

GETTING *back* TO NURSING

USING THE VIRGINIA MASON PRODUCTION SYSTEM
TO ENHANCE NURSING PRACTICE AND IMPROVE PATIENT CARE

NURSES *changing* NURSING



Nursing has never been an easy profession, but the rewards of helping our patients call us to it, despite work that is physically and emotionally demanding.

We choose to go into nursing because we want to take care of patients. That's what makes it worth our while. Increasingly, though, the systems in which we work have been getting in our way. We often end up being everything to everyone on the floor, spending more time away from the bedside than we do beside it. It is frustrating, especially when we consider the stakes. Our patients' lives are in our hands.

Virginia Mason has recognized this problem, and we have a system that is challenging it head-on. It's called the Virginia Mason Production System (VMPS). VMPS is helping us get supplies to our nurses where and when they need them. It's saving our nurses thousands of walking steps each day. It's making it easier for our nurses to communicate with the rest of the members on their team. It's bringing the support of other clinicians to them when they need it, so they can remain focused on their primary task — taking care of patients.

One of the exciting features of VMPS is the tremendous opportunity our nurses have to participate in redefining their practice. It can be extremely frustrating to know that changes need to be made and not have a system to make them happen. VMPS provides us with that system. As the experts on the front line, our nurses use their knowledge and skills to contribute to improvements that impact not only their own work, but the work of every nurse in the organization. Seeing these results is rewarding and motivates further change.

The stories in this brochure highlight a few of the many ways in which our VMPS work is fundamentally transforming the way nursing care is provided at Virginia Mason — in getting nurses back to the bedside and doing the work they were called to do. As we look to the future, we are inspired by a vision of designing and building facilities, using VMPS tools, that support the delivery of the best patient care — and the ability of our nurses to get back to the bedside.

A handwritten signature in white ink that reads "Charleen Tachibana".

CHARLEEN TACHIBANA, RN, MN
SENIOR VICE PRESIDENT
CHIEF NURSING OFFICER
VIRGINIA MASON MEDICAL CENTER



THE CLINICAL NURSE LEADER

Supporting nurses in caring for patients with extended lengths of stay

Patients with extended lengths of stay have complex care coordination needs that front-line nurses often don't have time to address. The clinical nurse leader (CNL) is a new role in nursing that is being developed by the American Association of Colleges of Nursing and has been implemented at Virginia Mason Medical Center. At Virginia Mason, the role has been

developed with the vision of being a “red thread” for patients, providing coordination and consistency for patients with complex care needs and extended lengths of stay in the hospital.

“The role of the CNL has provided our patients and staff with a very valuable resource,” says Dana Nelson-Peterson, Administrative Director, Hospital Operations. “They are able to provide a higher level of care coordination for these complex patients, allowing staff nurses the time to focus on the daily care of their patients.”

The CNL role was implemented at Virginia Mason using VMPS tools. Through a series of five-day, intensive Rapid Process Improvement Workshops, the role was developed and refined, creating standard work and processes including a screening system for all patients upon admit, standard work for the CNL related to rounding and documentation, as well as integration of a visual control system so that all staff can tell at a glance which patients have a CNL on their case.

“It's exciting to be able to use the tools of VMPS to improve not only our nursing care delivery, but the patient's experience,” says Dana. “Being able to provide our patients with a ‘red thread’ to follow them throughout their hospitalization experience is very rewarding, as indicated in the numerous positive responses that we have received from our patients as they write and call us to compliment us on our newest addition to our nursing care model.”

PROGRESSIVE ACTIVITY PLAN

Helping nurses mobilize patients

When Virginia Mason's nurses looked at how well they were doing at getting hospitalized patients up and moving, the results weren't so good. “We did a great job at turning them and giving sponge baths, but we weren't as good about getting them up for a shower, into a chair or walking when they could,” says Jessica Dunn, RN, BSN, Assistant Nurse Manager, Acute Care of the Elderly (ACE) Unit.

“Particularly for our older patients, they can lose up to 10 percent of their strength every day they are in the hospital,” says Jessica. “We knew we needed to get them moving.”

