



MHA Green Belt Lean Six Sigma Project Summary

INITIATIVE TITLE: Reduction of Respiratory Readmissions by discharge process

ORGANIZATION NAME: *Perry County Health Systems*

ELECTRONIC MED RECORD: Evident

PARTICIPANT / CONTACT INFORMATION

Team Leader Name	Title	Preferred contact-type email address/phone#
Susan Randolph RN BSN, Carla Barber RN BSN	Quality Manager / Process Improvement RN	srandolph@pchmo.org / cbarber@pchmo.org

DEFINE – Problem Statement & Goal

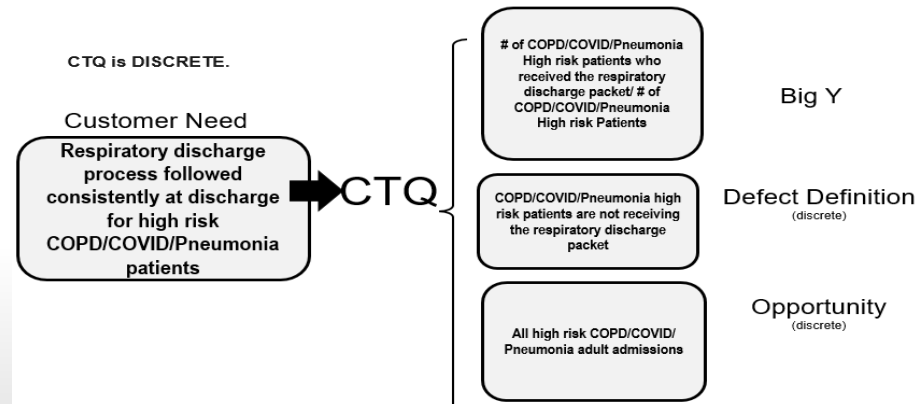
In 2021 28% of our hospital wide readmissions were related to respiratory diseases. Approximate cost of readmissions \$278,586 per incident. This does not include the time and cost incurred and the potential harm the readmission caused to the patient.

The goal of the project is to reduce the defect rate of patients not receiving the discharge bundle from 100% to 20%.

DEFINE - Initiative Scope

Patients discharged home or with home health with an admitting respiratory diagnosis of COPD, COVID, and Pneumonia.

DEFINE –BIG Y



MEASURE - Data Collection / MSA

The time frame we collected our data was 2nd Qtr. of 2022. Our data sources included manual chart abstraction for measure and documentation tools to verify medication completion.

Our Sample size was 408 opportunities for 68 discharges utilizing the bundle method counting each of our x's We performed an Attribute Agreement using 6 results generated by our report

Measure – Data Collection/MSA

Our team pulled out each step of the Discharge Bundle

Medication Rec

- Our pharmacist has generated a audit tool to note completeness of the record.

Smoking Cessation Information Given

- This is part of the admission assessment completed by the admission nurse noting that this education has been given.

Written Respiratory Discharge Education given

- Our discharge Nurse verifies day of discharge that all education has been printed and given to the patient.

Follow up appointment scheduled in 5-7 days

- This information is noted on the discharge form and is verified with the physicians office.

Assessment for Pulmonary Rehab

- Initial consult is made on admission.

