



Decatur Morgan Hospital

Enhancing Care Delivery,
Improving the Patient Experience
& Increasing Nurse Retention

ABOUT DECATUR MORGAN HOSPITAL

Located in Decatur, Alabama, Decatur Morgan Hospital is a part of the Huntsville Hospital Health System, a seven-hospital system located throughout north Alabama. There are four campuses within Decatur Morgan: Decatur campus, a 185-bed acute care hospital, the 120-bed Parkway Campus hospital, a 64-bed psychiatric facility and an outpatient rehab center. With 238 physicians and 1,300 employees including 530 nurses, the system maintains an average daily census of 170 patients and treats just over 65,000 patients annually.

THE CHALLENGE

As CMS continuously changed value-based reimbursement models with the roll-out of Hospital Core Measures and the National Patient Safety Goals in the early 2000s, hospitals across the US began implementing myriad protocols and procedures to document their adherence to the guidelines. Like most hospitals at the time, including Decatur Morgan, administration began pushing the bulk of the documentation workload to the bedside nurses.

“It became a checklist environment where nurses had to document and submit an enormous amount of detail about each patient encounter to their charge nurses at the end of each shift. It did not take long before our nurses felt they no longer were able to truly care or build relationships with their patients and families.” **Bryan Vest, MSN, RN Service Line Director Inpatient Nursing**

With little to no added support for their staff, nurses at Decatur Morgan were expected to absorb these time-consuming tasks into their already heavy load. This situation led to a dissatisfied workforce, ultimately culminating in high turnover amongst the nursing staff. More significantly, Decatur Morgan began to see the impact on patient satisfaction and safety.

THE DATA TOLD THE STORY

RN Turnover Rate

Too high at >25%

Patient Experience Scores

Too low at < the 50th percentile

Patient Satisfaction Quality Metrics

Well below the national average

Reimbursement Rates

Among the lowest in the region

Nursing Shortages

Impacting the mission of patient care

RN Retention and Turnover

Fiscal Year	Retention	Turnover
2015	69%	26%

Patient Experience and Satisfaction

Metric	Baseline
Communication about medications	19th percentile
Discharge information	38th percentile

In mid-2014, the hospital committed to making positive changes to increase patient satisfaction and to better support their nursing staff. Clinical leadership commenced an audit of all facets of the day-to-day processes impacting clinical workflow. They began their analysis focusing on the operation of the med/surg unit, one of the busiest in the hospital with some of the highest staff turnover.

Bryan Vest, Service Line Director Inpatient Nursing, and his team were comprehensive in their approach, including review of policies and procedures, staffing, patient-to-caregiver ratios, rounding, and technology in order to pinpoint problem areas affecting efficiency and creating barriers for nurses and staff.

DEVELOPMENT OF A FIVE-STEP ACTION PLAN

The results of the job description exercise yielded critical insights into the importance of building relationships as a fundamental component of patient care. Vest and the audit team devised five goals that, if implemented correctly, would increase time at the bedside, reduce inefficiencies and lead to greater patient and staff satisfaction.

1 Build Better Relationships with Patients

70% of nurse's time in direct patient care (8 ½ hours in a 12-hour shift). Using data from Critical Alert's CommonPath Nurse Call application along with RTLS location information, Vest and his team tracked the movement of clinicians as they encountered patients. They observed that in a two-hour period (from 7am-9am), the med-surg nurses were only able to spend 33.32 (33%) minutes in patients' rooms with an average of 2.22 minutes per encounter.

The 7am-9am timeframe typically finds nursing completing the bulk of their patient interactions: rounding, performing assessments and giving meds.

"In an optimal workflow, you would find these nurses going from patient room to patient room. However, our nurses were going back and forth to the soiled utility room, the clean utility room, the central station etc. resulting in minimized time at the bedside."