A Rapid Process Improvement Workshop (RPIW) was conducted to study how many patients were getting up, and when — what their mobility progress was on any given day. The result was the Progressive Activity Plan (PAP), a visual control posted in every patient room, at the point of care, to help facilitate a patient's mobility. The plan includes various stages of mobility, from lying in bed to sitting in a chair to walking down the hallway, and helps all members of the care team know at a glance the mobility status of the patient. It engages patients and family members, too, a clear visual indicator of the ultimate goal for the patient in terms of mobility.

To help patients gauge their walking distance, markers are posted on the floor in the hallway to serve as motivators to encourage patients to go just that much farther.

“Before the RPIW and implementation of the PAP, none of our patients were out of bed for breakfast,” says Jessica. “Now, 80 percent of them are. This is a wonderful tool for helping us do our jobs better.”





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CHANGING THE FLOW OF OUR WORK HAS TIGHTENED UP OUR PROCESSES AND GIVEN US BACK TIME TO BE WITH OUR PATIENTS. IT HAS GIVEN US BACK WHAT CALLED US TO THIS PROFESSION.

JESSICA DUNN, RN, BSN

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GEOGRAPHIC CELLS

Changing the flow of work to create more time for patients

Imagine having 10 patients, all in different rooms, scattered throughout a large nursing unit. Think of the walking involved, the surveillance challenges and the ability to respond to patients’ needs in a timely manner. “It was chaos,” says Deb Heinricher, RN, MN, Manager, Acute Care of the Elderly (ACE) Unit. “Our patient care techs (PCTs) would have four nurses to report to, our nurses were overloaded, we had communication problems and our patient care was impacted.”

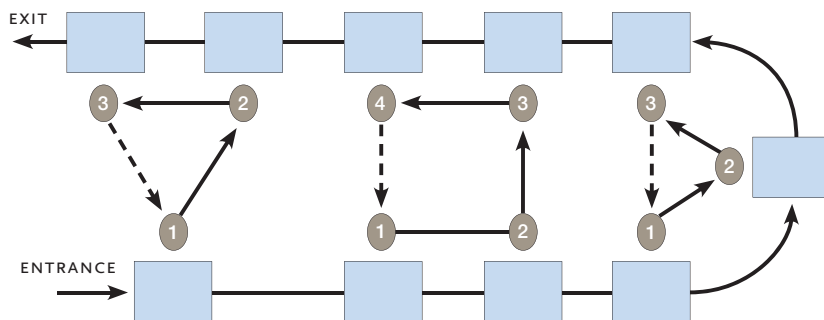
Through a Rapid Process Improvement Workshop, Virginia Mason’s nurses redesigned the entire flow of the way they do their work. Nurses now work as a team with a PCT in “cells,” or groupings of rooms close together, with the same number of patients per cell, and double rooms never split between two nurses. Patient acuity is spread equally among the cells to level-load work.

The new cell model has significantly enhanced the ability of Virginia Mason’s nurses to monitor their patients and quickly attend to their needs, as well as improving communication between the nurse, PCT and rounding physician. Movement has been significantly reduced, making it easier to focus on patient care. Nurses used to take

10,000 walking steps per day; today it’s roughly 1,200.

“With the cells, nurses are able to stay in one geographic area on the unit,” says Deb. “They are readily accessible to their patients, their PCT and the rounding physicians. We are reducing a great deal of movement, saving energy and reducing stress. Most important, we are responding to patients more quickly, and we’re spending more time with them.”

“U” SHAPE ARRANGEMENT OF PATIENT ROOMS TO FORM CELLS



MOVING HAND-OFFS INTO THE PATIENT ROOM

Increasing value-added time

A significant change in nursing practice at Virginia Mason has been to move hand-offs at shift changes into the patient's room. Bedside hand-offs increase time with the patient, improve communication and reduce defects in patient care by standardizing the hand-off process.

"With bedside hand-offs, you see all your patients right at the beginning of your shift," says Rowena Ponischil, RN, MSN, Manager, Intermediate Care and Telemetry. "You're introduced to the patient right away, so you know a face instead of a room number."

