



2011 NURSING ANNUAL REPORT



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2011 Nursing Annual Report

- 3** A Note from Sheri Hawkins, RN, MS, MBA;
Vice President and Chief Nursing Officer
- 4** Serving Up a New Recipe for Patient Satisfaction
- 6** Working Together to Provide Collaborative Care
- 8** Empowering Patients to Be Team Players
- 10** Nursing Showcase



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At Shawnee Mission Medical Center (SMMC), we believe that teamwork is essential to our vision of providing unsurpassed clinical quality and compassionate care.

The importance of teamwork to health care outcomes is powerfully illustrated by a recent Yale University study, which looked at patient survival rates for myocardial infarction (MI) at 11 hospitals. The study found that hospitals with high survival rates not only had extensive expertise treating MIs, but also demonstrated shared organizational goals and a vision for excellence.

Modern health care relies on teams of providers working together to orchestrate patient care, so it makes sense that stronger teams would achieve better clinical outcomes. High functioning teams contribute directly to safety, continuity of care and patient satisfaction. In addition, the Yale study highlights another aspect of teamwork which may not be as obvious: hospital staff in organizations with high team spirit are less likely to blame others for mistakes, making it easier to learn from those mistakes. As a result, team members are more encouraged to be creative and innovative. When team spirit is strong, people are more willing to solve problems and to look for better ways of doing things.

The findings of this condition-specific study confirm and reinforce SMMC's commitment to cultivating team spirit in every aspect of patient care, and this year's Nursing Annual Report highlights several examples of how SMMC nurses are at the center of key endeavors to strengthen teamwork across the hospital.

You will learn about an effort to improve patient handoffs between units, piloted by the Emergency Department, Progressive Care Unit and Heart and Neuro Vascular Unit. The new approach to patient handoffs between units puts the focus on face-to-face

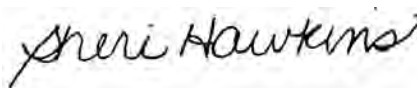
communication, which has also been central to the bedside shift reports adopted within units over the past several years. You will also read about Teach-back, a communication tool that improves nurse-to-patient communication to ensure that patients are part of the team too.

This report also features a story about how our nursing department is coordinating with nutritional services to deliver meals directly to many patients. This new process has been successfully rolled out on several units. Specially trained hosts and hostesses communicate directly with patients about meal preferences and dietary restrictions, which increases patient satisfaction while freeing up nurses to focus on other aspects of patient care – including meal delivery for patients who have special requirements. For instance, a Hypoglycemia Initiative focused on better coordination of insulin delivery with meals has greatly reduced the number of patients who experience low blood sugar.

Many times, we may have a satisfactory way of doing things that has served us well, but there may be a better way. A strong team knows that change can be challenging, but that even a small improvement in the level of care we can provide makes it worthwhile to pursue new ideas.

The theme of National Nurses Week 2011 is *trusted to care*. Because we are trusted to care, we are dedicated to strengthening our ability to work as a team.

Sincerely,



Sheri Hawkins, RN, MS, MBA
Vice President and Chief Nursing Officer

Serving Up a New Recipe for

Nursing and Nutrition Services collaborate to



Under the old system, delivery of meal trays to patient rooms was often delayed because nurses and clinical associates were juggling tray delivery with other patient needs. Typically, it might take a clinical associate up to 30 minutes to deliver six trays. Hosts and Hostesses now deliver meals to about 60 percent of patients, shaving around 25 minutes off the previous average delivery times.

“We work in teams of two to pass trays, and it’s our job to be efficient and to provide good customer service,” Matousek explained. “We’re able to answer questions about the food, help patients use the Skylight ordering system, fix problems more quickly, and we can help people understand special diets ordered by their doctor.”

Geoff Matousek had worked behind the scenes in the Nutrition Services department at Shawnee Mission Medical Center for five years when he was tapped to try something new. Starting in February, he and several of his coworkers took on a challenging but rewarding new role as Hosts and Hostesses, delivering meals directly to patients.

Matousek's new role is part of a partnership between the Nursing Department and Nutrition Services that is focused on improving meal delivery while freeing up nursing staff to spend more time on patient care.

