2024 VIZIENT CONNECTIONS SUMMIT

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REFLECTION

REFLECT | ADAPT | EVOLVE

Joint Medical, Nursing, and Quality Executive Peer to Peer Session

Peggy Duggan, MD
Executive Vice President, Chief Physician Executive and Chief Medical Officer
Tampa General Hospital
Tampa, Fla.

Matthew McCambridge, MD, MHQS,CPHQ, CPPS
Sr. VP, Chief Quality, Patient Safety, and Acute Care Continuum Officer
Legacy Lehigh Valley Health Network
Chief Medical Officer, Acute Care Quality
Jefferson Health
Allentown, Pa.

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Overall Learning Objective

- **Describe caring science strategies to create an environment that promotes healing and enhances the overall patient experience.**

Reflections on the Significance of Caring to Drive Personal and Professional Positive Change

Dale E. Beatty, DNP, RN, NEA-BC, FADLN, FAONL, FAAN
Chief Nurse Executive & Senior Vice President
Patient Care Services
Stanford Health Care
Stanford, Calif.

About Stanford Health Care

- Academic Medical Center
- Located in California's Silicon Valley
- Level 1 Trauma Center
- New '500P' hospital opened in 2019
- 619 licensed beds. Operate 820.
- 119 licensed ICU beds
- 4,153 inpatient and ambulatory RNs
- 1,615 residents & fellows
- 2,283 physicians on active medical staff

Image Source: Stanford Healthcare. Used with permission

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- **"5 Star"** CMS Rating for 5 Consecutive Years

- **"A Grade"** Leapfrog Safety Grade Fall 2023

- Vizient Top Quartile performer with several measures performing in the Top Decile

Our goals:

- Healing humanity "through science and compassion"

- Providing "leading edge care"

- Becoming the "best at getting better"

4 X Magnet Designee

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

5,100+ nurses

619 Licensed Beds – 820 FTC

1.2 million + Outpatient Visits

REFLECTION

I am Human

I would like to share a video created by Stanford Medicine WellMD & WellPhD as part of their "I am Human" initiative. Although there are many dimensions of workload and practice environment that need to be addressed, there are also professional norms and attitudes that must be addressed to create the environment we aspire to. The purpose of the "I am Human" initiative is to open a conversation among healthcare workers emphasizing our common humanity and acknowledging that we are not superhuman.

Donabedian's Model

Supported by a model for assessing health care quality. Developed by Dr. Avedis Donabedian, based on Structure, Processes and Desired Outcomes

Outcomes

Consequence of the healthcare provided

Method by which the healthcare is provided

Processes

Structures

Environment in which the healthcare is provided
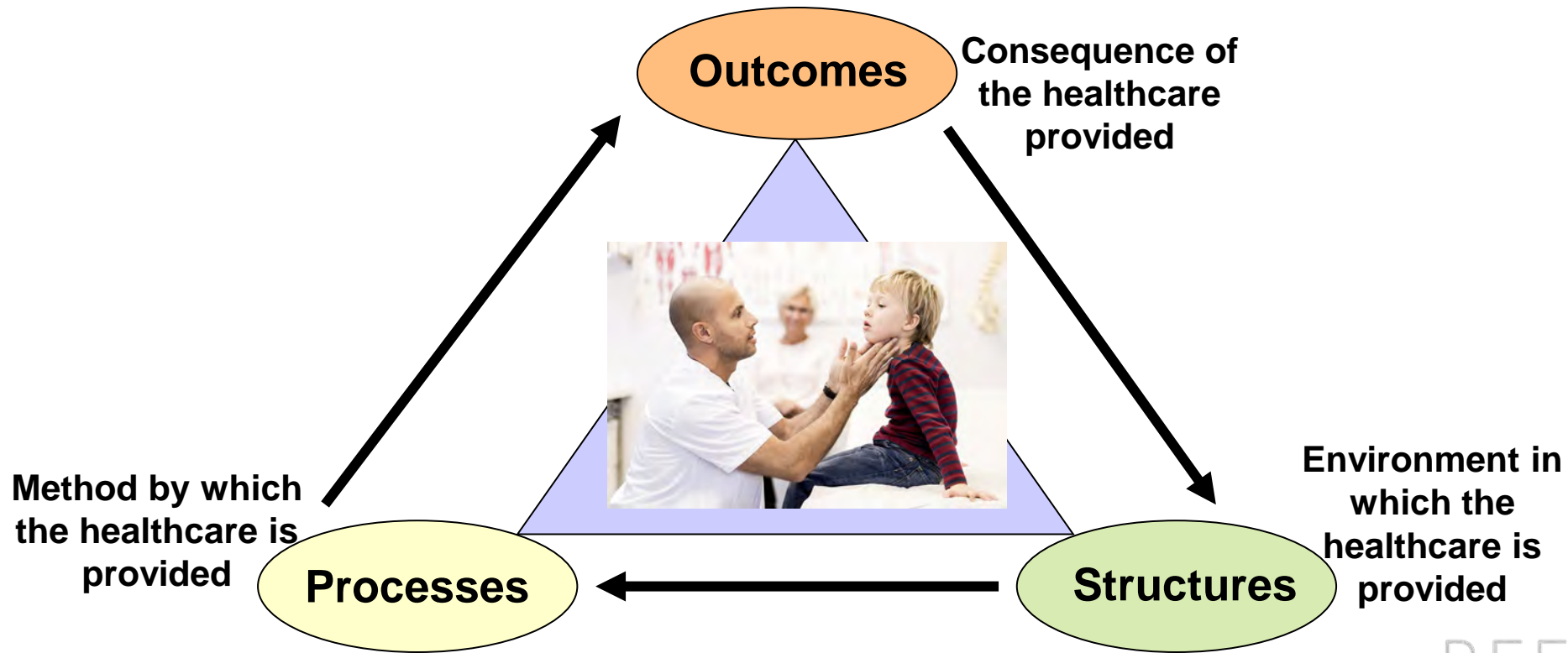
Donabedian: Structure

Highlighting Key Structures at SHC – "Our Secret Sauce"

1. Nursing Strategic Plan Aligns with the SHC Operational Plan and the Stanford Medicine's Integrated Strategic Plan.
2. SHC Quality Structure - MGT
3. Acuity Adaptable Model of Care
4. Leadership Span of Control
5. Patient Experience
6. Security and Welfare of our People
7. Sexual Assault & Sexual Harassment (SASH)
8. Leveraging Dyadic Clinical Partnerships
9. Leveraging ANCC Magnet – Shared Leadership
10. Diversity, Equity, Inclusion, & Belonging

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1) Nursing Strategic Plan Aligns with the SHC Operational Plan and the Stanford Medicine's Integrated Strategic Plan.

Alignment Considerations in Plan Development

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SHC Vision & Values

Integrated Strategic Plan

SMCH / SoM / Tri-Valley Strategies → **SMCH / SoM / SMTV Plans**

Long Term Strategies

Operational Plan

Nursing & PCS Strategic Plan

Department and Unit Plans (A3)

Financial Performance — Fiscal Targets

Regulatory — Compliance Targets

KPIs

Accrediting Organizations: Magnet, IOM, AONL… — Improvements

Evidence Based Practice — Best Practices

"Why do we need three plans?"

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Source: Stanford Healthcare. Used with permission

Functions of Aligned Plans

Strategic Plan: Long-term visions for growth and expansion. "How we will set ourselves apart." Connection between strategy and values.
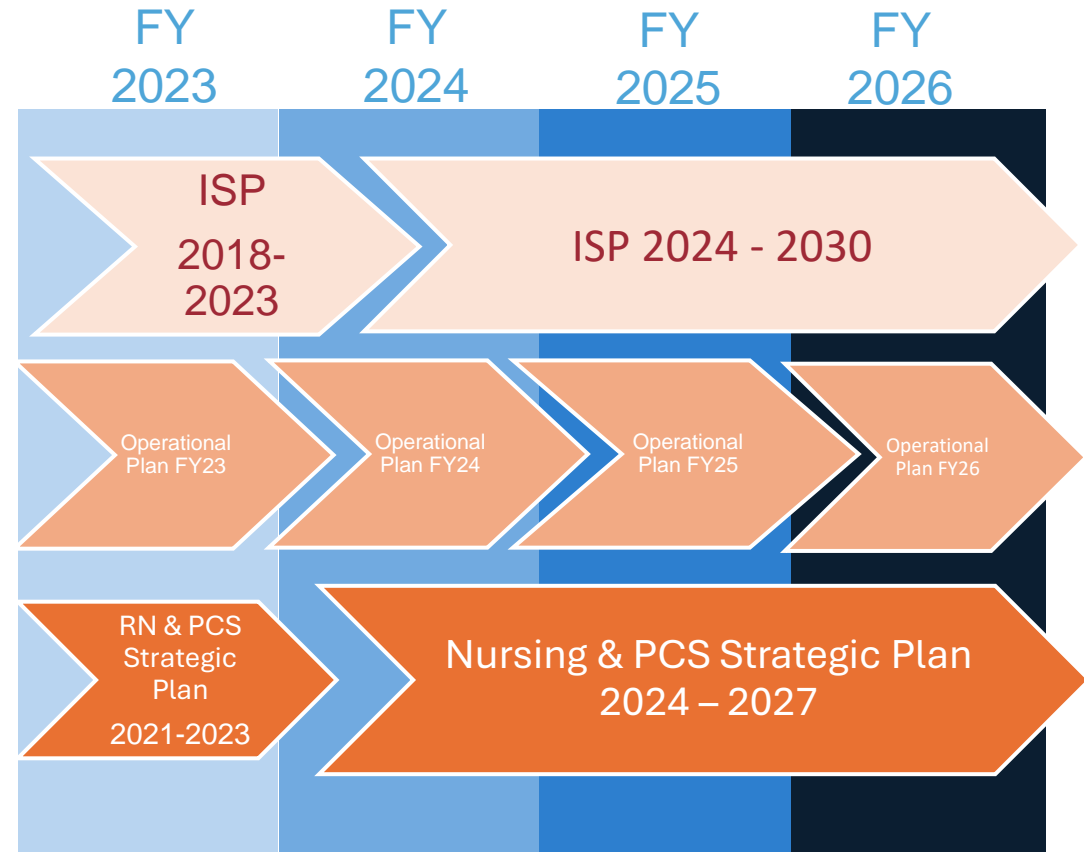
Operational Plan: Annual areas of focus and key performance targets. Critical measures of progress.

FY 2023	FY 2024	FY 2025	FY 2026

ISP 2018-2023 → **ISP 2024 - 2030**

Operational Plan FY23 → Operational Plan FY24 → Operational Plan FY25 → Operational Plan FY26

RN & PCS Strategic Plan 2021-2023 → **Nursing & PCS Strategic Plan 2024 – 2027**

Strategic Initiatives │ Patient Care Services

Vis Wall Template

Operational Plan / Nursing & PCS Strategic Plan		Unit/Department Goals	Problem Solving Tactics / A3's	Outcome Metrics	Any Additional Metrics
		Quality & Safety Goal(s)			
		Patient Experience Goal(s)			
		Engagement & Wellness Goal(s)			
		Financial Strength Goal(s)			

2) SHC Quality Structure - MGT
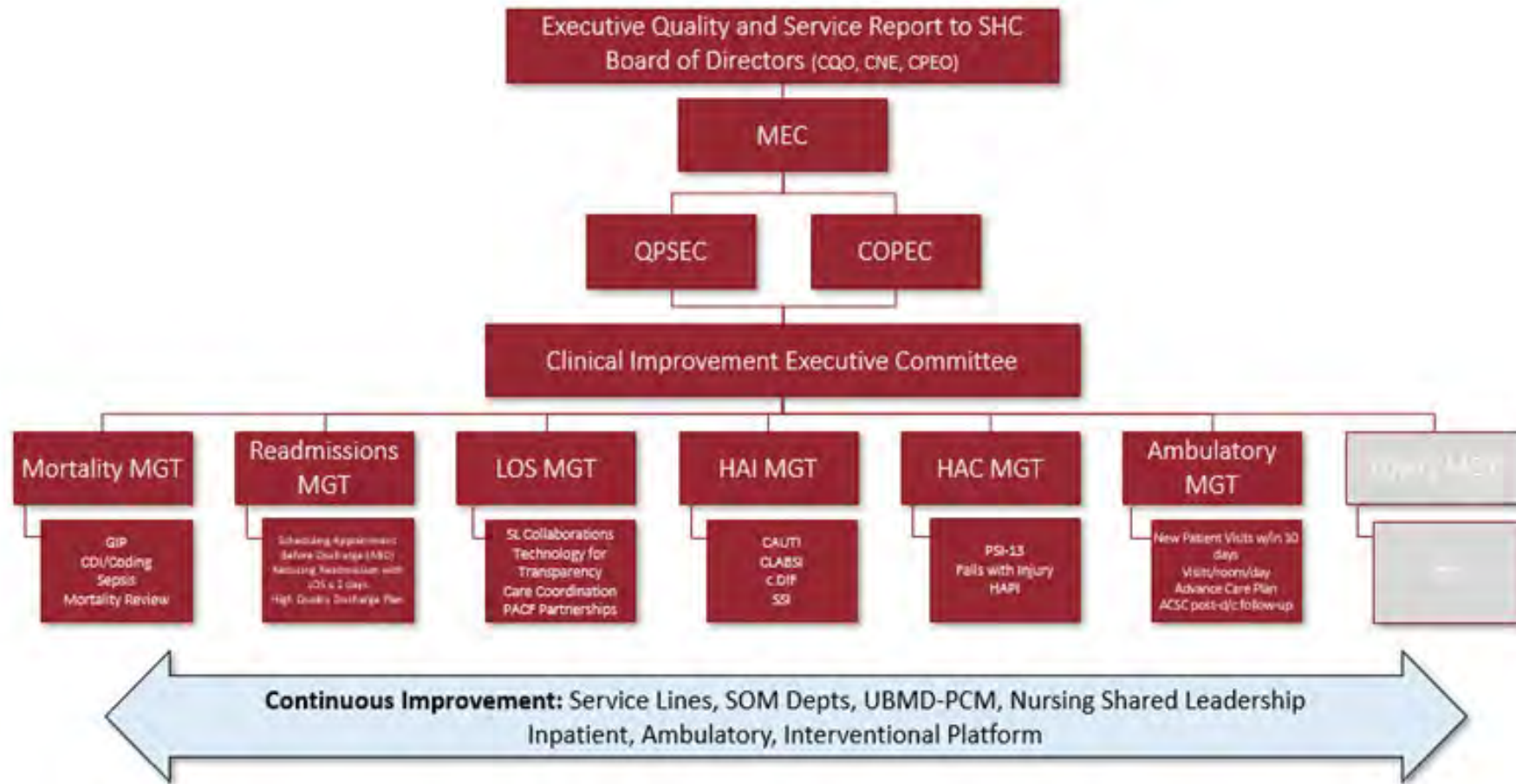
3) Acuity Adaptable Unit / Model of Care

Source: Vizient Inc. Used with permission

Talking Points

1 What is acuity-adaptable care and what problem(s) does it solve?

2 Admissions decision making in fixed-acuity vs. acuity-adaptable care environments

3 Patient scenarios (fixed-acuity vs. acuity-adaptable)

4 RN staffing for acuity-adaptable care (Title 22 vs. SHC staffing matrix)

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What is Acuity-Adaptable Care?

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Acuity-adaptable care is a **care model** that integrates step-down, telemetry, and medical surgical care capabilities **within a single acute care unit**.

This model supports complex patient care situations and the ability to adapt the delivery of care in concert with changing patient care needs, thereby eliminating the need to transfer patients from unit to unit.

Image Sources: Stanford Healthcare. Used with permission

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Contrasting patient experiences

Fixed-Acuity
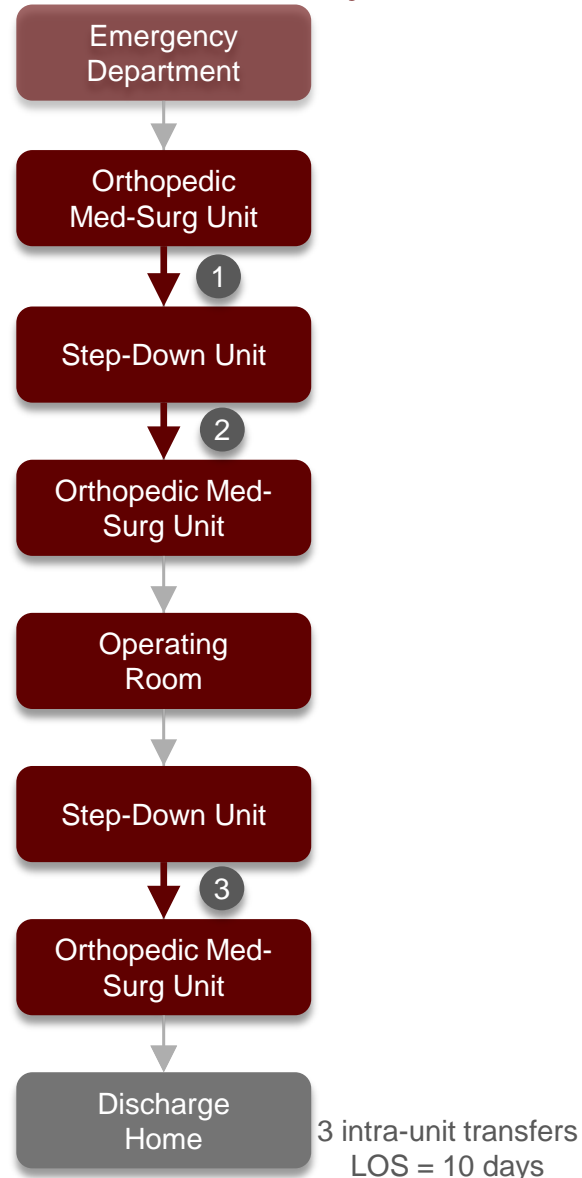
Emergency Department

↓

Orthopedic Med-Surg Unit

↓ ①

Step-Down Unit

↓ ②

Orthopedic Med-Surg Unit

↓

Operating Room

↓

Step-Down Unit

↓ ③

Orthopedic Med-Surg Unit

↓

Discharge Home

3 intra-unit transfers
LOS = 10 days

Acuity-Adaptable

Emergency Department

↓

Surgical Ortho AAU

↓

Operating Room

↓

Discharge Home

0 intra-unit transfers
LOS = 6 days

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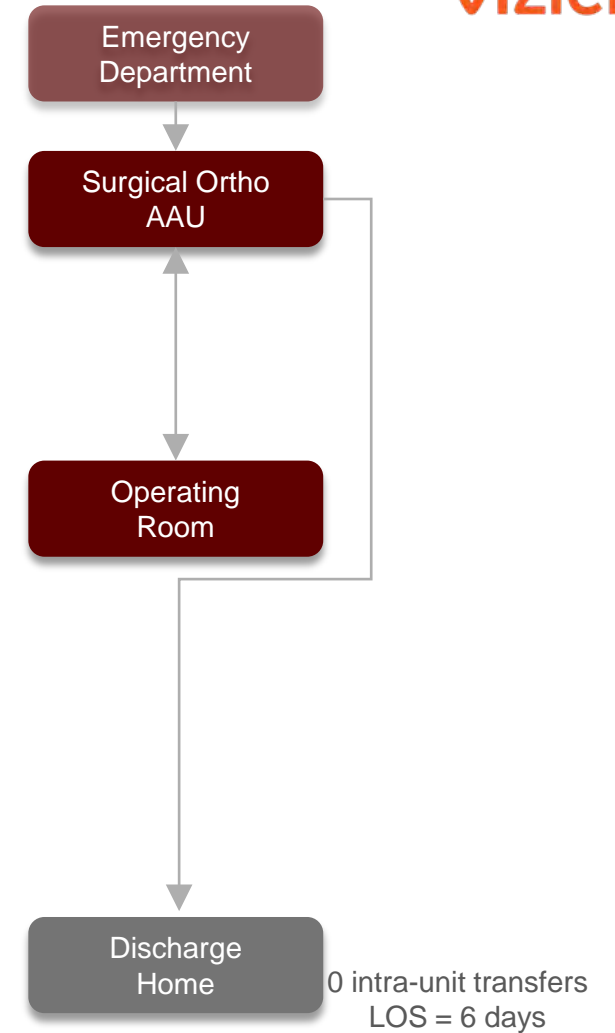
Internal Data Source: Stanford Healthcare. Used with permission

RN Staffing Models for Acuity-Adaptable Care
SHC's acuity-adaptable staffing matrix always results in an equivalent or higher level of RN staffing than the Title 22 mandate

