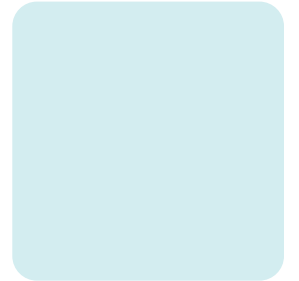


From 10,000 foot to Sea Level:



Building engagement at all levels to reduce preventable hospital readmissions

Taking your car to the auto shop



Why focus on readmissions?

Humanistic Side:

- Does the patient or family want to be readmitted? implications?
- What if it was your child?
- What's the impact to other patients?
- What else might staff be doing if not caring for a potentially preventable readmission?

Preventable Readmission = Preventable Harm

Why focus on readmissions?

Facts and Data:

- 1 in 5 Medicare patients readmitted within 30 days
- Medicare cost of estimated care \$26 billion per year, \$17 billion potentially preventable
- Shift to value based payments; Adult hospital total fines was \$428 million for excess readmissions in 2014

A big audacious challenge

Hospital goal
year prior



Needle didn't
move

Cross functional
project team



No direct
owners

Normalization of
occurrence



'Frequent
Flyers'

Health care
climate changing



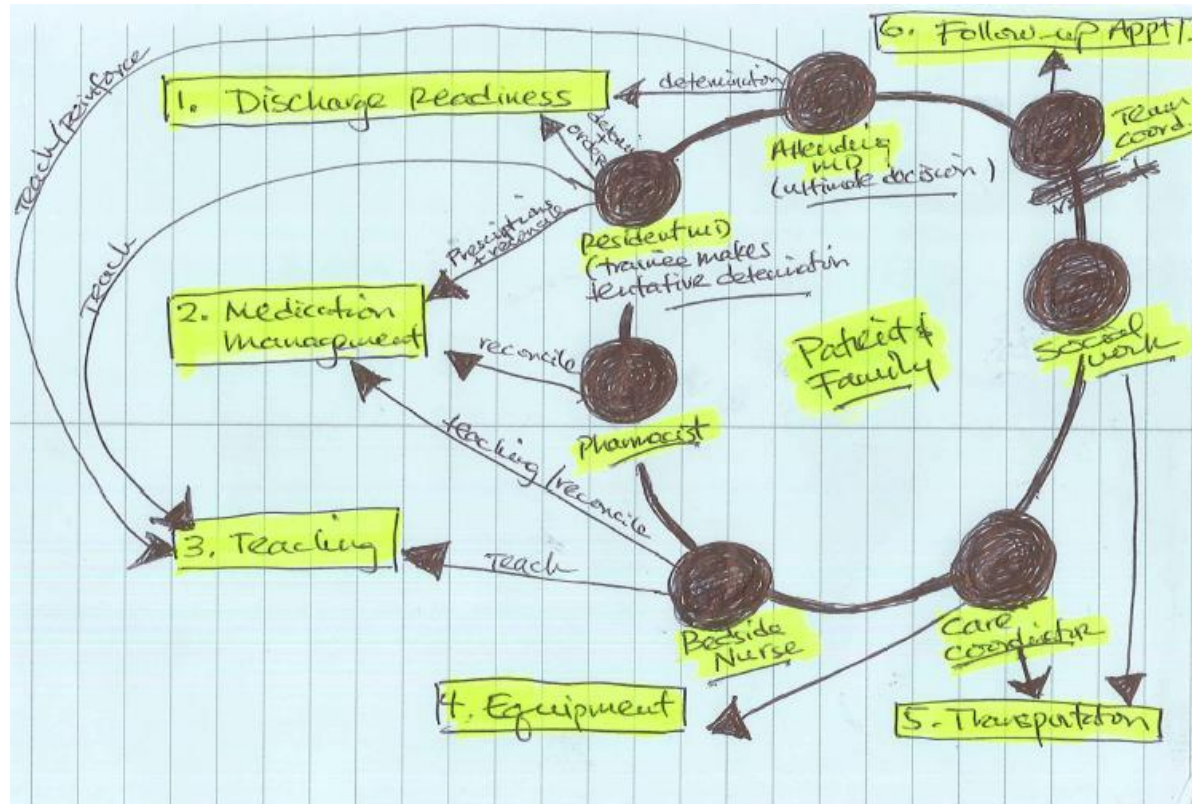
Lots of \$
at risk

Rally a call to action

- Grasp the problem from a high level
 - Reflect on what's been done before, and build on your learnings
- Narrow in on a particular scope, this is hard
- Identify your core team, and the key players
 - They'll be some flux along the way, that's okay
- Set the tone
 - Kickoff w/ team on clear purpose & intent of work
 - Get excited about the work! Your energy shows