“Food can be comforting and familiar in an uncertain environment,” said Susan Larcom, MBA, RD, Director of Nutrition Services. “Our goal is for meals to be delivered in a timely manner, so that the food is hot and fresh and patients aren’t waiting longer than necessary.”

Nurses and clinical associates still deliver meals to patients with certain medical requirements, such as those with swallowing problems who require thickened liquids and those who need mealtime insulin. A magnet system was developed for nurses to clearly communicate meal delivery duty: a green magnet on a patient's door signals that the tray can be delivered by Nutrition Services, while a red magnet means meal delivery needs to be handled by nursing staff. Nurses and clinical associates also pick up trays after meals and record the amount of food consumed.

The new system was piloted on the Orthopedics unit in February and was rolled out to the other units over the following two months. In addition to providing more efficient meal delivery, one of the biggest benefits of the new

Patient Satisfaction

improve meal delivery

system is improved service recovery, which is the ability to respond to problems and special requests at mealtime, whether it's providing a requested condiment or replacing an entire meal. Host and Hostesses are also able to contact a dietician if they encounter questions or have concerns about a patient's diet.

"Our Hosts and Hostesses know how to fix small problems that can really improve patient experience," Larcom said. "In fact, some patients will ask a Host or Hostess about an issue with their meal that they might not mention to a nurse, which gives us a chance to make patients happier."

Hosts and Hostesses were selected from existing staff and went through comprehensive training that stressed the importance of their new role while covering a wide range of topics, including how to present meals in a positive manner, how to help patients order meals through the Skylight system, and how to respond to comments and questions. Training also covered topics unique to serving food in a hospital setting, such as infection control, special diets and HIPAA rules about patient confidentiality.

"Trainees took two hours of classroom instruction, followed by hands-on training in the Zamierowski Simulation Center," explained Kevin Briggs, MHSA, BSN, RN, Professional Development Specialist. "We had them

deliver meals to three patient rooms in a series of scenarios developed to test classroom knowledge, from easy to challenging."

Some of the training scenarios purposely created conflicts to ensure that the Hosts and Hostesses were alert to potential conflicts and safety issues, such as encountering a green magnet on the door of a patient receiving thickened liquids. The simulations were as realistic as possible, including using real food and volunteer nurses and dieticians who posed as patients.

"This is a great example of disciplines working together to meet patient needs," said Sheri Hawkins, RN, MS, MBA, Vice President and Chief Nursing Officer. "Developing this new system required some big changes, but it's been worth the effort. Patients really like the friendly, professional meal service provided by our Hosts and Hostesses, and nurses have more time to focus on patient care."



Teaming up to tackle hypoglycemia

Last summer, the Diabetes Center at SMMC launched a Hypoglycemia Initiative focused on improving mealtime insulin delivery.

"If insulin delivery and food consumption aren't timed correctly in patients with diabetes and some other conditions, they can suffer from hypoglycemia, which is when the blood sugar drops too low," explained Sandie Anderson, ARNP-BC, CNS-BC, Manager of the Diabetes Center. "Our goal is to effectively manage each patient's blood glucose to avoid low blood sugar, which can be stressful and dangerous."

The recent creation of the Host/Hostess role has further bolstered this ongoing effort to reduce incidences of hypoglycemia. About 60 percent of meals are now delivered by the Nutrition Services staff, allowing nurses and clinical associates to focus on meal delivery to patients with special medical requirements.

"We've reduced the incidence of low blood sugar associated with insulin delivery by 50 percent," Anderson said. "This is a direct result of better coordination and communication between nurses, clinical associates and Nutrition Services staff."

Working Together to Provide

Fine-tuning teamwork during patient handoffs

During a patient's stay in the hospital, every point of transition puts teamwork to the test. Each time primary responsibility for a patient's care changes hands, working together effectively is critical to patient safety – and patient satisfaction. This is why nurses at Shawnee Mission Medical Center (SMMC) have been evaluating and improving patient hand-off procedures, both within and between departments.