← SHC Matrix

← Title 22

Minimum Number of RNs Required
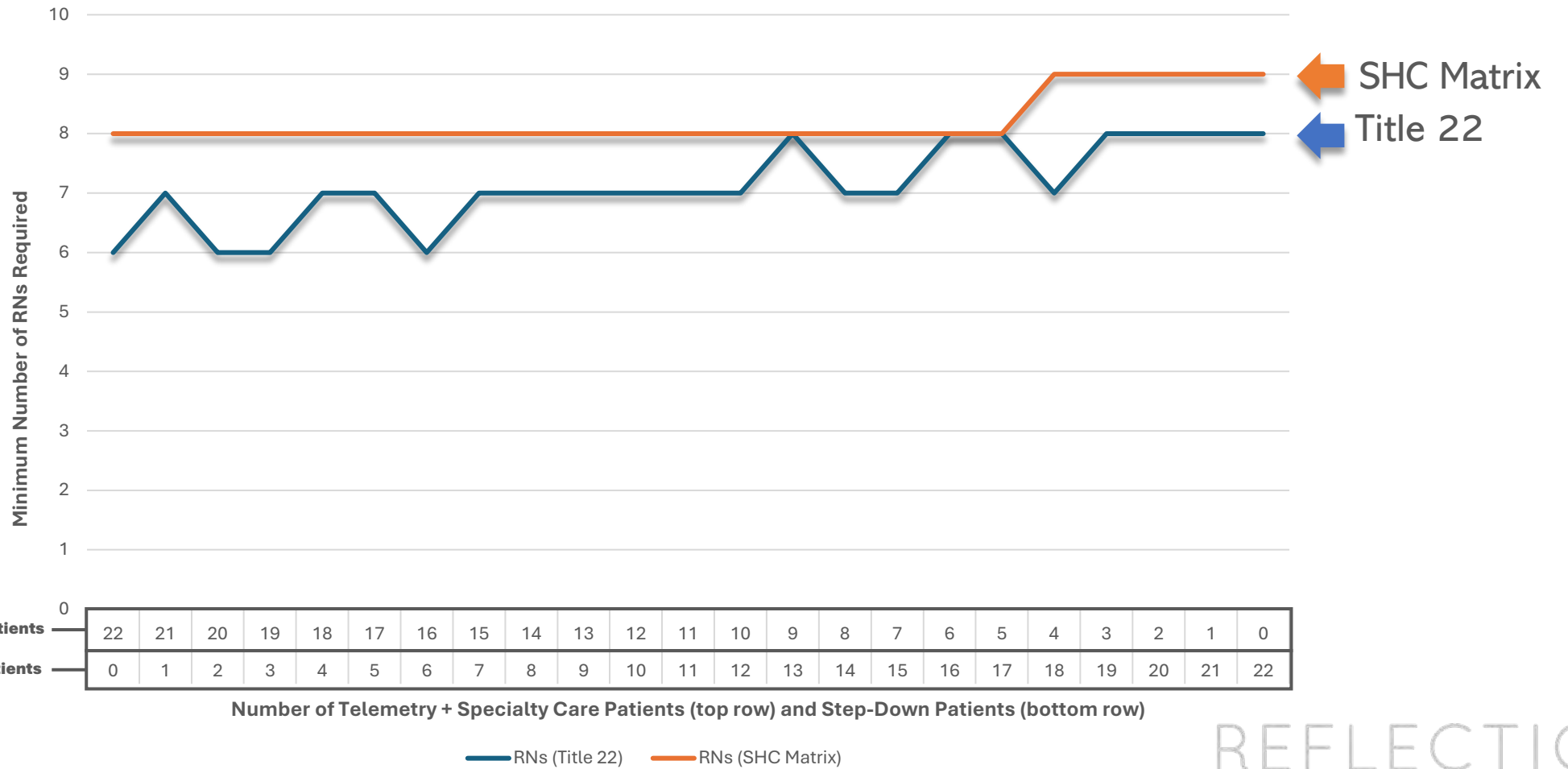
Total no. of telemetry + specialty care patients	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0
Total no. of step-down patients	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22

Number of Telemetry + Specialty Care Patients (top row) and Step-Down Patients (bottom row)

— RNs (Title 22)   — RNs (SHC Matrix)

REFLECTION

Internal Data Source: Stanford Healthcare. Used with permission

Key Takeaways

1 Providers can admit according to the patient's *primary* clinical need but still manage patient's pre-existing conditions on the same unit, thereby reducing transfers.

2 Fewer patient transfers enhances patient safety by reducing wait-related care delays.

3 Acuity-adaptable care is a *patient-centric* care model.

4 Fewer transfers improves continuity of care and enhances care team cohesiveness.

5 Acuity-adaptable staffing provides equivalent or higher staffing compared to Title 22, enhancing nurse satisfaction with the work environment.

4) Leadership Span of Control

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- Leveraged a 2017 study / white paper by the Hospital Association of Southern California on Span of Control.

"Build the Model — Hospitals should develop an SOC optimization model that considers a variety of factors. The model should consider the relationship between manager and staff, address the complexity of care in each unit, and assess the capability of the manager and the staff.

At Stanford Health Care – 1 Patient Care Manager and 2 Assistant Patient Care Managers per 24-25 bed unit as a standard. (Implemented in 2018).
  - Improvement in RN Vacancy and RN Turnover
  - Improved Leadership Vacancy and Turnover. (Currently no open positions)
  - Improved ranking in Vizient Quality Rankings since 2017.
  - Improved Patient Experience Scores (Top Decile performance).

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5) Patient Experience

Likelihood to Recommend Stanford Health Care

What do our patients and their loved ones think?

Likelihood to Recommend Top Box
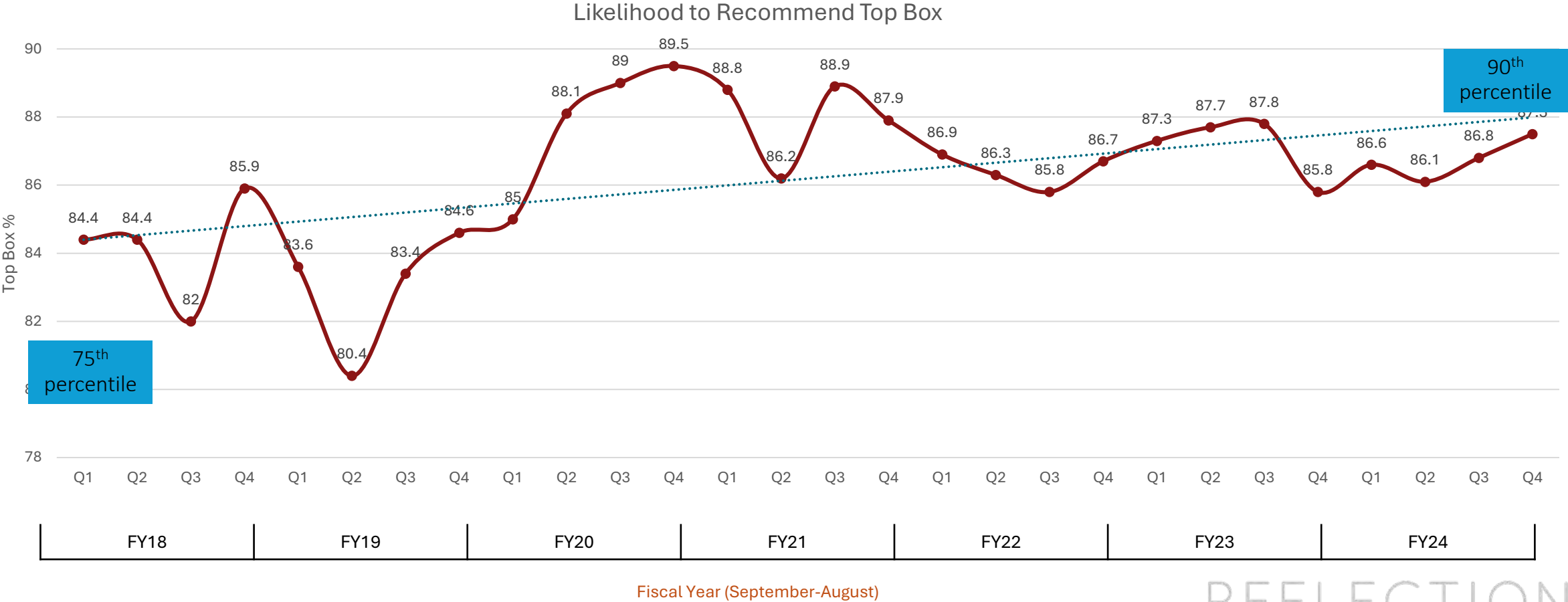
Internal Data Source: Stanford Healthcare. Used with permission

Nurse Communication: White Board Optimization

Problem Statement:

The challenges the inpatient units are facing involves **suboptimal scores in the patient satisfaction surveys** for the Nurse Communication domain, indicating a **notable communication gap between nurses and patients**.

Improving this aspect is essential to better patient experiences, improve health outcomes, and upholding Stanford Health Care's reputation and care quality.

Images Source: Stanford Healthcare. Used with permission

Gap:
Sustainment of target goal of 83.0%

Challenges & Opportunities:

1. Need for consistent and clear communication among and acknowledgement of patient priorities and goals by all members of care team

2. Need for RN standard work every shift to document and address patient priorities and goals

3. Need for follow up in addressing patient priorities and goals to be incorporated into nurse leader daily rounds

Interventions:

1. Redesign patient room white board to overall improve patient-centered care communication.

2. Nurse Leader rounding to incorporate discussions about essential aspects of care, including the updated whiteboard.

3. By utilizing these two tools, nurses can foster interpersonal connections, patient education, engagement initiatives, address discharge planning needs, and implement thorough nurse follow up.

Care Transitions: Welcome Brochure Optimization

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SHC Inpatient Care Transitions Scores

FY22 Target: 62.3%
FY22 Score: 63.6%

⬇

FY23 Target: 64.1%
FY23 Score: 64.2%

Problem Statement:

Poor Patient Care Transitions can lead to:

- Patient dissatisfaction
- Negative clinical outcomes
- Patient adverse events
- Drug-related errors
- Hospital readmissions

Gap:

In FY22, Inpatient PCS had a Care Transitions of 63.6% which would not meet FY23 Target of 64.1%.

Challenges & Opportunities:

- Patient participation in care
- Patient preferences addressed
- Prepare for transition to home

Proposed Solutions:

- Pilot the Welcome Brochure Optimization program (completed in Spring 2023)
- Based on success of Pilot; Spread program across all Inpatient PCS:

  - Phase I: Medicine and CVH September 2023
  - Phase II: Oncology and Observation November 2023
  - Phase III: Surgical and Transplant January 2024
  - Phase IV: ICU and Float Pool   March 2024

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Doctor Communication:
Advancing Communication Excellence at Stanford (ACES)

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DOCTOR COMMUNICATION
85.3%
▲ 3.9% vs. Nov 2023
n-size: 1,625
Target 84.3%

89.5%
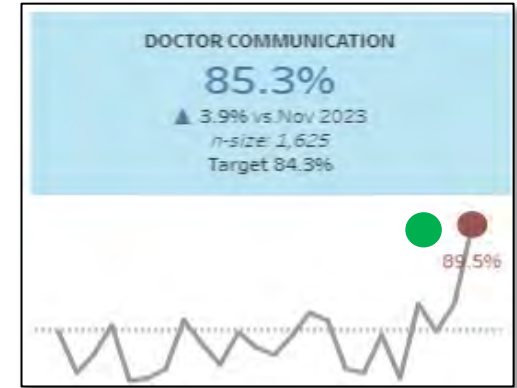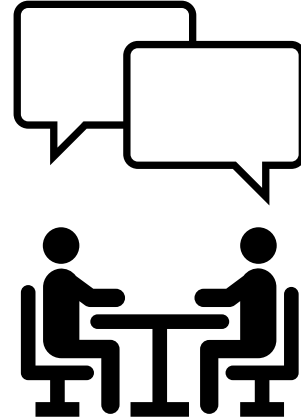
Background:

Effective physician-patient interactions result in improved patient satisfaction scores, physician empathy, self-efficacy, and reduced physician burnout.

Stanford Health Care lacked a relationship-centered healthcare culture where all communication is effective, empathetic, and equitable

Images Source (L to R): Stanford Healthcare. Used with permission

Gap:

Absence of an evidence-based model for physician-specific communication training.

Challenges & Opportunities:

1. Consistent model for relationship-centered communication (RCC) for Stanford providers, beyond C-I-CARE training
2. Foundational training for RCC for all Stanford providers.
3. Opportunities for continued learning and skill-building following foundational training.

Interventions:

1. Implemented ACES course in collaboration with the Academy of Communication in Healthcare; trained more than 3,200 providers, resulting in improved provider wellness and patient experience scores.
2. Implemented RCC coaching program; more than 500 providers coached to date.
3. Created and implemented a Train the Trainer program for ACES facilitators; 29 Stanford providers trained.

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6) Security and Welfare of our People
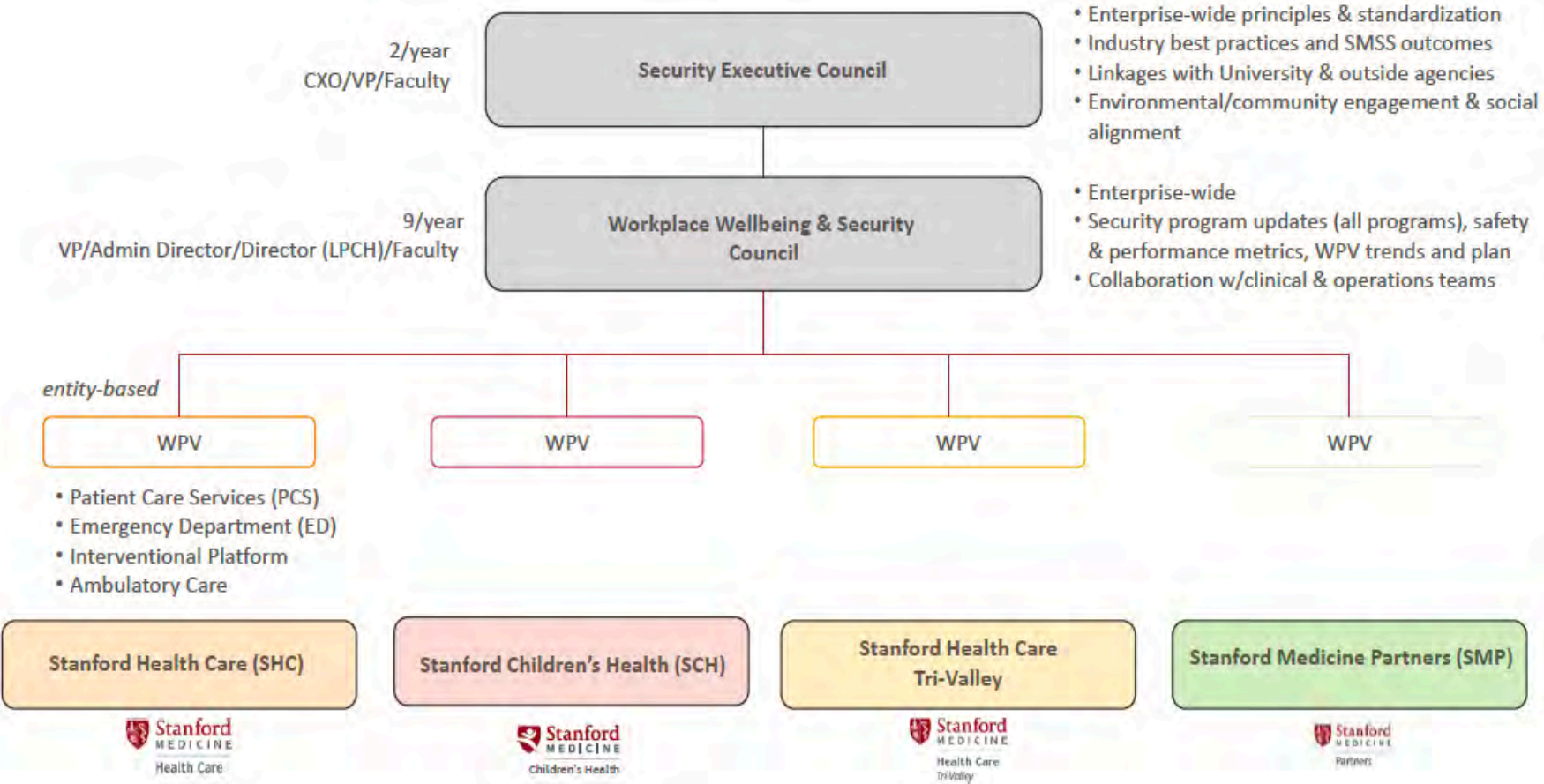
Source: Sanford Healthcare. Used with permission

Notice of Behavioral Standards (NBS)

Reviewed Annually
- Patient Access Services (registration) staff present the NBS to every patient upon joining Stanford and annually thereafter.
- Documentation is added to the patient's chart indicating they reviewed the document.
- No signature required (consent is not optional, but mandatory)

Widely Available
- The NBS is available in multiple languages
- Physical and electronic copies are provided to each patient
- The NBS is accessible on MyHealth and online

Referenced
- The NBS takes burden off staff/leadership to make personal decisions about what behavior they choose to tolerate.
- The NBS presents a clear picture of what is and is not acceptable behavior at Stanford Medicine.

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7) Sexual Assault & Sexual Harassment (SASH)

The Path to Now

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SASH Taskforce

Jan 2023

Interdisciplinary committee formed to establish a process for addressing sexual assault and sexual harassment allegations.

Process Development

Aug 2023

Best practices and processes developed. Patient Experience identified as process owner.

Pilot Launch

Feb 2024

SASH response processes launched in all inpatient and outpatient settings.

Current State

Summer 2023

Current state assessment conducted to understand event frequency and existing processes.

Training

Jan 2024

A group of Directors completed FETI training and initiated on-call support for inpatient allegations.

Pilot Success

Aug 2024

Preliminary results have been positive and changes have been implemented to enhance the process.

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Four Key Phases to the Process

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Huddles throughout the process ensure teams are communicating effectively.
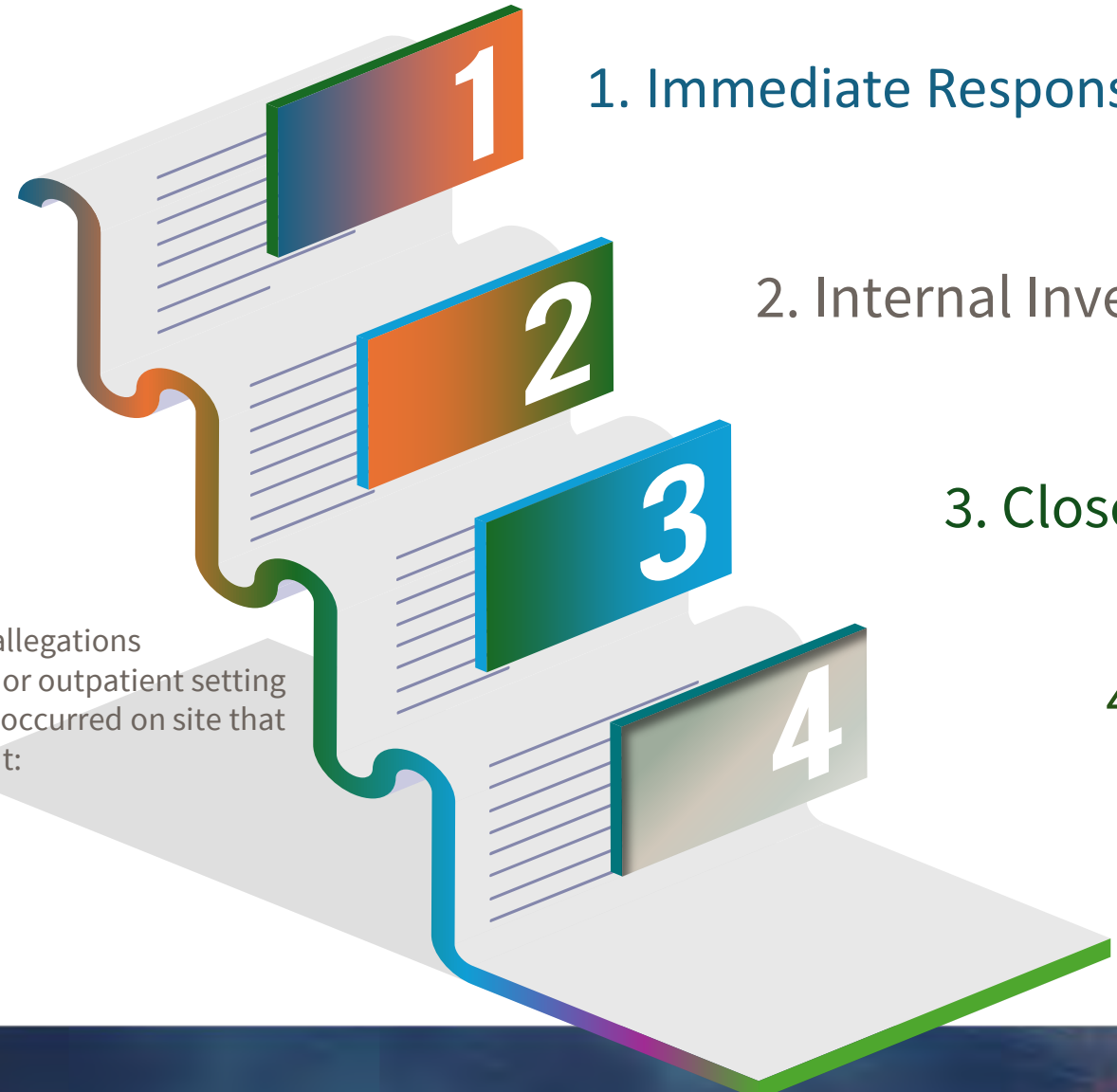
1 1. Immediate Response

2 2. Internal Investigation

3 3. Close Out of Internal Investigation

4 4. Post-External Investigation

We respond to allegations in the inpatient or outpatient setting of assaults that occurred on site that involve a patient:

Staff: Patient
Patient: Staff
Patient: Patient

REFLECTION

On-Call Directors

- **On-call directors available are 24/7 to support teams with sexual assault allegations. The ANS team has access to the schedule and will contact the scheduled director.**

Johnathan Clevinger	**Kristina Davis**	**Maureen Fay**	**Sarah Foad**	**Lisa Ledonne**
Dennis Manzanades	**Gisso Oreo**	**Salem Paschal**	**Tyler Perkins**	**Daniel Ramberger**

From Reporting to Investigation Completion

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First Two Hours*

Next Business Day (Day 1)

Day 2-7

End of Investigation

Post External Investigation

IMMEDIATE RESPONSE

Safety & Information Gathering

INTERNAL INVESTIGATION BEGINS

Information Review
Action Planning
Reporting Requirements

STATUS UPDATE & REVIEW

Cycles as needed to support process

CLOSE OUT OF INTERNAL INVESTIGATION

(Investigation end or patient discharge, whichever is later)

CDPH INVESTIGATION REPORT & LICENSING BODY REVIEW

*For the ambulatory response, this may take longer based on whether the Patient Experience team is able to contact the patient.

