Thank you for allowing me to show you all what we will be doing on Blake 13 for Innovation. I will share with you what I think is working or will work, and what I think we may need improvement on. I am tired of Power Point Presentations so I decided to “innovate” and tell our story though pictures and the wisdom of my mother. One because Pictures tell a thousand words, and two because Mothers are always right.
Relationship Based Care
Relationship with Patients and Families

This picture represents getting to know our patients, is not just clinical, it is personal too. We need to focus on the value of relationships to create a successful unit or organization. The patient experiences care when compassion and care is conveyed through touch, kind acts, listening and clinical. Things we need to remember:

Patients are afraid to be thought of as a complainer so they don’t ask.
They have strangers constantly entering their room, and they can build resentment to that.
Just the stress of being wheeled through a corridor with a jonnie on and people walking by is humiliating. I know put me over the edge when it happened to me.
People talking outside their door and their wondering what are they saying about me.
The patient needs to be engaged in all aspects of care.
One of the most common concerns that patients have is that decisions are being made without them or the patient does not know all the information about themself.

My Moms wisdom 17 years ago still stands today. When she was a patient she asked to read her chart, They said no. (and with her being a “triple red” like mother like daughter), she eventually got her way. She was diagnosis with pancreatic cancer and felt that they were not telling her everything, and she wanted to know what they were writing about her. When reading the chart, the first thing she said was they called me a “Well Nourished Woman.” I think they are calling me fat…and we laughed.

Patients want to be a part of their chart. We need to do that for them, we need to move toward them reading and writing their own story (in their chart).
This relationship is nurtured by self knowing and self care. This picture represents an RN leaving for lunch. Many RNs have the martyr syndrome. They state, “I have not sat once today; I have not had time to eat; I have not even gone to the bathroom;” and so on. We tend to feel we are indispensable and our patients will suffer if we take care of ourselves. So we can never leave. So wrong.

When we complained as kids, my Mom would always say, “Stop being a martyr and do something about it.” She was right. A previous nursing director, Amanda, through Transforming Care at the bedside (TCAB), implemented 1 hour lunches off the unit, and it was a huge success. Because of self care, nurses can provide better care for the patient. We are in the process but have more work to do on this one.
My mom always said, “If momma ain’t happy ain’t nobody happy!!”

This picture represents a group of RNs supporting each other. While the picture is staged, the staff actually were just discussing a sad case and the emotional drain it had on everyone. We need to maintain healthy interpersonal relationships. We are all in this together, and we need each other. We need to take care and support each other for our unit’s success, which again leads to patient’s success.
This picture is our Attending RN with the Primary RN rounding with the patient. Going into the room together helps the patient see us as a team. She does not have to repeat herself. And everyone hears the same thing and discusses the plan of care together.
Attending RN
NP and ARN Meeting

This picture is a capturing a mid-day meeting with the Nurse Practitioner, Attending RN and Lactation Consultant discussing and preparing for a patient that will be arriving.

As a child, when I left the house my mom would always yell, “Bring a sweater; you may need it.” I guess what she really was saying was, “Be prepared.”
In this picture you can see SBAR written on top of our whiteboard. We rolled this out years ago. Staff understand it, but I think it is a good time for refreshing it.

My Mom’s wisdom on this one would be, “Hurry up. I don’t have all day. Get to the point.” Clear, concise information is what is needed, and then tell me what you want (recommendation).
Knowing Discharge Date

This picture represents discharge date. Because of our patient population, we know on arrival when our patients will be going home (for the most part).

The discharge date is written in the last column. When the day of discharge arrives, the date is changed to a red color or circled. This day we had 25 discharges 13 moms and 12 babies.

Since we know when moms will be leaving our discharge starts on admission.

Momma always said, “Don’t put off until tomorrow what you can do today.”
I love this picture, I think it looks professional, so I pat myself on the back for this one. This will be our notebook and envelope for families. We have not started using this it yet but we do have something very similar on the next slide that matches the discharge information on the envelope.
Discharge Readiness Tool

Your Name:

Before you bring Your Baby home
You have a short time in the hospital to learn many things about your baby. Do not worry if you do not know all about baby care. You will learn as your baby grows.

Here are some things we think are important for you to practice before you go home. Please mark down once you have practiced doing them prior to day of discharge.

