

our stories

Creating Our Care Delivery Model



Floating Hospital
for Children
at **Tufts** Medical Center

Tufts Medical Center

Our Mission

We strive to heal, to comfort, to teach, to learn, and to seek the knowledge to promote health and prevent disease. Our patients and their families are at the center of everything we do. We dedicate ourselves to furthering our rich tradition of health care innovation, leadership, charity, and the highest standard of care and service to all in our community.

September 23, 2010

Dear Colleagues,

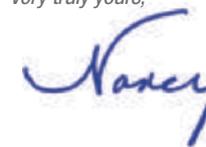
One year ago we began a journey together – a journey of innovation and collaboration at the heart of our commitment to the care we provide our patients at Tufts Medical Center and Floating Hospital for Children. I am delighted to tell you that together we have made significant gains in the quality and safety of care, patient satisfaction, and economic sustainability.

This initiative would not have been possible without the leadership and support of Ellen Zane, President and CEO, and Margaret Vosburgh, Senior Executive Vice President and COO. I want to recognize the Nursing and Patient Care Services Leadership teams for their dedication, enthusiasm, and insight. Most importantly, my heartfelt thanks go to the 80 person design community who identified both our core strengths, our greatest opportunities, and the path forward. To you, I dedicate this book of innovations. Without your knowledge, energy, and passion, none of this would have been possible. Thank

you very much! Lastly, I want to thank our external guides and friends in this adventure, Bernard Mohr, Don DeGuerre, and Bob Laliberte of Innovation Partners – your unwavering support was key.

This book highlights our collective progress in creating our Care Delivery Model and signifies a transition and commitment to building a more permanent and inclusive shared governance structure. This will allow the voices of Patient Care Services to not only sustain these innovations but also to more easily collaborate on a daily basis in making Tufts Medical Center the best place for patients to receive care and staff to work!

Very truly yours,



Nancy Shendell-Falik, RN, MA

*Senior Vice President Patient Care Services and Chief Nursing Officer
Tufts Medical Center and Floating Hospital for Children*

Code Cart Exchange Program

After years of discussion, a code cart exchange program has become reality thanks in great part to the efforts by the Care Delivery Model (CDM) design team. This initiative, for all CDM units except the ED, OR, Ambulatory, and Psychiatry, signifies a collaborative endeavor between nursing and medical engineering.

In the past, after performing critical interventions on a patient using contents of the code cart (emergency medications and supplies), timely restocking was a challenge. Front line nurses asked for the opportunity to change this.

Dorothy Didomenico, RN, Clinical Educator of the CCU and CMC and co-chair of the code committee, became a tireless supporter of a code cart exchange program. "Having a process that provides a timely turnaround of code carts ensures patient safety and satisfaction, as well as clinician satisfaction," said Didomenico.

Staff requests on North 6 propelled Nurse Manager Kate Ulep, RN, to voice support of this program. These efforts, coupled with the voices of the CDM design team, enabled action. Ed Sacco, Director of Medical Engineering, became the point person to develop the process.

Additional support from Duane Joseph of Medical Engineering,

Barbara Files, RN, Clinical Educator PICU, Sheila Glynn, RN, Education Specialist, and Dorothy Didomenico accomplished this goal. The team's enthusiasm while setting up the exchange program and ordering necessities was infectious. Before long, this energy spread to the entire Medical Engineering staff and appreciation was apparent. The code cart exchange process officially began on March 1, 2010, thanks to a motivated team whose passion, commitment, and determination drove change!



Front row from left to right: Barbara Files, RN, Dorothy Didomenico RN, Kate Ulep, RN, Sheila Glynn RN. Back row: Ed Sacco, Director Medical Engineering, and Duane Joseph, Supervisor Clinical Engineering

Standardized Room Setup

Twenty-five priority task forces are facilitating the Care Delivery Model (CDM) implementation. Among them, and hard at work removing barriers and enhancing systems, is the Admission task force. Led by Linda Fisher, RN, Executive Director, Patient Care Services, this task force is charged with improving the admission process.

In addition to Linda, the task force members are: Diane Peterson, RN, Clinical Educator, North 6; Sherry Brink, Nurse Manager, PACU; Julie McMahon, Nurse Manager, Floating 7 Pediatrics; Julie Dumais, Environmental Services Department; and Evette Norville, Unit Coordinator, North 6.

The Admission task force demonstrated innovation by creating a standardized room setup. This entails nurses, unit coordinators, and the environmental service department (ESD) consistently preparing a patient room with correct equipment and supplies specific to the patient population of a given unit via use of a checklist.

The checklist developed by Norville with input from Peterson, vetted with the task force team, and piloted on North 6 has been met with great enthusiasm. "My nursing staff doesn't have to wait for anything now," said Norville. "I am so pleased to help them!"

Peterson added, "Positive feedback from staff has been very encouraging; staff no longer have to look for equipment." Norville and Peterson also pointed to the importance of their ESD colleagues, who partner with the North 6 nursing and unit coordinator staff to adhere to the checklist and ensure the proper room setup.



North 6 staff Pictured from left to right: Diane Peterson, RN, Clinical Educator, Mildred Vazquez, ESD staff, Evette Norville Unit Coordinator, Ci Fang Huang, ESD staff, and Amanda Lacey, RN.

Education Task Force

Continuous learning is essential in new or expanded roles. At Tufts Medical Center and Floating Hospital for Children, we have outstanding nurse clinicians who are educators. This role enables our competent and tenured nurses to facilitate training on new products, educate and precept nurses along the continuum from novice to expert, and serve in the role of in-house expert for particular patient case type(s).