Bryan Vest, MSN, RN Service Line Director Inpatient Nursing

2 Build Better Relationships with Staff

Decatur saw the need for increasing the time Nurse Directors spent on the unit floor to at least 50%. This added presence, allowed for more daily interactions with the staff and created opportunities for observation, modeling and coaching. To accomplish this, Decatur reduced the amount of minor clerical work by shifting it to administrative subordinates.

3 Increase the Charge Nurse's Support of Directors and Staff

In order to increase the support of the frontline nurses and directors, the role of the Charge Nurse needed to be amplified. Traditionally, the Charge Nurse role at Decatur Morgan was limited to staff assignments, patient bed assignments and assisting staff with tasks. Vest and team decided to magnify the authority of the Charge Nurse by offering true autonomy and empowerment, allowing them to more effectively manage the daily operations of the unit. subordinates.

4 Adopt A Transformational Leadership Model

Recognizing that change is not easy and that people are nostalgic about the old way of doing things (even when they know it isn't working), leadership had to address how to lead in a transformational style. The team adopted the principle that modeling, coaching and clear communication were absolutely essential to transforming the organization approach to patient care. They understood that the key to successful implementation was to ensure the entire staff (including management) understood and believed in the "why".

5 Adopt the Strategy of Top-of-License-Work for Each Caregiver

It was clear that the RNs needed assistance from support staff to help take on the many duties that didn't require a nursing license. Vest referred to this concept as "working at the top of your license". Having RNs primarily attend to the tasks aligned with their licensing (admit/discharge, performing procedures, rounding, etc.) while being supported by the Nursing Assistant on lesser tasks, the RN would gain valuable time to build the nurse/patient relationship.

Another outcome from the audit showed that RNs were spending 28 minutes per patient per day at the Pyxis med stations. To rectify this, LPN Medication Nurses were hired to prepare meds for patients and act as a liaison between the RN and the pharmacy to increase RN time with patients.



The Ideal RN Job Description

In addition to the traditional audit process, leadership felt that the front-line caregivers' perspectives and experience was extremely important to ensure long-term success and adoption. Vest and his team recognized that the RNs, not administrators, were the true owners of the clinical workflow. To elicit this feedback, the audit team came up with a novel idea; tasking the nurses with writing a job description for the RN role.

"When we got the job descriptions back, there wasn't a single task listed. Instead, everything was entirely focused on relationships: relationships with patients, with families, with physicians and with co-workers."

Bryan Vest, MSN, RN Service Line Director Inpatient Nursing

NON-NEGOTIABLES

Before implementing these changes, the team established and instituted a number of non-negotiables to adhere to compliance, accreditation and reimbursement requirements and to ensure patient safety.

- **Documentation & Shift Reports** must be completed at the bedside (requiring re-training of staff)
- **The Care Board** must be updated timely
- **iBed Status** for the Stryker S3 beds must be set and active

OPTIMIZING TECHNOLOGY FOR BETTER OUTCOMES

With the requirements in place and the audit complete, the team then set its attention to the technology eco-system deployed within the hospital. Critical Alert's CommonPath solution was the natural place to begin review of the technical architecture within the hospital due to its combination of alert/alarm notification, nurse call requests, clinical workflow, RTLS and Bed integrations and, most importantly, reporting.

From this jumping-off-point, the team was able to make a number of modifications to the technologies and processes impacting the everyday practice of its caregivers and support staff:

EMR Documentation

- EMR documentation is captured in MEDITECH in the room, allowing patients and families to ask questions further enhancing the patient caregiver interaction

Medication Verification

- Bedside Medication Verification, provides safe, effective and efficient medication administration

Staff Assignment

- Every day, each nurse has a buddy assigned to them by the Charge Nurse before the shifts start. (Handles both assignments of patient room and mobile devices)

Customizable Workflows

- A central component of the of Critical Alert's CommonPath Nurse Call Platform is its ability to customize workflows. For example; when a patient sends out a pain call, if the primary nurse cannot respond in a designated amount of time, the call escalates to their buddy nurse. Should the buddy nurse not respond in a designated amount of time, it escalates to the charge nurse. Workflows are consistently reviewed so tweaks can be made to ensure patient safety, address patient requests in a timely manner and avoid alarm fatigue.

