

**When 99.9 Percent
Is Not Good Enough:**

**Expectations and Systems that Deliver
Optimal Care and Value-Based
Purchasing Results**

Suzanne Woods, CEO

Dan Cumbie, CNO

Flowers Hospital, Dothan, Alabama

Flowers Hospital History



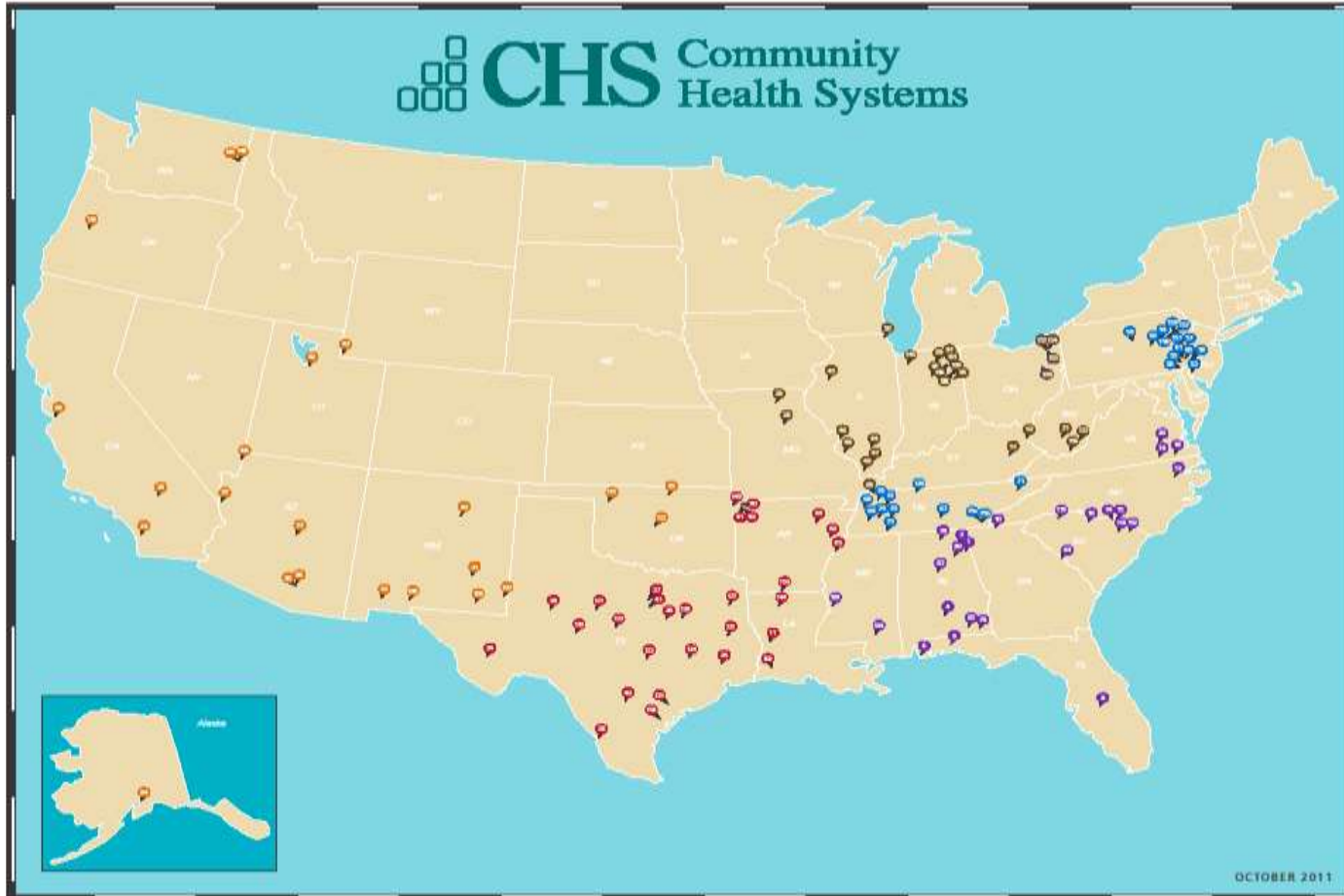
Flowers Hospital - 1950



Dr. Paul Flowers, an OB/GYN, opened Flowers Hospital in 1950 as a 12 bed facility in the middle of downtown Dothan.

“Caring for you as family”

Flowers Hospital has been affiliated with Community Health Systems since 2007.