During our Care Delivery Model (CDM) re-design, education was a constant theme. The need for educational offerings on a flexible schedule was expressed. Understanding the nature of our 24/7 operations, this is challenging. One of our 25 Priority Task Forces is the Education Task Force chaired by Diane Gillis, RN Director of Clinical Education, Patient Care Services. Gillis and group sought to support the CDM work. She instituted three times a week 'Educator Huddles.' "This helps me understand the 'pulse' of the education needs," said Gillis. The purpose is to meet with Clinical Educators frequently and to operationalize the education task force. Identification of success and what needs to be spotlighted is the gain. Additional opportunities include updating the orientation process to ensure standardization by role, providing support for new orientees, and clarifying the Clinical Care Technician (CCT) education.

Prior to CDM, our CCT's had multiple job descriptions. Today, one exists with a standardized core competency. To operationalize the CCT role, an innovation from the Educator Huddle is a Skills Day. The goal is to update CCT's on responsibilities and educate individuals on identified gaps on core competencies to support the CDM design and implementation on their unit.



From Left to Right: Dorothy Didomenico, RN, CE, CCU & CMC, Alexandra Penzias, CE, ED, Kim Wall, RN, CE, N4, Diane Gillis RN, Director Education, Sheila Glynn, RN, Education Specialist Cathy Prevost, RN, Educational Specialist, Pam Duggan, RN, CE, P7, and Cathy Toro McCue, RN, CE, Pratt 2

Radiology Task Force

Have you ever wondered how many phone calls are received on an inpatient unit a day? What about in an hour? Our non-scientific poll reports that up to 78 calls, on average, are received. A typical call can come from Radiology to the unit coordinator and then to the nurse, asking how a patient travels. An innovation from our Radiology task force, chaired by Mike Foley, Director of Radiology, is improving communications and efficiency of tests and treatments for patients. This collaboration between nursing and the radiology staff is a critical link in ensuring a seamless transition for patient care.

Currently, the radiology staff are asking the unit coordinators how the patient travels, decreasing nurse interruptions. Additionally, radiology has taken the responsibility in obtaining the imaging test requested once a Soarian order has been placed, eliminating the need for the unit or nursing staff to call radiology. These two innovations have markedly decreased the number of calls on the unit, minimized interruptions to care, and lowered the level of unit noise. Radiology tests that are done emergently do not require the units to call, but in true urgent cases, a call ensures the situation is being addressed.

Staff on North 7 remarked that this innovation has streamlined patient care and decreased the number of calls a nurse

receives. Foley is pleased with how these enhancements have improved care. Additionally, Foley is teaming up with Kerry Ninkovich, Director of Transport, to ensure that patients identified as high risk for falls are marked as a 'round trip.' This designation means transport will pick up and stay with patients during testing and then return them back to the unit.



From left to right: Ly Ho student Radiology Technologist, Mike Foley, Director Radiology, Molly Russo, Radiology Technologist, and Michelle Williamson, Radiology Technologist

Transporting Patients with Care

As part of patient care, tests and treatments are widely ordered at our hospital. Have you ever wondered how patients get from place to place to receive them? It's thanks to the Patient Transport Team, led by Kerry Ninkovich, Manager of Patient Transport and the Call Center. Ninkovich is a new addition and has provided creative ideas, best practices, and education.

Our Care Delivery Model (CDM) work identified an opportunity to provide more consistency, efficiency, and an improved patient experience during travel. Patient Transport, in partnership with North 7 Nursing, piloted a project demonstrating effectiveness, consistency, and improved workflow regarding the pickup and return of patients. Ninkovich and Irene Lannon, RN, Nurse Manager of North 7, worked collaboratively to achieve the pilot's goals and transition it to additional units. Well-trained transporters, improved communication, proper techniques for lifting, and clearer job roles were keys to success. Education on infection prevention and customer service were provided, too.

Another innovation enhancing communication and patient care during patient transport is the Ticket to Ride. This tool provides structure around patient handoff, ensures the right patient is transported to the right department, helps minimize patient

falls, and potentially increases patient satisfaction. Staff nurses led by Kate Ulep, RN, Nurse Manager, North 6, and Diane Peterson, RN, Clinical Educator, North 6, developed Ticket to Ride; Ninkovich trained the transport team to implement this tool.

To transport patients in a timely response, transport dispatch hours are now operational from 7 a.m. to 11 p.m. And, each weekday morning, a wheelchair is delivered to many inpatient units to avoid delays in patient discharge.



Pictured from left to right: Irene Lannon, RN, N7 NM, Maria Silva, Patient Transporter, Pedro Jimenez, Supervisor, Kerry Ninkovich, Manager, and Alana Sinno, Unit Coordinator, N7

Pharmacy Develops Standardized Practices

At Tufts Medical Center and Floating Hospital for Children, we administer 1.8 million doses of medication to our acute care patient population annually (not counting clinics, outpatient pharmacy prescriptions, etc.). This translates into about 550 doses of medications administered daily on any given unit. Ross Thompson, Director of Pharmacy Services, and his team of pharmacists and pharmacy technicians review and approve more than 1,000 medication orders, as well as accurately check, prepare, and dispense nearly 5,000 doses of medication every day.

In analyzing the preparation of medications for administration, Joan Calamari, Clinical Manager Pharmacy Operations, recognized an innovation: the opportunity to provide pre-mixed bags of intravenous (IV) medications for patients in our adult critical care units. Previously, nurses had to retrieve vials of medication from the Pyxis device on the unit, mix it according to specific directions, and add it to the IV fluid. This was time intensive and raised safety and quality concerns.