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Assault Investigation Team Checklists

- ## Patient to SHC Employee and SHC Employee to Patient

  - Inpatient/Outpatient

- ## Patient to SoM Faculty Provider and SoM Faculty Provider to Patient

  - Inpatient/Outpatient

Images Source: Sanford Healthcare. Used with permission

Internal Investigation

When: To be initiated on first business day following awareness. To be completed within 15 days of awareness.

Purpose: Conduct thorough and impartial investigation of events. All documents saved in Box folder managed by Patient Relations. All other documentation saved in Qualtrics.

Who	Actions	Documentation	Resources
ELR	1. Notify legal counsel to initiate attorney/client privilege. Copy OGC on all communications.		
Regulatory Affairs	1. Report to CDPH within 24 hours if appropriate. 2. Once report is complete, share with Assault Response Team and attach to SAFE report.		CDPH report letter template
Patient Relations	1. Convene a huddle with Assault Response Team. 2. Discuss necessity of 805.8 reporting. 3. Connect with the patient to introduce self and explore expectations for resolution, if appropriate. 4. Send an acknowledgement letter to patient, if appropriate. 5. Update SAFE report with notes from huddle. 6. Save notes in Box.		Event Template Standard work for facilitating the meeting
Nursing Quality	1. Review patient care plan documentation 2. Perform chart tracer and document collection for CDPH review.		Internal Summary Report
ELR	1. Conduct an interview with the employee and unit leader with representation if necessary. 2. Interview witnesses if applicable. 3. Revisit whether employee should be reassigned or place on TRD, if not already determined.		TRD Template SEIU requires 24 hours' notice, CRONA requires 3 days' notice re: interview.
Risk Management	1. Support and assist with guidance to key stakeholders. 2. Determine if notification to media affairs is required.		Notification to Media Affairs process.
Security	1. Conduct a threat assessment if a direct threat is made against an individual or the enterprise.		BTAM Report

8) Leveraging Dyadic Clinical Partnerships

Neera Ahuja, MD
ACMO Inpatient

- Stanford has Dyadic partnership vertically and horizontally across the enterprise.

- Every Patient Care Unit has a Patient Care Manager (PCM) and a Unit Based Medical Director (UBMD).

- The PCMs and UBMDs meet monthly as a group.

- Many quality improvement initiatives are supported by this structure.

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9) Leveraging ANCC Magnet – Shared Leadership

Creating an Environment for Professional Nursing to Thrive

Images Source: Sanford Healthcare. Used with permission

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10) Diversity, Equity, Inclusion, & Belonging

Stanford Health Care
Commitment to Diversity, Equity, Inclusion, and Belonging

Special Membership Opportunities

As part of our commitment to creating a community of belonging, and in support of our nurse advocates, SHC Patient Care Services partnered with HR to develop a targeted program aimed at advancing membership in national professional nursing associations.

Initial membership fee will be sponsored by the Office of the CNE through Nursing Excellence Department

SMBNA
Stanford Medicine Black Nurses Association
Scan to join!
SMBNA Membership Sponsorship
NBNA
NATIONAL BLACK NURSES ASSOCIATION, INC.

NAHN
National Association of Hispanic Nurses
Join the Familia
Scan to join!
NAHN Membership Sponsorship
NAHN
National Association of Hispanic Nurses

PNANC - SHC
Philippine Nurses Association-Northern California
Stanford Health Care
Scan to join!
PNANC Registration

New!

BAINA
Bay Area Indian Nurses Association
Scan to join!
BAINA Registration
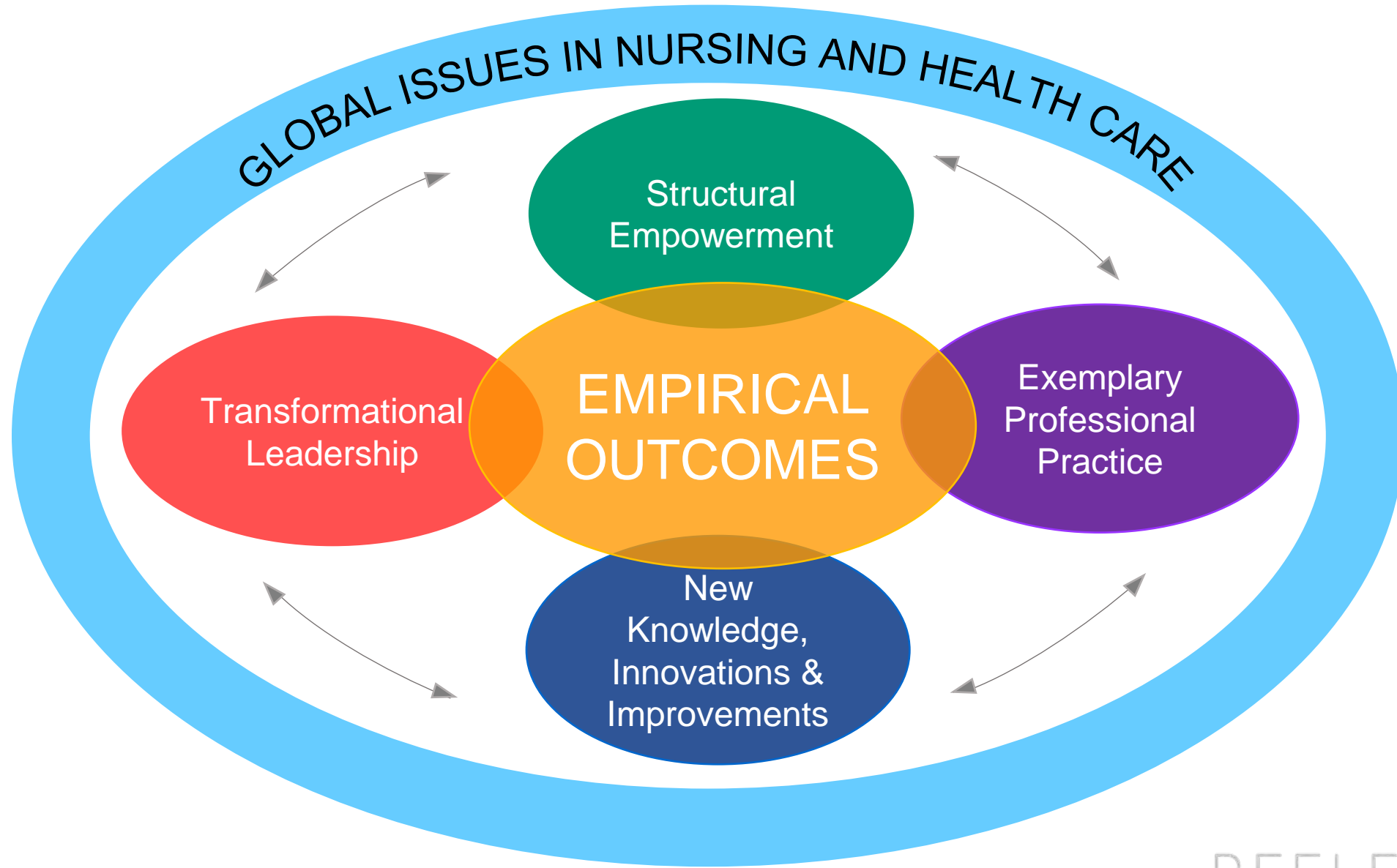
We Are Magnet!

SHC Organization-Wide Shared Leadership
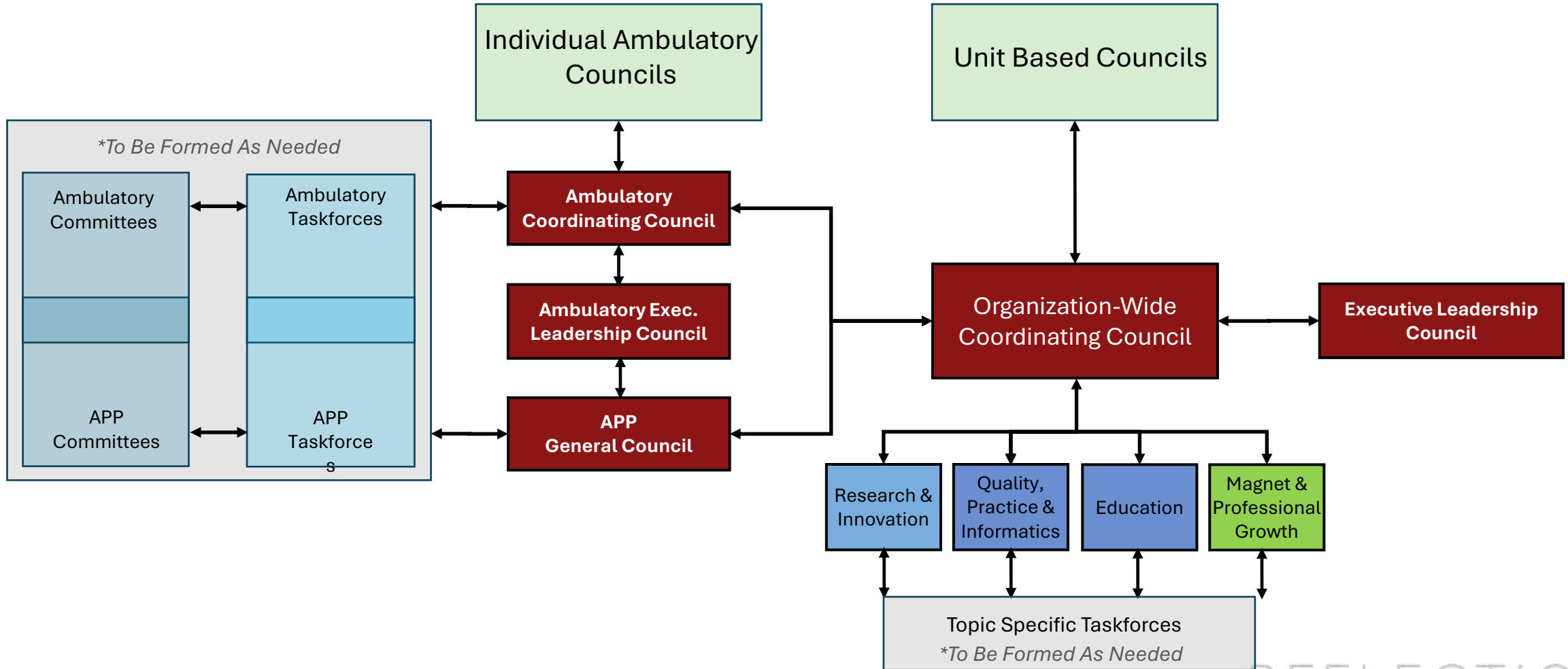
Donabedian: Process

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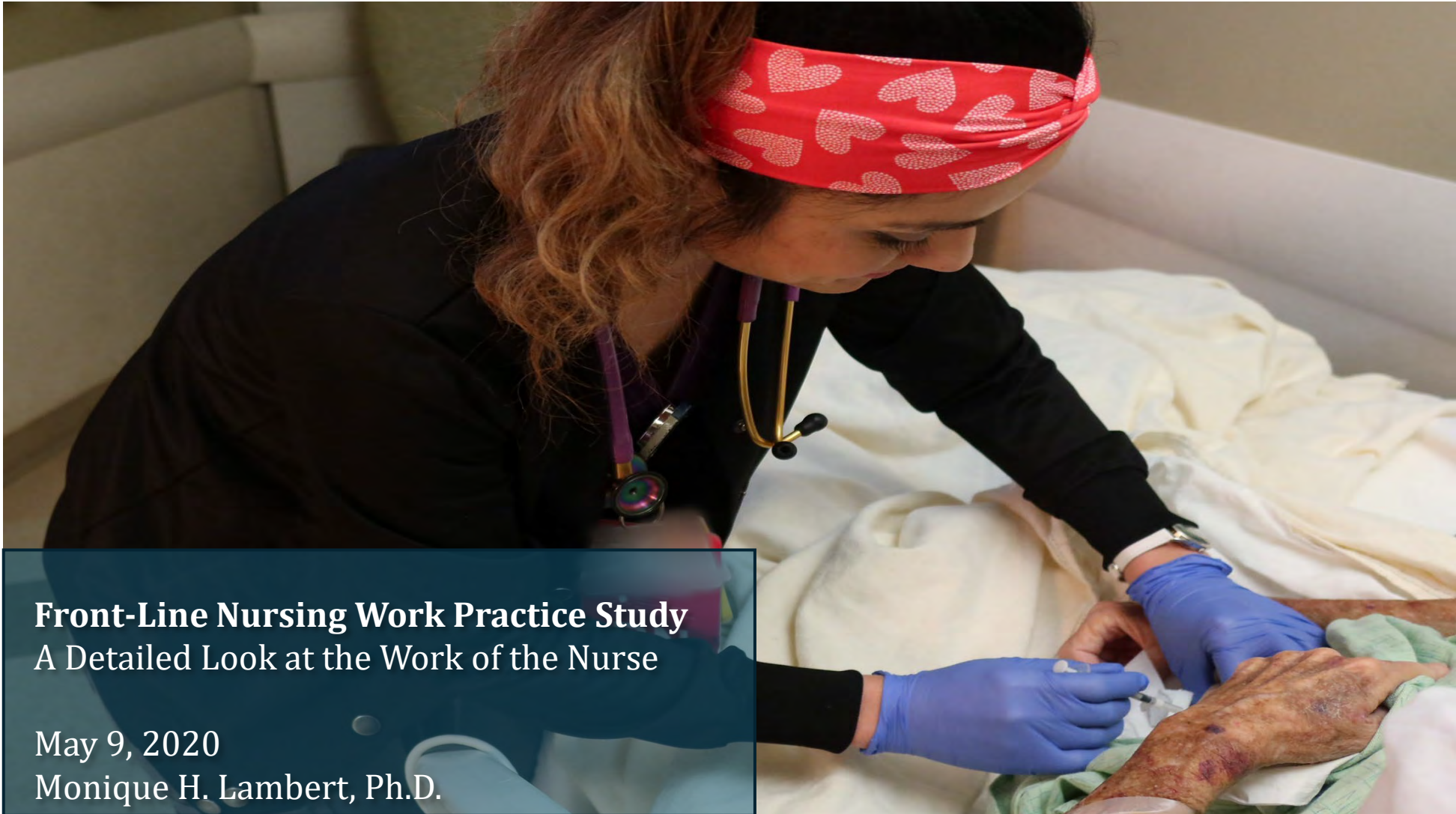
Front-Line Nursing Work Practice Study
A Detailed Look at the Work of the Nurse

May 9, 2020
Monique H. Lambert, Ph.D.

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Images Source: Sanford Healthcare. Used with permission

"Goal: services should be patient centered and should be pushed to the point of service." Caregiver workflow redesign

Redesigned over 150 workflows prior to moving into our new building.

- Materials & supplies

- Medication delivery and administration

- Linens

- Clinical documentation

- Policies and Procedures

- Care Protocols

- Evidenced Based Order Sets

- Work Redesign

- RN Stacking – Cognitive Ordering

- Information

A day in the life …

Nurse Travel Patterns:
1st Shift (8:30 – 9:30am)
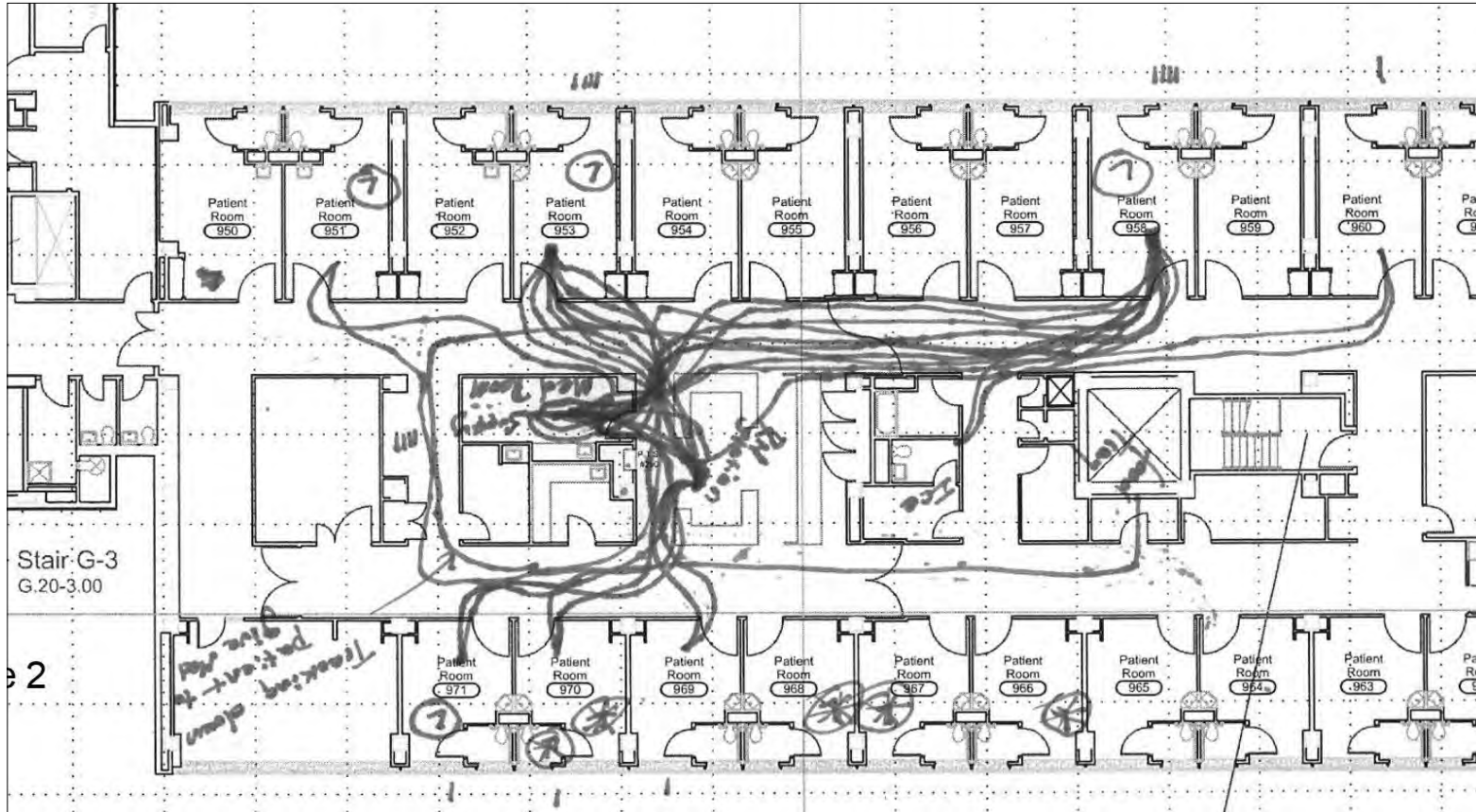
National Benchmark :
Medications located at bedside can save up to 2 hours of nurse's time walking back and forth to Med. Room.

