

CARE TRANSFORMATION INITIATIVE TO IMPROVE PATIENT FLOW, LENGTH OF STAY AND INTERPROFESSIONAL COLLABORATION BETWEEN THE CARDIOVASCULAR ICU AND STEPDOWN UNIT AT A QUATERNARY ACADEMIC MEDICAL CENTER

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Background

The cardiovascular inpatient flow was consistently gridlocked due to high census, causing delays in care for patients who need quaternary level care. Sustainable plans to accommodate the needs of our community were needed given the 38% growth projection over the next 10 years. Additionally, following the industry trend post COVID-19, the service line experienced a decline in the operational efficiency ranking as defined by length of stay (LOS). The Care Transformation initiative was launched on the cardiac surgery intensive care unit (ICU) and telemetry unit. The goal was to develop an autonomous problem-solving unit by adopting evidence-based process improvement approaches. An interprofessional clinical team and a process improvement team paired with leadership support were participants

Description of Strategy

The patient’s case mix index at Keck Hospital of USC is among the highest in the nation. The complexity of patients requires collaboration across the interprofessional team to facilitate patient flow, bed capacity and LOS. Root cause analysis (RCA) began by soliciting honest feedback from teams. Feedback was gathered through surveys, large blank posters placed on the units for written comments and by utilizing the practice of Gemba and ethnographies. Building empathy by observing staff to feel what it is like to live “a day in the life in their shoes” was a crucial component of the work. The information was compiled into visual ethnography charts with emotional curves. Sharing these ethnographies with the team led to more understanding and positive relationship building.

RCA revealed “pain-points” that negatively impacted LOS, staff satisfaction, and interprofessional communication. The pain-points were categorized based on a prioritization matrix. The 16-week staff-designed and led initiative consisted of social connection and weekly team meetings. Four PDCA (Plan, Do, Check, Act) projects were designed based on prioritized pain-points. Each PDCA project consisted of staff volunteers who designed and executed the new tests of change. PDCAs were:

- 1) Improve team empowerment, resulting in the implementation of an interprofessional practice council.
- 2) Improve communication related to patient flow with two new communication huddles that led to improved planning for patient flow and early identification of barriers to discharge.
- 3) Identify barriers to discharge early with the implementation of Interdisciplinary “Power Rounds”
- 4) Improve nursing resources with the use of a mid-shift nurse to facilitate patient flow and assure adequate break coverage.

Results

Pre- and post-intervention surveys showed an increase in staff satisfaction. Post-intervention data showed a decreased LOS with increased number of patients being accepted for transfer from outside hospitals. The creation of standard work for daily patient flow communication yielded earlier recognition of barriers to transfer/discharge. The collaborative work including active listening and empathy building led to improved working relationships.

Conclusions

The most significant lesson learned was the importance of focusing on care team satisfaction with an empathetic approach and empowering the team to build their own solutions through teamwork and collaboration.

Purpose

Goals included patient flow optimization, team building, and skills transfer of evidence-based process improvement approaches to cultivate an autonomous culture of continuous improvement.

Care Transformation Approach

Shared Vision: Our vision is to create an environment on 5W & 5E that inspires meaning and purpose as a foundation for evidence-based, collaborative, and exceptional cardiac and vascular care

Wellness + Resilience Focus: Schwartz Rounds, Cumulative Stress Debriefing, Morale & Teambuilding Toolkit, Pet Therapy

