NLN 2019

General Internal Medicine Hamilton General Hospital: A New Model of Care

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The Hamilton General Hospital (HGH)

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HGH Profile

- Academic tertiary centre
- 1 of 8 hospital sites
- Located in South Central Ontario
- Population base 2.3 million
- Inner city core with extremely vulnerable patient population

48,600 ED visits/yr

5,000 GIM Patients/yr

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HGH - General Internal Medicine

- 354 funded beds
  - 63 level 3 beds
  - 291 level 1 & 2 beds
    - 113 Internal Medicine – largest service on site
- High volumes of medically complex patients with multiple needs
- Majority of our admissions arrive through ED
- There are six medicine teams on service at any one time with six different attending physicians
- Four are teaching teams and two non-teaching teams

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Previous Process

- From ED patients assigned to a team based on the MRP's current case load
- Placed in first available bed which could be on one of 4 GIM service beds
- MRP and residents attended to their patients on different units
- Interdisciplinary Rounds Tue/Thu x 2 hours

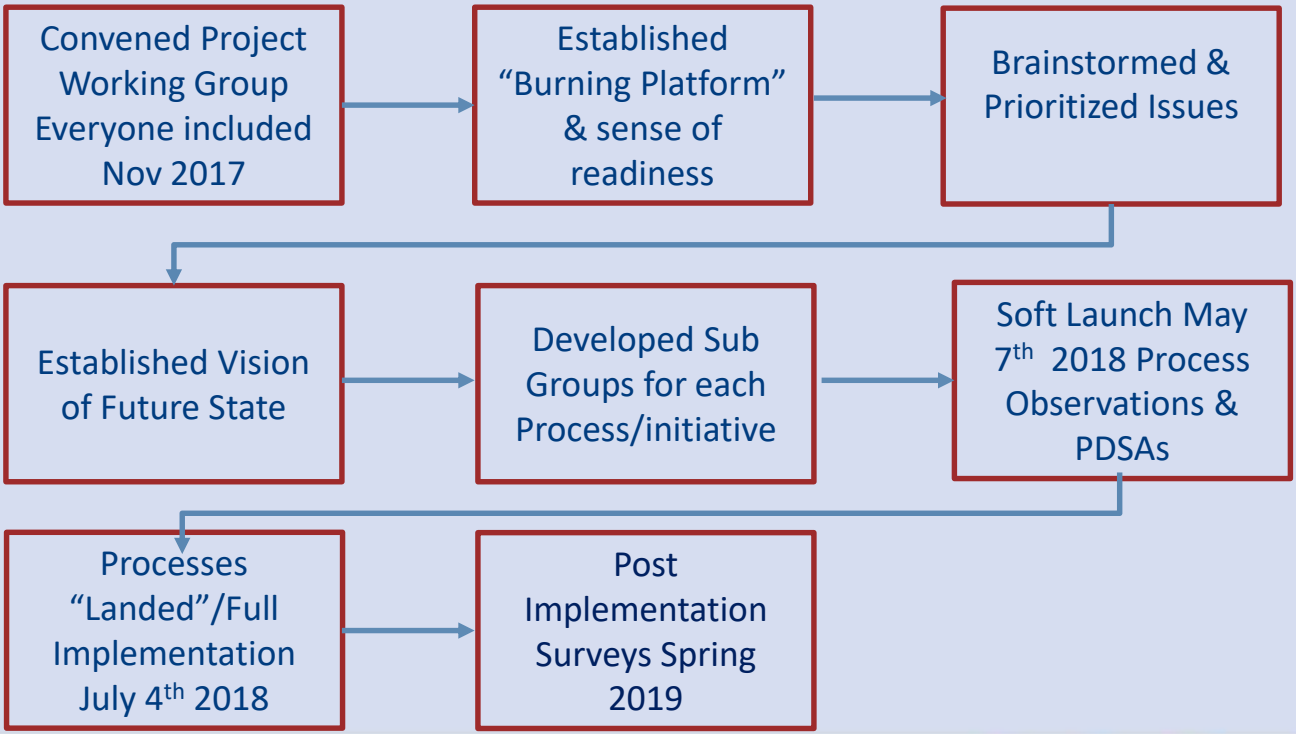
Key Drivers for Change

- Challenging for Nursing and Allied Health to know the updated plan of care
- Delayed communication to patients and families
- Residents complaints about amount of pages
- Wasted time spent travelling between units
- Limited access to telemetry
- Delays in ED for time to in-patient bed
- LOS opportunities