Donabedian: Outcomes

Evidence of a Culture of Quality and Safety 7-Magnet Exemplars-2021

1) Mission – Support by our Professional Practice Model – Watson Caring Sciences. COVID-19 Response.

2) BSN 94.3% to goal of 80%.

3) 100% of all units outperformed mean for device-related HAPI stage 2 and above.

4) HAPI Stage 2 and above outperformed the benchmark for 8 quarters in 100% of all units.

5) Door to Balloon data outperformed the benchmark for 8 quarters.

6) Patient Satisfaction outperformed the benchmark for 8 quarters.

7) Ambulatory HbA1c data outperformed the benchmark for 8 quarters.

Key Drivers of Successful Outcomes

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Structure

- Watson Caring Science as a theoretical foundation
- Nursing Co-Leadership within the quality improvement structure
- Shared Leadership (Governance) Council
- Dedicated nursing education, quality, research, evidence-based practice and informatics resources

96.4% Units above NDNQI mean for HAPI

Process

- Provide shared decision making
- Cascading strategic and operational planning
- Apply principles of improvement and implementation science
- Make data visible and available
- Leverage technology and promote innovation

35% reduction in *C. diff* and 46% reduction in CLABSI

Outcomes

- Vizient Top 10 performance for Patient Centeredness
- Reduced and sustained outcomes preventing healthcare associated infections (HAIs)
- Vizient Top Performer for Health Equity

Vizient Top 10 in Patient-Centeredness

REFLECTION

SHC Direct Care RN Turnover and Static Vacancy Rate

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Fiscal Year Period	Annual Turnover Rate	Static Vacancy Rate
9/1/22	12.1%	0.4%
9/1/23	8.0%	-8.0%
8/7/24	7.5% Annualized	-11.1%

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Stanford 2024 APP Wellness Survey Results Compared to National Benchmark

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	2024 % n = 629
Response Rate	**76%**

N= 832

Core Metrics	2024	APP National Benchmark (2-year) (n = 13,503)
Professionally Fulfilled	**42%** ⬆	**33%**
Burnout Present	**33%** ⬆	**40%**
Intent to Leave	**36%** ⬆	**40%**

2024 Survey Dates: 3/19/2024 – 5/1/2024

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Vizient Patient-Centeredness Rank
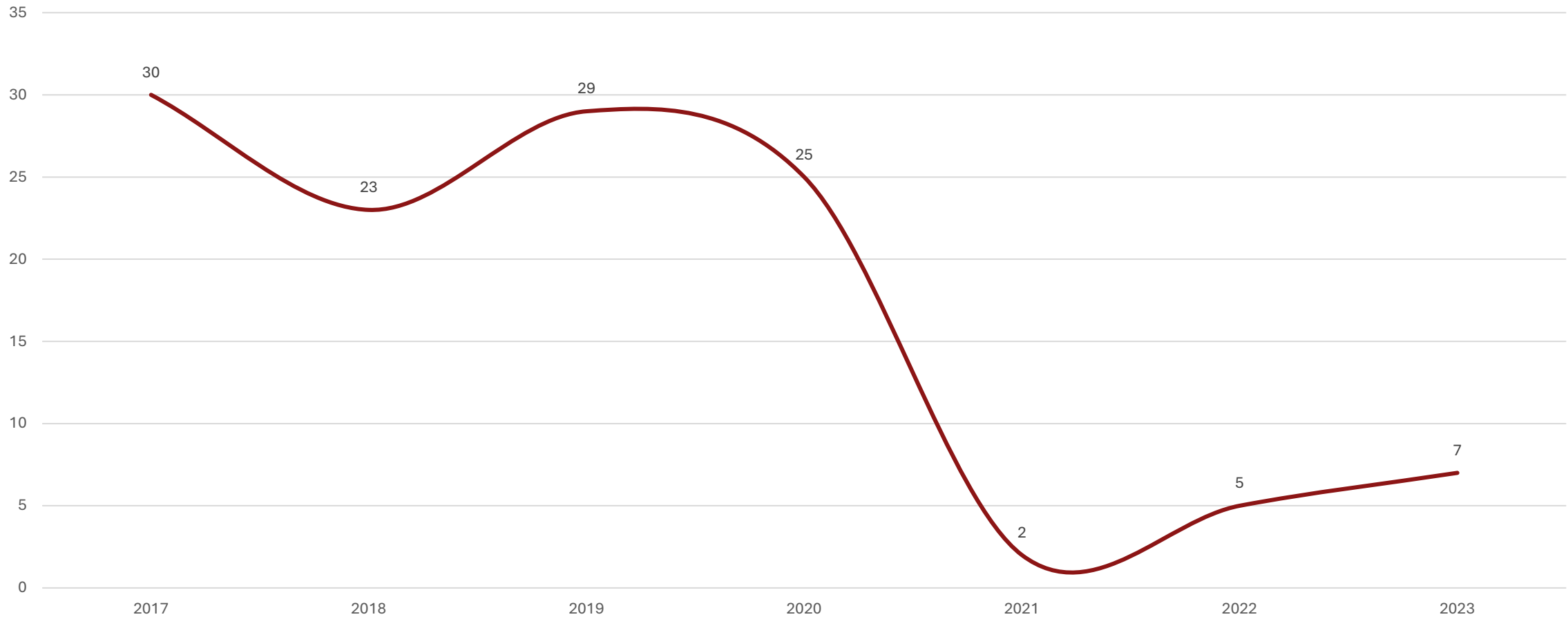
Ranked out of 118 academic medical centers

Internal Data Source: Sanford Healthcare. Used with permission

Watson Caring Science - Theory

Professional Practice Model

© Stanford Health Care 2015
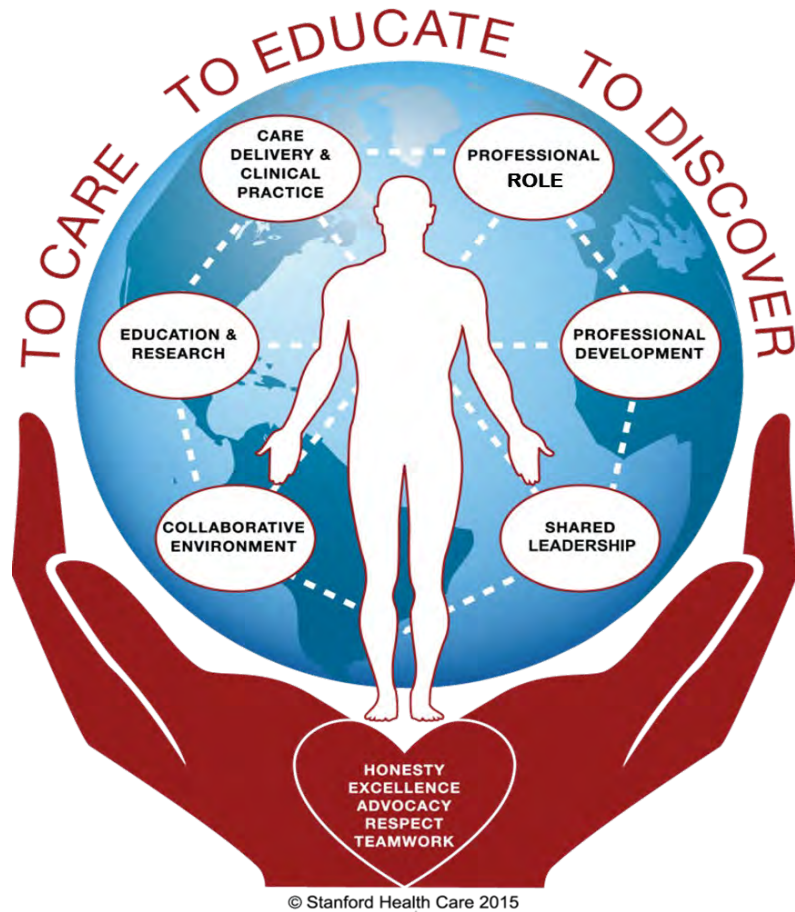
Our Mission

To Care, To Educate, and To Discover

Our Vision
Healing humanity through science and compassion, one patient at a time

Our Values

"Nursing Excellence Requires a Caring HEART"

Interprofessional Leaders at Stanford believe:

HONESTY ensures truthful open exchange at all times.
EXCELLENCE and **E**DUCATION result in continuous discovery.
ADVOCACY is essential for excellent patient outcomes.
RESPECT for individual differences and diversity guides our behavior.
TEAMWORK results in collaboration and cooperation across the continuum.

REFLECTION

Watson Caring Science Integration

Structure:

- Watson Caring Science integration & alignment into Patient Care Services (PCS) & Nursing Strategic Plan systemwide

Process:

- Use Watson Caring Science Institute (WCSI) national affiliate indicators to demonstrate a sustainable commitment to incorporating the values, philosophy, and theory of Watson's Caring Science, which promotes a caring-healing environment for staff, patients/families, organizational culture, and communities.

*"It's when we include caring and love in our science, we discover our caring-healing professions and disciplines
are much more than a detached scientific endeavor, but a life-giving and life-receiving endeavor for humanity."*
Jean Watson, Ph.D., RN, AHN-BC, FAAN, LL (AAN)

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Used with permission from: (L-R) Stanford Healthcare, Watson Caring Science Institute

Watson Caring Science Integration Journey

~ 2007-2009

Nursing Units develop individual MVV based on Watson Caring Science

2010

Develop Professional Practice Model (PPM) integrating Watson Caring Science

2013

SHC hires first Caritas Coach

Complete Watson Caring Science Integration Gap Analysis

2014-2016

Create Watson Caring Science Integration Plan for FY15-18

SHC becomes Watson Caring Science Institute (WCSI) Affiliate, 2015

2017

SHC sponsors 5 Caritas Coaches

SHC sponsors & hosts WCSI International Caritas Consortium (ICC)

2018-2020

SHC sponsors 17 Caritas Coaches

Integration of Watson Caring Science into PCS/Nursing Strategic Plan for FY18-20

2021-2023

SHC sponsors 13 Caritas Coaches

Integration of Watson Caring Science into PCS/Nursing Strategic Plan for FY21-23

Develops Caritas Humanistic Care Certificate Program – the only WCSI Caritas Nurse/Caritas Partner designation program in the world, 2021

SHC receives WCSI Distinguished Affiliate Designation, 2022

SHC CEPD receives the 2022 ANCC NCPD Premier Award

2024-2027

SHC will sponsor 10 Caritas Coaches

Integration of Watson Caring Science into PCS/Nursing Strategic Plan for FY24-27

SHC CEPD receives the 2024 ANCC NCPD Premier Award

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Watson Caring Science Integration Outcomes

"Nurses and carers are being re-oriented toward indicators such as self-love, self-care, self-knowledge, self-control, and self-healing approaches. These address not only the individual, but also our collective humanness, and what it means to be human…"

Jean Watson, Ph.D., RN, AHN-BC, FAAN, LL (AAN)

Legacy/Leadership Outcomes

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Caritas Coach®

40

Watson Caring Science Institute
Caritas Coach®

Watson Caring Science Postdoctoral Scholar

1

Watson Caring Science Institute
Watson Caring Science Postdoctoral Scholar

ANCC ACCREDITATION
NCPD
PREMIER AWARD
ACCREDITED PROVIDER
2022

REFLECTION

U.S Clinician WellBeing Study; Center for Health Outcomes and Policy Research, University of Pennsylvania School of Nursing

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Table 3. Overall Quality of the Work Environment

Percent Reporting	Stanford Health Care				CWS Magnets				Non-Magnet
	RN	Phys	APP	All	RN	Phys	APP	All	RN
Work environment is poor or fair	19			19	34	20	23	30	40
Work atmosphere is chaotic or tends to be chaotic	59			59	63	38	43	56	
Administration that listens and responds to clinician concerns	66			66	53	71	67	58	51
Would not recommend hospital as a place to work	7			7	17	13	10	15	34
My values align with leadership	75			75	67	71	73	68	
A clear philosophy of patient-centered care/nursing that pervades the clinical environment	90			90	80	85	87	82	66
Joyous workplace	9			9	7	10	14	8	

Notes. The first item is a single-item measure of the work environment where clinicians were asked to rate their current work environment on a four-point Likert-type scale (1 being "poor" and 4 being "excellent"). The remaining items are from the Practice Environment Scale of the Nursing Work Index (PES-NWI). Percent reporting includes clinicians who reported they "strongly agree" or "somewhat agree" that the items were present in their current work environment. For the last item, clinicians were classified as reporting their current workplace was "joyous" if their score on the Mini-Z was ≥ 40.

Caritas Nurse/Caritas Partner Humanistic Care Certificate Program Benefits
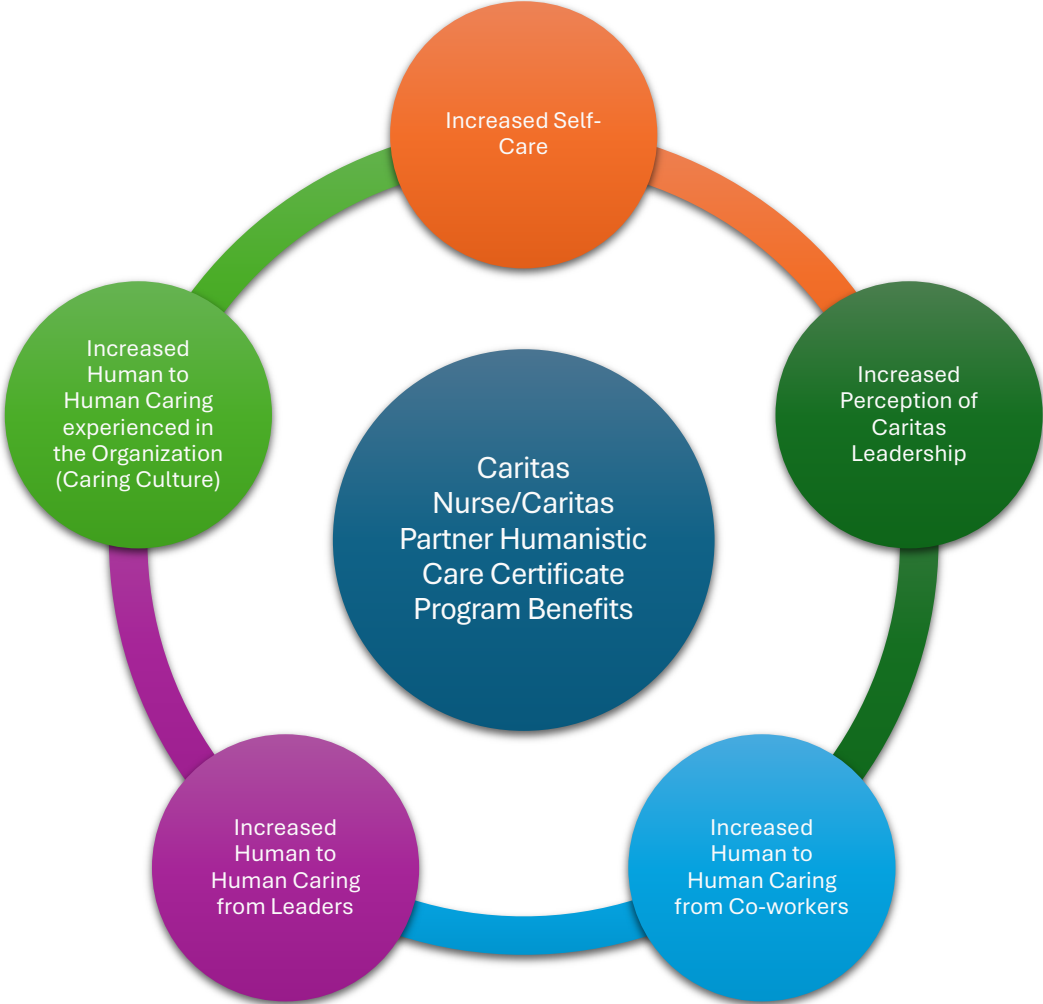
Education Outcomes

Caritas Nurses

101

Watson Caring Science Institute
Caritas Nurse®

(Nurse participant at all levels)

Caritas Partners

26

Watson Caring Science Institute
Caritas Partner®

(Non-RN participant at all levels)

LAMA

177

LAMA
Leadership and Management Academy
Stanford HEALTH CARE
STANFORD MEDICINE

(Entry-level mid-career nursing and interprofessional leaders transitioning into new formal leadership positions)

Watson Caring Science Institute
CARITAS LEADERSHIP PROGRAM™ GUIDES

Our SHC Caritas Coaches are actively involved with Watson Caring Science Institute as faculty and experts in their Caritas Leadership Program.

Used with permission from: (L-R) Watson Caring Science Institute, Stanford Healthcare

REFLECTION

Leadership And Management Academy (LAMA) Program Benefits
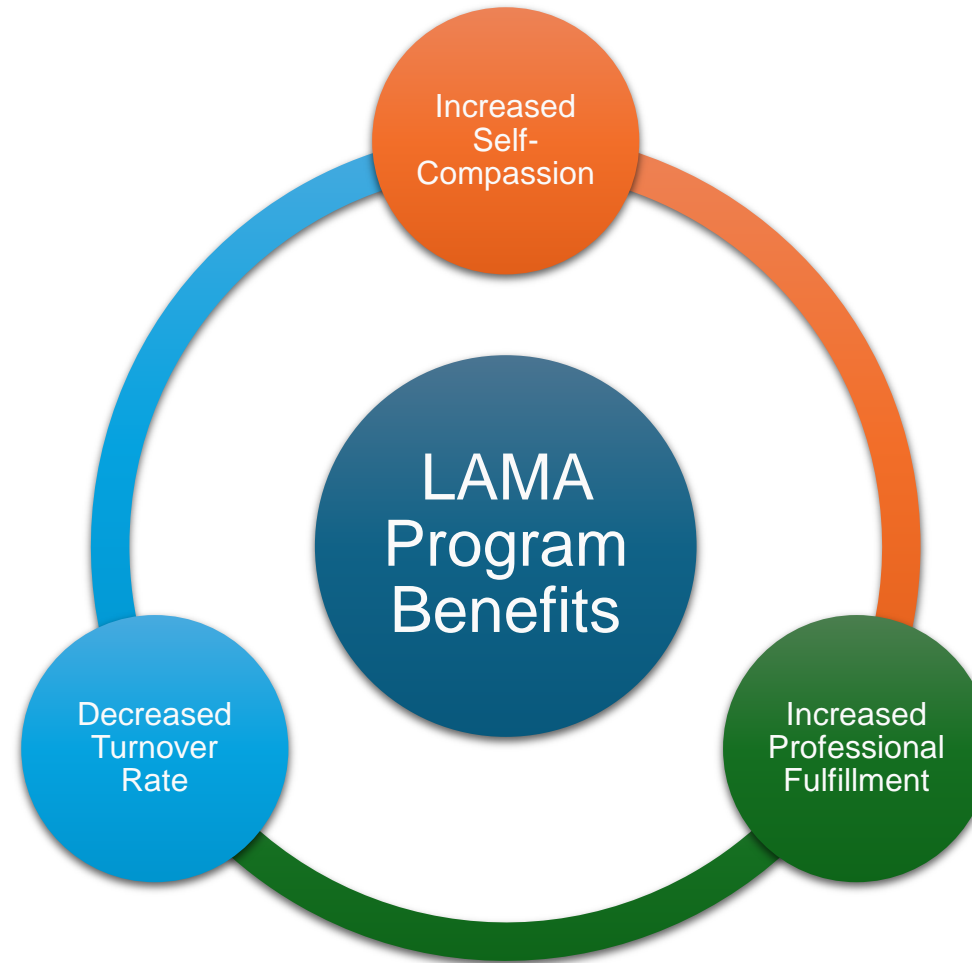
LAMA Participants Personal Resilience - Self-Compassion
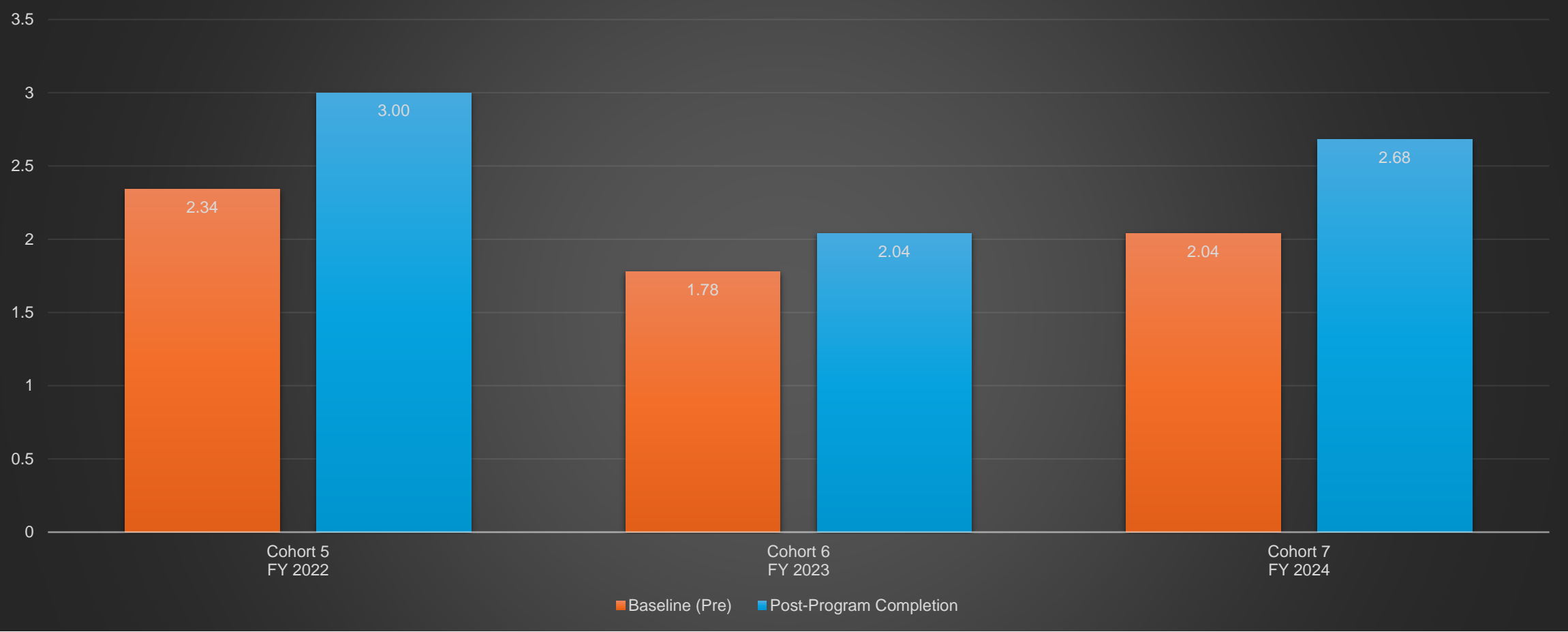
Internal data source: Stanford Healthcare

