ROADMAP...Setting the Course for Patient and Family Involvement in Their Plan of Care Lehigh Valley Health Network, Allentown, Pennsylvania

PROJECT GOAL: Design an electronic daily plan of care that incorporates standard work **CONCEPTUAL FRAMEWORK:** Patient Centered Care, as defined by the Picker Institute

Pre-Project Current State

 Patient Perceptions Not being informed (47) - Inconsistent communication to patient and family regarding plan of care Opportunity to improve patient satisfaction scores for 'discharge preparation' and 'communication of information' Prototype document that was awarded Magnet Prize[™] -Abington Memorial Hospital Daily CARE Plan



- Chief Nursing Officer (CNO) Sponsor
- Nursing Informatics Manager Co-leader
- Staff Development Specialist Co-leader
- Interprofessional stakeholders, including direct care nurses

Content Development

place

Gemba Walks

- Interviews of patients, families and caregivers throughout hospital
- Patient and Family Advisory Council
- Patient Centered Experience Implementation Team

Paper or electronic report??? Vendor selection

ROADI Review of All My Daily Me Run D	dical Actions and Plans	Final P
Last name, First name Admit date: Room: Unit: MRN: Acct#:	Lehigh Valley Hospital Allentown, PA Lehigh Valley Hospital-Muhlehberg Bethlehem, PA	
l prefer to speak: Reason l'm here:		
My care team Doctors in charge of my care:		
Other care team members:		
Allergies and Diet My allergies: My diet:	Tests from yesterday to ask my doctor about Lab: Other tests:	Referen
What I'm allowed to do	Procedures:	1. Edgman-Lev need? Healt
What I need to do and learn about today	My medicines Scheduled medications: Meds you may have as needed by asking a nurse:	2. Mooney, B.
Tests and procedures planned for today	Medications your will or have received only one time today: Discontinued medications:	3. Shook, J. Ma problems, ga
Lab: Other tests: Procedures:	This report is printed around 7 am each day. New tests and medications might be added to your care after that time and might not be on this report.	Enterprise Ir
The second secon		
We start discharge planning on admission. Ask your physician or case manager for further assis Plans I know about or have questions about:	tance.	

Methods **Project Team Members**

Gemba Japanese term for 'actual place;' the setting where work takes

Decision Points

roduct

Ces:

vitan S., Cleary P.D. What information do consumers want and th Affairs; 15:42-56, Winter, 1996. Simplicity wins a prize. Advance for Nurses, 11:8(10); 2009. anaging to learn: using the A3 management process to solve ain agreement, mentor, and lead. Cambridge, MA. The Lean nstitute. 2008.

Standard Work for Implementation

- Explained at time of admission
- Folder and pen provided
- - Upon change in plan of care

Implementation and Outcomes

 Printed daily, prior to bedside shift report Reviewed with patient and family During RN change of shift bedside report

 Piloted on 30 bed med-surg unit – Pre- and post-implementation RN surveys on pilot unit • Extent felt ready for discharge Information to family regarding tests and treatment Expanded to all med-surg and step-down units Qualitative comments from patients and families – consistently and unanimously enthusiastic!

Lessons Learned

 Identification as a Network priority project prompted support CNO as sponsor helped remove barriers Continuous reinforcement of standard work and staff accountability was necessary Going to the gemba was critical to success

A PASSION FOR BETTER MEDICINE."



610-402-CARE LVHN.org