Russel Roberts, Senior Clinical Pharmacy Specialist, along with critical care pharmacists, developed standardized practices across the ICU's to leverage these pre-mixed products. Through collaboration with nursing and medical staffs in each critical care environment, standard concentrations of these pre-mixed

IV medications were selected and incorporated into the critical care Pyxis devices.

We are on track to use 37,000 doses of pre-mixed IV medications in the adult care units this year. This constitutes 92% of all IV medication preparations for our adult critical care population. "We knew this was the right thing to do for patient safety and quality, as well as workflow for the nursing staff," said Thompson. Efforts are underway to address similar drug preparation gaps within pediatrics and other departments.



Pharmacy staff sitting left to right: Jennifer Mackey, Anthony Arbia, Stacey Benotti; standing left to right Kallie Dunlap, Joan Calamari, Russel Roberts

Coordinated Approach to Patient Care

Collaboration is essential in the delivery of health care. The expertise of many provide the exceptional care patients and families receive at Tufts Medical Center and Floating Hospital for Children. Case management is defined as a collaborative practice including patients, nurses, social workers, physicians, other practitioners, caregivers, and the community. The case management process encompasses communication and facilitates care along the continuum through effective resource coordination.

Tufts MC's Case Managers (CM) provide care coordination for a patient's hospital stay and plan timely discharge for quality outcomes. Home services, the need for placement, and available options and obstacles in the provision for optimal care during or after admission are all assessed. Additionally, with the health care team, they monitor the length of stay, the appropriate utilization of care, provide clinical review for the payers, and plan discharge.

"Beginning with admission, Case Managers collaborate with the health care team to plan for discharge and, if necessary, determine homecare and/or placement needs. The integration of evidence-based practice, professionalism, and customer service are the foundations for the Case Manager's work,"

said June Stark, Director of Case Management/Social Work and Patient Support Services.

Case Managers play a pivotal role in the Care Delivery Model (CDM) re-design. Floating 7 Pediatrics Nurse Manager Julie McMahon said, "CDM is not possible without expanded case management support in pediatrics. Today, our Case Managers have helped tremendously on Floating 7. RN's Mary Lynch, Pam Shaw, and Marian Girouard-Spiro have given time back to staff nurses. On a daily basis, our CM's have provided a smooth transition from hospital to home for their pediatric patients and their parents."



Left to Right: Case Manager Pam Shaw, FI. 7 NM, Julie McMahon, Case Manager Mary Lynch, and Clinical Leader Susanne Meninger

Teamwork at Its Best

Teamwork is a hallmark at Tufts Medical Center and Floating Hospital for Children. Patients, families, and employees all cite a team approach to the care they receive and deliver. Teamwork is the capability to recognize the diverse strengths and abilities of a group and apply them to a solution.

With the Care Delivery Model (CDM) re-design, a new role has emerged in our adult critical care units: the Clinical Care Technician (CCT). CCT's work under the supervision of the registered nurse and collaborate to meet patient needs. The CCT assists in direct care, provides environmental support to the nursing staff, and facilitates patient safety.

A recent event captures teamwork at its best. Ron Harding, Radiology Technologist, is a veteran employee with 21 years of service at Tufts Medical Center and nearly 40 as a Radiology Technologist. He is routinely assigned to take the portable x-rays of our patients in the Surgical Intensive Care Unit (SICU) at 4 a.m. New to the SICU are our CCT's, and new to the organization is Ray Vail. Formerly an EMT and Correction Officer, Vail is working in the SICU. Harding and Vail have recognized the value of the collaborative effort.

Vail assists Harding in ensuring the SICU x-rays are completed. Vail rounds with Harding, and together, after clearance from the nurse, position and/or lift patients to perform the portable test. This has created an efficiency and effectiveness that is good for patients and decreases interruption of the nursing staff. Harding said, "Having Ray help me is great for our patients but even better for the nurses."



Left to Right: Clinical Care Technician Ray Vail and Radiology Technologist Ron Harding, outside the Surgical Intensive Care Unit on Proger 5.

Patient Care Equipment Department Opens

Providing excellent care takes dedicated, compassionate, and expert clinicians. It also requires essential support services such as Patient Care Equipment.

During our Care Delivery Model (CDM) design work, a theme from front line staff was the need for patient equipment in a prompt manner. Ed Sacco, Director of Patient Care Equipment and Medical Engineering, agreed: "It is important to have the right equipment at the right time and in the right place for care to be effective and efficient." Following the CDM sessions, one of the 25 priority task forces identified was Central Patient Equipment. Its focus was to build a central dispatch area providing one phone number for all equipment requests.

The first step was to secure space. The Farnsworth Basement was selected and fixed up in order to store the equipment. Today, the space provides five rooms, allowing for an organized place for equipment to be received, cleaned, and/or repaired, stored, and deployed.

We are now able to house beds, mattresses, and assorted pumps in one location. This provides greater oversight of equipment in terms of quantity needed and ensures

appropriate maintenance and cleaning. It also reduces clutter on units and care areas.

In addition to the patient equipment, Sacco and his team rolled out the code cart exchange program in March. Extra carts are stocked and housed in Farnsworth Basement.



Left to right: Ed Sacco, Director of Medical Engineering, Loc Diep, Patient Care Equipment Technician, and Duane Joseph, Supervisor of Medical Engineering.

Let It Shine

Caring for patients involves many people working together – many are unsung heroes. Here's just one story that captures teamwork and pride:

Julie Dumais, Operations Manager for Environmental Services (ESD), was performing rounds on North 6 when she came across a patient who's been at Tufts Medical Center and in one room (on N6) for months. This patient always has wonderful comments regarding the cleanliness of his room and the diligence displayed by Mildred Vazquez, N6 Housekeeper.