Stryker iBed Integration

- Communicate bed status to staff (bed exit, bed position, bedside rail position, and brakes) keeping patients safe

Advanced Reporting and Analytics

- Presence Reports -measures time at the bedside. The report is posted everyday which has created healthy competition amongst staff
- Performance – shows how long staff has been in the patient rooms (these reports are reviewed a few times a week to make sure caregivers are in the rooms when they should be)
- Hourly Rounding- global report to help see if hourly rounding is occurring (crucial to patient safety and satisfaction)
- Call Volume- by unit and time of day- illustrates where changes are needed
- HCAHPS-Focused Reports (i.e.: pain, IV beeping, response times) facilitating the ability to drill-down into the amount of specific call types and their frequency

Real-Time Location System (RTLS) Integration

- Providing the ability to visualize staff presence throughout the unit, manage rounding effectiveness and identify gaps in efficiencies

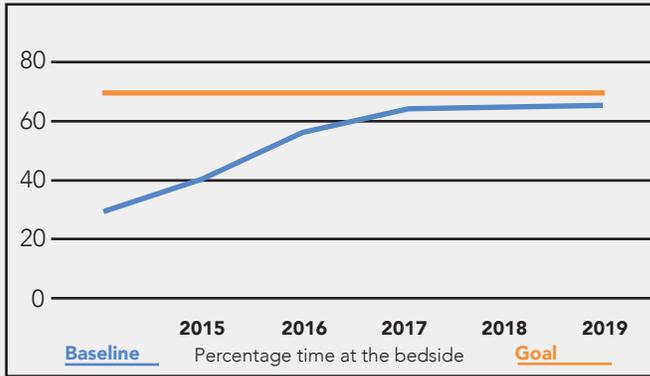
ADT Integration

- Real-time admissions, discharge, and transfer of patients. Automating the process of capturing and displaying patient demographic data within nurse call and notification devices

Active Directory Sign-On (Single Sign-On)

- Easy access to the system without having to remember separate passwords

RN Time at the Bedside



RN time at the bedside increased tremendously. The goal of 70% was achieved in 2017 and has sustained since.

Patient Satisfaction

Metric	Baseline	Current standing with Press Ganey April 2018 - March 2019
Communication about medications	19th percentile	95th percentile
Discharge information	38th percentile	75th percentile
Bedside shift report	not previously measured	95th percentile
Communication Board	not previously measured	91st percentile

Patient Satisfaction and Press Ganey scores improved considerably.

RN Retention & Turnover

Fiscal Year	Retention	Turnover
2015	69%	26%
2016	80.8%	16.2%
2017	90%	15%
2018	92%	10.2%
2019 to date	92.8%	7%

An unexpected, but extremely valuable result was a significant decrease in RN turnover, resulting in substantial cost and time savings. This is first time that Decatur's RN turnover rate is a single digit percentage. The leadership and support given to the staff has been fundamental to reach this objective. Decatur's model has been recognized by the nursing community which has made it a very sought-after, desirable place to work.

Patient Fall Rate Per 1000 Patient Days



Patient fall rates were reduced significantly due to the Stryker integration with the Critical Alert nurse call system.



Moving Into The Future

Decatur Morgan plans to continue to institute the model used in their med/surg units in other units on all four campuses and expects the same extraordinary results.

"I told my team over and over that this process will never be complete. We will forever be improving our processes to optimize patient care in our hospital. We meet with the entire service line twice a year in a town-hall type meeting to continue to elicit feedback. What's working, what's not, and what can we do to improve their ability to provide excellent care for patients and their families. And, when we decide to implement a new change in procedure or process, we can rely on the flexibility of the Critical Alert System to help us meet that challenge."

Bryan Vest, MSN, RN Service Line Director Inpatient Nursing