

Cultivating Roots of Quality Improvement

**Session 7: Changing the Perspective Changes the Experience:
Involving Patients and
Family Advisors in Quality Improvement**

July 25, 2023

Introductions: Our Hospitals

Round Robin by Facility:

- What is one small test of change you have tried and did you adapt, adopt or abandon?

Central Montana Medical Center

Community Hospital of Anaconda

Dahl Memorial Healthcare

Livingston HealthCare

Mineral Community Hospital

Ruby Valley Medical Center

St Luke Community Hospital

Story telling time

- Has anyone been a family/friend member for someone who was in the hospital?
- What went well?
- What went sideways?
- What would you suggest to the team?



Examples of how family/friends can impact care

- Can you think of a time when a family/friend either prevented a harm, identified an opportunity, or made the healthcare experience for the patient better and safer?



Some Examples

$$\lim_{h \rightarrow 0} \frac{f(x+h) - f(x)}{h}$$

$$= \lim_{h \rightarrow 0} \frac{(x+h)^2 - x^2}{h}$$

$$= \lim_{h \rightarrow 0} \frac{x^2 + 2xh + h^2 - x^2}{h}$$

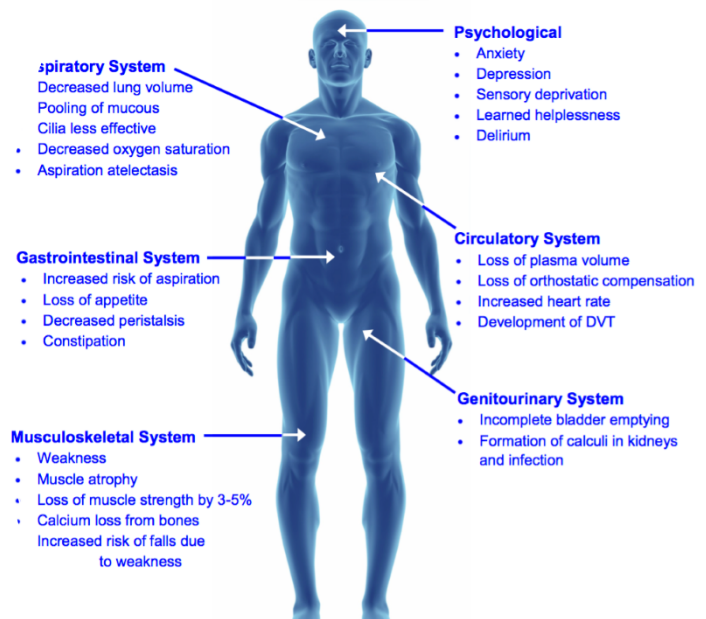
$$= \lim_{h \rightarrow 0} \frac{2xh + h^2}{h}$$

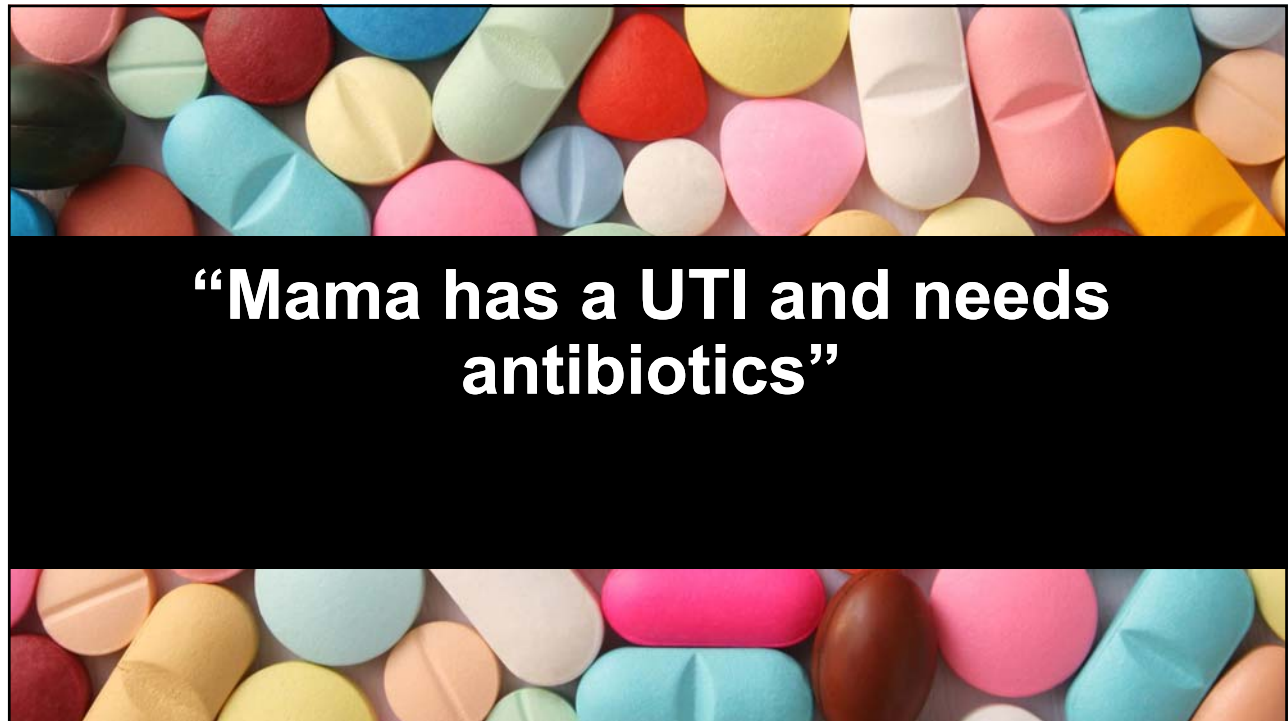
$$= \lim_{h \rightarrow 0} (2x + h)$$

$$= 2x$$

“Mama needs her rest”

Onset of complications— Pathophysiological changes within 24 hours of bed rest:





Family impact
on hand
hygiene



Family observation



Why is toileting so tricky?