Current state

- Show respect to the workers and the work by taking the time to deeply understand current state



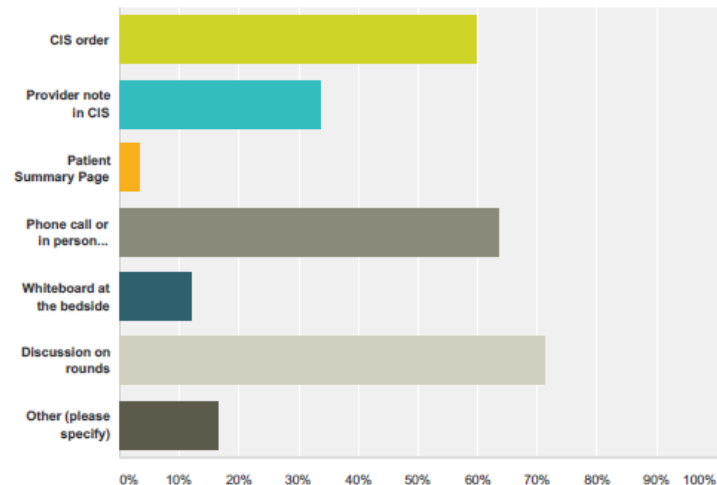
Current state

- Ask those that do the work about the work
 - Do so with humility, to better understand how the work is done and the challenges encountered, not to pin blame to problems

Discharge and Readmissions

Q4 How do you know when a patient is ready for discharge/what their DC criteria is? (choose all that apply)

Answered: 115 Skipped: 0



Voice of the customer

- Ground everything in the needs of the customer, take the time to learn these and identify gaps

Doctor



Do you know what 'Discharge Criteria' on the whiteboard means?

Family



Honestly....I have no idea

Doctor



It means when you get to go home

Family



Ohhhhh...
why don't we call it that then?

Voice of the customer

- Make simple changes...no do it now!

Room 5.202 Nutrition 7-2095
Date: 10/14 Tuesday Focus of the Day
CARE TEAM
RN: Teresa 7-3 Attending
CNA: Carline 73 Resident
RT:
Plan of Care
• Monitor vitals
• Change diapers to weigh
• IV antibiotics
Pain Plan
Tylenol
Diet
Formula/Bottle 1 1/2 oz
1 oz
Discharge Criteria
Family Contact
Questions

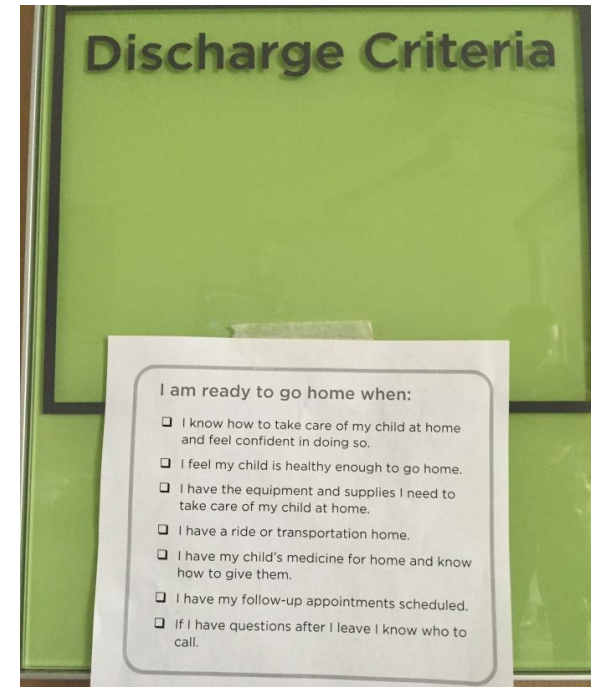
Gemba Kaizen

RN: Teresa 7-3 Attending
CNA: Carline 73 Resident
RT:
Plan of Care
• Monitor vitals
• Change diapers to weigh
• IV antibiotics
Pain Plan
Tylenol
Diet
Formula/Bottle 1 1/2 oz
1 oz
~~Discharge Criteria~~
When we get to go Home:
 Eating better
 Taking antibiotic by mouth
 Dr. Follow-up set up
Family Contact
Questions

Pick something and go!...v1.0

I am ready to go home when:

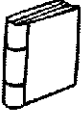





- I know how to take care of my child at home and feel confident in doing so.
- I feel my child is healthy enough to go home.
- I have the equipment and supplies I need to take care of my child at home.
- I have a ride or transportation home.
- I have my child's medicine for home and know how to give them.
- I have my follow-up appointments scheduled.
- If I have questions after I leave I know who to call.



