A Year in Review: 2011

The Ideal Patient Experience

PATIENT AND FAMILY CENTERED CARE METHODOLOGY AND PRACTICE

PFCC Working Group

Co-Designing Exceptional Care with Patients and Families Related to the Operative Experience
Guiding Council Members

Administrative Champion:

• Mary Barkhymer MSN, MHA, RN, CNOR  Vice President, Patient Care Services and Chief Nursing Officer

Clinical Champion(s):

• Jay Wright MSN, RN  Unit Director
• Dawn Vocke MSN, MBA, RN, CNOR  Unit Director

PFCC Coordinator:

• Michelle Artisti  Administrative Coordinator

Working Group and Project Team Members

• Natalie Acker  PBS
• Kelsey Archibald  BSN, RN, CMSRN  Clinician
• Chris Bartels  MD  General Surgeon
• Shawna Brehenti  RN  Clinician
• Renee Carolan  Program Manager
• Patti Cicuto  BSN, RN  Program Manager
• John Conley  BSN, RN  Transporter
• Lauren Cooper  Financial Counselor
• Anna Emery  BSN, RN  Professional Staff Nurse
• Betsy Gladish  MSN, RN  Senior Administrative Assistant
• Lisa Graczyk  MSN, RN  Unit Director
• Karen Gray
• Amy Haugh  MLS  Medical Library Service Director
• Iris Douglas
• Linda Innes
• Patty Katz
• Laura Kling  MSN, RN, CNS, CPAN, CAPA  Professional Staff Nurse
• Peggy Lisac  MSN, RN, ONC  Advanced Practice Nurse
• Carrie Meinert  Customer Service Rep
• Christine Montgomery  Environmental Services Aid
• Michelle Ressler  RN  Professional Staff Nurse
• Jay Roskoph  MD  Chief of Anesthesia
• Lisa Santimauro MBA Director Support Services
• Rose Scalo BSN, RN Senior Practice Manager
• Marylou Tucker CRNA Clinical Director Nurse Anes.
• Mary Ulizio MSN, CRNA Asst. Clinical Dir. Nurse Anes.
• Esther Whitlinger BSN Professional Staff Nurse
• Ryan Witt MS Director Community Relations
• Karen Zanin RN, CNOR IS Specialist
Ideal Story:

Pre op by Jay Wright, MSN, RN

After my doctor informs me that I am going to have surgery my family is brought back with me in the doctor’s office.

- I am greeted by a patient advocate who stays with me
- I am instructed on what to expect in terms of post-op needs including, dietary restrictions, and medications.
- A checklist is reviewed with me, meds, surgery drugs, healing time, home care, and phone numbers for anesthesia. Pre-op, office contacts, surgical questions numbers, etc.
- The advocate and I plan my surgery date and any and all pre-op testing is performed before I leave the building.
- I want to know what I will be responsible for financially and to have my co pay be paid before date of surgery.
- After I am told that I am going to have surgery, I want to be escorted to a Private room to go to for ½ hour to think of any questions you may have and absorb what you have been told.
- I want to be provided with brochures, educational material or online brochure/DVD on what to expect with my surgery and my visit to the hospital.
- Before I leave the campus the following items are taken care of Sign release for contact person, Aflac insurance, set up appointments for PCP, labs, check x-ray
- When I get home someone gives me a follow up phone call to ask if any questions. This person will contact me regularly prior to my procedure
- A patient advocate comes to house to make sure that I have everything that I need to recover at home.
- My questions regarding eldercare, pet care, and childcare are answered and I am necessary arrangements have been made for these services.

One Day Prior to Surgery by Heidi Robinson, BSN, RN

- Review procedure and anticipated outcomes – what to expect
- Have surgeon speak with patient again.
- Review medications, what to wear, etc
- Verify transportation, do you need a ride, sitter needed, crutches, etc
- Who will greet patient in the morning
- Tell them time to arrive
- Review case tracking ask patient if we should contact family
- Let patient know how long they will be in the recovery room
- Let patient know to notify us if they foresee a problem with transportation and what their options are.
- Verify the night before with patient that they are comfortable talking in front of other family members. Ask do you want family present.
Morning of Surgery by Anna Emery, RN

It is the morning of my surgery. I am having my gallbladder removed by Dr. Oz. I am nervous and scared but I have been given detailed information and explanation from my doctor’s office, a preoperative nurse, and my advocate prior to today and I feel very prepared for my surgery. I was told to arrive thirty minutes prior to my surgery today. My surgery is scheduled for 0700. I am the first case of the day for Dr. Oz. It is 0610. I live twenty minutes from the hospital so I am on my way to St. Margaret Hospital with my wife and two daughters who will be staying with me until my surgery is finished.