It is difficult to do floor work when a patient stays in one room for a long time. The room is clean but it loses its sparkle. When Dumais walked into this patient's room, however, she noticed the floor was extra shiny. The patient said, "Do you like my floor?" Dumais responded, "yes," with a confused look knowing Ann Vance, the ESD manager for N6, was on vacation. The patient added, "Mildred made it happen."

Dumais let Mildred know how great the floor looked. Mildred replied, "I noticed his floor was looking bad and our project person Natalio was on the floor working on empty rooms. So I asked the patient if we could do his floor and he said, 'yes.'"

Dumais commended Mildred for the initiative, pride, and care she displays in her work for patients, families, and staff.



Left to Right Mildred Vazquez, Housekeeper, North 6, Julie Dumais, Operations Manager, Environmental Services, and Natalio Teixeira, Project Worker, Environmental Services.

Ready, Willing, and Able

Keeping patients, families, and staff safe is a priority at Tufts Medical Center and Floating Hospital for Children. In the Care Delivery Model (CDM) re-design work, staff identified the need to enhance visibility and provide communication about safety to patients, visitors, and employees. The effort to enhance relationships between the security and unit staff was led by Arlene Kelleher, RN, Nurse Manager of the Mother Infant Unit and Labor, Delivery, and Recovery Unit, and Tom Atkinson, Director of Security.

Beginning in January and utilizing staff input, a variety of changes were implemented. One initiative was the installation of panic buttons in all inpatient areas. Education and signage on the panic buttons was provided to reinforce training. Additionally, a calendar of educational programs provided by security on safety related topics was created. Training classes for the entire organization are currently being planned.

A major innovation that received overwhelming applause at a recent CDM session was the implementation of Security staff rounding on all units at least once per shift and communicating with the nurse manager/charge nurse when possible. "We love having security round on our units," nurses remarked. Kelleher

said, "We have a terrific security department and having them visible has a tremendous impact on staff. It reminds us that we are partners in maintaining a safe environment and that security is ready, willing, and able to help when needed."



Security staff from left to right: Dispatcher Alena Adams, Sergeants Dan Minahan, and Eddie Egan and Rob Devlin, Operations Manager for Security

Special Delivery

Food is important to all of us but for hospitalized patients it is frequently a central focus. Often times it is the only part of the day that brings comfort. However, due to certain medications, therapies, or prescribed diets, providing an enjoyable meal is challenging. This is evident on Proger 5 North, our adult medical-surgical unit, where many are recuperating after surgery. Their diet is often limited to liquids but their 'meal' is essential to their day and convalescence.

Providing our patients and families with an exceptional experience is fundamental to all Tufts Medical Center and Floating Hospital for Children staff. For our meal passers, exceptional customer service is essential to be fully engaged in the patient experience. This staff interacts with our patients and families several times a day. Our meal passers assist patients and families in ordering, delivering, and picking up meal trays. Projecting a positive attitude is vital.

Melissa Burton is a meal passer on P5N and displays a sense of passion and dedication to her job. "Melissa thrives on doing the right thing for the patients and is not afraid to speak her mind," said Rick McIsaac, Director of Food and Nutrition. "Melissa has been instrumental in moving the scores on our

patient surveys: from the 9th percentile to the 86th percentile within the food section." From another survey, a patient stated, "Melissa Burton went out of her way to see that my meals were delivered as ordered and it was appealing."



Melissa Burton, Meal Passer, Proger 5 North

Phone a Pharmacist

Pharmacists are experts in medications and their side effects. Typically, hospital pharmacists take a request for medication from a prescribing health care provider, evaluate the appropriateness, dispense the medication to the patient, and offer consultation to the nurse and health care team on the proper use and adverse effects of that medication. Pharmacists also participate in disease-state management, where they optimize and monitor drug therapy or interpret medical laboratory results, in collaboration with physicians, nurses, and other health professionals.

The expertise of the health care team in managing medication treatment and therapy is a critical component in the delivery of care. Medications are highly specialized and more complex than ever before due to significant advances in drug trials and research. This requires that nurses consult a pharmacist to tap their knowledge. Our Department of Pharmacy developed an innovation to facilitate systematic, quick, and efficient access to a pharmacist: expanded mobile telephone coverage and simplified dialing.

Recently, the number of mobile telephones carried by our inpatient pharmacists doubled from four to eight. Nurses

working on inpatient units can now call a four-digit extension to reach the pharmacist(s) covering their area. If the line is busy, the call is automatically forwarded to the next available telephone. This allows for easier dialing and the potential elimination of busy signals.



Clinical Pharmacists Frank Massaro (standing) and Evan Taylor

Teamwork = Patient Safety

Over the past decade, patient safety has become a national concern. The health care industry has learned about improving patient safety from scientific evidence and from studying other industries, such as aviation. Tufts Medical Center and Floating Hospital for Children are enhancing efforts to identify and address safety.

Several departments recently initiated a care delivery innovation to help ensure safe and high quality patient care. Information Services (IS), Blood Bank, and Labor, Delivery, and Recovery (LDR) collaborated to simplify a practice that previously was a complicated, multi-step, manual process prone to error. Arlene Kelleher, Nurse Manager of LDR and the Mother Infant Unit, shared concerns regarding labeling of infant cord blood samples. The Blood Bank must link mother and baby for testing purposes, which required the LDR staff to label the cord blood with the mother and infant's name as well as a medical record number for each. In the past, this was a cumbersome process, requiring four separate sets of documentation, many of which were handwritten, increasing the potential for human error and causing inefficiency.