Under the old system, if a patient was doing well the previous day, she might have been prioritized below another patient who was more critical the day before. The former way of doing things did not account for changes that may have happened between shifts.

Rowena notes that the bedside hand-off helps nurses communicate details that might otherwise be overlooked. "Sometimes it's hard to tell the difference between a patient who's sleeping and one who's unresponsive," explains Rowena. "The off-going nurse will know what's actually going on, and she can tell the oncoming nurse, so he'll know right away. With two sets of eyes looking at the same patient, it's a lot more powerful. It makes a big difference in terms of patient satisfaction and patient safety. It helps our nurses care for their patients more effectively."

REDUCING FALLS

Identifying at-risk patients and implementing visual cues

Virginia Mason's single organizational goal is to improve the safety of patients and create a care environment that is entirely defect-free. Fall risk is a key patient safety issue, particularly for an older patient population. The application of VMPS tools has reduced the risk of falls at Virginia Mason by helping nurses and other caregivers easily identify at-risk patients and implement measures to reduce the likelihood of a fall, as well as involving patients and their families in fall risk reduction.

Assessment of fall risk now happens upon admission and daily as a required part of nursing documentation. Tools are provided at the bedside to help nurses easily assess and document risk. "There are specific components to the screening, and check-off boxes that quantify a score for risk. Levels of prevention are based on the risk score, such as activating a bed alarm for audible control, and signaling providers to round on these patients more quickly," says Deb Beauchaine, MN, ARNP, Geriatric Services Director at Virginia Mason.

When a higher risk of falling is identified, a specialized fall risk nursing order set is activated in the clinical information system, triggering anticipatory care interventions such as more frequent rounding for toileting — the



THE STANDARD HAND-OFF TOOL: SBAR

As part of the standard work for completing a bedside hand-off, Virginia Mason has implemented an easy-to-use hand-off tool to ensure pertinent information is reviewed.

Situation: The patient's situation – diagnosis and symptoms the patient has been and is currently having.

Background: Pertinent data or information related to the patient's diagnosis. Includes a review of vitals and vital trends, as well as labs and lab trends, to confirm accuracy.

Assessment: The nurse's assessment and interpretation of the data. Is the patient improving? Unstable? The patient's biggest safety risk is stated here, and why.

Recommendation: The recommended plan for the day.

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most common reason why patients, who may be at elevated fall risk, get up out of bed.

Visual cues help staff and patients as well. Door jams of every patient room are equipped with “falling star” visual cues. When a patient is identified with a higher risk of falling, the cue is moved from a vertical to horizontal position. “Our nurses can look down the hallway and see right away who is at risk for falls on the floor,” Deb says. Visual cues are also posted in patient rooms, reminding patients at higher fall risk to call for help before getting up.

If a patient does fall, a “Falling Star” evaluation team is summoned, similar to a code call, to report directly to the room and immediately identify the root cause. “These tools help us to provide targeted prevention for at-risk individuals,” Deb says. “Rather than having a general concern about patients falling, we’ve sorted and simplified, enabling us to effectively target interventions to those patients who most need them.”

How does this improve the practice of nursing at Virginia Mason? “Our nurses know that a critical patient safety issue is being addressed that could be adverse in terms of patient outcomes,” she says. “When you have a system of safeguards in place house-wide to address a critical patient safety issue, it hugely impacts how our nurses feel about the way we do our work.”

RAPID RESPONSE MEDICAL EMERGENCY TEAM

A critical resource for nurses



The Institute for Healthcare Improvement identified rapid response teams as a key patient safety initiative as part of its 100,000 Lives campaign. The goal of a rapid response team is to respond to subtle warning signs that patients often display before a life-threatening event. Virginia Mason’s rapid response team — the Medical Emergency Team (MET Team) — has proven to be a valuable resource for nurses in providing care to patients where and when they need it.

“When you know the patient is in trouble and can’t get help quickly, it’s a stressful situation,” says Lori Tyler, RN, MN, CCRN, Clinical Nurse Specialist. “When you have a patient that’s not doing well, it’s tremendously satisfying to be able to call for assistance immediately. It decreases stress to know that support is there.”