LAMA Participants' Professional Fulfillment

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	Cohort 5 FY 2022	Cohort 6 FY 2023	Cohort 7 FY 2024
Baseline (Pre)	2.79	2.88	2.74
Post-Program Completion	2.85	2.91	3.09

■ Baseline (Pre) ■ Post-Program Completion
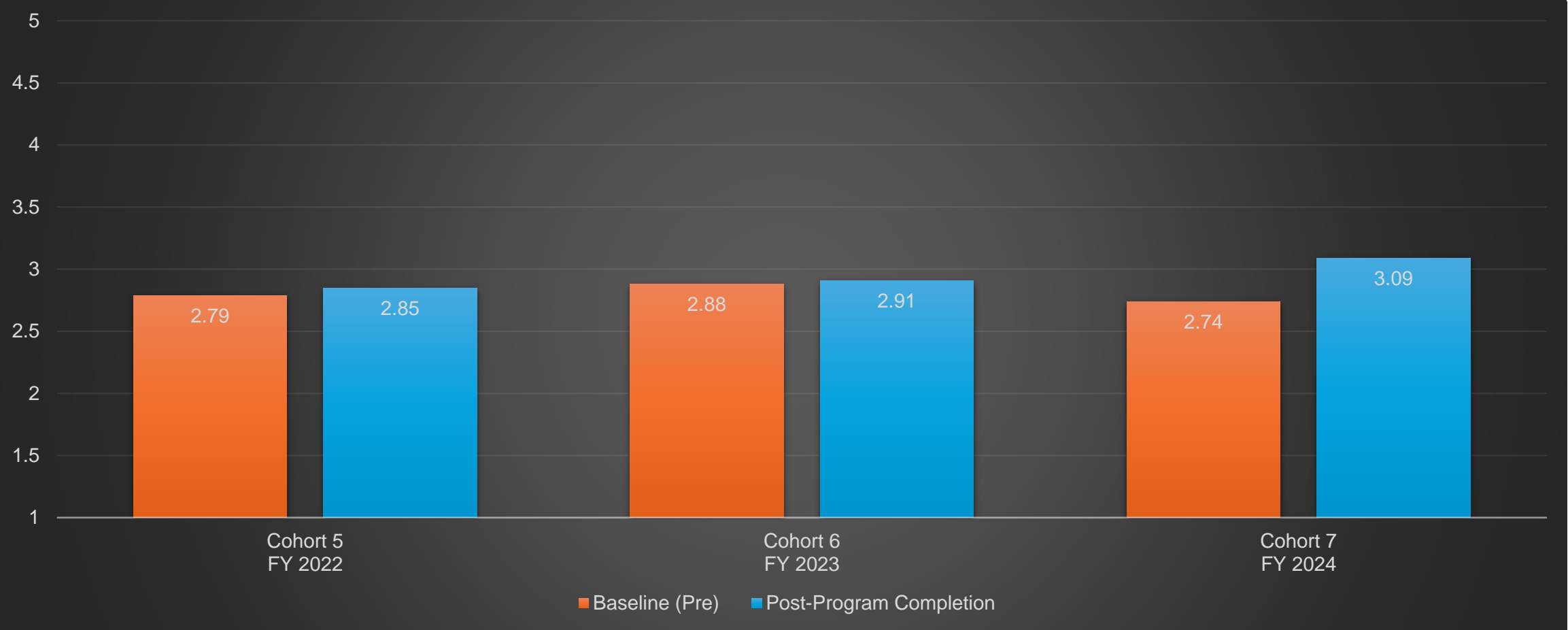
REFLECTION

Turnover Rate Post-1-year Completion LAMA Program

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LAMA Participant Retention Rate Post 1-Year Program Completion LAMA by Cohort

12% — Cohort 5 FY 2022

9% — Cohort 6 FY 2023
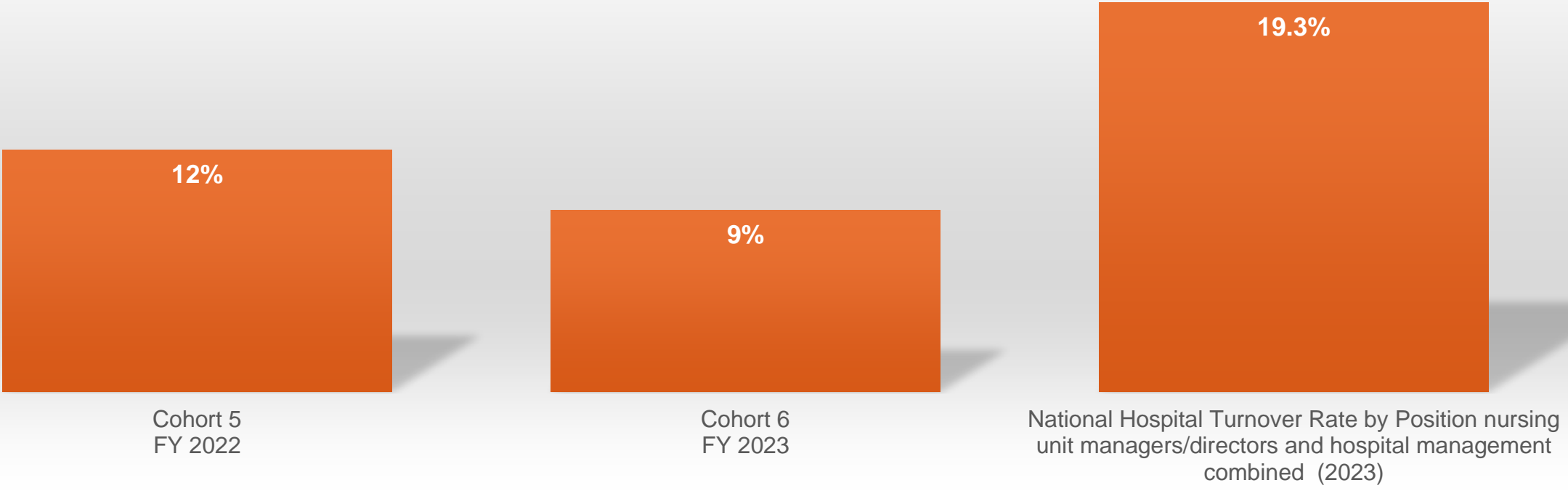
19.3% — National Hospital Turnover Rate by Position nursing unit managers/directors and hospital management combined (2023)

REFLECTION

Praxis Outcomes – Human Caring Domain Enterprise Patient Experience Dashboard

vizient.

Summary Trends 2,054
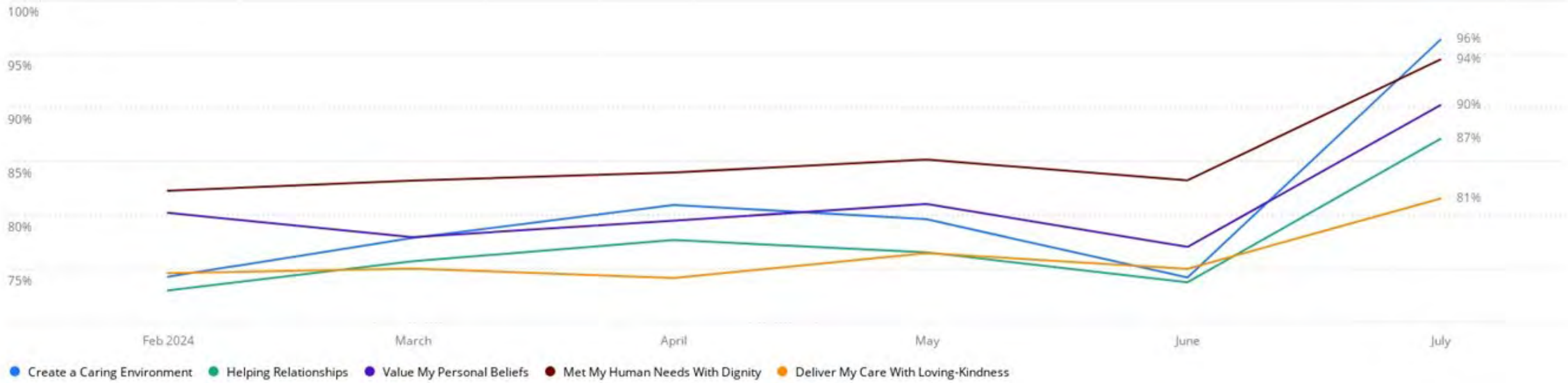
Legend:
- Create a Caring Environment
- Helping Relationships
- Value My Personal Beliefs
- Met My Human Needs With Dignity
- Deliver My Care With Loving-Kindness

Months: Feb 2024, March, April, May, June, July

Values shown at July: 96%, 94%, 90%, 87%, 81%

REFLECTION

RN Satisfaction Survey

2022 NDNQI RN Satisfaction Survey

■ Stanford Nurses   ■ Academic Mean

3.2

3.09

"A clear philosophy of nursing that pervades the patient care environment"
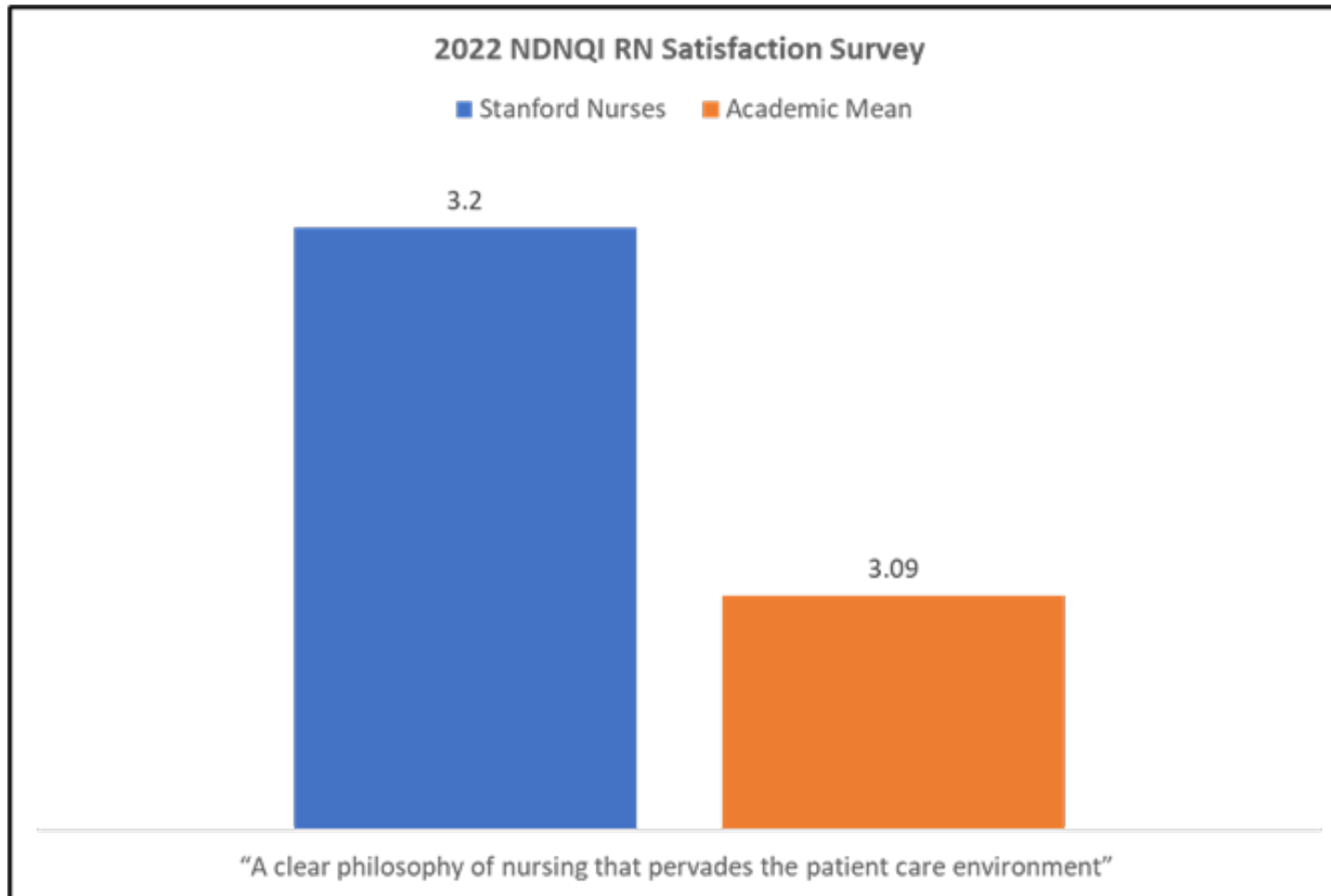
Top Quartile Performance compared to other Academic Medical Centers.

Data Source: Sanford Healthcare and NDNQI. Used with permission

REFLECTION

Research/Inquiry Outcomes

337 Caring Science Integration Projects Showcasing Micro-practices Completed Across the Organization

"Building Habits for Resilience and Emotional Wellness: Superhero Stance as a Micro-practice"

Jurgita Benetyte, BSN RN PCCN, CN III
F3 Inpatient Oncology, Stanford Health Care, *Stanford, California*

INTRODUCTION

- *Superhero Stance* means standing tall with an upright posture, chest out, shoulders back, chin up, and hands placed on the hips.
- Researchers at Harvard found that *Superhero Stance* can increase levels of testosterone and reduce levels of cortisol. The subjects in the study reported improved self esteem and boosted confidence (Cuddy, Wilmuth, & Carney, 2010, p. 1366).5.

SOAR:

Strengths:
- I possess self-awareness & optimism
- I am committed to my personal growth

Opportunities:
- I have poor posture
- I tend to prioritize productivity over self care
- I often ignore physical cues of fatigue

Aspirations:
- I desire more awareness of physical signs of stress
- I hope to enhance emotional regulation at work

Results:
- I expect to reduce physical discomfort & lower my stress
- I will increase my resilience and emotional wellness

CARITAS PROCESS®

#1 - Sustaining Humanistic-Altruistic Values by practice of loving-kindness, compassion, and equanimity with self/others.

SMART GOAL:

While working shifts between Dec 12th and Jan 15th, adopt a micro-practice of standing in a *Superhero Stance* for 10 seconds using Omnicell (medication dispensing machine) as a touchstone, and reflect on my emotional & physical wellbeing before and after each shift.

INTERVENTIONS:

Self-Education & Research:
- Brainstormed and researched micro-practices of self-care
- Read about habit building strategies

Test:
- Initially tried implementing multiple microrpactices at once
- Tried holding *Superhero Stance* for 30 seconds – too long

Adjust:
- Decided to focus on a single micro-practice
- Cut the duration to 10 seconds – manageable
- Added additional opportunities to practice the *Superhero Stance* (i.e., shift change huddle, etc)

Reflect:
- Documented pre and post shift reflection notes on my phone

Share:
- During mid-shift huddles on F3, I led my coworkers to participate in the *Superhero Stance* with added vocal affirmations.

RESULTS/OUTCOMES:

- Increased awareness of poor posture & fatigue indicators
- Decreased variability in my emotional wellbeing
- Reflections showed more frequent instances of feeling "refreshed", "balanced", "calm", "self-assured", and "ready"

BARRIERS:

- Workload and time constraints
- Initially attempting too many micro-practices at once
- Self judgment
- Forgetfulness
- Changes in schedules & roles at work – less Omnicell use.

SUSTAINABILITY:

- This postural change micro-practice has become a habit
- Using the *Superhero Stance* in my personal life and in a variety of other environments (i.e., in grocery line, while cooking, etc)
- *Superhero Stance* has been adopted as one of the mid-shift huddle exercises on F3.

CONCLUSION:

- Gained a valuable tool to evoke a sense of calm, self-reliance, and confidence
- Noticed the *Superhero Stance* is helpful to contain and balance out my stress levels at work
- Small, steady, and consistent practices have a better chance of success in becoming new and sustainable habits.

GRATITUDE:

- My F3 work family
- Mojgan Haririfar, PhD, RN, FNP-BC, NPD-BC, CCTC, Watson Caring Science Caritas Coach® 5

LITERATURE:

- Cuddy, A. J. C., Wilmuth, C. A., & Carney, D. R. (2010). *Power Posing: Brief Nonverbal Displays Affect Neuroendocrine Levels and Risk Tolerance.* Psychological Science, 21(10), 1363-1368.
- Cuddy, A. J. C. (2012, June). *Your body language may shape who you are* [Video]. TED Conferences. www.youtube.com/watch?v=Ks-_Mh1QhMc.
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- Watson, J. (2021). *Caring Science as Sacred Science* (Revised Edition). Lotus Library.

Cultivating Resilience: Embrace Mindfulness through Virtual Reality Meditation in a Caring Science Odyssey of Paying It Forward.

Ellen Huang, MSN, MMS, MPAS, RN-BC, FNP, PA-C

G2P, Stanford Health Care, *Stanford, California*

INTRODUCTION/BACKGROUND

This endeavor combines virtual reality (VR) headset, VR applications, and the teaching from the Watson Caring Science© to facilitate a transformative meditation experience. Over a two-month period, the writer actively engages in immersive experiences, featuring serene landscapes, guided meditations, and mindfulness sessions or activities. This integration seamlessly harmonizes contemporary technological advancements with age-old practices, cultivating inner peace, gratitude, grounding, concentration, and resilience within the virtual domain.

SOAR ANALYSIS

In my pursuit of personal growth through Watson Caring Science©, I seek to weave a compassionate approach with creativity and mindfulness. Exploring an immersive experience, I aim to seamlessly integrate VR meditation with daily reflections. Embracing Caritas' teachings, I will enhance relationships through empathetic listening, spreading positive energy, and embodying the principles of Caritas Caring Science©.

Cited Literature

• Watson, J. (2008). *Nursing: The philosophy and science of caring.* University Press of Colorado.
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CARITAS PROCESSES®

Caritas Process #2 – Being authentically present, enabling faith/hope/belief system, honoring subjective inner, life-world of self/others.

SMART GOAL

For eight weeks, I immersed myself in daily guided virtual reality meditation. This practice aims to boost well-being, foster mindfulness, enhance emotional resilience for anxiety management, and sharpen focus. Each week, I'll monitor my progress using the Watson Caritas Self-Rating Score©.