•**Empathy Building:** Ethnography & Connection Hours

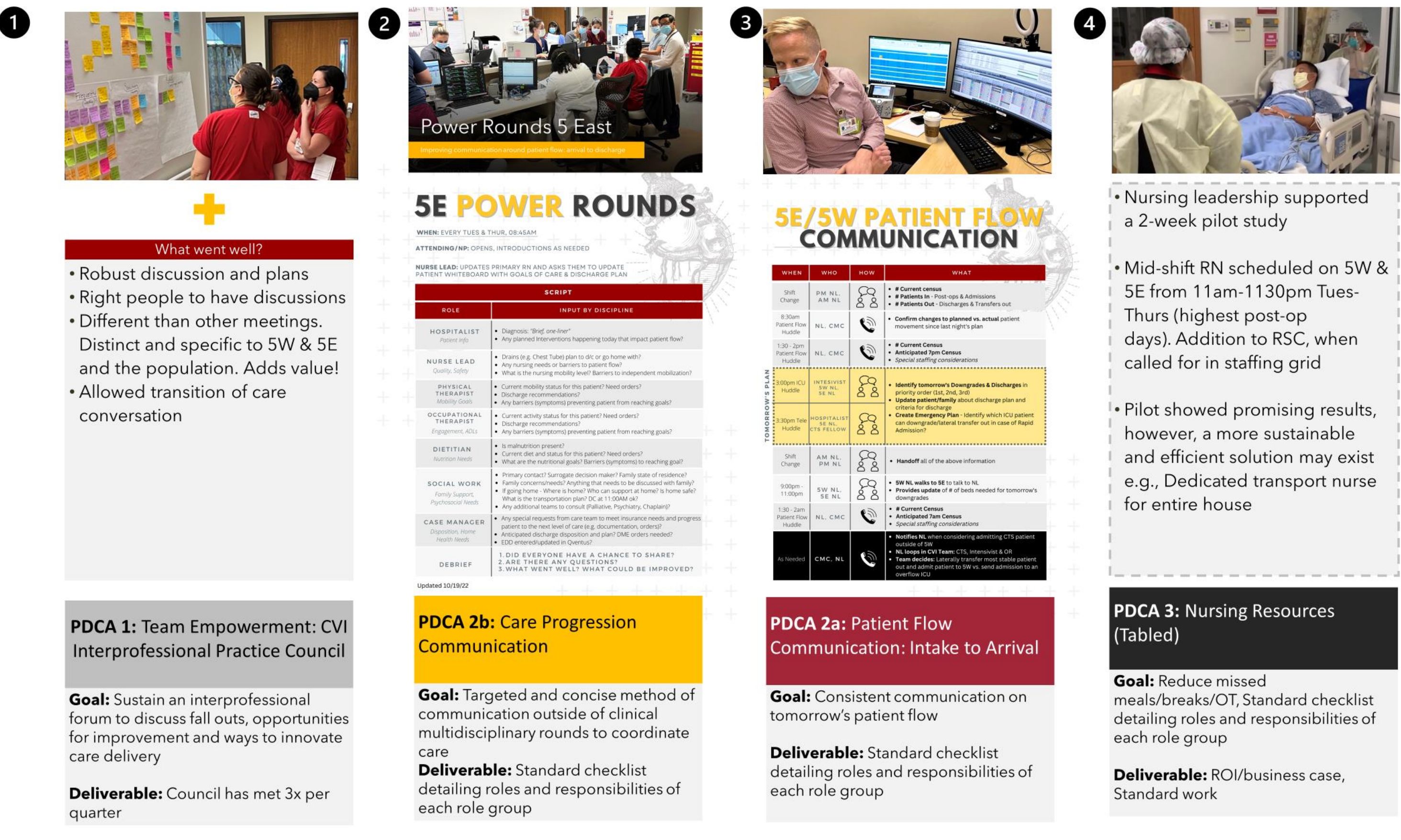
•**Impossible Question:** “What is impossible to do right now that if it could be done would make a fundamental difference in how we serve our patients and you as our staff?”

•**Partners:** RN Leaders, Supply Chain + Material Management, Pharmacy, Biomedical Engineering, EVS, Radiology + Imaging, Lab, IT

•**Rapid Process Improvement:** Prioritized 70 identified daily pain points that were high impact and low effort and then designed and experimented with 4 PDCAs



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Performing ethnographies was a key tactic in building empathy among the team members.