Then iterate...v2.0

I am ready to go home when:		
	<input type="checkbox"/>	I know how to manage my child's medical needs at home.
	<input type="checkbox"/>	I feel my child is healthy enough to go home.
	<input type="checkbox"/>	I have the equipment and supplies I need to take care of my child at home.
	<input type="checkbox"/>	I have a ride or transportation home.
	<input type="checkbox"/>	I have my child's medicines for home.
	<input type="checkbox"/>	I have my follow-up appointments scheduled.

Then iterate...v3.0

We are ready to go home when:		
Fill in the blank spaces below with patient specific discharge information:		
 Education	We know how to manage our child's medical needs at home.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 Equipment & Supplies	We have the equipment and supplies we need to take care of our child at home.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 Transportation	We have a ride or transportation home.	<input type="checkbox"/>
 Medications	We have our child's medicines for home.	<input type="checkbox"/> <input type="checkbox"/>
 Follow-Up	We have our follow-up appointments scheduled.	<input type="checkbox"/> <input type="checkbox"/>
 Discharge Criteria from CIS		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Final Check Before Discharge		<input type="checkbox"/> We feel our child is healthy enough to go home.

Feeling too much resistance!?








Lean on your sponsors

- Role is to provide direction & remove barriers
- Tap into them more frequently than you think
- Be clear on what you need from them
- Don't let your team spin too long
 - Escalate if that's what's needed

Then iterate...v4.0

We are ready to go home when:

 Education	 Equipment & Supplies	 Transportation	 Medications	 Follow-Up
We know how to manage our child's medical needs at home.	We have the equipment and supplies we need.	We have a ride or transportation home.	We have our child's medicines for home.	We have our follow-up appointments scheduled.
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<input type="checkbox"/> Complete	<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<input type="checkbox"/> Complete <input type="checkbox"/> N/A

Fill in the blank spaces below with specific items to be met prior to going home.

CARE TEAM USE: Include discharge criteria from CIS	FAMILY USE
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
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<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> I know who to call if I have questions when I get home.

Final Check Before Discharge: We feel our child is healthy enough to go home.

Then iterate...v5.0

The screenshot displays a web application interface for a patient summary, titled "Patient Summary" and "Inpatient Summary". The interface is organized into several sections:

- Discharge Readiness Checklist:** This section contains five main items, each with a status and associated actions:
 - Education:** "The family has completed all assigned education, and their understanding has been confirmed." (Status: Education Completed). Actions: +Teaching.
 - Services and equipment:** "Services and equipment have been arranged, and the family has demonstrated proficiency." (Status: Equipment/Services Arranged). Actions: +CareCoord Consult, CareCoord Notes.
 - Prescriptions:** "The family has the child's home prescriptions and/or medications and knows how to administer them." (Status: Pharmacy Communication). Actions: Med Rec, Print Med List.
 - Referrals:** "Referral recommendations and follow-up appointments have been accounted for." (Status: Apts Scheduled in Next 6 Mos.). Actions: +PCP F/U, +Referral, Depart.
 - Transport:** "The patient has a ride home and/or safe transport arranged." (Status: Car Seat Challenge: Ordered). Actions: RN D/C Planning, +Car Seat Chlg.
- Key Information:** Located on the right side, it includes:
 - Family Language Preference: English
 - Last Discharge:
 - Discharge Criteria (Last update: 04/20/2016 11:55):
 - Signs/Symptoms: No increased incision redness or pain
 - Vital Signs: Temp less than 38 C for last 12 hours
 - Pain: Pain controlled without IV meds > 4hrs, Pain score < 3 for last 4 hours
 - Diet: Maintaining hydration orally/enterally, Tolerates diet without emesis for 4hrs
 - Care Team:
 - Primary Contact: None
 - Secondary Contact: None
 - Attending: Javid, Patrick J, MD
 - Assigned RN: None
 - Respiratory Therapist: None
 - Social Worker: None
- Discharge Order Details:** Located at the bottom right, it includes:
 - Primary diagnosis: Supracondylar Humerus Fracture
 - Anticipated discharge date: 04/27/16
 - Discharge when: Discharge after teaching completed
 - Discharge to where: home
 - Discharge to whom: parents
 - Diet: resume usual diet unless otherwise instructed
 - Activity: resume per admit activity unless otherwise instructed
 - Discharge medications: Per Discharge Home Medication List
 - Dictating physician: Test, Res300
 - Special instructions for PCP: free text of special instructions for PCP
- Family Readiness Assessment:** At the bottom left, it shows "The family feels that their child is healthy enough to go home." with a checked box.

Navigation and utility elements include tabs for "Problems & Treatments", "Results", "Contacts", "RN Handoff", and "D/C Readiness". The top right corner features "Full screen", "Print", and "7 minutes ago" indicators. The bottom right corner contains buttons for "+D/C Order", "PCP D/C Comm Note", and "Discharge Summary".