INTERVENTIONS

- Caring science touchstone card.
- Oculus Quest 2 VR headset w/various apps.
- Document progress and reflect weekly using Watson Caritas Self-Rating Score©
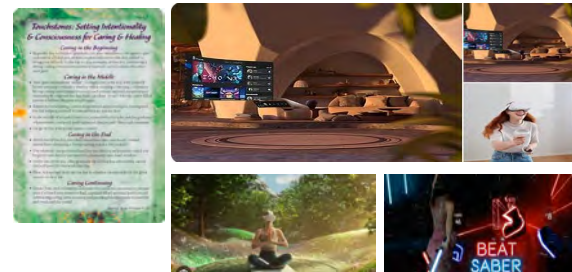
(Google VR/Oculus Image)

RESULTS/OUTCOMES
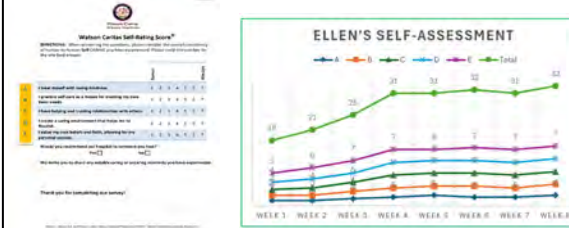
- By week 4, a sense of groundedness enveloped me, prompting the decision to pay it forward. I actively began expressing recognition to individuals in need through diverse channels like texts, poems, cards, or emails.
- A noticeable improved focus and concentration by, "Take a pause" and review the 10 Caritas principles ©.

BARRIERS

- Cyber nausea and neck discomfort from prolonged VR headset use.
- Modification: For enhanced comfort and reduce cyber nausea, take short breaks, adjust settings, lie down/recline (if possible), and gradually increase exposure to virtual reality headset experiences.

REFLECTIONS & CONCLUSION

Over the past four months, the Caritas program has profoundly transformed me. A vital lesson learned is the necessity of prioritizing self-care, initially utilizing VR tools—be it through guided meditation or grounding pauses—and paying it forward by expressing gratitude. I've realized that acknowledging others doesn't require much time, yet it can profoundly impact recipients.

Furthermore, being grounded and present enhances my observant nature, enabling me to craft impactful acknowledgments through various mediums such as text, verbal expressions, poems, or emails. I firmly believe that this practice can seamlessly become a part of my routine due to its meaningful outcomes. In the workplace, I aim to restart the "Staff Spotlight" that has been on pause for 2 years, recognizing a co-worker on a quarterly basis.

Acknowledgments

Developing and Sustaining Loving, Trusting and Caring Relationships on a Unit Level

Shelby Taranto, MSN, RN, CNL, CCRN-K

D1 Medical Oncology ICU, Stanford Health Care, *Stanford, California*

INTRODUCTION/BACKGROUND

Watson Caring Science is the theoretical framework of our Stanford Healthcare Professional Practice Model. Although very prominent in Stanford Healthcare culture, I found myself lacking the connection I craved between the staff on D1 and myself. I found this to be challenging in the setting of the dynamic of Patient Care Manager and Direct Report. I sought out Watson's Caritas Processes to cultivate a "unified mind, body, heart and spirit with what is happening right now rather than what has been or what may be." (Sitzman & Watson, 2018). In other words, I sought to create a Transpersonal Moment between myself and staff.

Strengths
-Listening -Setting intentions -Being kind -Creating healing environments -Leading with curiosity -Accepting positive and negative feelings- Approachable -Dependable - Clarifying information I don't understand -Thinking as equitably as I can -Empathetic -Compassionate

Opportunities
-Looking at better reflective practices -Incorporating inclusion and individual needs into decisions -Being still, breathing in the moment-being authentically present

SOAR

Aspirations
-Integrating caring science naturally without thinking, like learning a new language -I care about the people I work with and live with feeling heard and respected; to Focus on Caritas 3,4,5,9, Ensuring I am also working on caring practices in

Results
Having a trusting relationship with another person, being authentically present, opening vulnerabilities and worries without fear for myself and the other person

CARITAS PROCESSES®

#2- Be Authentically Present, Enable Faith and Hope, and Honor Others
#4- Develop Helping-Trusting-Caring Relationships

SMART GOAL

To create transpersonal caring moments with my staff by connecting and recognizing their birthdays and asking about their PTO by 12/31/24.

INTERVENTIONS

- Created Outlook/iPhone recurring calendar entries for each staff member's birthday
- Ensured phone numbers programmed into phone and texted staff a birthday message on their birthday
- Set reminder each week to check previous weeks PTO approval sheet, place on digital sticky note to follow up with staff how their vacation was
- Ask Unit Educators to send me the "Get to Know Me" Sheets that new staff and travelers complete

RESULTS/OUTCOMES

Thank you so so much 🙏

Thank you for taking the time to message me! 🥰

Aww thank you Shelby!!!

- Insight into staff extracurricular activities while celebrating birthdays and PTO
- Insight into staff attitudes surrounding people and activities during events

BARRIERS

- Syncing schedules to follow up with staff in-person upon arrival from PTO

SUSTAINABILITY

- Better utilization of digital calendars to follow up with staff

REFLECTIONS

My goal was to create a transpersonal caring moment as organically as possible. Although I have yet to reach out to all staff on their birthday and had some hiccups connecting with staff after their PTO, I feel I was able to make the connection I sought after with some of the staff. I half expected the staff to not find value in the connection I was making and felt in the end the project would be more about my feelings rather than theirs, but I was surprised at the positive response I received. The connection was so much more than I could have hoped for, and I will be continuing this practice.
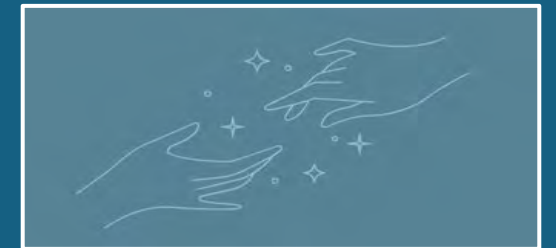
ACKNOWLEDGMENTS

The wonderful caritas coaches in the program and my group advisor, Dr. Grissel Hernandez, my colleagues for their flexibility while in this program, my director for her support, and my family for their unwavering confidence

CITED LITERATURE

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Watson, J. (2021). "Caring Science as Sacred Science." Lotus Library: Great Britain.
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Lessons Learned

- A theoretical foundation promotes a caring environment for patients and nurses

- Leverage quality and theoretical frameworks to improve culture

- Intentional structures foster interprofessional collaboration and lead to sustainable processes

- Empowering and engaging nurses at all levels drives improved outcomes

- Promoting standardization with appropriate customization

- Make it easy to do the right thing with clinical decision support tools

REFLECTION

Key Takeaways

- Make sure your nursing philosophy is integrated into the nursing practice environment

- This is a people business….keep the patient in the center and the employee, clinicians engaged in the work

- The people doing the work are the subject matter experts - They have solutions

- Leverage your Dyadic Relationships at every level

- Pilot, pilot, pilot….small test of change and then spread

- Create a culture that moves from transactions to meaningful connections and purpose

- Celebrate and recognize your successes

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REFLECTION

Questions?

Contact:

Dale E. Beatty, dbeatty@stanfordhealthcare.com

This educational session is made possible through the collaboration of Vizient Member Networks.

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REFLECTION

REFLECT | ADAPT | EVOLVE

2025 Quality Executive Network Strategic Planning

Systemness, Quality Design and Culture

1. Elevating **Organizational and Leadership Effectiveness**
   - **Quality Structure** (Benchmarking Study (Q1 25)

2. Pushing the boundaries of **High Reliability**
   - Deploying a long-term roadmap for sustained performance
   - Transparency, Visual Management Systems, Implementation Science vs. Change Management, Human Factors

3. **Patient Safety**: Sentinel Events and Serious Clinical Adverse Events
   - Respectful Response and Management / Redefining Sentinel Events
   - Structural measures for patient safety / age friendly requirements

4. **Engaging your Board in Quality and Safety**
   - Oversight, accountability and continuous improvement

Workforce & Leadership

5. Advancing the **role of the Quality Executive**
   - The CQO of the Future

Health Equity

6. **Social Determinants of Health**
   - Leveraging SDOH data to improve population health

7. Incorporating **Access and Equity** into Quality Strategies
   - CMS Framework for Health Equity

Care Delivery Excellence

8. Using data and insights to break barriers in access, throughput and **capacity management** across the continuum

9. Real-time use of AI to **improve clinical workforce experience**
   - Unintended consequences of technology adoption

10. **Managing delays in care** resulting from drug, supply, and equipment shortages

11. Exploring innovative, interprofessional **care model redesign**

12. Cultivating trust, loyalty and patient satisfaction through **Exceptional Patient Experience**

Profitable Growth / Financial Sustainability

13. Can we build a roadmap to the sustainable health care system?
    - **Value-based care that pays for quality, equity, and efficiency**

14. **Managing variable expenses** (pharma/contract labor/supply) without comprising quality

15. Advancing **Clinical Documentation Excellence**

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Overall Learning Objective

- Describe caring science strategies to create an environment that promotes healing and enhances the overall patient experience.
- **Explain key components of unit safety scores that drive tailored interventions for sustainable improvement.**
- **Outline the structure and process of designing and implementing harm grids that support a mission of zero harm.**
- **Discuss quality and safety priorities that contribute to clinical transformation for systemwide advancement of hospital rankings.**

REFLECTION

Innovative Strategies Result in Rapid Quality and Patient Safety Improvement

Lindsey Booty, RN, BS, CNOR

Supervisor, Performance Improvement

LeaAnn Teague, MBA, MT(ASCP), SBB, PMP

Senior Director, Performance Improvement

Our Lady of the Lake Health

Baton Rouge, La.

BR MARKET INPATIENT SAFETY SCORE REPORT

February 2023, March 2023, April 2023

OVERALL BR MARKET INPATIENT SAFETY SCORE

2.930 **Moderate**	

4.5 – 5.0 Highly Effective	3.5 – 4.4 Effective	2.5 – 3.4 Moderate	1.5 – 2.4 Low	1.0 – 1.4 Needs Improvement

The BR Market Inpatient Safety Score summarizes unit safety performance measures of inpatient units over a three-month period at the market level. It is designed to help identify preventable patient safety issues, and investigate solutions to these issues. The BR Market Inpatient Safety Score is calculated using the following ten domains and includes eight harm events and two events that encourage best practices.

SAFETY SCORES PER PCSL

MBH	Children's Hospital	OLOLA	Surgery	Neuro-Trauma	Cardiac	Critical Care	Medicine
4.73	4.61	4.61	4.39	4.30	4.18	3.56	2.42

vizient.
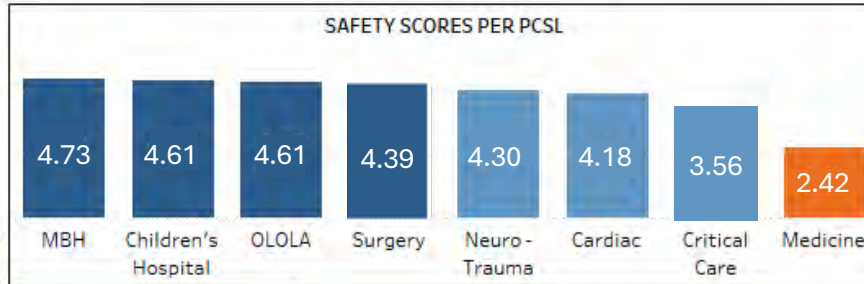
Spring 2023 Performance

OLOL Health Unit Safety Score measures safety performance and culture in our inpatient units.

HARM EVENT DOMAINS	3 MONTH SCORE	PATIENTS IMPACTED
C.DIFF (*Clostridium Difficile*)	3	11
CAUTI (*Catheter Associated Urinary Tract Infection*)	3	9
CLABSI (*Central line Associated Bloodstream Infection*)	2	10
FALLS (*Falls with Injury*)	4	16
HAPI (*Hospital Acquired Pressure Injuries*)	3	63
MRSA (*Methicillin-Resistant Staphylococcus Aureus*)	3	6
HOBSI (*Hospital-Onset Bloodstream infection*)	2	8
SSE (*Serious Safety Events as Determined by RLDatix*)	3	10

BEST PRACTICE DOMAINS	3 MONTH SCORE	REPORTED EVENTS
HAND HYGIENE (*Number of Hand Washing Events*)	2	10,347
SAFETY REPORTING (*RLDatix All Events*)	5	1,152

REFLECTION

Our Lady of the Lake Health Internal Data- Quality Analytics Unit Safety Score

Quality Analytics Department, Our Lady of the Lake Regional Medical Center

Renew and reinforce organizationally accepted standard work practices that support <u>patient centered improvements</u> thereby <u>reducing patient harm</u> in a sustainable manner.

APR 2023

TRIGGER
Senior leadership organized Leaders into 10 teams & selected unit specific focus domains

MAY 2023

RESOURCES
Handbooks, categorized by harm domain were designed to facilitate an organizational standard work approach

JUN 2023

LAUNCH
PI Summer Sprint was launched at Performance Improvement Studio where an A-3 Problem-Solving Storyboard refresher was provided

JUL 2023

SUPPORT
Three rounding sessions were conducted where PI and IP engaged with frontline to review problem-solving storyboard progress

Weekly on demand coaching conducted

AUG 2023

CONCLUSION
Conclusion of the 63-day sprint was celebrated at Department Head

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REFLECTION

TRIGGER
Senior leadership organized Leaders into 10 teams & selected unit specific focus domains

Hospital	Unit Name	CAUTI	CDIFF	CLABSI	FALLS	HAPI	HAND HYGINE	MRSA	NEAR MISS	HOBSI	SSE	COMPOSITE
Ascension	STE ICU (7734)	5.000	5.000	5.000	5.000	5.000	4.000	5.000	1.000	5.000	5.000	4.710
	STE Surg 1 (2042)	5.000	5.000	5.000	5.000	5.000	1.000	5.000	1.000	5.000	5.000	4.560
	STE Telemetry (2048)	5.000	5.000	5.000	3.000	5.000	2.000	5.000	2.000	5.000	5.000	4.510
	STE Med1 (2027)	5.000	3.000	5.000	3.000	5.000	3.000	5.000	3.000	5.000	5.000	4.420
OLOL CH	OLOL CH - Hematology/Oncology Unit (1258)	5.000	5.000	5.000	5.000	5.000	4.000	5.000	5.000	5.000	5.000	4.950
	OLOL CH - Medicine Unit (2033)	5.000	5.000	5.000	5.000	5.000	3.000	5.000	5.000	5.000	5.000	4.900
	OLOL CH - Surgery Unit (2046)	5.000	5.000	5.000	5.000	5.000	4.000	5.000	3.000	5.000	5.000	4.830
	OLOL CH - NICU (2113)	5.000	5.000	5.000	5.000	5.000	1.000	5.000	2.000	5.000	5.000	4.620
	OLOL CH - UCU (2055)	5.000	3.000	5.000	5.000	5.000	1.000	5.000	2.000	5.000	5.000	4.420
	OLOL CH - PICU (2117)	5.000	5.000	5.000	5.000	2.000	1.000	5.000	5.000	3.000	5.000	4.240
OLOL RMC	Adolescent Inpatient Unit (2501)	5.000	5.000	5.000	5.000	5.000	2.000	5.000	5.000	5.000	5.000	4.850
	MBH - St. Clare (2511)	5.000	5.000	5.000	5.000	5.000	3.000	5.000	3.000	5.000	5.000	4.780
	MBH - GBC (2506)	5.000	5.000	5.000	5.000	5.000	3.000	5.000	1.000	5.000	5.000	4.660
	TNCC (2122)	5.000	3.000	5.000	5.000	5.000	4.000	5.000	3.000	5.000	5.000	4.630
	MBH - Acute Psych (2512)	5.000	5.000	5.000	5.000	5.000	2.000	5.000	3.000	3.000	5.000	4.530
	4MNT (2034)	5.000	5.000	5.000	3.000	4.000	1.000	5.000	5.000	5.000	5.000	4.520
	Orthopedics (2038)	5.000	5.000	5.000	5.000	4.000	1.000	5.000	2.000	5.000	5.000	4.500
	CCDU2 (2051)	5.000	5.000	5.000	5.000	2.000	4.000	5.000	2.000	5.000	5.000	4.410
	SICU (2120)	5.000	5.000	3.000	5.000	4.000	4.000	5.000	1.000	5.000	5.000	4.350
	Medicine 5 OLOL (2030)	5.000	5.000	5.000	3.000	2.000	4.000	5.000	5.000	5.000	4.000	4.280
	SUR 2 (2047)	5.000	5.000	5.000	3.000	5.000	2.000	3.000	5.000	3.000	5.000	4.250
	Oncology/Hematology (2022)	5.000	3.000	1.000	5.000	5.000	3.000	5.000	5.000	5.000	5.000	4.220
	HVCU (2103)	3.000	5.000	5.000	3.000	1.000	3.000	5.000	5.000	5.000	5.000	4.060
	STU (2045)	5.000	5.000	5.000	5.000	1.000	3.000	3.000	5.000	5.000	4.000	4.030
	SURG Unit (2044)	5.000	3.000	5.000	5.000	1.000	5.000	5.000	5.000	1.000	5.000	3.920
	Medicine 1 OLOL (2028)	5.000	3.000	5.000	1.000	1.000	3.000	5.000	5.000	5.000	5.000	3.900
	Rehab Unit (2706)	5.000	5.000	5.000	1.000	2.000	1.000	5.000	4.000	3.000	5.000	3.860
	HVC8 (2053)	5.000	5.000	5.000	1.000	1.000	1.000	5.000	5.000	5.000	4.000	3.850
	MSCC (2123)	3.000	5.000	3.000	5.000	4.000	5.000	3.000	3.000	3.000	3.000	3.820
	Neurology (2020)	5.000	3.000	5.000	1.000	2.000	2.000	5.000	5.000	5.000	4.000	3.820
	PCU (2119)	5.000	1.000	5.000	3.000	1.000	5.000	5.000	5.000	5.000	4.000	3.810
	Medicine 6 OLOL (2031)	5.000	5.000	1.000	3.000	3.000	1.000	5.000	5.000	5.000	4.000	3.770
	Neuro Critical Care Unit (2114)	1.000	3.000	5.000	3.000	4.000	3.000	5.000	4.000	1.000	5.000	3.560
	MICU (2105)	1.000	3.000	3.000	5.000	1.000	2.000	3.000	3.000	5.000	4.000	3.020

Our Lady of the Lake Health Internal Data- Quality Analytics Unit Safety Score

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Patient Centered Standard Work
2023 PI Summer of Excellence

CAUTI
- Interdisciplinary daily review of line need and risk
- Aseptic Foley Insertion

CLABSI
- Interdisciplinary daily review of line need and risk
- CHG bathing
- Peripheral IV insertion and maintenance

MRSA
- Interdisciplinary daily review of line need and risk
- CHG bathing
- Peripheral IV insertion and maintenance
- Shared device cleaning audits

CDIFF
- Hand hygiene monitoring
- Monitor isolation compliance
- Room cleaning audits
- Shared device cleaning audits

HOBSI
- Interdisciplinary daily review of line need and risk
- Peripheral IV insertion audits

HAPI
- 2 RN skin assessment
- Interdisciplinary daily review of risk
- Braden assessment
- *Application of appropriate interventions for Braden score

FALLS
- Interdisciplinary daily review of risk
- Hester-Davis assessment per shift
- *Application of appropriate interventions for Hester-Davis score or nurse judgement

AMP
- AMPAC capture at admission
- Daily AMPAC
- Daily HLM
- *Application of appropriate interventions for corresponding AMPAC target

Hand Hygiene
- Hand hygiene monitoring

*Appropriate interventions listed via appendix

Our Lady of the Lake Health

Our Lady of the Lake Health – Used with permission

RESOURCES
Handbooks, categorized by harm domain were designed to facilitate an organizational standard work approach

REFLECTION

LAUNCH
PI Summer Sprint was launched at Performance Improvement Studio where an A-3 Problem-Solving Storyboard refresher was provided

PROBLEM-SOLVING STORYBOARD

vizient.

SUPPORT
Three rounding sessions were conducted where PI and IP engaged with frontline to review problem-solving storyboard progress

Weekly on demand coaching conducted

Team Member photo used with permission.

REFLECTION

CONCLUSION

Conclusion of the 63-day sprint was celebrated at Department Head

Enhanced Mobility: OLOL Health Mobility Units AMP Performance
AMP Documentation Compliance and Patient Performance with LOS Outcomes

APR 2023

TRIGGER
Senior leadership organized Leaders into 10 teams & selected unit specific focus domains

MAY 2023

RESOURCES
Handbooks, categorized by harm domain were designed to facilitate an organizational standard work approach

JUN 2023

LAUNCH
PI Summer Sprint was launched at Performance Improvement Studio where an A-3 Problem-Solving Storyboard refresher was provided

JUL 2023

SUPPORT
Three rounding sessions were conducted where PI and IP engaged with frontline to review problem-solving storyboard progress

Weekly on demand coaching conducted

AUG 2023

CONCLUSION
Conclusion of the 63-day sprint was celebrated at Department Head

vizient.