I have arrived to the appropriate entrance of the hospital that I was instructed to drive up to. A valet parking attendant hands my wife a tag and explains that my car will be valet parked. As my family and I enter the hospital, my advocate is waiting for us inside, along with a smiling greeter who tells my family that he will gladly take my belongings to my room so that my family does not have to. As the greeter takes away my belongings, I am asked to verify medical information and identification, as well as verify the contact information of my wife’s cell phone and home phone that had been on file from a previous visit. Once verified, my wife’s number is placed on the front of my chart to be taken to the preoperative area. After my information has been verified, my advocate explains to me that one family member is allowed to come immediately back with me to the preoperative waiting room where I will be seen by the medical team. I feel a sense of relief knowing that my wife can be with me during this time. I give both of my daughters a kiss and hug goodbye and walk to the preoperative area with my wife and advocate by my side.

Upon entrance to the preoperative area, I am greeted by my nurse who will be caring for me until I am taken to the operating room. She hands me a gown and wool socks and explains to me how to adjust the temperature in my room and how to place the gown on. She then steps out and returns moments later with 2 warm blankets and a tracking number that she hands to my wife and explains about the tracking board. She also asks if I would like a clergy member to pray or talk to me before I am taken to the operating room. My wife and I really like how each room is private and that each patient walking by cannot see me in my gown. A few minutes after I change into my gown and wool socks, Dr. Oz comes to greet me and talk to my wife and I about the surgery. After he leaves, Dr. Pickle, my anesthesiologist, introduces himself and performs a short anesthesia interview. He then places my IV in my non-dominant arm on the first attempt with very little discomfort and draws the appropriate blood work (if pre-op blood work was not able to be obtained prior to surgery date). At this time my advocate tells my wife he is going out the family waiting room to get my two daughters so they can come back now to see me.

[During the anesthesia interview, the Operating room nurse, Preoperative nurse, and CRNA have met, introduced themselves and are on their way over to greet the patient in an “OR Huddle Interview.”]

After my wife and I have had a chance to talk to Dr. Pickle and ask him any question we had, my children are brought back by my advocate and we are all then greeted by two women and a gentleman. They take turns introducing themselves and explain that they are going to ask me a few questions that are required for patient safety regarding my surgery today. They ask me my name, birth date, if I have any allergies, and what surgery I am having done today, and if Dr. Oz has came and talked with me. (Additional info: surgical site marked and laterally if appropriate). I kindly answer all their questions and tell them I really appreciate that I did not have to be asked these same questions at three different times since they all have greeted me together. After I have taken a few moments to say goodbye to my family and advocate, I am taken back to the operating room. My family and I were really surprised of the efficiency this morning and how only about a half hour had past since I have arrived this morning. My advocate takes my family back to the family waiting room where “Anne,” a woman at the desk greets my family, asks the name of their family member having surgery, and hands them a pickle phone, if they do not have a cell phone on them, so that the operating room nurse that she had previous met
preoperatively can call her and update her and her family about me while I am in surgery. Anne then
directs my family to the sandwich cart and hands them a menu explaining the food items that are
available to order if they are hungry. She also shows them where they can grab beverages, pillows and
blankets while they are waiting.
[Time passes. My surgery has ended.]

**Intra-operative Communication by Carrie Meinert, RN**

I have been taken back to the waiting area to wait while my family member is in surgery. I would like to
be given a communication device so I can be contacted if I am needed for any reason and I can follow
along with the tracking screen. I would like more tracking screens throughout the hospital. I would like
to be able to receive updates on the device, as to how the surgery is progressing, time frames involved
with the surgery and when the surgery is complete. I would like to be notified by the operating room if
the surgery is going to be longer than I was told. I would like to have a comfortable area to wait:
comfortable seating, have a blanket or pillow offered to me, TV, computers, phones, reading material,
quite area, area for children. I would like to be offered something to eat and drink, have a selection of
food available for me. I would like to order a meal from the cafeteria and have it delivered to me. I
would like to speak with the physician in person after the surgery, in a private consultation area and I
would like to know the outcome of the surgery, what the recovery time will be and any post op
information I should be aware of. I would like to be notified frequently on how the patient’s recovery is
going and the time expectation of the recovery process, including any delays with the patient’s recovery.
I would like my family advocate available to answer any questions I may have.