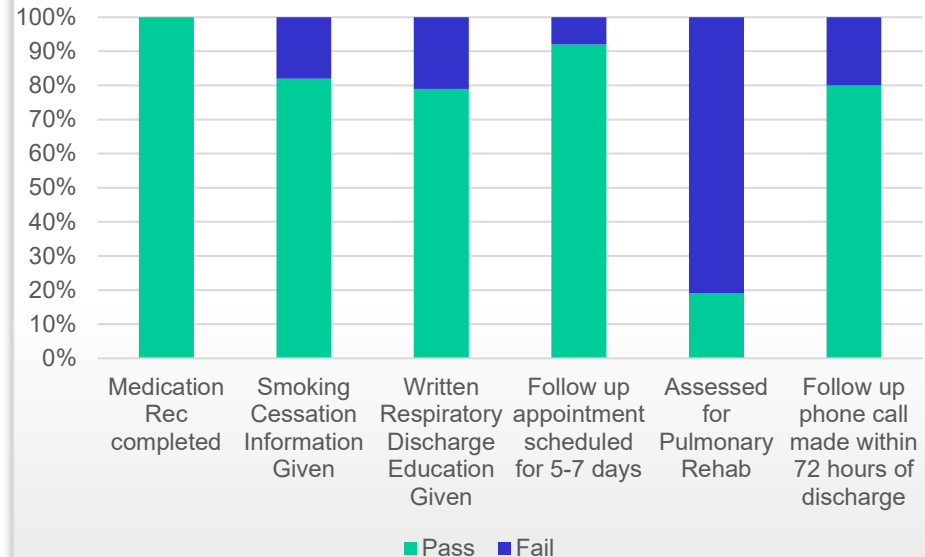
Follow up Phone calls within 72 hrs

- The Hospitalist RN makes these phone calls and documents completion and findings on a shared spreadsheet. She also documents in the patients record regarding the call and findings.

Above is noted how they are documented and completed. The lack of documentation will equate to a fail within the data collection.

ANALYZE - Critical Xs / Root Causes Identified

Discharge Bundle Element Pass or Fail
2nd Qtr 2022



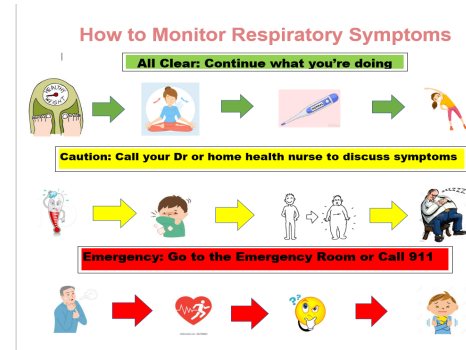
Our initial results showed that all elements failed completion. The highest being Assessment for Pulmonary Rehab at a 81% failure rate. Discharge Instructions followed at a 21% failure rate.

IMPROVE - What was Implemented

1. We reinstated our readmissions team to review the readmission in correlation with the discharge process.
2. Educated nursing staff and Hospitalist on the resources for our Respiratory patients through our Cardio pulmonary Rehab clinic.
3. We worked with our Med surg Manager and began utilizing our Hospitalist RN to complete all discharges.
4. Our RN nurse champion recreated education tools for our respiratory discharges.
5. Creation of an SOP of the discharge process for times the Hospitalist RN is not here.
6. Follow up phone calls started. Patients called within 72 hours of discharge.
7. Discharge team meets with patient- This includes our Hospitalist, PA, and RN

