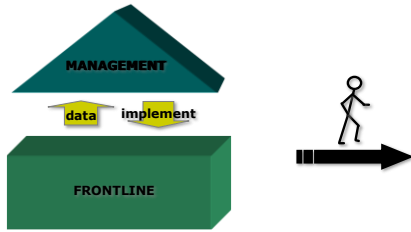
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## Diagnosing the Choice Problem: *Will what got us here get us there?*



Historic Structures, Strategies, Methods and Mindsets (SSMM) are not adaptive. *Kenagy*

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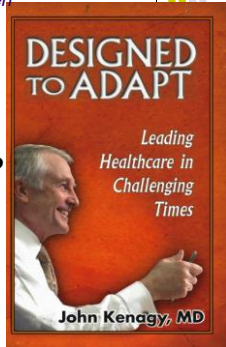
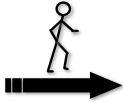
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“It’s almost impossible ...”

Clayton Christensen



On a path....  
"ALMOST IMPOSSIBLE?"  
WHAT'S POSSIBLE?



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Kenagy approach: On a path...  
The 10,000 foot view



1. The Facts – High performance innovators adapt and thrive by rapidly making choices that others don't. "It's not best practice ..."
2. The Problem/Opportunity – Historically successful Structures, Strategies, Methods and Mindsets *always* slow or stop the development of new adaptive choices. "It's almost impossible ..."
3. The Solution – Develop *new, internal* adaptive capacity. "*Designed to adapt' is a choice ...*"

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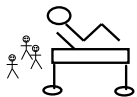
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Start With a Strategic Purpose  
First, Focus On Just One Thing



Ideal Patient Care

- Exactly what the patient needs, when and where they need it
- Customized individually
- Immediate response
- Safe – physically, emotionally, professionally – for all
- No waste of any resource



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## 76 yo M COPD and Pulmonary edema



- Presents with dyspnea, diaphoretic, and respiratory rate of 40
- ABG 8am      7.23 pCO<sub>2</sub> 61 pO<sub>2</sub> 79 (15L)
- What do you want to do?

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## 76 yo M COPD and Pulmonary edema



- Started on NPPV Protocol
- Decreased work of breathing
- ABG noon    7.41 pCO<sub>2</sub> 36 pO<sub>2</sub> 78 (8L)
- Admitted to telemetry instead of ICU

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## Quality, Safety and Patient Satisfaction



- What is important from Patient's perspective?
- Eliminating unnecessary variation???
- Human Factors ??
- Creating a Culture that keeps patients safe, examples??
- Right people doing the right work at the right time, examples
- Creating an environment of continuous improvement, learning organization?

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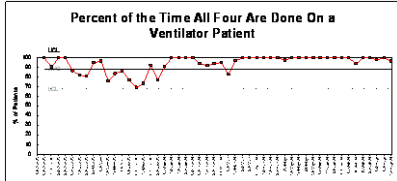
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### Core Rounds and Disciplines Providing Checks, Balances and Redundancies



- Example of the Vent Bundle
- Expand to JCAHO Core Measures
- Only can accomplish 100% compliance with overlapping checks and balances




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### Jazz and Multidisciplinary Team Approach to Care




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### Kaiser Vallejo 1994 NIV Use



- 73% success
- 155 Episodes of NIV
- 113 Episodes of Intubation Avoided
- 565 ICU days were saved
- \$678,000 cost savings

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### Kaiser Vallejo 1995 NIV Use



- 85% Success
- 196 Episodes
- 166 Episodes of Intubation Avoided
- 830 ICU days were saved
- \$996,000 Cost Savings

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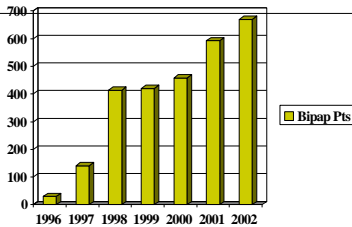
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### Implementation of NPPV Protocol in a Community Hospital




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### 50 Consecutive patients using NPPV in 2003



- 32/50 (64%) have at least 2 signs or symptoms of respiratory failure
  - 37/50 (74%) NPPV use initiated outside of ICU
  - 43/50 (86%) did not require intubation
  - 19/50 (38%) NPPV initiated in the ER
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- What is the next improvement?
  - How do we continuously improve?

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## Community Hospital Respiratory Staff Survey



- The Respiratory consult service has resulted in improved patient care 16/17 (94%)
- The ability to make adjustments in care has resulted in more timely interventions 16/17 (94%)
- NPPV protocol has resulted in avoiding unnecessary intubations 16/17(94%)
- What other leadership roles can respiratory therapy initiative inside and outside the hospital?

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## RT Staff Survey



- The Respiratory Therapy Consult Service along with the NPPV protocol and the Weaning protocol has resulted in improved job satisfaction 94% (16/17)
- How can you impact job satisfaction not only for respiratory therapists but nurses, nurse assistants, etc.?

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## RT Leadership Whitney Schauer



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### Kathy Medical House Call Advance Practice Provider with Blake



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### Nursing Home Vent Unit Comparison



• NH Vent Unit	%weaned	%alive 1yr
• John Hopkins Geriatric Center	15%	19%
• Chippewa NH	67%	>70%

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### What can you do to positively impact Quality and Patient Safety?



- Creating a positive culture
- Identifying problems early
- Effective problem solving
- Look for the opportunities
- How can we continuously improve on teamwork?
- Questions?

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