

Are We Ready?? “Inside Eyes”

The Problem

- Internal and external audits showed that Ambulatory & ED Services were not meeting the goal of everyday readiness
- The SVP, Jayne Sheehan recognized the gap in education for a subset of the population, mainly frontline staff
- The lack of knowledge and/or understanding of basic readiness requirements could hinder safe patient care

Aim/Goal

- To train frontline staff with face to face or direct care responsibilities on 40 key readiness elements
- See a marked increase in level of comfort speaking about roles and responsibilities as they pertain to everyday readiness
- See a marked increase in the scores of a written assessment given at the first and final sessions

The Team

- Kerry Falvey, Ops Manager; Kevin Hart, Ops Manager; Janet Lewis, Clinical Nursing Director; Kelly Orlando, Executive Director; and Sheree Galpert, Service Excellence Trainer
- Jayne Sheehan, SVP (sponsor)
- Ambulatory and ED managers and frontline staff

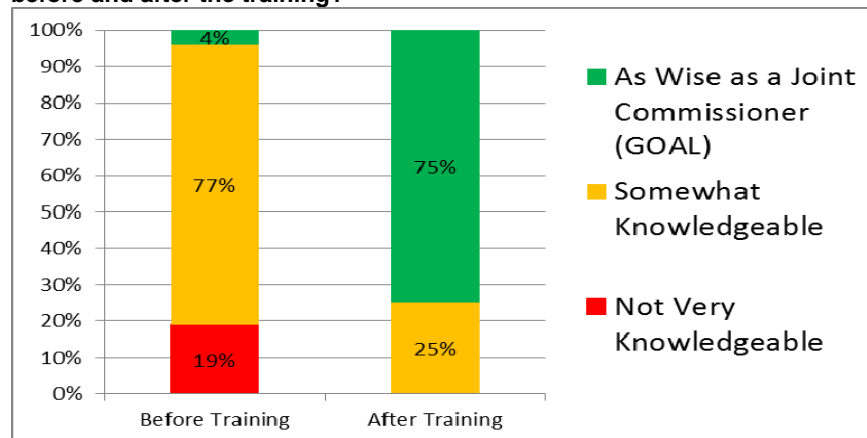
The Interventions

- Assembled a focus group of frontline staff to ascertain level of knowledge and comfort in speaking to compliance practices
- Assembled focus group of ambulatory managers to gather/ review existing deficiency data collected via internal & external audits to identify program curriculum.
- Developed 4, two hour trainings over 8 weeks focusing on the following chapter standards: Infection Control, Safety, Medication Management and Emergency Response
- Identified diversified methods of delivering information through experiential training and drills, lecture, tactile assessments, demonstrations and observation of best practices

The Results/Progress to Date

The graph below shows data gained by asking the participants the following question:

How knowledgeable did you feel about these 40 pieces of information before and after the training?



Lessons Learned

- Grouping staff who shared similar responsibilities created a network of peers and provided the opportunity to share best practices in a structured environment
- The Inside Eyes program helped tie the individual's work to the larger organizational goal of providing exemplary care
- Rewards and recognition for competitions should be awarded to all participants as opposed to only the winning team(s)
- Inside Eyes supported the goal of achieving Joint Commission Accreditation, with only two findings within Ambulatory and Emergency Services out of all Ambulatory sites visited

Next Steps/What Should Happen Next

- Enhance Leadership to include two, new Ambulatory/ED managers
- Change target audience to include newly hired, frontline employees
- Sustain engagement of prior Inside Eyes participants by: inviting them to Leadership education forums (CORE); participation in internal, quality audits (Outside Eyes); hosting members from this year's class during an internal quality audit and to participate in the actual trainings!

For more information, contact:

**Kevin Hart, BS, khart1@bidmc.harvard.edu
Kerry Falvey, BA, kafalvey@bidmc.harvard.edu**

