**Rapid Improvement Event Scope & Objectives**

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| **Project Name** | Flow of work on hospital floor for patient care and nursing |
| **Facility and Facility Location** | Ruby Valley Medical Center321 Madison Street, Sheridan, MT 59749 |
| **Event Dates** | July 25 – August 5th |
| **Project Point of Contact** | **Name**: Charlotte Lombardi**Contact Info**: clombardi@rvmc.org |
| **Sponsoring Department(s)** | EDHospitalPossible Clinic - Providers |
| **Issue/problems experienced with current process** | Swing bed/acute care plan charting and care issues – possible EMR. Continuity of care, inconsistent processes with change of staff. Improve assessment flow on computer so it is easier to follow from shift to shift. More data accessible to be measured in system, patient surveys.The concern is that nurses (3 nurses) feel like more time is spent on computers than on patient care and workflow isn’t steady on the floor and the ER. Flow from IP/SWB to ER and back. Landon suspects that this has been brought up due to transition to EMR. Hopefully by end of July some of this has changed. Would like to optimize workflow to **spend least as time possible on computers while providing the best patient care.**\*Is there a specific situation that there is the most challenge – biggest pain point? Daily RN workflow has such huge variability. Getting admit assessments and discharge orders in; communication between provider and nursing staff; knowing what to print out for patients and get d/c in a timely matter. Inpatient work is taking the longest time. Volume – most is SWB admitted to IP; less than half Observation are admitted to IP. Obs can vary from 4-20 per month. |
| **Objectives** | ~~Reduce time spent in repeating steps in patient care or charting~~**Reduce variability and improve consistency** (this will also decrease time overall). Standardize Admission and Discharge Processes. |
| **Metrics** | Track time on computer logging, correcting, repeating processesProcess – Y/N follow |
| **In Scope** | Admission & discharge processes for acute care/general inpatient and observation to inpatient. |
| **Out of Scope** | Exclude ED as the process is different. |
| **Existing Data** | Non recorded. Reported issues from staff and patients.RVMC will see if there is data from the business office such as correction logs, etc. Caught in billing and pushed back for additional documentation.Students will most likely start with direct observation and gather data onsite. |
| **Participants** | *Person(s) participating in the event*

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| Name | Department | Availability during event? |
| Ted Woirhaye | CNO – Hospital | Yes |
| Nursing Staff | Nursing |  |
| Providers | inpatient care |  |
| Business Office Manager | Business Office |  |

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**Logistics**

1. *What is the student housing arrangements? Does the student need to bring any supplies such as their own bedding?* We will provide an apartment – no need to bring supplies.
2. *What is the meal arrangements?*
A gift card with the standard per diem rate ($30.50/day) will be provided.
3. *Who will be the student’s main point of contact – someone they can contact Sunday when they arrive? Name and phone #.*

Charlotte Lombardi – 406-490-7007

1. *Student(s) will be arriving in town on Sunday. What time should they arrive to the facility on Monday morning and who should they see upon arrival?*
8:00 am – Charlotte Lombardi
2. *Has a workstation or desk been arranged for the student use during the two weeks? Internet access?*
Yes – one will be available with internet access
3. *What forms or requirements from the facility?* Attached to email from RVMC. Can expect to fill out some paperwork first morning. We will send over immunization documentation.
	1. *immunization/testing is required and what documentation?*
	2. *HIPAA?*
	3. *Any other forms from facility?*

**Approximate Timeline:**

1 day: orientation, introductions and project scoping

3 days: data collection and analysis of current system

3 days: solution development

2 days: implementation and tweaking

1 day: report out and finalization

*Goal is an implemented solution!*