Keys to Successful Change

- Engaged the whole interdisciplinary team
- Team identified what the needs/issues were
- Put structure around the change using CQI methods:
  - Standard Work
  - Process Observations
  - PDSA
  - Communication & Celebration

Change Management Process



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Ground Work

- Redesign of 5W to become dedicated GIM
- Opened new Short Stay Medicine Unit
- Addition of Telemetry to all units
- Agreement to geographically cohort Medicine Teams
- Established standard daily processes that would improve communication and progressing the patients plan of care

New Model - Geographic Cohorting

8S (30 + 2 DWA)	**Team A** (18 + 2 DWA)	**Team E** (12)	
8W (34 + 2 DWA)	**Team B** (18 + 2 DWA)	**Team E** (8)	**Team F** (8)
5W (30 + 2 unfunded + 2 DWA)	**Team C** (18 + 2 DWA)	**Team F** (8)	**Team D** (4)
Short Stay Medical Unit (SSMU) (15)	**Team D** (8)	**All teams** (7)	
Step Down Unit (8S) (4)	All teaching teams (ABCD)		
Site Beds	<72 hour patients to be prioritized		

New Model – Geographic Cohorting

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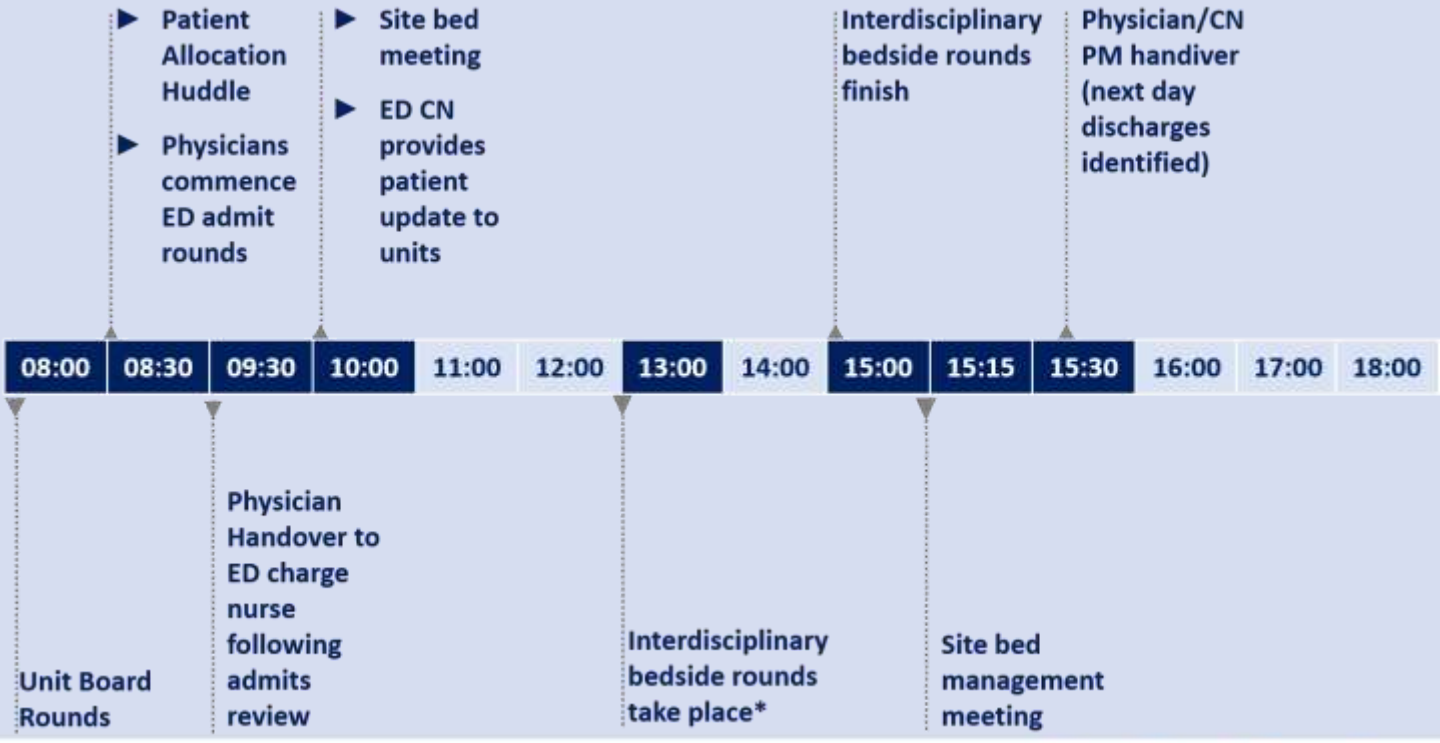
New Model – Progressing the Plan of Care