This type of support resource is known in Virginia Mason Production System language as an andon — a trigger for assistance when a defect, or patient problem, is identified.

Virginia Mason’s MET Team consists of a critical care nurse, physician and respiratory therapist. Criteria for calling the team are at the patient’s bedside, readily accessible to nursing staff. When the team is called, skilled clinicians arrive at the bedside within minutes and immediately implement appropriate therapies. There is no wait time in transferring patients to the Critical Care Unit, if that is necessary.

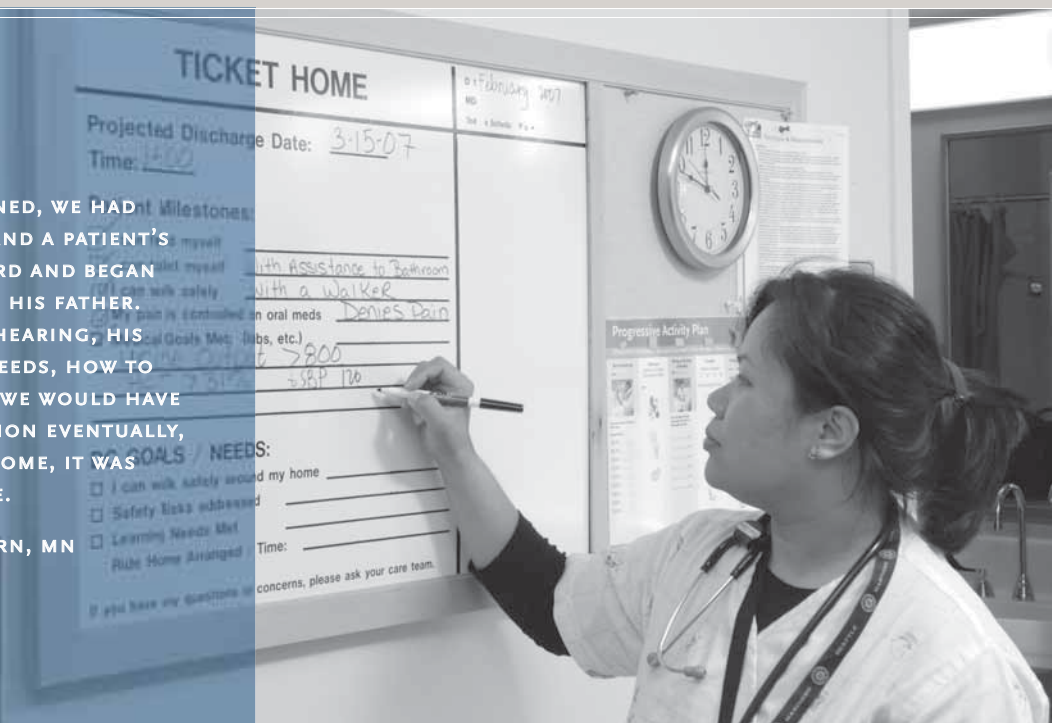
For added assurance, visual controls are built into the tools nurses may use to assist patients with certain physiological symptoms. For example, non-rebreather masks are packaged in a special container with a visual cue to summon the MET Team. “If a patient’s oxygen status has depreciated to the point that they need the mask, the MET Team should be called,” says Lori. “Adding a visual control to the mask is an added safeguard to help our nurses keep our patients safe, to reduce defects in care. Many of our nurses have said they wouldn’t want to work at a hospital that didn’t have these measures in place.”

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THE DAY OUR UNIT OPENED, WE HAD THESE SHINY BOARDS UP, AND A PATIENT'S SON SAW THE EMPTY BOARD AND BEGAN WRITING DETAILS ABOUT HIS FATHER. HE TOLD US ABOUT HIS HEARING, HIS CURRENT NUTRITIONAL NEEDS, HOW TO CONTACT FAMILY MEMBERS. WE WOULD HAVE UNCOVERED THIS INFORMATION EVENTUALLY, BUT WITH THE TICKET HOME, IT WAS RIGHT THERE.