Arlene, working with Judy Forbes in the Blood Bank, posed this problem to our IS department. IS successfully created an

infant-mother link in Cerner, the laboratory information system that also links to Soarian. The LDR staff began labeling the cord sample with the infant's information. The teamwork established by these departments highlights safe and efficient care delivery. "Our previous process was weak and complicated," said Arlene. "Today, we have a simplified, streamlined process."



LDR Staff (L-R): Mary Ellen Smith, RN and Audrey Power RN

No Longer Sitting

Providing care to patients takes on many forms throughout Tufts Medical Center and Floating Hospital for Children. An innovation from the Care Delivery Model (CDM) is our newly renamed and trained Patient Care Safety Aide (PCSA), formerly known as a sitter. The PCSA's provide care to patients who require one-to-one observation. The PCSA's have been trained to provide ambulation, toileting and hygiene assistance, and educated on interactive skills appropriate for the type of patients in their care. The importance of communicating their observations to the Health Care Team was also emphasized. The new training created for this role allows for greater satisfaction. Pam Duggan, RN, Clinical Educator, Proger 7, Sheila Glynn, RN, Education Specialist, and Cathy Toro-McCue, RN, Clinical Educator, Pratt 2, spearheaded the education.

In addition to the expansion of the PCSA role, Mary Beth Zambella, RN, Nurse Manager of Pratt 2, Muriel Stevens-Dyette, RN Associate Nurse Manager of Pratt 2, or Cathy Toro-McCue, RN, Clinical Educator, Pratt 2, perform weekly rounds on all patients currently assigned with a PCSA. "The PCSA's have been well received by our patients, families, and staff. They are motivated, eager to learn, and perform well," said Toro-McCue.

As a new initiative, the positive feedback about the PCSA's enthusiasm, level of engagement, and desire to do a great job is evident. A specific orientation for the care of the Pediatric patient requiring observation is now in progress.



PCSA's from left to right: Samantha Call, Rose Montes, and Lauren Girard

Zero Defects

Every employee at Tufts Medical Center and Floating Hospital For Children plays a critical role in promoting safety for all. We congratulate the Medical Intensive Care Unit (MICU) on working collaboratively to improve techniques and enhance patient care through the reduction of catheter associated blood stream infections. In late 2008 and throughout 2009, the MICU catheter associated blood stream infection rate was 14 line infections during a 12-month period – the highest of any critical care unit at the hospital.

Executive Sponsor, Margaret Vosburgh, Executive Vice President and Chief Operating Officer challenged the team to utilize evidence-based practice to improve performance, build a highly reliable process, and facilitate a culture of safety. Under the leadership of Erik Garpestad, MD, Medical Director of the MICU, Shira Doron, MD, Infectious Disease, Terry Hudson-Jinks, RN, Vice-President, Patient Care Services, Tricia Lemon, RN, Infection Preventionist, and Dorothy Didomenico, RN, Clinical Educator, a new practice based on national standards and best practices was developed.

Today, a central line cart housing necessities to insert a central line, a central line insertion checklist, and monitoring dressing changes are routine at Tufts Medical Center. As well, pulmonary

and critical care residents have partnered with nurses to execute new protocols consistent with scientific research. Thanks to dedicated leadership the MICU has achieved a zero rate of central line infections for six months.



MICU care team comprised of physicians (Attending, Fellows, Residents) and nursing (NM, CE, RNs, CCT)

Room-a-Day

Traditionally defined in terms of clinical skills and technology, today's concept of a healing environment has expanded to include aesthetic, ergonomic, and safety factors. In light of this, our Maintenance Task Force created the Room-a-Day program.

Led by Bob Loranger, Director of Facilities, Mark Robinson, Carpentry and Paint Supervisor, Julie Dumais, ESD Manager, and the ADT Center, this program provides a clean, safe, and comfortable environment for patients and families. "This program is a practical process in meeting the environmental needs of the medical center," said Robinson. "We are very pleased with the progress to date and are diligently working to have a presence in all areas."

The Facilities Department performs preventative maintenance and unscheduled repairs without impeding patient care. Facilities accesses RapidView, our electronic bed board system, for pending discharges or vacant rooms. A "maintenance hold" is placed on a room, then the ADT Center and the ESD supervisor coordinate the logistics. Upon completion of repairs, Facilities releases the hold and the room is available for occupancy. A database tracks room finishes, wall colors, ceiling type, and date of service to help manage future repairs and scheduling.

The Room-a-Day program is seamless, using the right

people at the right time to perform the right job. Facilities and Environmental Service staff have created a process by which preventative maintenance can be accomplished consistently and proactively, eliminating redundancy in communication and incorporating accountability.

"The Room-a-Day program is going very well; the facilities and ESD crews work independently in addressing all aspects on the room," said Julie Sherman, RN, NM of North 8. "Our patients' length of stay is often long and the room environment is central to their overall satisfaction."



Facilities team left to right: Robert Poisson, Mark Robinson, Rob D'Angelo & Stanley Glowacz

Because We Care

Several initiatives are under way at Tufts Medical Center and Floating Hospital for Children to deliver the best service. The Committee on the Patient Experience has been developed to keep the mission of outstanding service in the forefront.

An area of enhancement identified in the Care Delivery Model (CDM) design was a desire for a Code of Conduct or set of Service Standards that apply to all employees and are linked to performance appraisals. The 12 Tenets were created and are being spotlighted monthly. A tenet is a principle or belief generally held to be true.

Tufts Medical Center's 12 Tenets

1. I will introduce myself to all those I serve; letting them know who I am and why I'm there.
2. I will practice telephone etiquette at all times, ensuring excellent communication.
3. I will be on time - because others count on me.
4. I will maintain confidentiality – because it is the right thing to do.
5. I will project a professional image at all times; I am a professional.
6. I will promote the safety and comfort of patients and families; this is my responsibility.