"Because communication breakdowns are a leading cause of adverse events in hospitals, we're committed to implementing best practices around patient handoffs," said Sheri Hawkins, RN, MBA, MS, Vice President and Chief Nursing Officer. "In particular, we are focusing on improving face-to-face communication because it supports excellence in care while also contributing to a collaborative culture of teamwork and respect."

Communication and transformation

Over the past few years, nurses at SMMC have worked to implement improved handoffs, starting with a change from an unidirectional report into a more supportive exchange at the patient's bedside, where a safety check is performed between the off-going and on-coming nurse.

This redesigned process was first developed by the Oncology and 3-North Medical-Surgical Units as part of Transforming Care at the Bedside (TCAB), which is a national effort to improve bedside care in medical/surgical units.

During the bedside safety check, nurses



briefly review a safety checklist, including the patient's identity, settings on critical equipment and other safety aspects of the patient's care. The shift hand-off process also includes a report model based on an SBAR model (situation, background, assessment and recommendation). This practice hardwires an opportunity for staff nurses to answer each other's questions, suggest additional interventions and collaboratively troubleshoot specific challenges.

The patient is also included in the exchange, which results in decreased anxiety and improved understanding. Patient and family have an opportunity to ask questions and share information with both nurses, and communication is further enhanced with an in-room communication board where providers post information about the patient's status and plan of care.

When a patient is moved from one unit to another, patients and providers face additional challenges, including more chances for miscommunication. To address those challenges and improve teamwork across the hospital, SMMC

is currently enhancing the hand-off procedure between units.

Relationships and respect

The new departmental hand-off process was initially implemented between the Emergency Department (ED) and two new units in SMMC's Critical Care Services Expansion. The effort was spearheaded by Diana Faltermeier, MSN, RN, CEN, Emergency Department Clinical Specialist, and Stacy Steiner, MSN, RN, ARNP, Critical Care Clinical Nurse Specialist.

SMMC opened the first phases of its state-of-the-art expansion in January 2009, with the final two floors of the tower opening in early March of this year. The tower's seventh and eighth floors are home to the Progressive Care Unit and a new Heart & Neuro Vascular Unit. These units were selected to pilot an improved hand-off procedure.

The ED at SMMC typically sees between 150 and 200 patients in a 24-hour period, resulting in dozens of admissions each day. Each time an emergency patient is admitted to the

e Collaborative Care

hospital for further care, the ED needs to transfer care to the appropriate receiving unit. The new hand-off procedure includes a face-to-face meeting between the ED and the unit nurses to support effective communication.

"The face-to-face hand-off gets patients and families involved because they see nurses sharing information and have a chance to ask questions," Faltermeier said. "Meeting face-to-face also enhances relationships between units, allowing nurses to put names with faces and breaking down departmental divides."

As with bedside shift reports, one of the biggest advantages of a face-to-face hand-off between units is that nurses can communicate clearly about critical aspects of each patient's condition and plan of care. "To provide the best care, we need to communicate face-to-face," Faltermeier said. "In the past, we shared detailed information over the phone for patients in critical care, but key information can get overlooked without personal interaction."

Communicating face-to-face in the presence of the patient makes sure providers understand each other and are in agreement. "Assessment can vary between providers, so a bedside check sets a baseline," Steiner explained. "For instance, if a patient is experiencing weakness, one nurse might call it mild, while another would label it moderate."

Safety and satisfaction

Mandy Ebeling, RN, an ED staff nurse with 14 years experience, sees many advantages in the new hand-off process.

"When you share information at the patient's bedside, you can tell right away from non-verbal cues if the receiving nurse is confused or needs you to explain something more fully, which is something you can easily miss if you

are sharing information over the phone or in writing," Ebeling explained. "Also, the patient is part of the conversation, which helps ensure that we are all on the same page and prevents nurses from inadvertently passing on incorrect or incomplete information."

Ebeling also appreciates that the new process is more streamlined and efficient, which makes the hand-off a better experience for patients and nurses. "The other day I had a very sick patient, and I called the floor and told them I was on the way up," Ebeling said. "In the few minutes it took to transport the patient, the floor nurse reviewed the patient's vital signs and lab work and was ready with questions when we got to the room."