Then iterate...v6.0

The screenshot shows a 'Patient Summary' page with a 'Discharge Readiness Checklist' on the left. The checklist items are:

- Education:** The family has completed all assigned education, and their understanding has been confirmed. Status: Education Completed.
- Equipment/Services:** Services and equipment have been arranged, and the family has demonstrated proficiency. Status: Equipment/Services Arranged.
- Medications:** The family has the child's home prescriptions and/or medications and knows how to administer them. Status: Medications to be filed at Seattle Children's Pharmacy Communication.
- Transportation:** The patient has a ride home and/or safe transport arranged. Status: Car Seat Challenge: Ordered.






On the right, 'Key Information' includes: Family Language Preference: English; Last Discharge: 04/20/2016 11:55; Discharge Criteria: No increased incision redness or pain; Vital Signs: Temp less than 38 C for last 12 hours; Pain: Pain controlled without IV meds > 4hrs; Diet: Maintaining hydration orally/enterally; Tolerates diet without emesis for 4hrs; Care Team: Primary Contact: None; Secondary Contact: None; Assigned RN: None; Respiratory Therapist: None; Home Worker: None; Discharge Order Details: Primary diagnosis: Supracondylar Humerus Fracture; Anticipated discharge date: 06/27/16; Discharge when: Discharge after teaching completed; Discharge to whom: parents; Diet: resume usual diet unless otherwise instructed; Activity: resume per admn activity unless otherwise instructed; Discharge medications: Per Discharge Home Medication List; Dictating physician: Test, Rac300; Special instructions for PCP: Free text of special instructions for PCP.

Family Communication and Discharge Readiness Checklist

Purpose of this form: It is very important that you feel ready to go home before you are discharged from the hospital. This form provides a chance for you to let us know if you feel ready to go home, and if you have everything you need before you leave the hospital. In addition, this form is a place for you to add any questions or concerns you may have for your medical team.

Instructions: Please take a moment to check whether or not you have received the education you need, equipment and supplies, transportation, medications, and if your follow-up appointments are scheduled. Please add any additional questions or concerns you have for your medical team.

We are ready to go home when:

 Education	 Equipment & Supplies	 Medications	 Follow-Up	 Transportation
We know how to manage our child's medical needs at home:	We have the equipment and supplies we need:	We have our child's medicines for home.	We have our follow-up appointments scheduled.	We have a ride or transportation home.
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<input type="checkbox"/> Complete

QUESTIONS OR CONCERNS FOR MEDICAL TEAM:

Final Check before Discharge: We feel our child is healthy enough to go home.

Then iterate...v7.0

Discharge Readiness Checklist

- The family has completed all assigned education, and their understanding has been confirmed.
 - Education Ordered: Cast care, Cast care | Wound care, Ambulation | Bum care | Diabetes | Enteral feeds | Personal care | Home control...
 - Education Completed: []
- Services and equipment have been arranged, and the family has demonstrated proficiency.
 - Equipment/Services Ordered: Equipment/Services Arranged, Home Infusion/Enteral Therapy, Home Health Care
 - Car Seat Challenge: Ordered
- The family has the child's home prescriptions and/or medications and knows how to administer them.
 - Check if any prescriptions have been printed for the family.
 - Medications to be filled at Seattle Children's. **Pharmacy Communication**
- Referral recommendations and follow-up appointments have been accounted for.
 - PCP: Hovib, Cheryl A, MD - Follow-up: Not required
 - Non-SCI Appts in Process: SCI Appts in Process, Orthopedics
 - Appts Scheduled in Next 6 Wks: Sports Therapy Clinic - 08/21/16 14:00, Ophthalmology Clinic - 08/29/16 13:20
- The patient has a ride home and/or safe transport arranged.

Family Readiness Assessment

The family feels that their child is healthy enough to go home.



Going Home Checklist for: _____

How do we use this form?

Let us know if you feel ready to go home and have everything you need before you leave the hospital.

- Check the complete box when you have the education you need, equipment and supplies, transportation, medicines and your follow-up appointments are scheduled.
- Add any questions or concerns that you have for your child's healthcare team.