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0800 Unit Board Rounds

Standard Work Process for Performing Unit Board Rounds
Seventh Rough Draft

Last Update: April 18, 2018

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Purpose: To complete a quick round on all unit preferred MD team patients and to discuss the patients' plan of care.

	Major Steps	Details (if applicable)	Reasons (Why)
	Standard Work Requirements	• Board Rounds occur daily, next to the " Unit Patient Information" white board, in the small team room adjacent to the team station • Time to complete: ~15 mins • HCT participates in discussion • Board Rounds Cheat Sheet, clock and calendar will be accessible	
1	CN begins and facilitates. CN can say: *"It is now 0800, thank you all for coming"*	• **Starts at 0800 Mon-Fri** • **Starts at 0930 Sat-Sun and holidays** • Begin when CN, MRP, SMR, NP and/or overnight JMR are there (at the very least) • Additional staff to be present include: OT, PT, RD, SLP, SW, LHIN, CC, CM, pharmacy	It is important to start on time to ensure patients are properly reviewed and to not waste other's time away from the patients.
2	HCT introduces themselves	• CN can say: *"Let's quickly introduce ourselves and then we can get started. I am ____ the charge nurse for today".* • HCT to continue until all members are introduced • Only state name and role designation.	This helps with team building and is important to know HCT roles because it helps with delegating daily tasks and discharge planning.
3	CN assigns 2 scribes	• CN delegates one scribe to fill in the Patient Information white board and another scribe to fill in the Task Board, while the HCT presents patient information • CN can say: *"_____ and _____, can you update the boards as we review the patients?"* • Scribes to use dry erase marker on white board • If there is no one else is available to scribe, CN will update the boards	Assigning scribes allows for proper team efficiency

0800 Unit Board Rounds – Cheat Sheets

Performing Board Rounds Cheat Sheet

Start: 0800 (Mon – Friday) 0930 (Sat – Sun)
End: after ~15mins

Minimum Attendance: CN, MRP/SMR/NP and/or overnight JMR, 1 allied health
Additional Attendance: OT, PT, RD, SLP, SW, LHIN, CC, CM, pharmacy

1. Introductions
2. Assign 2 scribes (1 for Task Board, 1 for Patient White Board)
3. Review Patient White Board
    a. Rm #
    b. Pt name
    c. EDD (in # form, i.e. Jan 1)
    d. Pt is here today because:
    e. Discharge Barriers
    f. Tasks
    g. Repeat until all pt's are reviewed
4. Identify need for afternoon IDT Bedside Round (if applicable)
5. Identify MD team's off-service medicine patients (if applicable)
   Ask the MD team: *"Do you have any off service medicine patients?"*
6. Summarize Tasks
7. End (~15mins to complete)

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0900 Bed Allocation Huddles

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Bed Allocation Huddles

- Located in ED
- ED & Medicine Charge Nurses
- Allocate beds based on confirmed and potential discharges to home units
- Empowering the Charge Nurses to make decisions and progress the plan of care

Interdisciplinary Bedside Rounds

- 1300-1500 on Home Units
- Identified at 0800 Board Rounds
- For more complex patient care planning
- Attended by the Medicine Team, Nursing, Allied Health, Pharmacist, & NP
- Families are invited to participate
- Plan of care documented in patient record

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CN & MRP Handover

- Occurs at 1530
- Questions:
  - Did we achieve what we wanted to today?
  - If not, what do we still need to do?
  - What do we need to do to progress patients plan of care?