REFLECTION

Impact

94%
Units focused on Johns Hopkins Activity & Mobility Promotion Improved Mobility Documentation

39% to 54%
Increase in Overall Hospital Score for Mobility Documentation

74.2%
Inpatient Units Saw Unit Safety Score Improvements Within Their Focus Domains

REFLECTION

Baton Rouge Market Inpatient Safety Scores
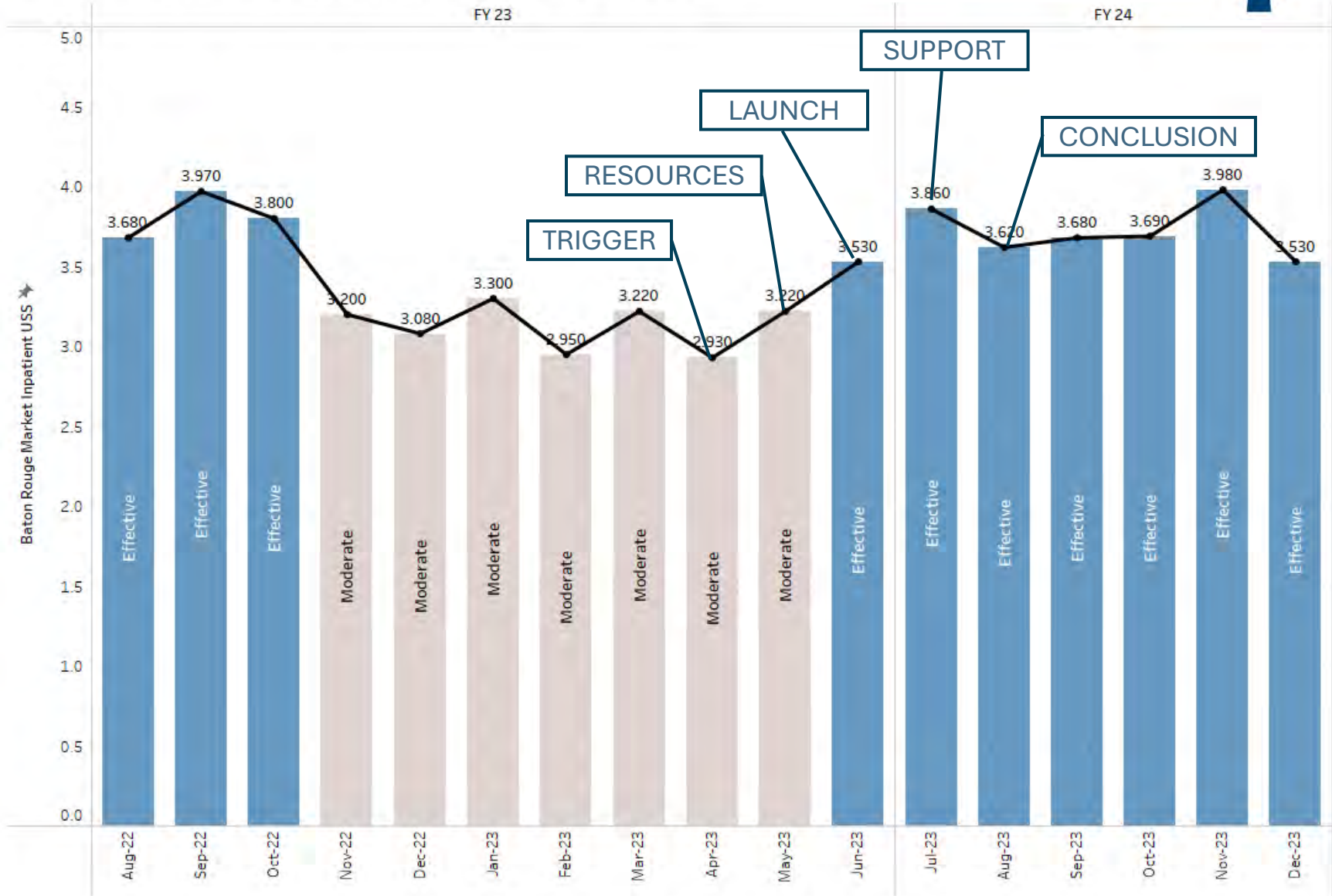
Internal data: Quality Analytics Department, Our Lady of the Lake Regional Medical Center

This method fosters regular, cadence-based opportunities for teams to address complex challenges that may be difficult to integrate into daily tasks.

Utilization of the Unit Safety Score enhances visibility and underscores the value of patient-centered decisions.

Lessons Learned

- Leaders and Team Members like the Unit Safety Score to easily interpret data and make decisions.

- Execution was easier because leaders were already familiar with the 100-Day Work Out rapid improvement structure.

- Understanding and documenting the specific tactics and systems your organization has in place can streamline efforts, ensure consistency, and enhance overall effectiveness in Infection Control.

- Team rounding can definitely be tricky when Team Members are spread across different locations.

REFLECTION

- Create an operational data strategy that considers both the user and the use of data to drive action.

- Implement a PI framework within your organization.

- Establishing standard work for HAI (Hospital Acquired Infections) mitigation is crucial.

- Develop intentional strategies to ensure consistent communication and engagement so that all team members feel connected and valued, regardless of their physical location.

REFLECTION

Questions?

Contact:

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LeaAnn Teague, leaann.teague@fmolhs.org

This educational session is made possible through the collaboration of Vizient Member Networks.

Background

- In 2019, UMMMC re-affirmed an institutional commitment to improve quality and safety and embark on a Zero Harm Journey

- Challenges
  - Lack of performance transparency
  - No shared sense of goal
  - Disconnect between senior leadership and frontline
  - Need to execute on gap analysis

REFLECTION

Patient Harm Grid

vizient.

Quality Harm Grid: UMMMC

Better than Goal — Color based on annualized FY24 number compared to FY23

Measure improved but not at Goal

Worse than Goal — Goal for UMMMC: Measure improvement varied, hover for details

Average Monthly Harm Events

FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
20.5	30.6	23.5	22.5	20.3	20.4

Dashboard Type: ● Standard ○ Real-time   **Filters**

Download PowerPoint

() = Annualized # of Harm Events

Measure Definitions (PDF)	2023			2024									FY2024	FY 2023	FY 2022
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep			
PSI03 FY2024 Goal: 18.0 (1.5)	3	1	1	1	2	0	5	1					**14** (1.8)	**20** (1.7)	**21** (1.8)
C.Diff FY2024 Goal: 60.0 (5.0)	7	9	8	5	11	5	6	5					**56** (7.0)	**68** (5.7)	**64** (5.3)
DVT/PE FY2024 Goal: 33.0 (2.8)	1	2	5	1	1	3	4	2					**19** (2.4)	**34** (2.8)	**38** (3.2)
Fall w/Injury FY2024 Goal: 26.0 (2.2)	1	2	4	2	1	2	2	1					**15** (1.9)	**28** (2.3)	**29** (2.4)
SSI FY2024 Goal: 33.0 (2.8)	3	2	2	2	5	3	2	1					**20** (2.5)	**35** (2.9)	**39** (3.3)
CAUTI FY2024 Goal: 21.0 (1.8)	1	1	5	5	2	1	1	1					**17** (2.1)	**22** (1.8)	**43** (3.6)
CLABSI FY2024 Goal: 30.0 (2.5)	1	0	2	3	5	3	2	6					**22** (2.8)	**37** (3.1)	**36** (3.0)
Total	17	17	27	19	27	17	22	17					**163** (20.4)	**244** (20.3)	**270** (22.5)

REFLECTION

Patient Harm Grid

Patient Harm Grid

Quality Harm Grid: UMMMC

July 8, 2024

Better than Goal

Measure improved but not at Goal

Worse than Goal

Color based on annualized FY24 number compared to FY23

Goal for UMMMC:
Measure improvement varied, hover for details

Average Monthly Harm Events

FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
20.5	30.6	23.5	22.5	20.3	20.4

Dashboard Type
- Standard
- Real-time

Filters

Download PowerPoint

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Measure Definitions	2023			2024									FY2024	FY 2023	FY 2022
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep			
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SSI FY2024 Goal: 33.0 (2.8)	3	2	2	2	5	3	2	1					20 (2.5)	35 (2.9)	39 (3.3)
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CLABSI FY2024 Goal: 30.0 (2.5)	1	0	2	3	5	3	2	6					22 (2.8)	37 (3.1)	36 (3.0)
Total	17	17	27	19	27	17	22	17					163 (20.4)	244 (20.3)	270 (22.5)

Numerator data, not a rate

Data source: Vizient Clinical Data Base

Patient Harm Grid

Patient Harm Grid

Quality Harm Grid: UMMMC

July 8, 2024

Better than Goal — Color based on annualized FY24 number compared to FY23

Measure improved but not at Goal — Goal for UMMMC: Measure improvement varied, hover for details

Worse than Goal

Average Monthly Harm Events

FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
20.5	30.6	23.5	22.5	20.3	20.4

Dashboard Type: ● Standard ○ Real-time

Filters

Download PowerPoint

() = Annualized # of Harm Events

Measure Definitions	2023			2024									FY2024	FY 2023	FY 2022
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep			
PSI03 FY2024 Goal: 18.0 (1.5)	3	1	1	1	2	0	5	1					**14** (1.8)	**20** (1.7)	**21** (1.8)
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CLABSI FY2024 Goal: 30.0 (2.5)	1	0	2	3	5	3									**36** (3.0)
Total	17	17	27	19	27	17	22	17					(20.4)	(20.3)	**270** (22.5)

> Each row has a process improvement team and structure

Data source: Vizient Clinical Data Base

How do we use it? – Success factors

- Part of monthly Visual Management System reviewed by leadership
- Tied to executive compensation
- Regular structured check-ins and monthly team updates
- Maintained same structure for the last four years
- Same harm grid used throughout the health system

Expansion of the Harm Grids

vizient.

Caregiver WPV Harm Events

| | | 2023 | | | 2024 | | | | | | | | | FY2024 | FY2023 |
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
UMMMC Emergency Department Aggression	University Adult	25	10	16	19	9	13	4	9	14				119	216
	University Pedi	4	6	2	0	2	3	1	3	5				26	49
	EMH - Adult	5	3	3	3	2	6	5	3	3				33	79
	EMH - Pedi	0	0	1	0	0	3	1	8	4				17	67
	Memorial	16	10	16	13	17	20	26	11	0				129	143
	Section Total	50	29	38	35	30	45	37	34	26				324	554
UMMMC Adult Med-Surg (Including OB) Inpatient Aggression	Dementia/Delirium/Confusion	5	9	3	4	1	7	6	1	0				36	45
	Mental/BH Condition	15	11	4	9	2	4	12	11	7				75	114
	Aggressive Behavior	21	16	12	16	22	16	14	15	2				134	249
	Section Total	41	36	19	29	25	27	32	27	9				245	408
UMMMC Non Med-Surg Aggression	Psychiatric IP Aggression	7	10	9	2	0	0	0	0	0				28	64
	Pediatrics IP Aggression	0	1	0	2	0	0	0	0	0				3	17
	Other Locations Aggression	4	2	1	9	6	3	4	6	3				38	80
	Visitor Aggression	3	6	5	3	2	2	3	1	1				26	32
	Section Total	14	19	15	16	8	5	7	7	4				95	193
Grand Total		105	84	72	80	63	77	76	68	39				664	1,155

Data source: Internal data

Expansion of the Harm Grids

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Periop Harm Events

		2023			2024									FY2024	FY2023
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
Safety Events	Incorrect Count	4	5	8	5	7	5	5	9					48	99
	At-Risk Specimen	4	3	2	2	5	7	4	3					30	47
	Medication Error	1	0	1	1	0	2	2	0					7	6
	Equiment/Instrument Defect	0	5	3	5	8	3	8	2					34	Not Tracked
	Section Total	9	13	14	13	20	17	19	14					119	152
Serious Reportable Events	Retained Surgical Item	0	0	0	0	0	1	0	0					1	1
	Wrong Implant	0	0	0	0	0	0	0	0					0	0
	Wrong Patient	0	0	0	0	0	0	0	0					0	0
	Wrong Site	0	0	0	0	1	0	0	0					1	1
	Wrong Procedure	0	0	0	0	0	0	0	0					0	0
	Lost Specimen	0	0	0	0	0	0	0	0					0	0
	Post-Op Death	0	0	0	0	0	0	0	0					0	0
	Section Total	0	0	0	0	1	1	0	0					2	2
Grand Total		9	13	14	13	21	18	19	14					121	154

REFLECTION

Data source: Internal data

Expansion of the Harm Grids

vizient

Medication Harm Events

| | | 2023 | | | 2024 | | | | | | | | | FY2024 |
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Safety Events	All Events Causing Harm	3	4	1	0	2	2	1	0					13
	Section Total	3	4	1	0	2	2	1	0					13
Events by Type	Administered Wrong Medication	1	0	0	0	0	0	0	0					1
	Dispensed Wrong Patient	0	0	0	0	0	0	0	0					0
	Medication not administered	0	0	0	0	0	1	0	0					1
	Medication Reconciliation	1	1	0	0	1	0	0	0					3
	Prescribed wrong patient	0	0	0	0	0	0	0	0					0
	Pyxis stocking	0	0	0	0	0	0	0	0					0
	Section Total	2	1	0	0	1	1	0	0					5
Events by High-Risk Medication	Antimicrobials	0	1	0	0	1	0	0	0					2
	Chemotherapy	1	0	0	0	1	0	0	0					2
	Heparin	0	0	0	0	0	0	0	0					0
	Insulins	0	0	0	0	0	1	0	0					1
	Section Total	1	1	0	0	2	1	0	0					5
Barcode Medi..	IP w/ >10 admins and 0% compli..	14	11	13	12	12	6	4	4					76
	Section Total	14	11	13	12	12	6	4	4					76
Grand Total		20	17	14	12	17	10	5	4					99
Barcoded Medication ..	BCMA Inpatient Non-Compliance	5.6%	5.3%	6.2%	6.2%	5.2%	4.1%	4.0%	4.0%					5.1%
	BCMA Outpatient Non-Complia..	13.6%	11.9%	15.1%	13.1%	9.5%	7.3%	6.5%	6.4%					10.4%
	Section Average	9.6%	8.6%	10.7%	9.7%	7.4%	5.7%	5.3%	5.2%					7.8%

REFLECTION

Ambulatory

vizient.

Goal- close gap between operational efficiency and clinical excellence

Adopted internal best practice of Harm Grid

Initial focus – safety event reporting

Established process for safety event review and data dissemination

Identified key quality and patient safety outcome measures

REFLECTION

Ambulatory Structure

- Engage ambulatory leaders
- Design Harm Grid
- Ongoing review (weekly, monthly)
- Data dissemination plan
  - Share best practices
  - Celebrate good catches
  - Identify opportunities
  - Emphasize culture of safety
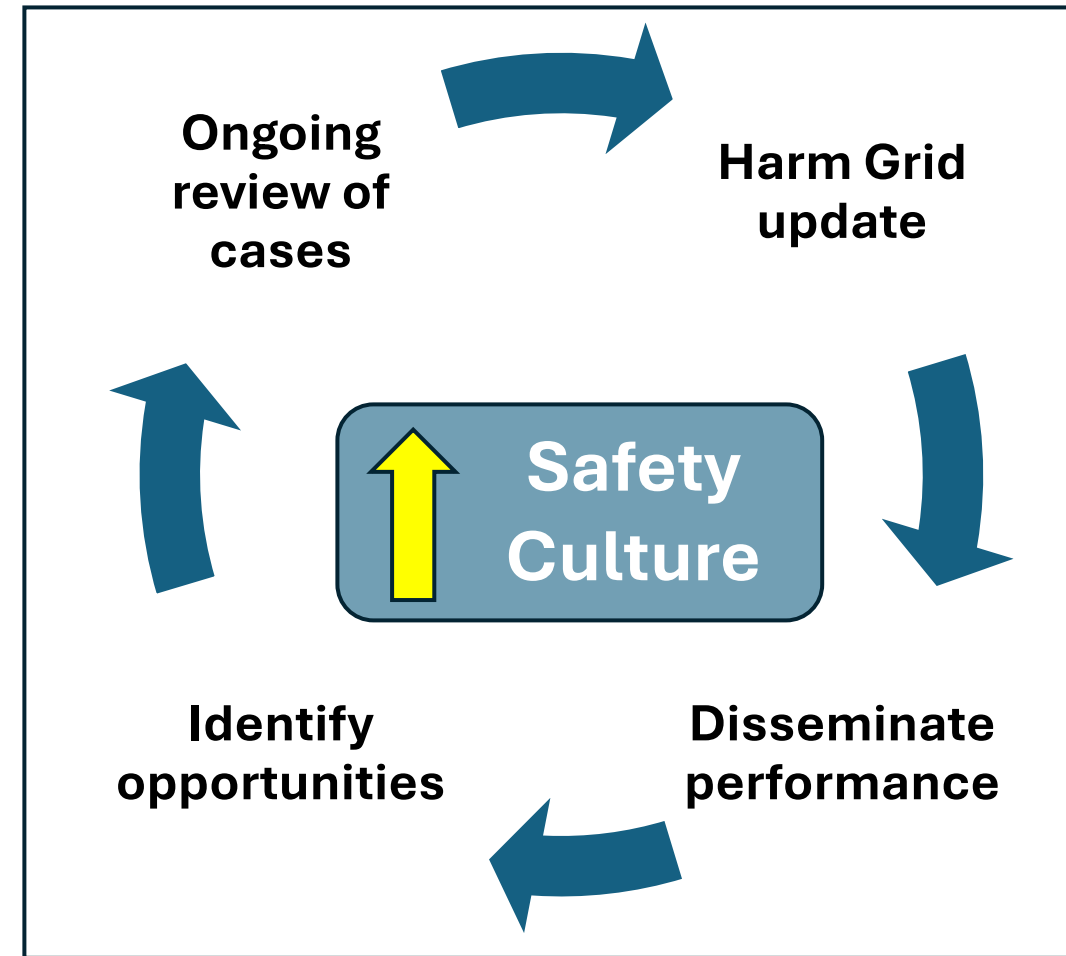
Ambulatory Process

Focus on increasing safety event reports

Identified 8 quality and patient safety outcome measures

Weekly review of all events with risk management

Monthly review of Harm Grid with ambulatory leaders and caregivers

Ambulatory Harm Events

		2023			2024									FY2024	FY2023
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
Safety Events	Safety Event Reports	74	61	46	66	74	52	61	68					502	537
	Medication/Vaccination Error	14	3	5	6	1	5	6	5					45	75
	Specimen Packaging	8	1	2	2	4	4	4	2					27	9
	Specimen Labelling	2	6	11	9	4	4	16	9					61	73
	Patient Verification Events	3	1	1	3	3	3	2	2					18	16
	WPV Events	2	2	1	6	3	1	1	2					18	40
	All Falls	5	5	3	1	4	2	4	3					27	39
Serious Reportable	Falls With Injury	0	0	2	0	0	0	0	0					2	3
	Lost Specimen	0	0	0	0	0	0	0	0					0	0

Data source: Internal data

Ambulatory Outcomes

48% increase in safety event reporting

Education

Expectations for leader safety report review

Partnership between physician leaders and clinic leaders

Closed loop communication

Clinical Excellence

Implementation of Ambulatory Fall Risk Prevention toolkit

Quality Improvement initiative aimed at reducing specimen labelling errors

REFLECTION

Lessons Learned

- Data transparency is critical to accelerating Zero Harm journey
- Interprofessional collaboration drives engagement
- Leadership needs to review data regularly and be focused on reducing harm

Key Takeaways

- Numerator data helps to tie performance back to patients
- Standard work facilitates accountability
- Workflows supporting the Harm Grids are critical
- Same methodology can be used to increase safety in any high-risk area

Questions?

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This educational session is made possible through the collaboration of Vizient Member Networks.