IMPROVE – What was Implemented

Respiratory Stoplight created



Discharge process Checklist

Discharge Process Checklist

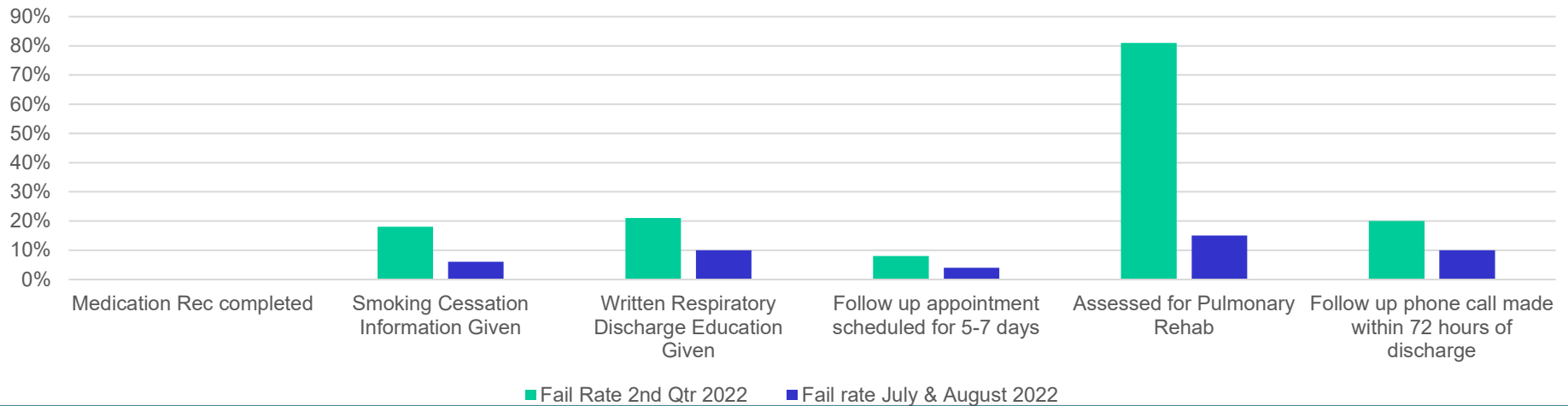
Task	Description	Completed
1	Verify Discharge orders Evident	
2	Go to the Med Rec Screen and write down Discontinued meds and new medications	
3	Verify New medications on the prescription entry screen and double click to see which pharmacy medications were sent to	
4	Document vaccine status	
5	Open Discharge Flow sheet	
6	Start at the top	
7	Disposition	
8	Appetite	
9	Orientation	
10	Diagnosis	
11	Belongings	
12	Follow up appointments note Dr./date/time/ labs needed	
13	Vaccine status	
14	Diet	
15	Activity level - add in restrictions/daily weights	
16	Education - Meds to stop taking, new medications, how long to take antibiotics, patient portal information	
17	Prescriptions sent to	
18	Special instructions - anything that does not fall in a category above	
19	Home health - do they have home health if so what agency and when should they expect them.	
20	Print all education - diagnosis, medications, daily weight log, sliding scale	
21	Print discharge instructions - copy for Discharge Nurse Ashley/Copy for patient/ signed front page copy	
22	Highlight appointments in yellow, stop taking meds in red and new meds in green On the med list highlight new meds and frequency and what the medication is for and when next dose is due	
23	Put every thing in patients folder with the physicians business card	
24	Go teach! Verify patients understanding have them sign the discharge form.	
25		

Nurse _____

Date: _____

IMPROVE –Results to Date

Fail Rate Comparison 2022



CONTROL – Next Steps

Project completion will be September 30, 2022 .

On-going reporting

- This will occur for 90 days through our Quality Assurance & Accountability (QAA) committee. The report will include fail rate for all discharge bundle elements and be reported by the current team members.
- Each month if an element has failed the QAA committee will receive an action plan that has been implemented by the team.
- Starting January 2023 the reporting will transition to the Medsurg/Ed monthly meeting and be monitored by the quality department, and reported by the Discharge RN for a full year to maintain compliance. At that point the QAA team will determine the extent of the project that needs to continue to be monitored.

CONTROL – Next Steps

Our “ah-ha” moment was the realization of how disconnected the communication was regarding the discharge process. You could equate it to the child hood game of “Telephone”. This just stressed the importance of a standardized written process for our team.

OVERALL LESSONS LEARNED

Findings learned about ourselves: Your passion is not everyone's passion. With this realization it is important to meet members of the team where they are mentally with the project.

Your organization: In a critical access hospital we wear many hats. Along with those hats are many projects and initiatives. Although it is difficult to get new processes implemented our team did prevail to get the job done.

Process Improvement/Lean Six Sigma in general: Through out each step of the LSS program we saw so many areas we could utilize this program to work through them for improvement.

Did anything surprise you? Our findings initially did not show us what we had thought was causing the increase in readmissions. This took us down an entire new pathway.

What would you do differently? When we initially thought of this project it was during COVID and our respiratory readmissions were terrible. Could have targeted all readmissions from the beginning of the project.

NEXT PROJECT(S)

As we worked through the process so many projects came to mind. Our top 3 are:

- ED through put – Decrease times
- Four eye assessment for med surg
- Sepsis bundle

REWARD AND RECOGNITION

Amber Bishop RN, BSN, CNO
Ashley Hadler, RN
Sandeep Rao, MD
Desiree Vernon, LPN
Readmissions Team