7. I will take pride in the Medical Center appearance; we are a world-class medical center.
8. I will "own" an issue or concern and work toward a prompt resolution; meeting patients' needs is my top priority.
9. I will demonstrate team work and cooperation, ensuring the best in patient care.
10. I will project a positive attitude towards our patients and those I serve; creating an incredible work environment.
11. I will respect others as I would like to be respected.
12. I will deliver an exceptional patient experience that exceeds expectations.



Committee on the Patient Experience from left to right: Nancy Shendell-Falik, Tricia Ide, Julie Dumais, Nancy Miller, Dan Bird, Diane Gillis, Karen Sharland, Ross Thompson, Jay Hargis. Missing: Afshin Ehsan, Craig Williams, Brooke Tyson-Hynes, Deb Johnson, Eileen Callahan, and Cathy Prevost.

Here to Teach

Teaching patients about their medications is one of the best ways to improve their health. As part of our new Care Delivery Model (CDM), pharmacists and nurses are partnering to promote best practices for teaching patients and families at Tufts Medical Center and Floating Hospital for Children.

Under the CDM initiative, we're introducing the Patient Medication Education Team. Our primary focus is to ensure that patients are fully apprised on their individual medications. A well-informed patient is more likely to participate in their care, adhere to medication regimens, and report drug side effects before they become serious.

Teaching patients about prescribed medications is a must in improving their health. Our Team is delivering:

- drug safety and therapy details
- drug health benefits and potential side effects
- opportunities to ask questions about medications during a hospital stay

Six pharmacists: Frank Massaro, Ross Thompson, Lynne Sylvia, Celine Griffin, Rebecca Roche, Kallie Dunlap and five nurses: Ellen Fullam, Pam Duggan, Maura O'Laughlin, Kelly Gillis, Marjorie Bennett evaluate in-house electronic medication teaching pamphlets. A survey of Tufts Medical Center nurses led us to choose a standard source of patient drug information,

Lexi-Pals. Our next step, make sure Lexi-Pals is readily accessible on all computer workstations on wheels.

Studies of medication compliance and adherence help to identify patients who are most in need of additional education. The Patient Medication Education Team will focus initially on patients who meet one or more of the listed criteria:

- take 10 or more chronic medications
- are older than 69
- those who are prescribed warfarin or enoxaparin

Every health care professional has a role in keeping our patients informed. Please take the time to explain and reinforce medications and possible side effects. This ensures an exceptional patient experience at Tufts Medical Center.



From Left to Right: Pharmacists Celine Griffin, Rebecca Roche and Frank Massaro. Unavailable: Ellen Fullam, RN, Pam Duggan, RN, Maura O'Laughlin, RN, Kelly Gillis, RN, Marjorie Bennett, RN and pharmacists Ross Thompson, Lynne Sylvia, and Kallie Dunlap

Right When You Need It

During the Care Delivery Model (CDM) design work, nurses and clinical care technicians recognized the need for handy, organized, and centralized supplies to deliver exemplary patient care. On all inpatient units at Tufts Medical Center and Floating Hospital for Children, supply rooms house materials for patient care. These items have barcodes that monitor supply type, quantity, manufacturer, and cost. Steve Cashton, Director of Supply Chain Management with Chuck Losano, Materials Manager, Mike Podymaitis, Distribution Supervisor, Carol Branton, RN, Clinical Resource Manager, and Tricia Ide, RN, Director of Patient Care Services, along with Nurse Managers and inpatient unit staff, worked to improve the organization and ease of access to supplies.

The group was charged with organizing and updating supplies and correcting par levels (not too many, not too few). Front line staff desired standardized supply carts so they could find what they needed easily and quickly. Taking into account physical space, the team consented to 10 standardized groupings of items such as personal care, protective equipment, and respiratory products. Supplies used during the past year were reviewed to determine accuracy and necessity. Adjustments were made, opening up space on carts for new or special order items. The supply carts were cleaned, labeled clearly, and arranged to promote workflow.

Work initially focused in the adult intensive care units where space is tight and product volume is extensive. The rollout of the new carts in two ICUs wasn't ideal and resulted in further assessment. Modifications were made and the next two ICU carts implemented were successful. The group is now working on adult medical/surgical carts. "I have worked here over 20 years and finding supplies has been frustrating," Dan MacLellan, RN, Clinical Leader, stated. "I can now easily retrieve items on these supply carts. This is great!"



Left to right: Andrew Hipp, Lead Material Handler, and Material Handlers Robert Melanson, Chee K. So. Missing: Malcolm Robinson, Belle Ryner, Yau Tam, Maria Teixeira, Man Wong

Clean Crew

Providing a safe environment for patients and families is a responsibility of all employees. Reducing the risk of acquiring and transmitting infections is essential to this goal. Patient rooms can harbor germs and require attention to detail. Effective employee training and using the correct cleaning products help decrease hospital-acquired infections and enhance room appearance.

Care Deliver Model (CDM) sessions highlighted the need for consistency in effectively and efficiently cleaning patient rooms throughout Tufts MC. Using this feedback, our Environmental Services Department (ESD) managers sought an opportunity to impact patient safety by focusing on infection control.