**Recovery Phase by Peggy Lisac MSN, RN/Patty Katz**

I was nervous at the thought of going home after my surgery. What if I am having pain, what if my
nausea returns? I was so worried about the care after I left UPMC St Margaret. I can now say that
everything went so well.
Before I left the hospital the homecare representative visited me and discussed what my doctor had
ordered for my care at home. She asked what address I would be staying at and the phone number. I
was relieved because I forgot to tell my nurse that I had just accepted my daughters offer to stay with
her a few days until I am stronger. She then explained that my hospital bed and commode would be at
my daughter’s house that same morning. I received a pamphlet with “What to Expect” from the
homecare services. The brochure had the phone number and the date of the first visit. I was encouraged
to call with any questions even after I got home.
My favorite nurse who had taken care of me every day this week came in to explain my discharge
instructions. The nurse called my daughter on the speaker phone in my room as she was not able to
leave my grandchildren at home. The nurse calmly reviewed all my instructions and allowed time for us
to ask any questions. She asked my daughter if the equipment arrived and it had. She assured us the
prescriptions were called in to our local pharmacy and my daughter confirmed they had been delivered.
The nurse answered our questions about medications and interactions, and discussed pain control. She
explained that the anti-nausea drug was only to be used if I needed it. It was so easy to read the
directions because they were in a large clear print. My daughter received an emailed copy as did my
primary care doctor. The nurse then reminded me to use the walker my therapist had given me this
morning after he had made sure I was safe and comfortable using the walker. The nurse then showed
me the dressing supplies and spoke with my daughter to review the procedure taught to her last
evening by my other favorite nurse. I was given a prepackaged meal to take with me since I would be leaving just before lunch.

My prearranged transportation arrived right on time. The attendant was so warm and friendly. As he helped my nurse get me into the wheelchair he made me feel comfortable. After a little reassuring hug from my nurse I was on the road!

A few hours after I was safely delivered to my daughter’s house the homecare agency called and reviewed the brochure from the hospital. I was told the nurse would visit at 8:30 AM the next day, the address was confirmed and I was asked if I had any questions. She then gave a final mention of the phone number and website on the brochure for any questions. I felt relieved to know when I would again see a medical professional.

That evening the nurse from the hospital called to check and make sure all went well on my return home. She asked about the pain and nausea. I felt like she really cared.

The next morning at 8:30 I met my visiting nurse, after checking on me she called my doctor and gave a report. She asked if I had any questions for my doctor. She scheduled the visits for the rest of the week and left.

That afternoon I received a second follow-up call from the hospital, I was happy to tell them everything went so well. Best of all I have not needed that nausea medication and my pain has been well controlled.

**Admission to Surgical Unit by Kelsey Archibald BSN, RN**

Once a decision was made to admit me I would like my room to be available and ready for my family if they choose to go upstairs to wait while I’m in surgery. My advocate will then go and get my luggage from my car and put them in my room so my family has one less thing to worry about. When my family gets to my room I want there to be a welcome basket in there for them containing snacks, drinks, reading material etc... I would like my family to be given the option to either have a video conference upstairs in my assigned room or speak with the surgeon immediately after my surgery in the waiting room. After surgery while still semi-sedated I would like to be placed directly into my bed that I will be in upstairs instead of a stretcher to decrease my transitional pain. I would like a nurse and a transporter to accompany me to my room instead of just a transporter to make me feel safe and at ease.

Before I leave the PACU I would like to have all appropriate orders accurate, complete, and checked so when I get up to the floor and need something there will be no delay in getting them. I also don’t want to be wheeled down the hallway for everyone to see me at my worst. So I would like to take an elevator straight from the PACU directly to the floor by passing the hallways. I would like to see all the staff happy to receive me. My room stocked with all the essentials i.e water, towels, blanket, etc....and have my food waiting for me if I’m allowed to eat. I would like to see my nurse along with my nursing assistance waiting in my room awaiting my arrival with open arms. I would like to see the Pre-Op nurse and the OR nurse round on me within 30 minutes of me getting to the floor to see how I’m doing. I would also like to see my surgeon and/or a resident round on me within 2 hours of me getting to the floor to talk to me about my surgery, answer questions I may have, and/or just too simply check on me.
This was a PFCC High Impact Project:

To increase communication among staff and patient families keeping them updated about the status of their loved ones, resulting in improved patient satisfaction scores through communication.

Project Team:

Anna Emery RN and Michele Ressler RN

Co-Leads:

Amy Haugh
Betsy Gladish
Carrie Meinert RN

Project Team Members:

Amy Haugh
Betsy Gladish
Carrie Meinert RN

Project Details: Project #1

Initial Issue/Problem (reason project started):

Lack of communication of patient condition during procedures. OR/PACU/ Pre-op holding not communicating regarding patient status.