Have you practiced and understand how to:
- Hold your baby
- Diaper your baby
- Feed your baby
- Bathe your baby
- Place your baby Skin to Skin
- Care for a circumcised penis
- Take your baby’s temperature
- Place your baby on his/her Back to Sleep
- Know when to call your baby’s doctor
- Look for signs of jaundice in your baby
- Take care of yourself, Vaginal Birth
- Take care of yourself, Cesarean Birth
- When to call your OB? ___________________ 617-724-BABY

Are You Prepared?
- Have you made your follow up appointment? Date ______ Time ______
- Have you made your baby’s follow up appointment? Date ______ Time ______
- Do you have VNA coming? Yes / No Date ______ Time ______
- Do you have a ride to pick you up in the morning of discharge day? ______
- Do you have the equipment you need? Breast Pump ______ Other ______
- Do you have your pain medications or prescriptions? ______
- Do you have your Discharge Instructions? ______
- Please ask your nurse any questions you may have about each of the above ______

This is our discharge readiness tool. We like the patient to own it so we have them place their name on it. They do the checking off and we review.

My mom would say as we are leaving the house (probably 5 times), “Have you got everything you need?” Lets make sure our patients have what they need when they leave.
Domains of Practice

This is listed other places so for this presentation I am just stating:
Maximize scope of service for all health care disciplines.
The Innovation on Blake 13 is Efficiency Rounds. You see a lot of staff here. ARN, MD. Midwife, NP, LC, CM, SS, CNS, OA and RNs. All have a vital role in listening while we run the board. It’s a time for clarification and updates. The ARN leads the rounds, and within 10-15 mins. goes over each patient and their needs or concerns she is aware of for the day.

The next slide I have a few quotes that capture the essence of this work.
From a social work perspective, the introduction of Efficiency Rounds has improved communication, collaboration, and the ability to prioritize consults. Although communication has always been good it is even better now because of the consistency of teams and the shift handoff from the Attending RN's. Social service is able to work collaboratively with evening / night / weekend staff. Because I have all the consults for the day before 8 am I can get started earlier when there is less chance that patients will have visitors. There are fewer interruptions during the day because the team knows I have the consult and will be communicating with the RN on the patient assessment.

Karen, Social Service

The foundation of my day starts with the running of our board early in the morning. MY breastfeeding mothers are getting improved care due to much improved communication between the Lactation consultants and the Attending RN on a daily bases. This has increased the continuity of care so that the families are hearing the same messages and are discharged with a sense of empowerment that they can care for their infants.

Germaine, Lactation Consultant
All that I can say here is thank God we are getting new ones!
And my Mom would say stop leaving your room a mess.
The new technology.

We are excited about trying new things. Good news is that we have absolutely no overhead paging on our units now. If you want someone or something you page them, this phone will allow us to respond quicker. We also have quiet time and our saying is “Resting is Healing” The quieter the unit the more the patients rest and the calmer the staff are.

When I was a young mother, and my children were fussy or crying, and I was all stressed out, mom would say “If you’re calm, they will be calm” most of the time it worked (or at least reduced my stress). A quiet environment truly is helpful for the patients and staff.
Toughbooks for ARNs

We are excited about these coming. My vision for this would be for it to be used as a true tool for the ARN. Load up all the documents they need. Purchase headphones for follow-up calls, Load the phone call software onto this. Place desktop links for easy access to resource and anything that may be specific to each unit. Make it a Personal Build for efficiency rather than Clinical Build.

Things we need to think about:

One is infection control. We will need to educate the ARN when leaving a patients room to put on gloves, wipe down the book wait the appropriate time for it to dry before entering the next room. The other is do we have a full understanding of the potential use of the book.

I am also interested in learning how the ARNs would like this used.
Follow up Phone Calls

This demonstrates our soon to be follow up phone calls. We will be piloting the paper version, but the staff and I are excited about the new software. We think that it will be great. As a child my mom would ask, “Have you seen your grandfather this week?” I would usually say no. She then would say call him, let him know you care. I guess when we sum it all up that is what this is all about… WE CARE.
In summary, patient satisfaction and efficiency in the discharge process all wraps around basic things.
Caring for our patients.
Care is more than just clinical,
We need to care for our self, care for each other, be nice, let people know you care, make life easier.
This roll out will be easier for staff if we think about it in ways that make sense to us, plain language…Just like Momma always said.

Thank you.