ESD teaches housekeeping staff to follow the highest sanitation standards to safeguard patient health. Procedures that ensure consistent cleaning and disinfection of surfaces in close proximity to patients have been embraced. Innovations include enhanced training for infection prevention and use of validation tools. ESD employees were trained on high-touch cleaning. High-touch objects are the over-bed table, door handles, telephone, side table, furniture armrest, and toilet and sink handles. Then, ESD managers began checking staff performance. The validation process uses invisible ink and

UV light to see if items were cleaned properly. Validation is performed monthly on a minimum of two patient rooms per unit, totaling 50 rooms. Scores range between 78 percent for door handles to 100 percent for telephone and sink handles. Scores are shared with staff through a communication board and staff meetings, with a focus on the lowest score. Reeducating and retraining staff on areas of improvement are completed monthly.



ESD Managers from left to right: Dick Messier, Ann Vance, Mike Keller, and Juan Rodriguez

First Impressions

Service standards define the Tufts Medical Center brand to our public. Our service standards tell our customers what we will do for them, how we will treat them, and what they should expect from us. They demonstrate why Tufts Medical Center and Floating Hospital for Children are different (and better) than other hospitals.

Enhancing performance requires we define the behaviors identified as improving the patient experience and health care team satisfaction. It isn't just something we talk about, it's something we do! We know that employees' perceptions and interactions must be patient and family centered if we want our patient's experience to be exemplary. The heartbeat of a patient-family centered care environment is the continuous act of listening to our patients' voices.

The Committee on the Patient Experience created 12 service standards to build a culture and environment of service excellence for all employees.

Effective and consistent phone skills set the tone for the entire customer interaction with Tufts Medical Center. We need to satisfy our customers and build their loyalty in order to be a provider of choice.

The Tufts Medical Center Standard for answering the phone is:

- *Greet the Caller: "Good morning" or "Good afternoon"*
- *"Thank you for calling Tufts Medical Center"*
- *Identify the department:*
- *"This is North 7"*
- *Identify yourself: "This is Tammy Walker, RN"*
- *Stating your name infers "I am accountable to you"*
- *Inquire: "How may I help you?"*



North 7 Unit Coordinator Lorie Jackson

Patient Safety is Key

Falls are often a common adverse event in hospitals. At Tufts Medical Center and Floating Hospital for Children, falls are the largest group of reported incidents. Every day we monitor the number of patients who fall and if it results in injury. Falls that result in injury frequently prolong a stay and increase the risk of morbidity and mortality, especially in older patients. One patient fall is considered too many and requires examining our care delivery processes, responsibilities of staff, and physical environment.

We work hard to demonstrate data transparency; free and easy access to information. A Department of Public Health visit occurred due to a patient fall with injury. The investigator reviewed medical records, practices, policies, and documentation. What did we learn? We identified inconsistencies with our interventions for patients identified as high-risk for falls, how we communicate, and handoff information.

All employees are empowered to prevent patient falls. Nurses assess each patient at admission and twice daily to identify their risk and initiate fall prevention measures. Yellow socks and wristbands signal a high fall risk patient.

How else are we keeping patients safe? Clinical care technicians and nurses provide patient assistance.

Housekeeping staff assists with a clean and dry floor. Meal passers deliver and place trays within patient reach. Physical and occupational therapists communicate patient mobility and strength capacity. Unit coordinators and nurses orient patients to their rooms, how to call for help, and promptly respond to call lights. Medical equipment personnel keep supplies stored in safe places. Physicians, nurses, and pharmacists monitor medications. Transport ensures our high-risk patients travel by stretcher and are not left unattended.



Preventing falls on North 8 left to right: Melissa Smith, RN, Tina Flaherty, NP, Shawn Hypolite, CCT, Mary Curran, PT

Translation on Demand

Imagine if the language you or your family spoke was the barrier to receiving excellent care. Communication is critical to everything we do, and all patients deserve equitable and high quality care. Our patients get it, thanks to our Interpreter Services (IS) department, which provides seamless medical interpreting services to non-English speaking patients.

An innovation from the Care Delivery Model (CDM) work is a collaborative project among IS, Physical Therapy (PT), and the Rehabilitation clinic and has led to improved language access.

June Stark, Director of Social Work Services/Quality Support Services, Yilu Ma, Director of Interpreter Services, and Mary Curran, Director of Physical Therapy/Occupational Therapy, discussed the challenges PT faced in utilizing language services. Difficulty stemmed from competing schedules and priorities. One interpreter answered requests from the ER, inpatient floors, and surgeries early in the morning – the same time PT needed assistance. Often, therapists and patients waited for the interpreter causing delays, inefficient use of resources, and less than stellar patient experiences.

To resolve this issue, departments agreed to use technology via telephonic interpreting. IS helped PT set up a speakerphone to directly access Pacific Interpreters, a vendor that provides

interpretation service in over 180 languages 24/7. The phone was installed in a designated, private room where therapists can conduct evaluations and direct patients to do exercises via the phone interpreter. It's simple to use and eliminates wait time.

Therapists now work with added flexibility, and our patients are happy with the improved service. "We love the service and it's very helpful," said Megan Whitmore, senior physical therapist. Another fellow therapist, Kristin Delong, concurred: "The speaker phone works very well. The service is quick and effective."



Physical and Occupational therapists with our Interpreter Services staff

Here to Help

Caring for others when they are sick and most vulnerable is a privilege. Consider being the patient. The change from being independent to being a patient is transformational. This shift can be overwhelming due to loss of control and the absence of individual identity. Patients are often frightened and this influences their perception of care.

Demonstrating caring and compassion helps patients and their families, and responding to their needs quickly eases anxiety. Our Volunteer Services created one innovation to improve responsiveness to patient needs. They designed Patient Visitors, a program in which trained volunteers provide an immediate, in-person response to patient call bells, provide non-medical personal attention, and assist unit coordinators to deliver a positive patient experience.