Physician/Staff Outcomes

- Increased interdisciplinary communication and presence on geographical “home” unit
- Increased interdisciplinary team involvement in the plan of care and progression of that plan
- Reduced and less fragmented workload for the primary physicians

Success

Average % Patients Geographically Cohorted from July 9-16

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"The GIM geographical model has been a great new initiative on our unit. I find that as a primary care nurse, having the MD team and the allied health team on the unit at expected times (i.e. 1000-1200), and even more often than that, cuts down on the time spent paging and waiting for orders, assessments, etc. Also knowing that the teams will be present at 0800 allows us to connect quickly if needed. Having allied health around is amazing!"

Joanne Smith, RN

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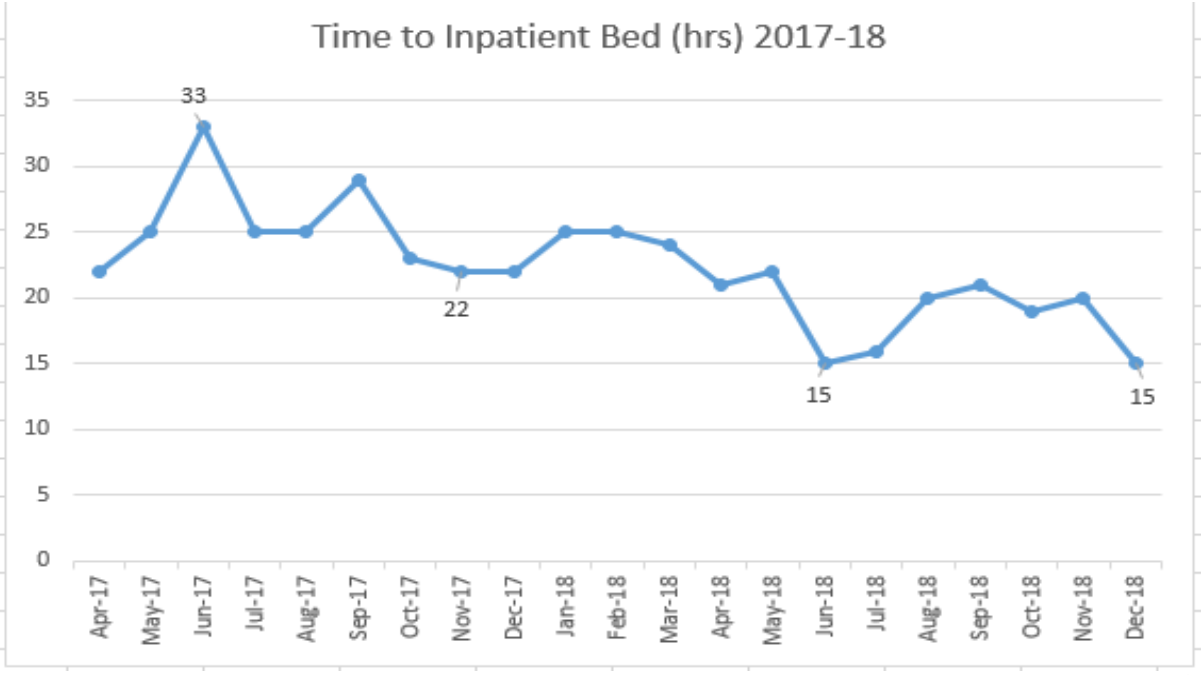
Patient Outcomes



Patient Outcomes

- Quicker time to geographical home unit
- Track and prioritize our non-cohorted patients
- Less need for transfers & improved continuity of care
- Improved patient experience
- Benefit of the FULL interdisciplinary team input into plan of care = better quality, more patient centric
- Standardized Patient Communication Boards at all bedsides

Welcome to Acute Medicine at the Hamilton General Hospital

Today is Monday January 7, 2019

Location 8 West

Room # 16-1

Estimated Date of Discharge Jan 11, 2019

My preferred name is Mike

My Healthcare Team

Nurse Natasha

Physician team Dr. Azzam, Carmen NP

Other healthcare team members

Dave OT Laura RD
Allison PT

Mobility Needs walker, x1 assist

Equipment isoflex mattress

Other identified needs

Bilateral hearing aids, blind

Communication to/ from your team

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Future Plans

- Post evaluation surveys: Staff, Physicians, Patients and Families
- Nurse practitioners are mentoring Bedside Rounding process
- Best Practice discharge Planning

Questions?

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