What was the proposed solution?

To create a communication sheet that would be filled out upon patient arrival to hospital. This sheet is kept inside the chart and shared with pre-op, OR, PACU and surgeons to improve communication to families/ friends.
Were there any barriers along the way? If so, describe:

<table>
<thead>
<tr>
<th>Staff resistance to change and perceived increased work-load. Education required, monitoring for accuracy and completion of forms.</th>
</tr>
</thead>
</table>

How did you measure your success (metrics)?

<table>
<thead>
<tr>
<th>Collected communication sheets for two months to ensure accuracy and completion. Press-Ganey scores monitored monthly. Staff feedback obtained which was positive as well as physician acceptance.</th>
</tr>
</thead>
</table>

Did this project reduce waste and/or cost; if so, how?

<table>
<thead>
<tr>
<th>no</th>
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</table>

Did this project improve/affect safety; if so, how?

<table>
<thead>
<tr>
<th>no</th>
</tr>
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</table>

Did this project improve/affect quality; if so, how?

<table>
<thead>
<tr>
<th>no</th>
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</thead>
</table>

Did this project improve/affect the Patient and Family experience; if so, how?

<table>
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<tr>
<th>Positive feedback from family / visitors regarding updates. Families happy that they were able to move around the hospital and still receive feedback on surgery.</th>
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</table>

Did you use PFCC Funds? If yes, what was the amount?

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<tr>
<th>no</th>
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Project #2

Impact Project Name: Pre-op Brochure for patient - location of café, times, etc

Project Team:
Jay Wright MSN, RN and Heidi Robinson BSN, RN

Co-Leads Names:
Jay Wright MSN, RN and Heidi Robinson BSN, RN

Project Team Members:
Kelsey Archibald BSN, RN
Esther Whitlinger BSN, RN
Lauren Cooper
Patty Cicuto BSN, RN
Rose Scalo RN
Ryan Witt
Sara Starr

This was a PFCC High Impact Project because....

Current brochure was outdated and did not provide our patients with enough information to adequately prepare them for their surgical visit.
Current brochure was outdated and did not provide our patients with enough information to adequately prepare them for their surgical visit.

<table>
<thead>
<tr>
<th>What was the proposed solution?</th>
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</thead>
<tbody>
<tr>
<td>Create a new updated patient/visitor guide to surgical services, that included important information for patients families regarding expectations before during and after surgery.</td>
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</table>

<table>
<thead>
<tr>
<th>Were there any barriers along the way? If so, describe:</th>
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</thead>
<tbody>
<tr>
<td>No</td>
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</table>

<table>
<thead>
<tr>
<th>How did you measure your success (metrics)?</th>
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</thead>
<tbody>
<tr>
<td>Patient Satisfaction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did this project improve/affect safety; if so, how?</th>
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</thead>
<tbody>
<tr>
<td>Patients are provided with more information on how to be prepared pre and post op. It is our belief that with this education adverse patient outcomes will be reduced.</td>
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</table>

<table>
<thead>
<tr>
<th>Did this project improve/affect quality; if so, how?</th>
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<tbody>
<tr>
<td>No</td>
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<table>
<thead>
<tr>
<th>Did this project improve/affect the Patient and Family experience; if so, how?</th>
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<tbody>
<tr>
<td>Yes through improved communication and in conjunction with Project #1.</td>
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<tr>
<th>Did you use PFCC Funds? If yes, what was the amount?</th>
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<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Project Name</td>
</tr>
<tr>
<td>--------------------------------------------------------------</td>
</tr>
<tr>
<td>Staff communication with family during surgery</td>
</tr>
<tr>
<td>Pre-op Brochure for patient - location of café, times, etc</td>
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<tr>
<td>Food and nourishments for ASU visitors</td>
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</tbody>
</table>
## Future Projects:

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Project Description</th>
<th>Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website design</td>
<td>Create an on-line information database to help prepare our surgical population of what to expect with their surgery</td>
<td>Press Ganey</td>
</tr>
<tr>
<td>Medication being delivered to hospital for patients</td>
<td>Work with local pharmacy to provide our patients with post-op medications while still at hospital.</td>
<td>Press Ganey</td>
</tr>
<tr>
<td>Pre op Huddle</td>
<td>All members of the healthcare team will meet with the patient at the same time introduce themselves as well as perform pre-op safety check.</td>
<td>Press Ganey</td>
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