We are ready to go home when:

<p>Education</p> <p>We know how to care for our child's medical needs at home:</p> <p><input type="checkbox"/> Complete</p> <p><input type="checkbox"/> Not Needed</p>	<p>Equipment & Supplies</p> <p>We have the equipment and supplies we need and know how to use them.</p> <p><input type="checkbox"/> Complete</p> <p><input type="checkbox"/> Not Needed</p>	<p>Medications</p> <p>We have our child's medicines for home and know how to give them.</p> <p><input type="checkbox"/> Complete</p> <p><input type="checkbox"/> Not Needed</p>	<p>Follow-up</p> <p>We have our follow-up appointments scheduled.</p> <p><input type="checkbox"/> Complete</p> <p><input type="checkbox"/> Not Needed</p>	<p>Transportation</p> <p>We have a ride or transportation home and to follow-up appointments.</p> <p><input type="checkbox"/> Complete</p>
---	--	--	--	---

Questions or concerns for your child's healthcare team:

Final check: We feel our child is healthy enough to go home.

Please let your nurse know if you have any questions about filling out this form.

7/16
PILOT

Go to gemba w/ purpose

- Be present, have focus, engage, capture

Observation Date: Wednesday 7/20/16

Facilitator: Beckie

Topic for the week of 7/18: Family D/C checklist

Gemba objective: Gather input from bedside nursing on how the d/c checklist can best be used in their workflow

Process Observations:

- none

Feedback from staff:

Shannon, RN (F5)

- She would like to check next to question. Likes the idea of keeping all questions on checklist and running the questions with family on day of discharge. Rn initials next to question = completed/answered.

Stephan, RN (F4)

- Discuss checklist during Rn handoff. Put in a Misc. communication in CIS. Likes idea of initialing next to questions to show ownership

Christina, RN (F4)

- Initial introduction on admission because she already discusses where to write questions, the whiteboard, etc. Ideally the day shift RN would then review/reinforce the checklist during rounds.
- Review the checklist with each other during shift handoff.
- To determine when an item is completed: If it is simple to resolve, just erase it. If not, then ask the family if they feel it has been addressed.
- Review daily during rounds to see if there are new items on the checklist or anything that needs to be completed.

Feedback from patients/families:

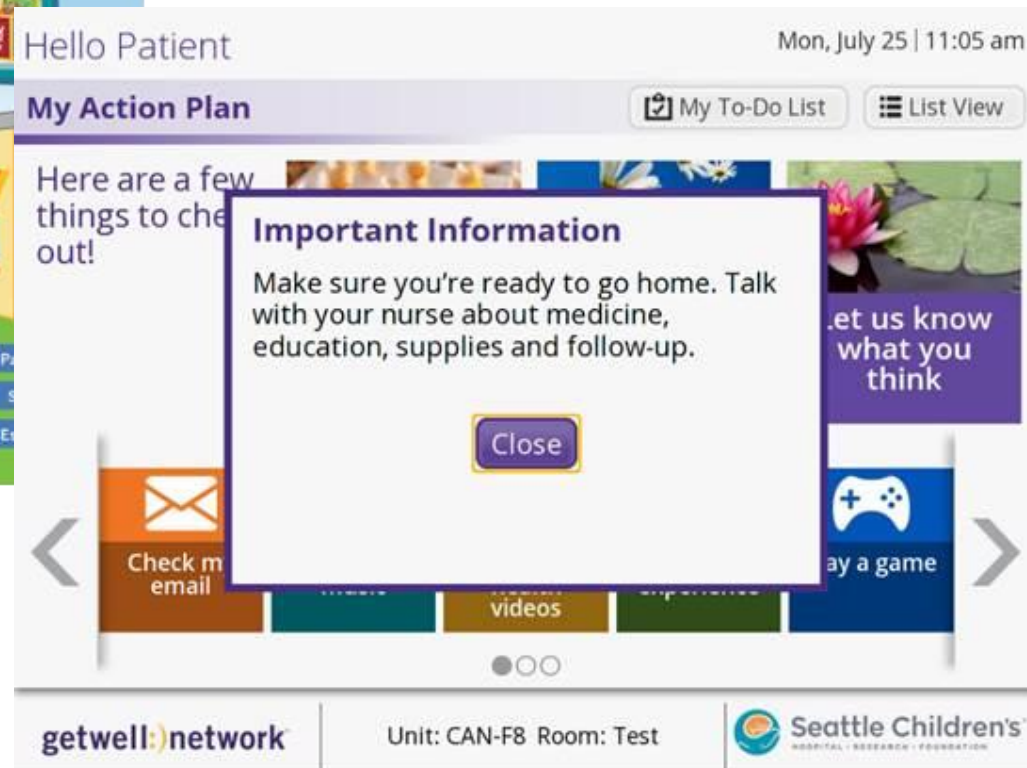
- Really like the format. It makes sense. Would like a final check to have the option to speak to a provider prior to discharge as there are so many different people involved here at children's. Noticed the whiteboard has a tiny space for questions so like the idea of having their own checklist.

Reflections/Follow-Up (opportunities for improvement, just do its):

- The whiteboard on Forest 4/5 has a tiny spot for questions; we could fill that spot with an arrow pointing to the checklist so there is only one spot for questions. Could we make a sticker arrow???