Dan Bird, Director of Volunteer Services, and Diane Gillis, Director of Clinical Education, are both members of our Committee on the Patient Experience and conceived this program. Together, they developed education and training to ensure success. Our volunteers now greet and orient patients and families to the unit, provide reading and other diversion activities, visit with patients, help call in meal requests, and replenish water and personal supplies.

Patients and families expect and deserve kindness, respect, and comfort. Communication with doctors and nurses, responsiveness of hospital staff, and hospital environment are current areas of focus. Programs such as Patient Visitors truly make a difference in being patient-family centered.



From left to right: Dan Bird, Shakti Nochur, Katherine Jarmas, Nassim Sanatar Fard, Allison Kay, Iok Wong, Melissa Hubbard, Diane Gillis, Kristen Fung. Missing: Barbara Harrison, Trish Harrison, Mara Martinez, Allan Yau, Andrew Chang, Janine Gallagher, Patricia Varela

Kudos to the North 6 Team

"It's the economy." We hear about it daily. In a profound and unprecedented manner, the economy has dominated the airwaves, print media and online blogs, as well as our personal lives. Certainly, when the national economy is in flux, it has far reaching effects on all of us. Health care is not immune and with health care reform, the landscape is uncertain. At Tufts Medical Center and Floating Hospital for Children economic challenges are present.

Nevertheless, we have a responsibility to provide high quality and safe care to every patient and with every interaction. How we deliver care is central to our fiscal responsibility. In the fall of 2009, we convened a community of 80 front line nurses, clinical care technicians, and unit coordinators to determine how we could deliver care that is high quality and safe, more efficient, cost effective, and rewarding. Many ideas were shared and have been implemented from our Care Delivery Model (CDM).

North 6, Adult Cardiology, is demonstrating top performance in enhancing and sustaining quality, the patient experience, and cost. Kate Ulep, RN, Nurse Manager, Diane Peterson, RN, Clinical Educator, and a dedicated staff lead this unit. In June, North 6 achieved the highest unit patient satisfaction scores,

had zero falls, and staffing levels within target. "Adjusting and adapting to new staffing guidelines coupled with significant progress within the priority task forces, and a renewed patient satisfaction focus has helped achieve a winning strategy," Ulep said.

North 6 achievements benefit the entire organization and aid in meeting our goals of quality and safety, satisfaction, and finance.



From left to right: Deb Toomey, RN, Diane Peterson, RN, Clinical Educator, Kate Ulep, RN Nurse Manager, Meredith Olsen, RN Case Manager, Kevin Johnson, RN, Chanel Scott, Clinical Care Technician and Jennifer Fay, Unit Coordinator

It Takes a Village

At Tufts Medical Center and Floating Hospital for Children we employ over 5,000 staff members and treat over 100,000 patients a year. To provide the best care and ensure a well-organized operation, all employees need to know what is required in their job. Understanding individual roles aids in efficient performance and can facilitate personal fulfillment.

During the Care Delivery Model (CDM) sessions, a group was identified to determine gaps in key position descriptions as well as reduce variation. We had four job descriptions for clinical care technicians resulting in confusion over what tasks could or could not be performed. Staff feedback was incorporated into the revised descriptions as well as information on performance standards from national organizations. This created a single job description but serves only as a written tool and doesn't change behaviors.

An innovation from the CDM session was to observe a unit and determine how new job descriptions were being operationalized. The goal was to understand connections between workflow and outcomes related to quality, safety, patient experience, and cost in order to prioritize future education. Tricia Ide, RN, Director Patient Care Services, Karen Sharland, Director of Applied Solutions, and Lynn Myers, Quality and Patient Safety,

worked with Tracey Santarelli, RN, NM Proger 7, and her staff. Through involvement on all shifts, clarity regarding roles and responsibilities was achieved on Proger 7. Santarelli remarked, "Helping to create an environment that fosters teamwork, organization, and efficiency is critical to our success."



From left to right: Melissa Tivey, RN, Liz Marvelle, RN, Clinical Leader, Caroline Henderson, RN, Paula Beniers, RN, Sue Cassiani, RN, Clinical Leader, Linda Purcell, Clinical Care Technician, Sheila Lovell, Unit Coordinator

Phlebotomy Special Forces

Needing a blood test conjures up different feelings. We know blood exams are essential in monitoring and caring for patients. At Tufts Medical Center and Floating Hospital for Children, the interpretation of blood samples as they relate to diagnosing and treating patients is our focus. Yet, often overlooked is how blood is obtained. Blood draws are a skill enhanced with experience. Having blood collected repeatedly can be scary, anxiety producing, and uncomfortable for the patient and family.

A Care Delivery Model (CDM) innovation from laboratory staff led by Beth Harubin, Assistant Director, and Bola Akeredolu, Phlebotomy Supervisor, increases quality and satisfaction regarding blood draws. The pilot is called "Phlebotomy Special Forces." The phlebotomy "best of the best" are dispatched throughout the campus to collect blood from patients considered a hard stick. In the first three weeks of August, "Phlebotomy Special Forces" drew all 13 patients identified as being difficult draws successfully. In addition to providing an expert, we are also training a less senior technician. Goals are to rapidly obtain the specimen, reduce missed patients during morning rounds, and increase staff skill.

Jim Rogers, Director of Pathology and Laboratory Medicine, said, "Having the most difficult phlebotomies performed by

our staff is great, but the exciting aspect of the phlebotomy Special Forces is other staff are being trained. Less skilled staff members learn techniques necessary to obtain blood samples from patients with difficult venous access. The program has increased pride in work that our skilled and dedicated phlebotomists perform."



Jasmine Bailey Senior Phlebotomist preparing for a blood draw