Team-Patient: Farr 7 Model

The Problem

Current inpatient clinical care delivery results in redundancy, poor communication and interruptions in work flow.

In the hospital, patients and families often express frustration and dissatisfaction with providers' communication, noting they frequently receive unclear, disjointed, redundant and sometimes conflicting information from different members of their care team. Providers experience similar uncertainty and breakdowns in communication about patient care plans which may lead to "waste" (e.g. increased interruptions, excess pages) and non-value added work within the process. Medical students receive limited direct observation from supervising physicians during patient encounters resulting in reduced feedback and learning opportunities.

We believe an interdisciplinary team equipped with shared knowledge and clear communication will improve efficiency and quality of care.

Aim/Goal

Improve efficiency, reduce variability and improve communication:

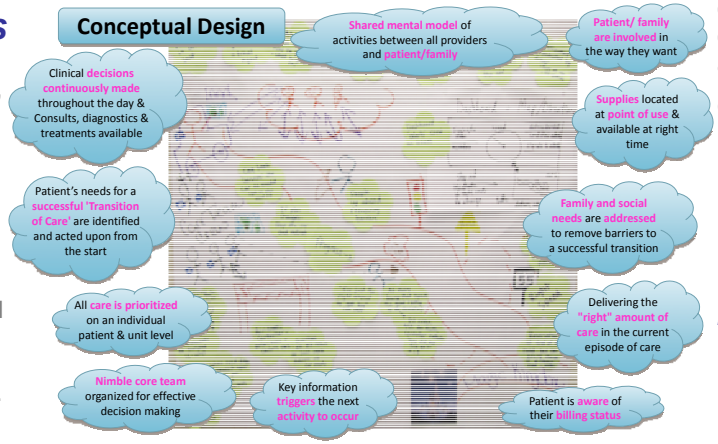
- 20 minute interval from patient arrival until patient care team evaluation
- All morning "appointments" completed by 11am
- 50% reduction in number of call bells to nurses
- 50% reduction in number of pages to residents / Sub-Is
- 20% Reduction in length of stay

The Team

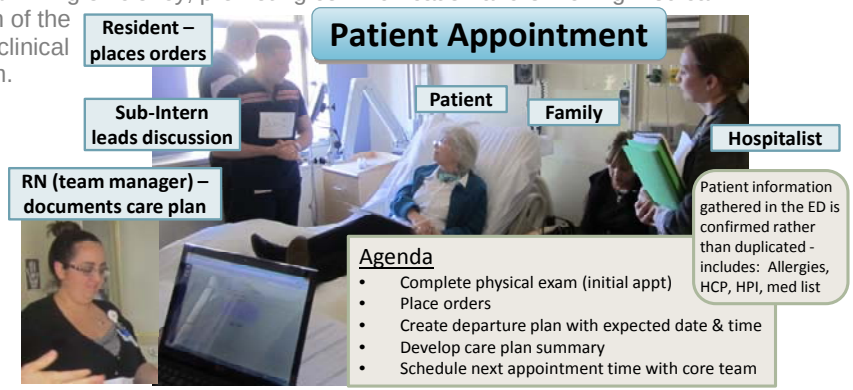
Sponsors	Steering Committee	Patient Advisors	Design Team	
Larry Ramunno, MD	Mary Jo Brogna, RN	Terri Butler	Donna Clarke, RN	Samantha Ruokis
Marsha Maurer, RN	Jane Foley, RN	Marjorie	Kimberly Eng	Sandra Sanchez, RN
	Alice Lee	Solomon	Donna Kuhl	Lauge Sokol-Hessner, MD
	Julius Yang, MD,PhD		Menrika Louis	Roy Sriwattanakomen, MD
			Sarah Moravick, MBA	Kim Sulmonte, RN
			Daniel Ricotta, MD	

The Interventions

We believe that an integrated patient care team, operating under the principle of a one-patient-at-a-time work flow, patient-provider-nurse team alignment, and scheduled team-patient "appointments" will improve quality of patient care, streamline the process for all individuals involved and provide opportunities for improved medical education.



Our "Team-Patient model" primarily focuses on improving patient experience while also streamlining efficiency, promoting communication and enriching medical education of the inpatient clinical care team.

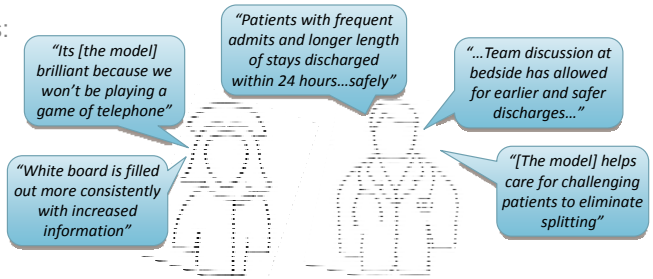


Progress to Date

We have been piloting the model on Farr 7 one patient per day since 12.16.13. To date, we have enrolled a total of 9 patients and we are beginning to compile metric data including call bells to nursing, pages from RNs to MDs as well as length of stay.

Observational study indicates:

- Initial "appointment" times average 35 minutes
- Follow up "appointment" times average 15 minutes



Lessons Learned

The model was initially developed to improve efficiency while creating an observational unit on Farr 7. We have subsequently refocused our vision away from observation and instead to change the paradigm by which we deliver health care for all inpatients.

Obstacles limiting successfully full-scale implementation include:

- Rigid resident scheduling limiting availability for patient "appointment" times
- "Bolus" admitting scheme every 4 days limiting nursing alignment
- Lack of control over admissions preventing even distribution of work
- Off service patients on Farr 7 as well as medicine overflow patients on different floors creating variability in the process.

Next Steps

- Expand pilot beginning March 3, 2014 to include a single resident's patients
- Collect objective metrics as well as experiential provider data
- Educational debriefing for RNs and MDs impacted by the pilot

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