Invite customers into your process

Messaging to Families
on TV's in Patient Rooms

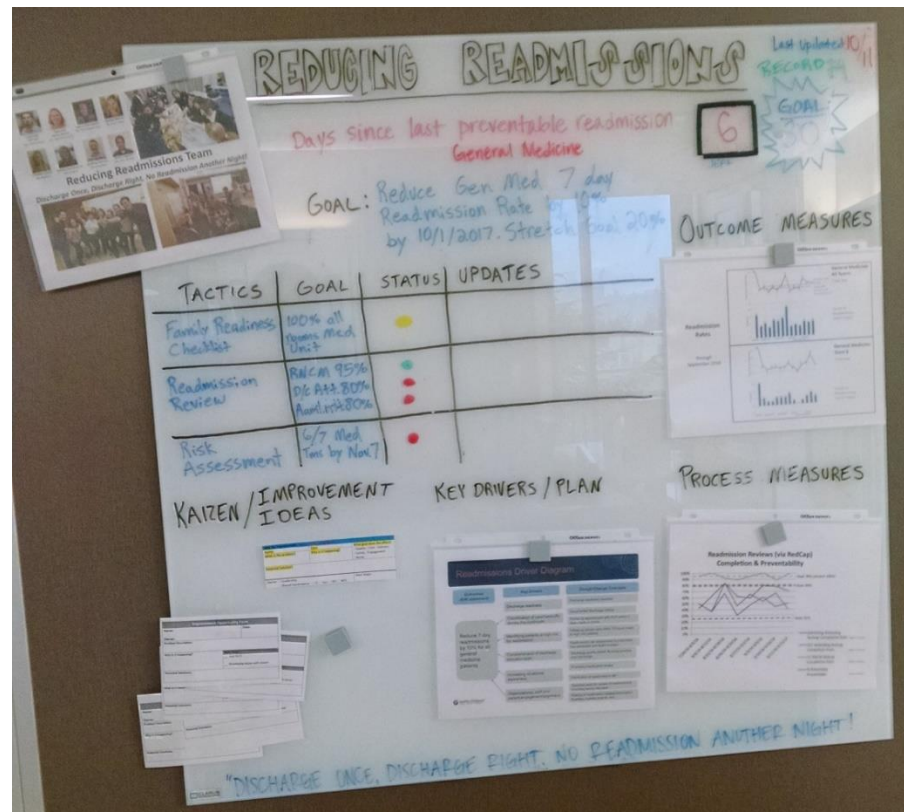


Iterate your project framework too

- Get the right people at the table
- Empower while providing clarity & direction
 - Blank slate methodology usually not effective
- Cadence, purpose, and setting of meeting
 - Leverage work on gemba when you can
- Things getting stale, change it!

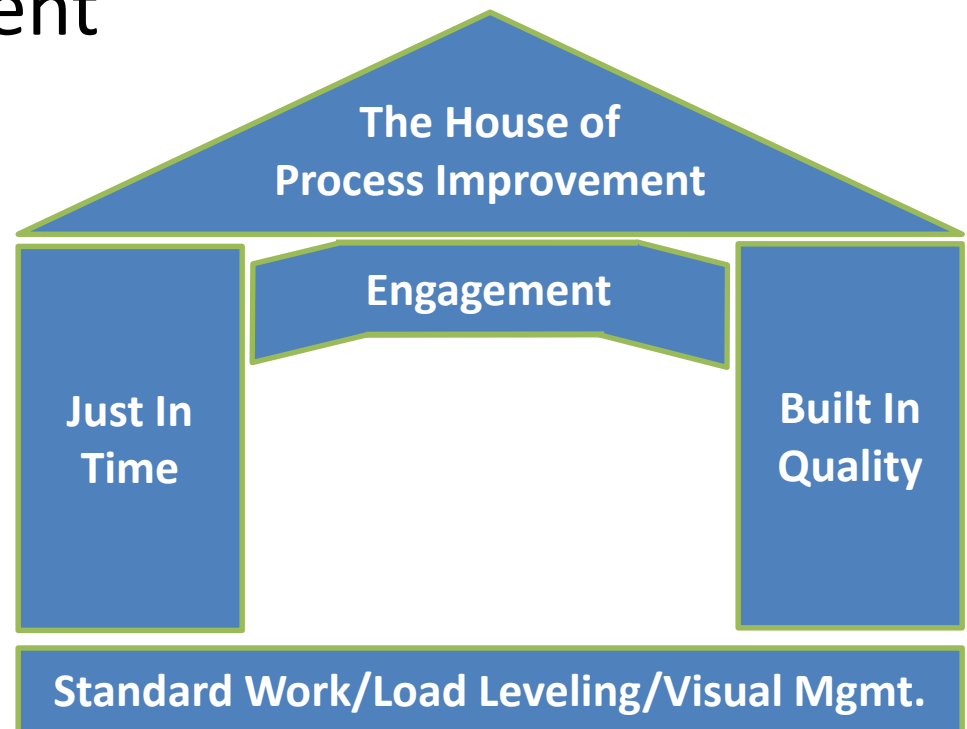
Make your story visible

- Display simple info that resonates with staff and paints a clear picture of goals and status

