

Puget Sound Communities Join National Collaboratives on Language Quality Improvement and Transforming Care at Bedside

Quality improvement in health care has been a high profile topic of concern ever since the Institute for Medicine first published its report “To Err is Human.” The Robert Wood Johnson Foundation (RWJF) through its Aligning Forces for Quality (AF4Q) program is sponsoring three national quality improvement projects to bridge the current quality gap and contribute to the community-wide transformation of health care.

The exciting news is that the Puget Sound region is currently participating in two of the three national collaboratives. The “Language Quality Improvement Collaborative” aims to discover and trial innovative solutions for hospitals to provide timely and effective language services to patients who speak or understand little or no English. Harborview Medical Center (Seattle) and Valley Medical Center (Renton) are involved in the Language Collaborative. The “Transforming Care at the Bedside Collaborative” (TCAB) is a nurse-led quality improvement initiative to bring about a cultural shift on medical-surgical units resulting in better clinical outcomes, increased time providing direct patient care, reduced nurse turnover and lower costs. St Francis Hospital (Federal Way) and Tacoma General Hospital (Tacoma) are participating in the TCAB collaborative.

The Puget Sound Health Alliance is fortunate to have the opportunity to monitor and partner with these four hospitals to co-sponsor an event timed to the end of the Collaboratives to share lessons learned and best practices with other community hospitals in the region.

Recently, the Puget Sound Health Alliance staff visited the above hospitals and here is a short summary on their successes and progress to date.

Language Quality Improvement Collaborative

Harborview Medical Center in Seattle cares for a very diverse patient population, providing approximately 120,000 interpreted encounters per year (one out of every six patients seen has limited English proficiency). Harborview began the Collaborative in July 2009 and launched an official organizational kick-off meeting in December. The event was well attended by staff representing a variety of departments across the hospital. So far, the progress of the Collaborative has been steady and motivating, with the primary focus of designing strategies to improve data consolidation and collection. Harborview has chosen to report on the following four measures:

- a) Screening for preferred spoken language
- b) Patients receiving language services supported by qualified language services providers
- c) Patient wait time to receive Interpreter Services, and
- d) 30 day readmission rate following hospitalization, stratified by language.

Puget Sound Communities Join National Collaboratives on Language Quality Improvement and Transforming Care at Bedside

The current screening rate for the preferred spoken language has already improved from 88% to 92%.

The International Medicine Clinic at Harborview has been piloting a newly designed tool for documenting information about patients' spoken and written preferred languages along with their level of competency. This data will be used to assess the correlation between spoken and written language preference. At the same time, discussions are in progress with the Human Resources team to create policies and protocols for screening and certifying bilingual staff (employees) who wish to provide interpreting services to patients in addition to performing their current job functions. The other idea that has been implemented is the use of a "LEP Flag" on the patient's chart to help improve identification and documentation of patients requiring limited English proficiency services. Harborview physicians (Cardiac and Emergency Department) have been actively engaged in supporting the Collaborative and are thrilled with the prospects of using this data - especially the readmission data stratified by language - to bring about further improvements in the delivery of patient care.

Valley Medical Center also serves a considerably diverse patient population who need interpreting services, with approximately 5,000 requests per month. Valley Medical Center also started the Collaborative in July, with a kick-off meeting in December. To get maximum visibility and to generate enthusiasm among staff and patients, the kick-off event was open to everyone. The Center encouraged participants to take a survey quiz in exchange for international treats. The questions asked assessed a participant's knowledge about current organizational policies in relation to interpreter services and on available interpreting resources at Valley Medical Center. This event was a huge success with a turn out of approximately 250 people. The core team used this opportunity to educate the attendees, and the survey results were used to identify gaps and issues and to develop ideas and strategies for improvement (e.g. orientation to new employees, regular blogs to keep staff informed on interpreting services).