DEB HEINRICHER, RN, MN

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THE TICKET HOME

Bringing the team together in moving patients forward

In designing its new Acute Care of the Elderly (ACE) Unit, Virginia Mason used its focused Production Planning Process (3P), an element of the Virginia Mason Production System, to design a future state for patient rooms that would transform care at the bedside. One of the results of the 3P was the Ticket Home.

The Ticket Home is a large whiteboard in each patient's room that includes important medical goals to achieve for discharge, such as eating solid foods and having stable lab values. When a nurse walks into a room to answer a call light, for example, she immediately knows basic information about what the patient needs. Providing information just-in-time helps eliminate waste from the nurse's day.

"The Ticket Home is a tool that helps nurses with the plan of care for their patients," says Deb Heinricher, RN, MN, Manager, ACE Unit. "It leads to better communication with hand-offs and reporting, helps nurses track the patients' goals and keeps the patient and families involved with care."

"Before we would just go into a room and look through papers and charts to figure out what was going on with the patient, and now it's right there. It has refocused us on goals and outcomes, which can quickly get buried in a nurse's daily work," adds Jessica Dunn, RN, BSN, Assistant Nurse Manager.

The Ticket Home is a powerful visual control for ensuring that a patient's caregivers are all on the same page. Equally impressive is its effectiveness at engaging patients and their families in their own care. "Prior to the Ticket Home, the family wouldn't know what they could do to help their loved one get out of the hospital," adds Deb. "Now they do know. That's where health care is moving — getting families involved as caregivers."

Patients and families often find creative ways of using the Ticket Home. "We're used to seeing medical information on the board," says Jessica. "When one of our patients wrote, under the goals category, that she wanted to dance again, it was very emotional for us. It reminds us that our patients may have goals that we don't have, or don't know about. It reminds us that our patients are real people with real lives, and they want to go live them outside of here."



SUMMARY OF ACCOMPLISHMENTS

IMPROVING NURSING PRACTICE AT VIRGINIA MASON USING TOOLS OF THE VIRGINIA MASON PRODUCTION SYSTEM

Increased Nursing Time with Patients

- Organized nursing work in geographic cells
 - Linked nurses to patient care technicians (PCTs)
 - Created standard work for PCTs
 - Created standard work for reports and moved hand-offs into patient rooms
- Reduced wasted time by putting information and supplies at the bedside
 - Streamlined supplies and relocated them to point of use
 - Installed Computers on Wheels (COWs) for online nursing documentation and order entry
- Created the rapid response nurse position to provide added support

Improved Patient Flow

- Greatly reduced diverts by implementing a standardized flow system
 - Implemented flow alerts that trigger actions to bring patient care resources to the floor (e.g., radiology, patient transport)
 - Implemented triggers for personnel resources (e.g., rapid response nurse, hospitalist)
- Eliminated bed control for surgical bed placement
 - Implemented use of a surgical production plan and visual control board for floors to plan for admission
 - Implemented a process for inpatient units to pull patients from the operating room
- Level loaded surgical volume involving gastric bypass patients and critical care admissions
- Implemented the mobile flow supervisor role to manage flow
- Implemented a one-call admit system

Reduced Acute Hospital Lead Time

- Focused on patients with extended lengths of stay
 - Implemented a visual control system for quick identification
- Increased patient mobility by developing standard work and the Progressive Activity Plan visual control
- Improved total parenteral nutrition (TPN) and enteral nutrition (HEN) services
- Implemented visual controls for patient progress
 - Applied progress indicators to oncology populations
 - Developed the Ticket Home
- Established standard work for new clinical nurse leader and assistant nurse manager roles

Improved Patient Safety

- Established visual controls for fall risk
- Implemented use of the Cerner clinical information system to continuously screen and assess patient risk
- Implemented rapid response teams for just-in-time support, including Stroke Team, Medical Emergency Team (MET Team) and Falling Star Team for patient falls

FOR MORE INFORMATION *about how nursing practice is being transformed at Virginia Mason, please contact Charleen Tachibana, RN, MN, Senior Vice President and Chief Nursing Officer, at (206) 341-0419.*

Visit us online at VirginiaMason.org.