Like the bedside shift report within units, the departmental handoff includes an SBAR report that provides a standard format for sharing information, to ensure that the hand-off process is focused and streamlined. "We added a team admission approach to support the new process to assure that it is patient/family-focused and completed in an efficient, timely manner," Steiner explained.

Face-to-face handoffs also make patients more comfortable and confident, and patient satisfaction is more important than ever because hospitals are now rated by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). This national, standardized survey of hospital patients is funded by the Centers for Medicare and Medicaid Services and the Agency for Healthcare Research and Quality. Survey results allow consumers to compare hospitals on a variety of measures and also impact Medicare reimbursements.

High touch and high-tech

The improved hand-off procedure places value on an old-fashioned

concept: the importance of face-to-face communication. At the same time, the new process also incorporates state-of-the-art technology.

SMMC is preparing to make the switch to computerized order entry into patients' Electronic Medical Records (EMRs), with full conversion to this process scheduled for August. In the past, the SBAR report has been paper-based, but nurses and staff need to transition to computerized reporting, so that all patient information is fully integrated into the EMR.

"This is a challenging transition because we have to learn to use the EMR with the same ease as the paper-based system, and that's a big shift for many nurses," Steiner explained. "Because the EMR pulls everything together for patients and providers, we are working hard to make it an integral part of hand-off communication."

After the new hand-off procedure is piloted, reviewed and fine-tuned on the seventh and eighth floors, the nursing department will begin to roll it out to other units. Implementing the new hand-off procedure – including integration of the EMR – will require staff education to ensure that frontline nurses and staff are engaged in the new process and understand the purpose of the changes.

"In addition to continuing to improve hand-off procedures between units, we also plan to review and fine tune the procedures for hand-offs from units to procedural areas, such as the GI Lab," said Susan Stark, MSN, APRN, RN, Director of Evidence-Based Practice. "Having the best possible hand-off procedures in every area of care will build stronger relationships between departments, while also fostering greater trust and satisfaction among patients and families."

Empowering Patients to Be Team Players

Teach-back supports health literacy and improved self-care

Early in 2011, the Short Stay Unit at SMMC began piloting a new technique called Teach-back. This simple but powerful tool, which is supported by the Institute for Healthcare Improvement (IHI), gives patients an opportunity to “teach back” what they have learned about their health.

“Teach-back is a friendly and non-threatening way to communicate,” explained Bobbe Anson, RN, Staff Nurse and Unit Educator on the Short Stay Unit. “We don’t want to put a burden on the patient. Our goal is to be sure we have been clear and covered all our bases.”

Studies have shown that patients remember and understand less than 50 percent of what they are told and forget up to 80 percent. Teach-back strives to improve these troubling statistics. Rather than asking a yes-or-no question like “Do you understand?” the Teach-back method encourages patients to repeat back what they have been told, in their own words, in response to specific questions.

For instance, a nurse might ask, “How will you explain this change in medications to your husband?” or “Can you tell me three instances where you should call your doctor?” If the patient can’t answer accurately, the nurse reviews the information again and then uses the questioning method once more.

“It’s very rewarding when you are able to clarify something a patient didn’t truly understand,” Anson said. “We want to keep our patients safe, and Teach-back creates an opportunity to prevent misunderstandings and mistakes in self-care.”

Ruth Long, RN, staff nurse on the Short Stay Unit, has found Teach-back to be a useful tool. “Sometimes you think patients hear you the first time you explain something, when they really don’t,” Long said. “It can be something that seems simple, like how to shower safely, but that could create a serious medical emergency if a patient doesn’t really understand what you’re saying.”

Teach-back is a tool for the entire health care team, not just nurses. The method encourages providers to use plain language, speak in short statements and focus on two or three important concepts the patient most needs to understand and remember.

“Teach-back is a simple concept, but it strikes at the core issues of health literacy and successful self-management after patients leave the hospital,” said Catherine Castelli, MN, RN, ARNP, AOCN, Oncology Clinical Nurse Specialist. Castelli serves on the Patient Education Committee, a multidisciplinary team that will be tasked with rolling Teach-back out to other units in the hospital once the pilot is completed.