The majority of falls are
attributed to the activity
of toileting



Patient is in the driver's seat

2-3 decisions the patient must make when it's time to go

- Patient determines it is time to go
- Patient decides whether to use the call bell or not
 - Yes – how long can I wait?
 - Yes – I'm still waiting
 - No – I'm going

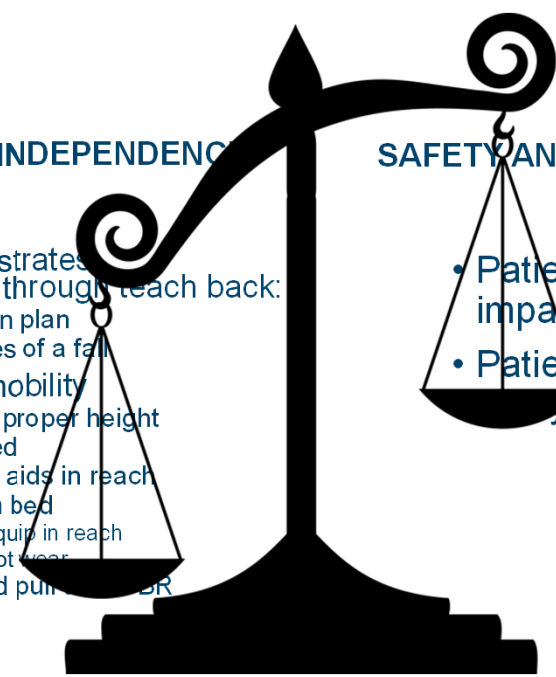


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SCHEDULED TOILETING OR BLADDER RETRAINING



- Individualized Schedule
 - Monitor fluid intake
 - Q2H - Odd or even?
 - Scheduled?
 - 4am
 - Before meals
 - After meals
 - Bedtime
- Arms length distance for patients with balance or cognitive issues



PRIVACY AND INDEPENDENCE

- Patient demonstrates understanding through teach back:
 - Fall prevention plan
 - Consequences of a fall
- Support safe mobility
 - Bed raised to proper height
 - Top rails raised
 - Have mobility aids in reach
 - Safe exit from bed
 - Adaptive equipment in reach
 - Non-slip footwear
 - Grab bars and pull-up bars

SAFETY AND PROTECTION

- Patients with cognitive impairment
- Patients at High Risk for

“Don’t Leave Alone on the Throne”

Cox Health, MO



Toileting Supervision Best Practices

Bedside Staff

- Supervision of High Risk / Vulnerable Patients
 - Arm's length
 - A Foot in the Door keeps you off the floor
- Staff selected s



Leadership

- Patient rounding
- Staff rounding
- Physician buy-in
- Family involvement



Small change ideas to test

- Ask staff what barriers might exist
- Ask staff to test a script to explain why staff must stay in the bathroom with a vulnerable patient
- Ask a patient what would help them understand the need for toileting supervision. Test it out.
- Try explaining upon admission that toileting supervision is required for certain patients. Indicate on white board level of independence
- Test out signage as reminder to patient, family and staff

White Board Best Practice

My Safe Mobility Plan:

Toileting Safety:

I could fall because:

I could be injured if I fall because:



Family Involvement Menu

[FAMILY INVOLVEMENT MENU]

Welcome to the WICU

We believe that you know the person that we are caring for far better than we do.

We would like to invite you to participate in your loved one's care.

Listed are options that you may choose.

If there is a particular care that you would like to assist with and it is not listed please speak with your nurse.

We will provide instruction as needed for each of the following according to your comfort level.

- o Oral Care
- o Incentive Spirometer
- o Range of Motion
- o Back Care
- o Leg Care
- o Assist with Ambulation
- o Assist with Feeding
- o Hand Care
- o Shampoo
- o Shave
- o Pillow Repositioning
- o Distraction- Music, TV, Reading
- o Oscar Boot Repositioning

Thank you for your help, we are in this together!

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Improving Care Transitions



Patient and Family Discharge Checklist

For patients and their caregivers preparing to leave the hospital

Patient Name:

Reason for Admission:

Other
Approaches?



Next Steps...

- ☐ Continue PDSA Cycles –
Once you “Do”, are you going to Adapt, Adopt, or Abandon?
- ☐ Start working on your Project Presentation File for the August 22nd report out.
Its not due yet, but there are some pieces you can start filling in to get a head start!



Practical Applications

- ☐ Continue PDSA Cycles –
Once you “Do”, are you going to Adapt, Adopt, or Abandon?
- ☐ Project Presentation File to Jen by **AUGUST 15**



Schedule

Date	Topic	Practical Application (assigned)
April 18	Getting Started: The Model for Improvement & How to Choose a Change	Tool: 3 Questions
May 2	Heart of the Matter: Tools to Determine the Problem	Tool: Project Summary
May 16	What Tells the Story? How to Identify and Use Data	Tool: PDSA Cycle 1 – Plan and Summary
June 8	Just Do It...and Do It Again! Small Tests of Change and the Do-Study-Act of the PDSA Cycle	Tool: PDSA Cycle 1 - Do
June 20	The Leader Mindset	
July 11	No Blame No Shame: Addressing Patient Safety and Adverse Events	Poster development
July 25	Changing the Perspective Changes the Experience: Involving Patients and Family Advisors in Quality Improvement	
August 22	Celebration & Sharing	



Contact

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Evaluation

*Please complete the short evaluation that will appear
when you leave the webinar.*