Advancing Excellence Across the Hartford Healthcare System

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Hartford HealthCare

NEARLY
500
LOCATIONS

We make the world better

MORE THAN
40,000
COLLEAGUES ACROSS
OUR SYSTEM OF CARE

7
Acute
Care
Hospitals

CARE FOR
1
OF EVERY
2
CONNECTICUT
RESIDENTS

$5.9B Annual Operating Revenue

2,488 Beds

10 Emergency Departments

7 Nationally Recognized Institutes

23
Ambulatory
Surgery &
Endoscopy
Centers

35 Urgent Care Centers
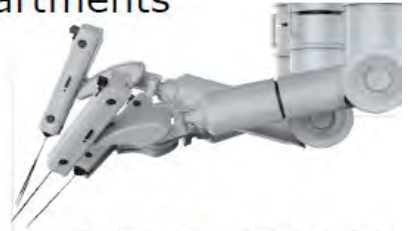
124,223
Surgeries[1]

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Hartford HealthCare

Leveraging our Operating Model

vizient

STRUCTURE + **PROCESS** + **OUTCOME**
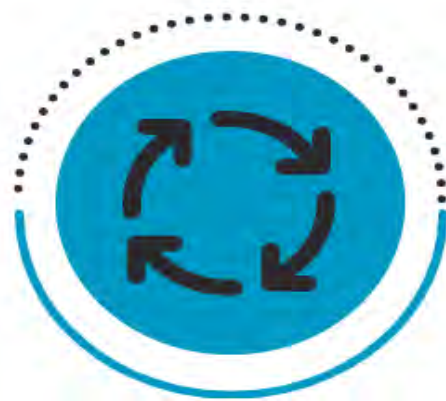
STRUCTURE
- How Hartford HealthCare Works (H3W)
- Developing the governance and matrix
- Centralized and de-centralized model for deployment

PROCESS
- Leadership Behaviors and High Reliability
- Aligning goals, priorities, & drivers
- Rapid cycle improvement

OUTCOME
- Alignment of Lean Drivers
- PSI Reduction
- HAI Reduction

REFLECTION

Hartford Healthcare's Organizational Structure Aligns Strategic Priorities
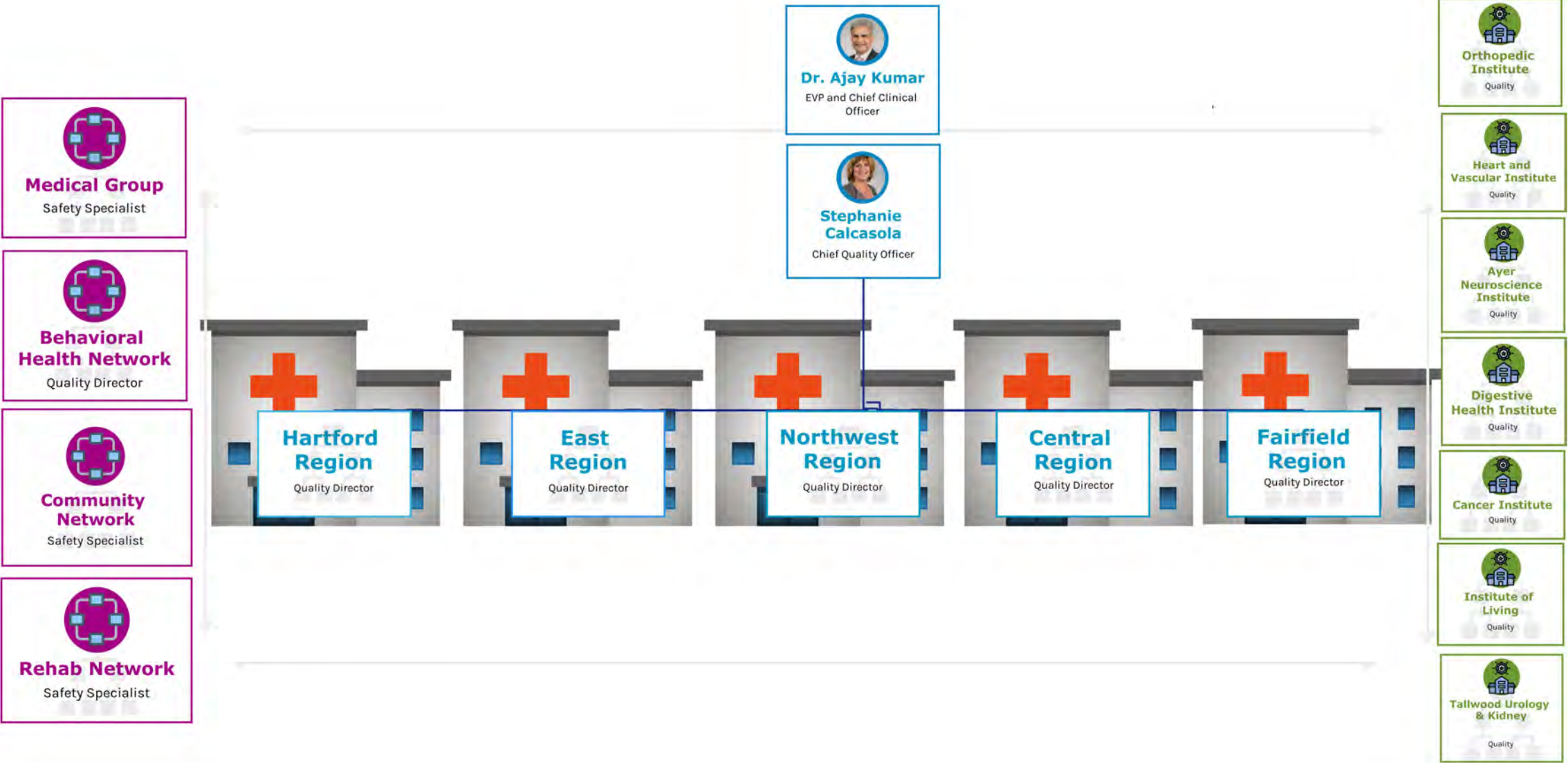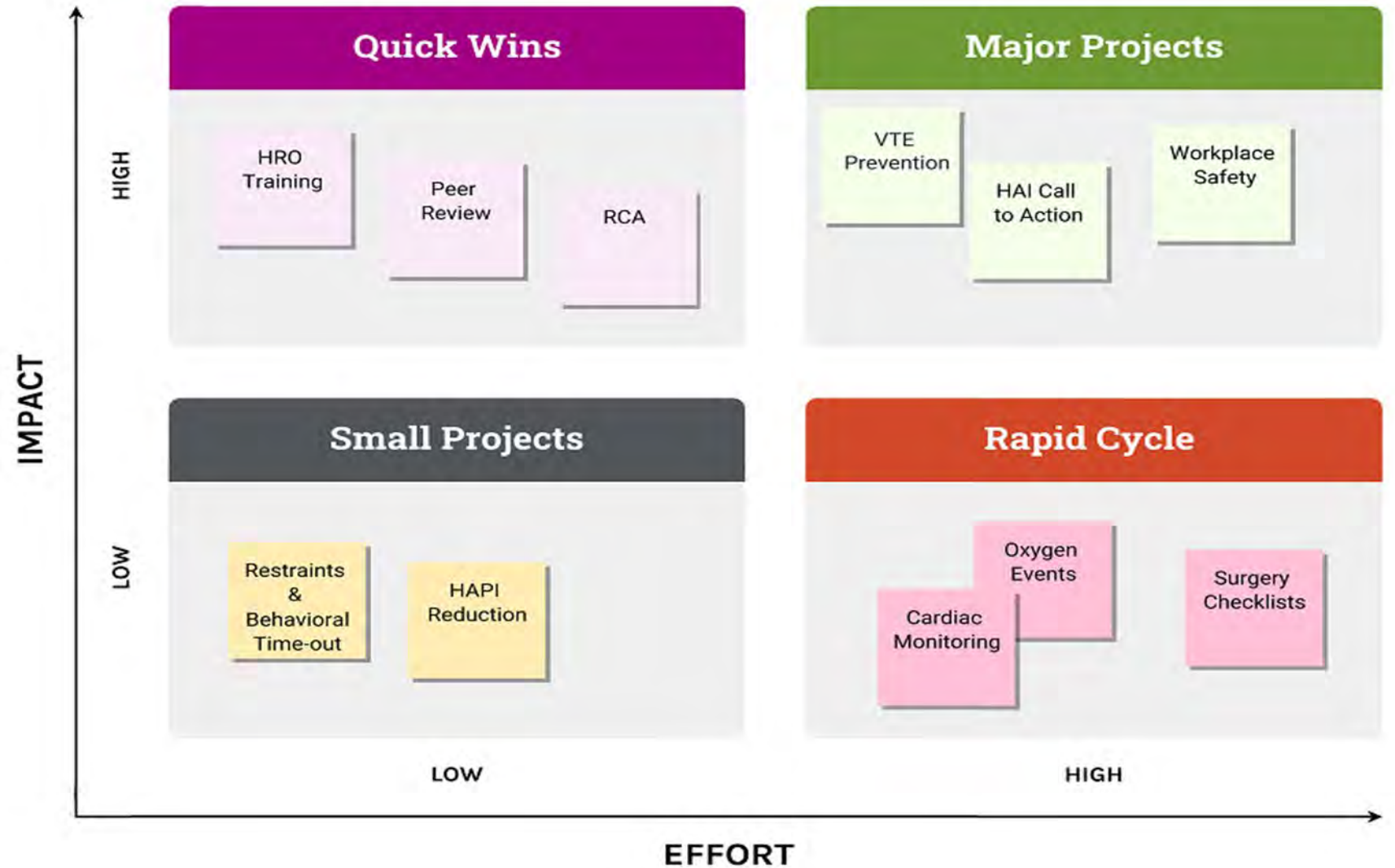
Preventable Harm Improvement Collaborative
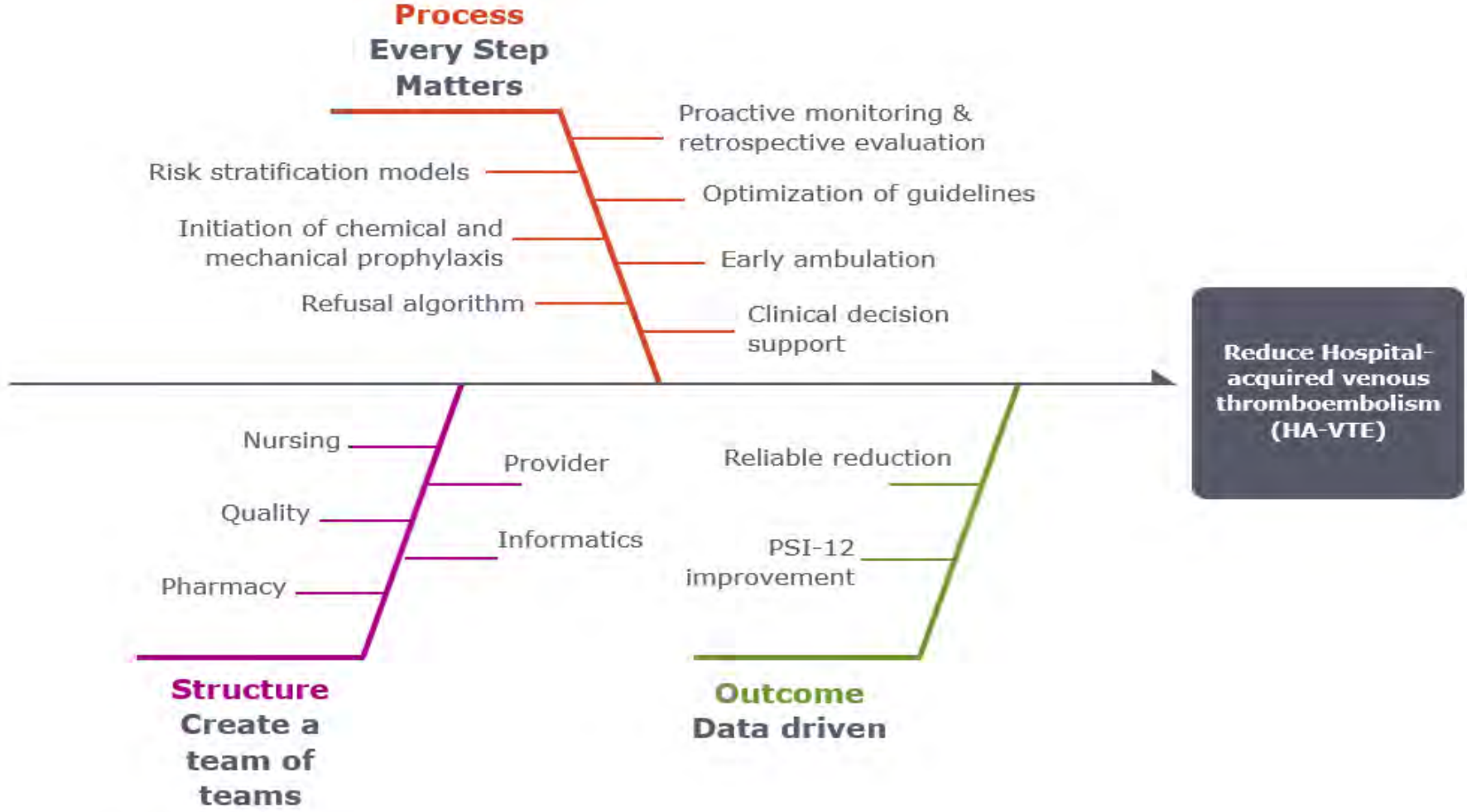
Advancing **Excellence** Across Our System of Care

HHC Hospital-Acquired Infections

Target, 392
Actual, 324
Target, 197
Actual, 195

FY18 — FY19 — FY20 — FY21 — FY22 — FY23

Target ── Actual
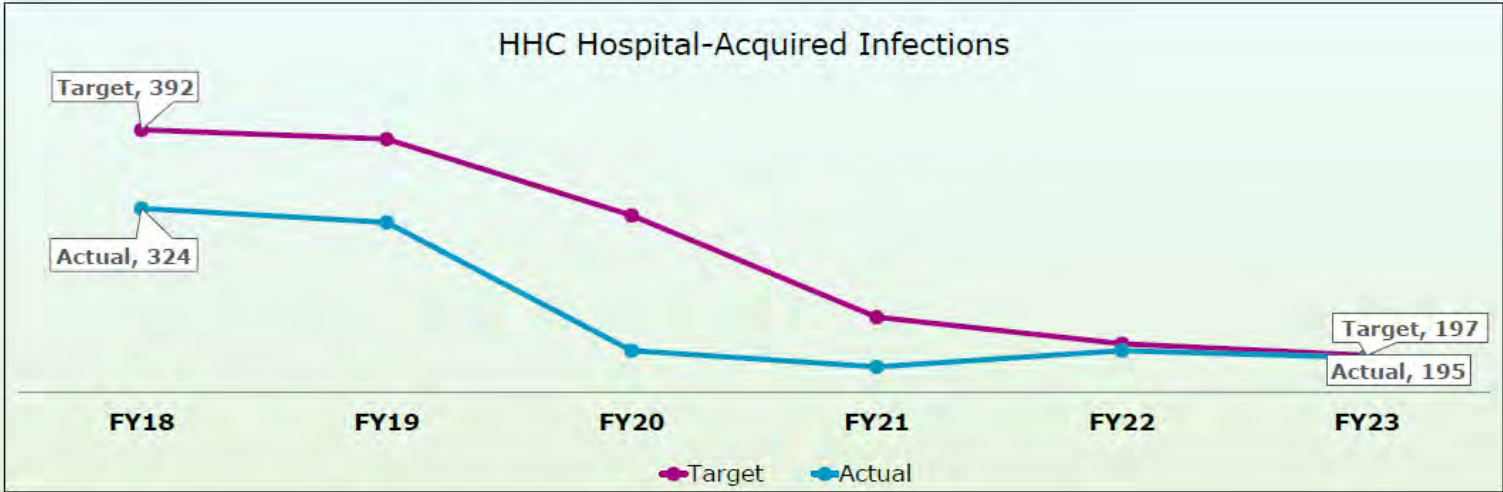
40% reduction since 2018 (350+ lives)

HHC Serious Safety Event Rate

0.67
0.41

September 2019 ▪ July 2023
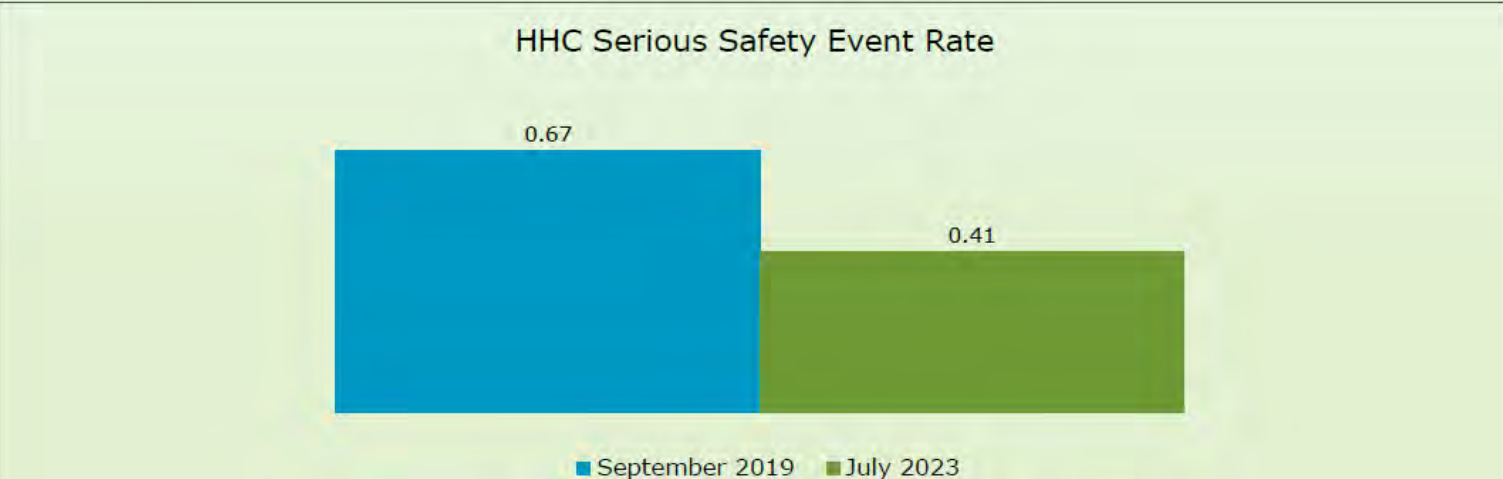
39% reduction since 2019 (36+ lives)

Data source:
- Hospital Acquired Infections (HAIs) internal and National Healthcare Safety Network (NHSN)
- Serious Safety Event (SSE) internal
- HHC - Hartford HealthCare

Lessons Learned

- Appreciation that the **pandemic forced accelerated system integration**

- When centralizing work and roles, there needs to be an **understanding around acceptable variation**

- If the outcome of success is a **strategic priority**, **resource appropriately** to make it that priority

- **Competition is healthy**; Leave no region behind

- **Spread best practices** by studying bright spots

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Key Takeaways

- Clearly define governance structures
- Create incentive structures that support system goals,
- Achieving success requires culture transformation (evolving to a learning organization)
- Rapid cycle tests, transparency of performance aid in the ability to scale and cascade
- Embed strong Dyad and Leadership support and ownership
- Measure what matters; PDSA, spread and scale

Questions?

Hartford HealthCare

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Contact:

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This educational session is made possible through the collaboration of Vizient Member Networks.
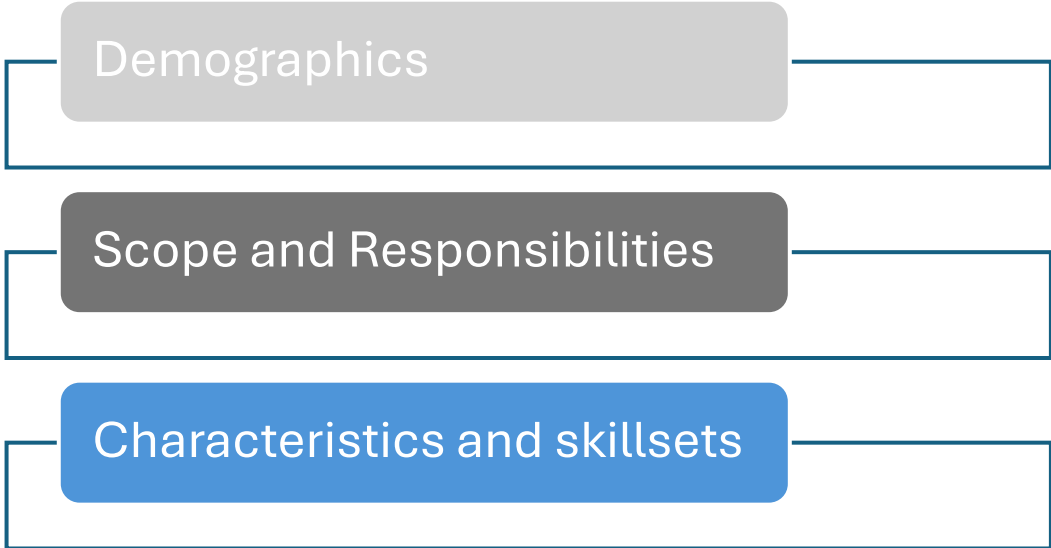
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What are the characteristics needed to be a Chief Quality Executive (CQE) in today's healthcare environment, and how do you prepare for the role?

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What we heard from you ....

- Demographics
- Scope and Responsibilities
- Characteristics and skillsets

The action that was taken ...

Demographic Profile and Oversight Duties of Today's Healthcare Quality Leaders

Navigating the Pathway to Quality Leadership: Perspectives from Contemporary Quality Executives

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Next Steps

Stay engaged with the Chief Quality Executive Network

Network members will:

- Track the demographic profile and role characteristics over time to understand how the quality leader landscape is evolving

- Explore the opportunity to create the pathway to quality leadership for future leaders

- Consider the needs of the future Chief Quality Executive given the magnitude of changes healthcare is experiencing today

- Participate in Vizient's Systemwide Quality Structure Benchmarking Survey launching Q1 2025

Save the date!

April 22 – 24, 2025

Vizient Chief Clinical (Medical, Nurse, Quality) Executives Network Meeting

Chicago, IL