Valley Medical Center is focusing on piloting innovative ideas in two clinical areas including an inpatient unit and the Emergency Department. The main emphasis is on improving the supportive systems and tools and communication capabilities within the organization. For example, Valley has equipped all the patient rooms on the pilot unit with speaker phones to allow easy access to interpreter services, therefore reducing the need to use the services of readily available non-certified bilingual staff or family members. The hospital is eager and looks forward to using the newly designed Emergency Department that offers access to EMR (Electronic Medical Record) carts loaded with video conferencing technology, thus providing instant access to a live, certified medical interpreter 24/7. This system has one-touch access for their three top language requirements (Spanish, Russian and sign language). Similar to Harborview,

Puget Sound Communities Join National Collaboratives on Language Quality Improvement and Transforming Care at Bedside

Valley Medical is working to improve documentation and data collection. It is reporting on three measures, including:

- a) Screening for preferred spoken language
- b) Patients receiving language services supported by qualified language services providers, and
- c) Patient wait time to receive interpreter services.

They are enthusiastic about their achievement of a 99% spoken language screening rate.

Transforming Care at the Bedside Collaborative (TCAB)

St Francis Hospital is thrilled with their recent opportunity to participate in the national collaborative, allowing the hospital to focus on improving performance in some key areas. The collaborative began in March 2009, with a kick-off held in May. Within the past few months, the hospital has successfully implemented about 35 TCAB initiatives to improve care in four major categories:

- a) Safe and reliable care,
- b) Vitality and teamwork,
- c) Patient-centered care, and
- d) Value-added processes on the pilot unit.

These initiatives were introduced using the principle of “small test of change - one patient and one nurse at a time” and then spread to the rest of the unit if the idea succeeded. A few of these initiatives have already been put into operation within the other Franciscan System hospitals.

The major focus has been to facilitate better communication between the frontline staff, physicians and patients through use of the SBAR tool (situation, background, assessment and recommendation) and adopting the “Yes I Can” philosophy. They have achieved considerable improvements in their patient and staff satisfaction scores. The most successful initiative was the introduction of white boards in patient rooms that list caregivers’ names, plans for the day including procedures and tests, expected date and time of discharge, transportation and disposition information (written after consulting with patient and family members). The resulting impact was a huge boost in involvement of patients in their own care.

The other successful achievement has been the ability of nurses to spend additional time with their patients. St Francis is using nurse locators (Zettler Nurse Call System) to track nurses’ time with their patients. They are submitting data on two measures, including: a) incidents of patient injury from falls, and b) hospital-acquired pressure ulcers. Internally, however, they are also tracking patient satisfaction (through use of Hospital Consumer

Puget Sound Communities Join National Collaboratives on Language Quality Improvement and Transforming Care at Bedside

Assessment of Healthcare Providers and System survey) and staff satisfaction scores (using team vitality survey). Since the Collaborative has started, staff turnover has been low on the pilot unit.

Tacoma General Hospital joined the TCAB collaborative in November 2009 and held their formal kick-off meeting in early December. The pilot unit staff is very excited about the prospect of brainstorming innovative ideas to deliver patient-centered care, as well as having the privilege to test and implement those ideas before disseminating them within the MultiCare Health System. Their first brainstorming session generated many strong ideas. These were prioritized based on broader organizational goals to focus on patient safety. Tacoma General will also be reporting on patient falls and pressure ulcers, as well as tracking patient satisfaction scores internally. Despite the fact that the hospital just started the collaborative, it is in the process of implementing the white board initiative similar to St Francis. The new white boards will have an added feature to track patient's "pain rating," on a scale of one to ten using "smiley" and "sad face" symbols. The other innovative idea being implemented is called the "Staff Busy-O-Meter" to promote teamwork/coordination and improve team vitality. Nurses and CNAs are responsible for periodically updating their workload status using red (symbolizing drowning – need help), yellow (need time to catch up before more assignments) and green (doing well and can help someone else or patient) flags. The team is eager to track the outcome of this initiative. To facilitate faster adoption of successful strategies, the team has identified champions to convince and coach slow adapters.

The Puget Sound Health Alliance is proud to have these four hospitals participating in the Robert Wood Johnson Foundation's national collaboratives. We look forward to continued collaboration and the opportunity to share learnings and celebrate their successes.