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Consistently Using a Transportation Department for Patient Discharge to Sustain Nursing Staffing Levels

Victoria Boutin
Maine Medical Center

Joseph East
Maine Medical Center

Stephen Tyzik
Maine Medical Center

Joy Moody
Maine Medical Center

Mark Parker
Maine Medical Center

See next page for additional authors

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Authors

Victoria Boutin, Joseph East, Stephen Tyzik, Joy Moody, Mark Parker, Suneela Nayak, Ruth Hanselman, and Amy Sparks

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Maine Medical Center — MaineHealth

Executive Sponsor: Joy Moody, Mark Parker **Facilitator:** Victoria Boutin, Joseph East, Stephen Tyzik, Suneela Nayak, Ruth Hanselman and Amy Sparks

Team Members: Nursing Leadership from Short Stay Unit, R3, R6, Bean 2, R9, R5, R4, R2, P3CD and Director of Environmental Services

Problem/Impact Statement:

Currently, Maine Medical Center does not consistently utilize the Transport Department to transport patients, between departments and/or to lobby for discharge, via industry best practice (all patient transports for procedures and discharges to the lobby are entered in TeleTracking and carried out by Transport Department). As a result, frontline caregivers (RNs) are having to pick up the function of transporting patients, which results in potentially unsafe staffing levels on the floor. Additionally, current behaviors delay patient discharges, notifications to EVS for rooms to be cleaned and subsequently the movement of patients into those rooms.

Scope:

Process Start – Physician order for discharge or procedure
Process End – Patient is discharged and goes home or returns to room from a procedure
Actions and activities related to patient readiness for discharge will not be part of the scope for this project (IE: Patient education, final testing, securing a ride, etc.). Furthermore, within the linear scope of the process start and stop, there may be functions that are worked on separate and apart from this workgroup (IE: medications being ready for discharge, etc.)

Goals/Objectives:

Qualitative :
Increase % Discharges with Transport from <u>≤10</u>% to <u>70%</u> by the end of FY18

Baseline Metrics/Current State:

Plan

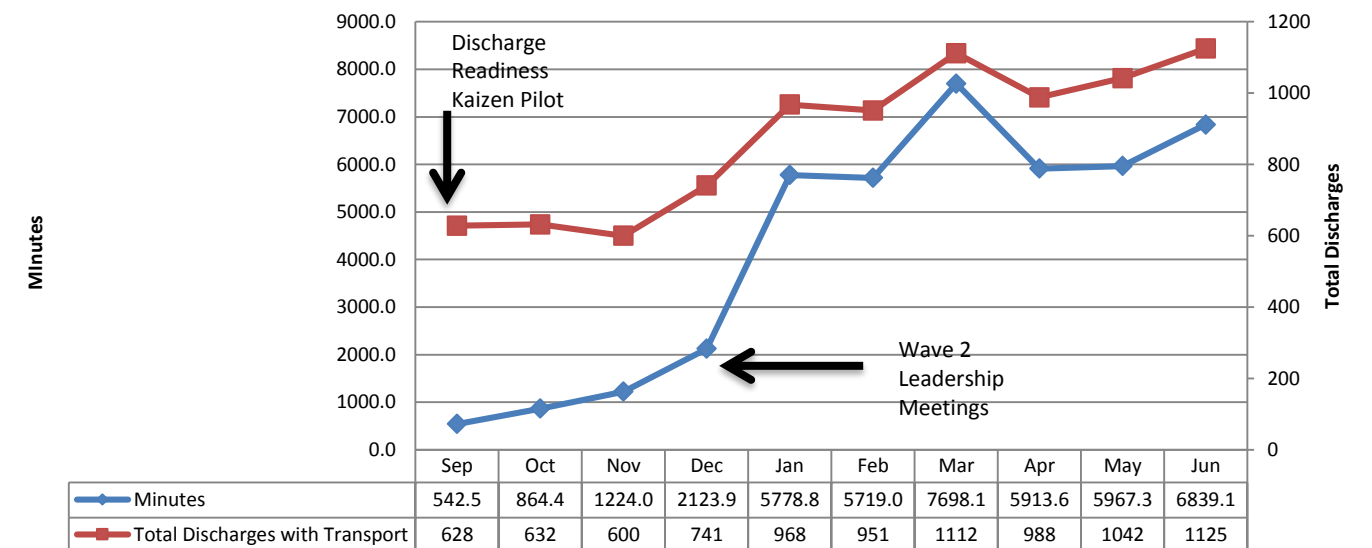| Suppliers	Inputs	Transport Process Steps	Outputs	Customers
		Start: MD order for discharge or procedure		
Technician (test) or RN/NUS(D/C)	Clinical need for Transport	Request is queued up in TT (electronic)	Request goes to pending queue	Transport Department
Transporter	Availability	Job is accepted	Notification in TeleTracking	Requestor
RN	Clinically important pieces of information from the Patient's record	Transporter checks-in with NUS to receive ticket-to-ride	Completed ticket-to-ride	NUS and Transporter
RN	Whether the pt. is in appropriate transport device, all required staff are present (RN, Respiratory, family, additional Transporter) all appropriate equipment is available (O2), etc.	Patient readiness assessment	Patient readiness	Transporter and receiving unit
Transporter	Status of patient readiness (> or < 5 mins)	Job status documentation in TT (manual)	Pt. moves or delay is documented	Receiving unit
		End: Pt. arrives at destination (D/C or procedure)		

