

# Hemet Valley Medical Center & Menifee Valley Medical Center Team Presentation

November 5, 2015



#### Who we are

Physicians for Healthy Hospitals (PHH) own and operate Hemet Valley Medical Center and Menifee Valley Medical Center, serving the cities of Hemet, San Jacinto and Menifee Valleys.





#### Who we are



#### Hemet Valley Medical Center

- Located approximately 100 miles southeast of Los Angeles in the city of Hemet, California (population 80,000)
- Founded in 1943, Hemet Valley Medical Center serves as the largest private-employer in the Hemet-San Jacinto Valley.
- 417-bed acute care hospital (includes OB, subacute and chemical dependency unit)



#### Who we are



#### Menifee Valley Medical Center

- Located in Sun City, approximately 30 miles southeast of the city of Riverside with an overall local area population of about 85,385.
- Founded in 1989
- 84-bed acute care hospital



### Why We're Glad to be Here

- Our Hospital's Unique Challenges
  - We are a physician-owned hospital
  - Staffing challenges
  - Impacted ED



### Safe Communication Areas for Improvement

#### How we decided where to focus our efforts

### In July 2015, PHH launched a Post-Graduate Medical Education Residency program.

- 20 residents representing 10 osteopathic medical schools throughout the country
- 4-year Diagnostic Radiology Residency
- 3-year Internal Medicine Residency
- 1-year Traditional Rotating Internship
- Medical Student rotations in Radiology, Internal Medicine, Emergency Medicine, Diagnostic Radiology, Addiction Medicine and General Surgery



### Our Project: Safe Communication



Our gang! Program Directors, Assistant Program Directors and Residents



### Our Project: Safe Communication

#### Of course we had concerns . . .

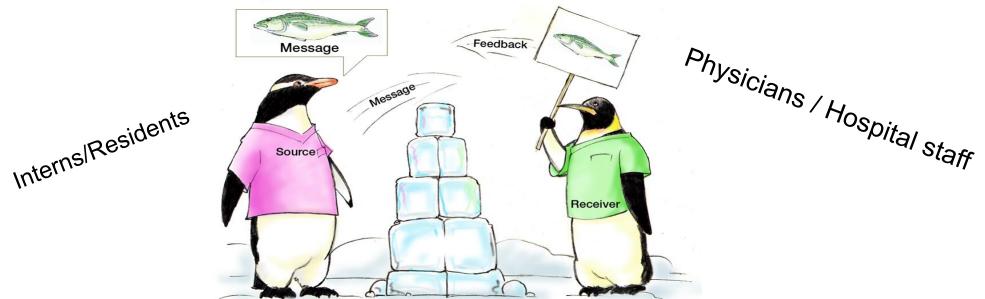
- Interns / Residents with limited experience
- New nurses and "Seasoned" nurses who've never worked with residents and interns
- New supervising faculty



### Safe Communication Areas for Improvement

#### **Communication Concerns:**

- Will communication be safe and effective?
- Potential for communication challenges at the bedside.
- Will staff feel comfortable questioning care decisions made by the residents and interns?





### Safe Communication: Areas for improvement

#### TeamSTEPPS tool we chose to focus on:

#### **CUS**

- I'm concerned
- I'm uncomfortable
- This could be a patient safety issue





### How we implemented the changes

- Key Individuals (Who)
  - Faculty support
  - Team members:
    - COO/CNO, Assistant CNO, Director Inpatient Services (Menifee), Director Quality Services, Director of Operations-Graduate Medical Education Residency, Education Director, Nursing Directors
- Key Strategies (What and How)
  - Assess baseline comfort of staff to voice concerns
  - Educate residents and staff to TeamSTEPPS tools
  - Educate medical staff to TeamSTEPPS project and tools



### Areas for Improvement

#### **Baseline Data:**

Questionnaire administered to assess the current practice and comfort level of nurses voicing concerns to physicians /residents.

- 40% have had concerns about the care and safety of a patient but were afraid to voice their concerns to the provider.
- 90% stated they have had instances where they have voiced concerns to the provider.
  - 69% providers listened to their concerns.

"Some doctors give you an evil eye"



### How we Implemented the Changes

#### Education

- TeamSTEPPS overview presented to the General Medical Staff, Residents and Nursing leadership
  - Nursing leadership to mentor staff
  - Director of Operations GME to mentor residents/interns





### How we Implemented the Changes

- Education
  - CUS video presented to Residents
  - CUS video in staff lounge



### How we Implemented the Changes

- Specific Changes in our Process/ Small Tests of Change
  - Still in the education phase of residents and staff



### Other tools implemented

- Chasing Zero Video
- Bedside Shift Report Video
  - Includes Sue Sheridan video
  - Shown to nurses during orientation and Skills Days
- Resident Communication Training
  - Focused didactic lecture during orientation and at least once per academic year
  - Includes Sue Sheridan video
  - Introduction to CUS by nursing ("please let the nurses CUS at you")



### Potential Barriers...

- Time & Resources
  - to effectively educate and mentor all disciplines
  - Keeping the project moving forward
- Push back from physicians / residents / staff
- Potential for negative feedback or unprofessional dialogue from physicians / residents when nurses "CUS"



### **Qualitative and/or Quantitative Data**

- Challenge will be obtaining measurable data due to infrequency of events
  - Implementing a "CUS" log for staff to document when they use the tool
  - Encouraging staff to share when communication is successful (and not successful)
  - Identifying opportunities for improvement
  - Survey staff post full implementation to assess if project was successful



### Where we are and Next Steps

- Still in education and mentoring phase
- Developing CUS Poster for nursing floors
- Use of Coffee Cart to heighten staff awareness
- Post information in our Employee Newsletter



### Where we are and Next Steps

- Acknowledge and Reward those who CUS
- Share positive (and negative) experiences with employees and medical staff
- Roll out Just Culture to staff and physicians



## The Value of Participating in the IE TeamSTEPPS Collaborative

### Surprises

- Receptiveness of the residents and medical staff
- Western University embraces TeamSTEPPS and trains medical students
- TeamSTEPPS included as communication focus in ACGME Single Accreditation application and residency program Sponsoring Institution application (OPTI-West)



# The Value of Participating in the IE TeamSTEPPS Collaborative

#### Conclusions-

- We're glad we chose to participate in the TeamSTEPPS Collaborative.
- We believe we chose the right area of focus
- It's going to be a lot of work . . .
- Excited to see a positive outcome!