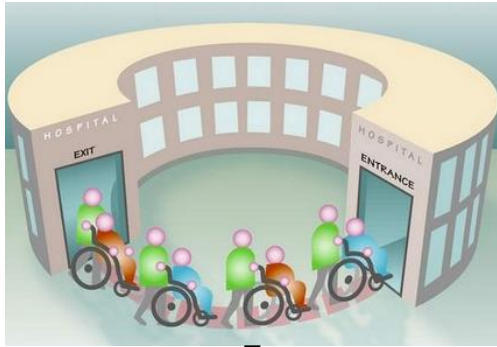


Built in engagement

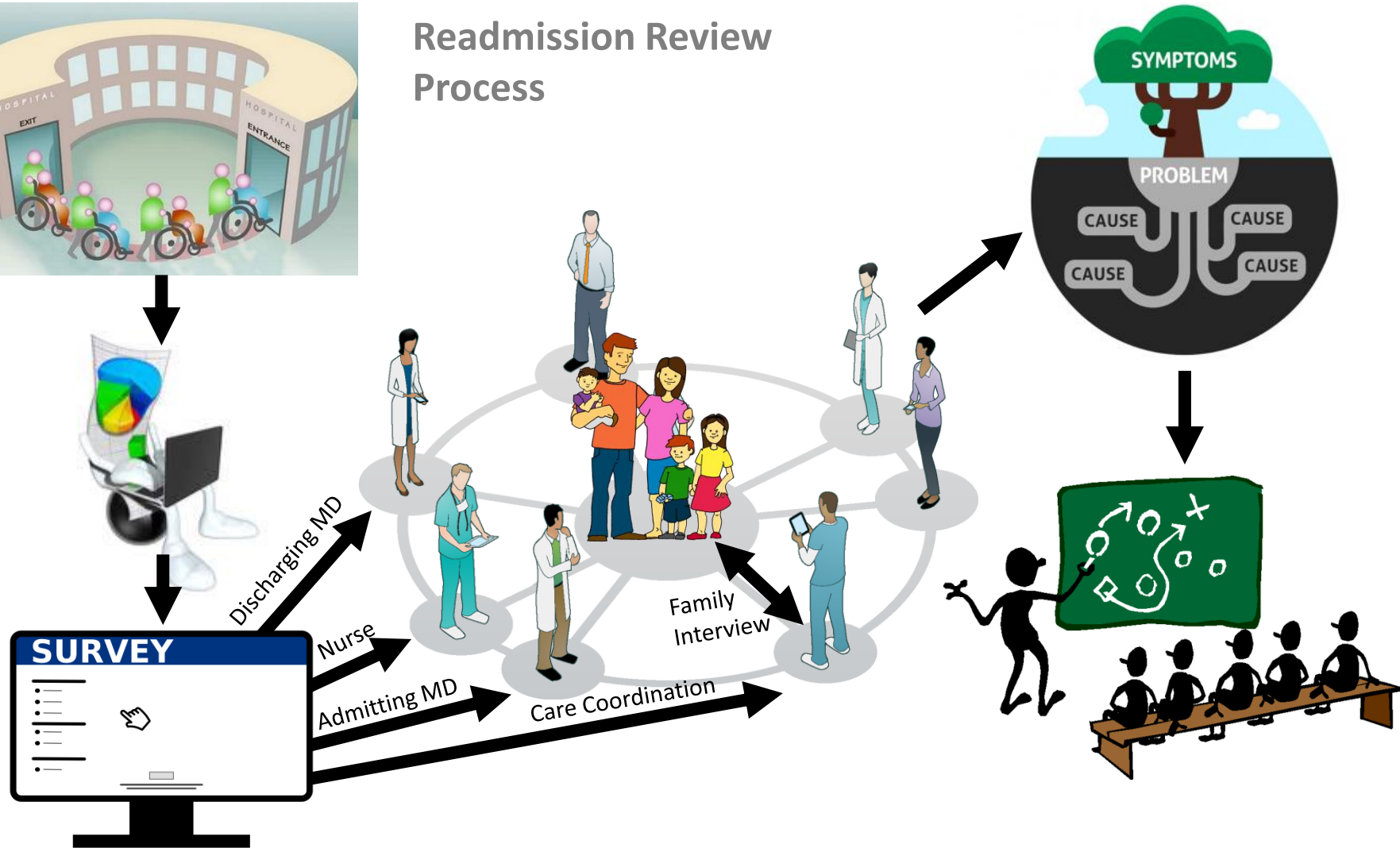
- ‘Built In Quality’ is often a staple pillar
- Think about how you might create ‘Built In Engagement’