Root Cause Analysis:

Problem	Inconsistency by Nursing Units to Utilize Transport Staff for Patient Discharge to Front Door
Why?	Lack of trust in the TeleTracking system and related best practices
Why?	Belief that if the Nurses brought the patients to the front door the process would be faster
Why?	Nursing units did not realize that Transport added staff specifically for this purpose
Root Cause	*Due to a lack of education about the nuances of TeleTracking and patient transport, staff did not understand the current best practice for how patients should be discharged to the front door*

Countermeasures

Do

Action	Owner	Completion Date	Status
Discharge with Transport SIPOC	Victoria E., Bill H. and Stephen T.	11/21/2017	Completed
Deployment of pilot units post-discharge readiness kaizen (SSU/R6/Bean2/R3)	Joe E., Bill H., Victoria E. Stephen T.	08/2018	Completed
KPI development to utilize Transport for Discharge 100% of the time	R6 & Bean 2	12/2017	Completed
KPI development to utilize Transport for Discharge 100% of the time	R3	TBD	Completed
Meetings with pilot units to understand their workflows, lessons learned and any educational opportunities	Stephen T., Joe E. and Victoria E.	12/2017	Completed
Deployment of Wave 2 to begin with Leadership meetings on R2, P3CD, R4, R5 & R9	Victoria E., Bill H. and Stephen T.	01/10/2018	Completed
KPI development to utilize Transport for Discharge 100% of the time	Gibson	TBD	Completed
KPI development to utilize Transport for Discharge 100% of the time	R4	TBD	Completed
KPI development to utilize Transport for Discharge 100% of the time	P3CD	TBD	Completed

Outcomes

Study

Nursing Minutes Gained and Soft Savings from Utilizing Transport for Discharges

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Minutes	542.5	864.4	1224.0	2123.9	5778.8	5719.0	7698.1	5913.6	5967.3	6839.1
Total Discharges with Transport	628	632	600	741	968	951	1112	988	1042	1125

	Baseline	Current
Discharge with Transport (Overall)	**<10%**	**30%***
Discharge with Transport (Partnership Units, Pilot and Wave 2)	**<10%**	**41.2%***
Nursing Minutes Recovered		42,671
Soft Savings		$15,952

***These percentages include all discharges, and patients going to skilled Nursing facilities and/or other locations besides home would not be appropriate to be taken out via Transport. As a result, these percentages would be much closer to our target of 70%.

Next Steps

Act

Recognition at PCS Leadership Meeting to celebrate our units for their improvement
Attend PCSS Employee of the Month celebration to recognize the added demand the Transport staff have picked up since this project started
Rollout to all units and monthly reinforcement with continuous educational/data support from Transport, Access/Flow and Operational Excellence