Hardwire engagement in

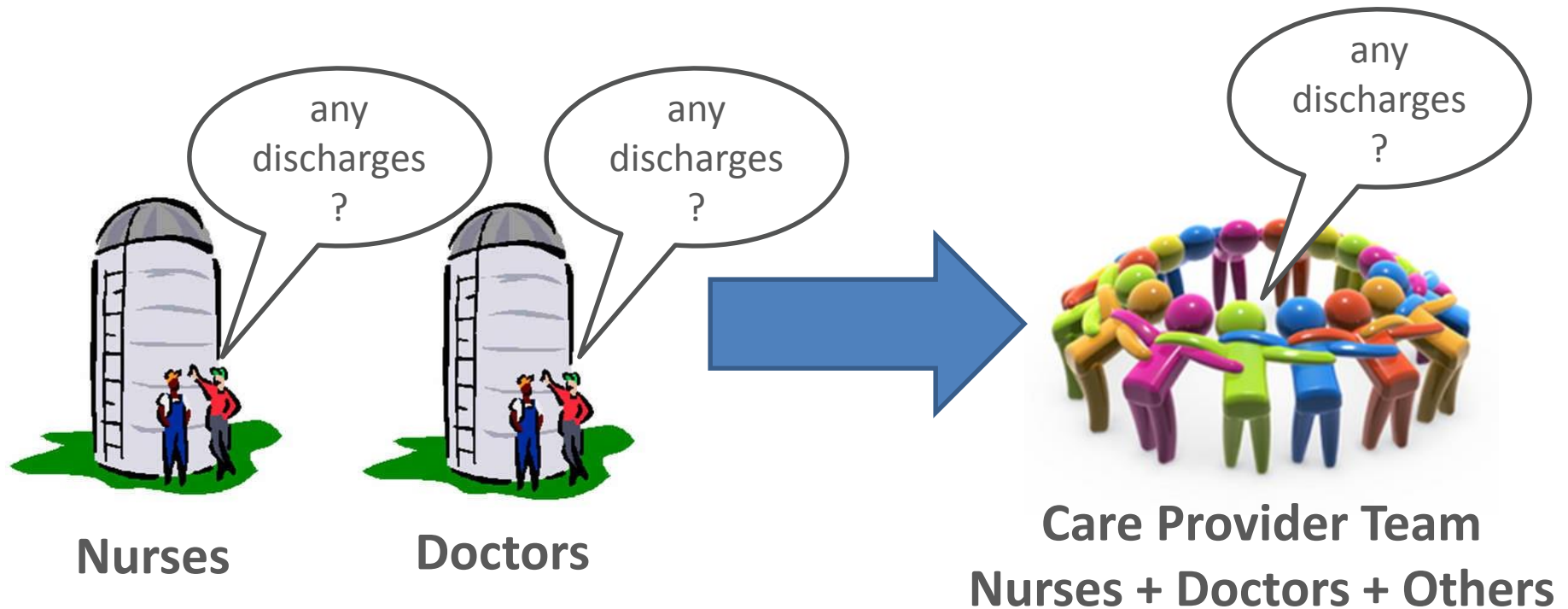


Readmission Review Process



Demo silos, build engagement

- Break down silos, integrate cross functional collaboration and communication



Good morning!

- Engage with your team outside the confines of your project



Don't forget to have fun!

- Create an infectious enthusiasm on your team
 - It will bring others along with you
 - You will need it when you hit bumps



Team Cheer: 'Discharge Once, Discharge Right,
No Readmission Another Night!'

Recap: Building Engagement

- Rally a call to action with intent & purpose
- Show respect, ask those that do the work about the work
- Make sure to incorporate the voice of your customer
- Pick something and go...then iterate & often
- Lean on your Sponsors more than you think
- Go to gemba with purpose
- Treat your project framework like a process, and improve it along the way
- Make your story visible
- Hardwire engagement in
- Engage with team outside the project
- Don't forget to have fun!

A simple equation

Effectiveness = Quality x Engagement



Questions?





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Reflection

- What challenges are you currently facing in the engagement of people in your lean efforts?
- What do you think some of the key contributing factors are?
- What might you try differently in your efforts to build better engagement?