Region	City	Hospital Name
Midwest	Washington	Washington Medical Center
	Portland	Portland Medical Center
	London	London Community Hospital
	San Diego	San Diego Community Hospital
	San Jose	San Jose Community Hospital
	San Francisco	San Francisco Community Hospital
	San Francisco	San Francisco Community Hospital
	San Francisco	San Francisco Community Hospital
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	San Francisco	San Francisco Community Hospital
	San Francisco	San Francisco Community Hospital
	San Francisco	San Francisco Community Hospital
	San Francisco	San Francisco Community Hospital
	San Francisco	San Francisco Community Hospital
Northeast	Washington	Washington Medical Center
	Portland	Portland Medical Center
	London	London Community Hospital
	San Diego	San Diego Community Hospital
	San Jose	San Jose Community Hospital
	San Francisco	San Francisco Community Hospital
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	San Francisco	San Francisco Community Hospital
	San Francisco	San Francisco Community Hospital
	San Francisco	San Francisco Community Hospital
	San Francisco	San Francisco Community Hospital
	South	Washington
Portland		Portland Medical Center
London		London Community Hospital
San Diego		San Diego Community Hospital
San Jose		San Jose Community Hospital
San Francisco		San Francisco Community Hospital
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San Francisco		San Francisco Community Hospital
San Francisco		San Francisco Community Hospital
San Francisco		San Francisco Community Hospital
San Francisco		San Francisco Community Hospital
San Francisco		San Francisco Community Hospital
West		Washington
	Portland	Portland Medical Center
	London	London Community Hospital
	San Diego	San Diego Community Hospital
	San Jose	San Jose Community Hospital
	San Francisco	San Francisco Community Hospital
	San Francisco	San Francisco Community Hospital
	San Francisco	San Francisco Community Hospital
	San Francisco	San Francisco Community Hospital
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	San Francisco	San Francisco Community Hospital
	San Francisco	San Francisco Community Hospital



- 235-bed community hospital
- 1300 Employees
- 250 Medical Staff members
- 12,000 Admissions, annually
- 1,400 Births, annually
- 37,000 ER visits, annually
- 22,500 Surgery cases, annually
 - 7,200 inpatient
 - 15,300 outpatient
- 51,700 Patient Days, annually



Case Study

High-Performing Health Care Organization • December 2008



The Commonwealth Fund Case Study

December 2008

The mission of The Commonwealth Fund is to promote a high performance health care system. The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy.

For more information about this study, please contact:

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Flowers Hospital: Nearing Perfection on Core Measures

JENNIFER EDWARDS, DR.P.H.
HEALTH MANAGEMENT ASSOCIATES

Vital Signs

Location: Dothan, Ala., near Georgia and Florida borders

Type: Nonteaching, for-profit community hospital owned by Community Health Systems, Inc., of Franklin, Tenn.

Beds: 235

Distinction: Top 1 percent of hospitals in composite of 22 process-of-care quality measures among roughly 2,000 hospitals (about half of U.S. acute-care hospitals) eligible for this analysis; also scored in top 1 percent of hospitals for prevention of surgical infections. Timeframe: Second quarter of 2006 through first quarter of 2007. To be included, hospitals must have submitted data to the Centers for Medicare and Medicaid Services for all 22 measures, with a minimum of 30 cases for at least one measure in each of four clinical areas. See [Appendix A](#) for full methodology.



SUMMARY

Under the leadership of a quality-focused CEO, Flowers Hospital in Dothan, Ala., climbed from average to exemplary in Centers for Medicare and Medicaid Services (CMS) process-of-care, or “core” measures, across four clinical areas (heart attack, heart failure, pneumonia, and surgical infection prevention) in just two years. Flowers’ Quality Department identifies patients in these clinical areas early in their hospital stay and continuously monitors their progress to ensure they are getting the right care—a unique approach to achieving high performance. This approach has five critical elements:

- **Patient identification.** Patients who experience heart failure, heart attack, pneumonia, or have surgery are identified at the beginning of their hospitalization, so that appropriate care can be provided in a timely manner.



April 2009

Hospitals in Pursuit of Excellence

Accountability is key. We have a root-cause mentality that asks, "OK, how did this happen? What system or process can we improve to keep it from happening again? Is it a matter of training, of a system?"



April 2009

HOSPITAL COMPARE: ROAD MAP TO EXCELLENCE

We said it's got to become an everyday topic and everyday focus. Every meeting and every event in this organization has to be around "how do we improve care and performance for our patients."



Expectations are reaffirmed with employees on a regular basis, not in a punitive way, in a helpful way. And often, we will learn from those employees how we can build a better system because of what they had to overcome.

April 2009

FLOWERS HOSPITAL

- ◆ Dothan, AL
- ◆ 235 beds
- ◆ www.flowershospital.com

Flowers Hospital has served Dothan, AL, for more than 50 years and also functions as a major referral center for south Alabama, southwest Georgia, and northwest Florida. Dothan is a city of 65,000 people in the southeast corner of the state.



**We are a Top Performer
on Joint Commission
Key Quality Measures!**

FLOWERS HOSPITAL

Flowers Hospital

Analysis of the Proposed VBP Rule for FFY 2013

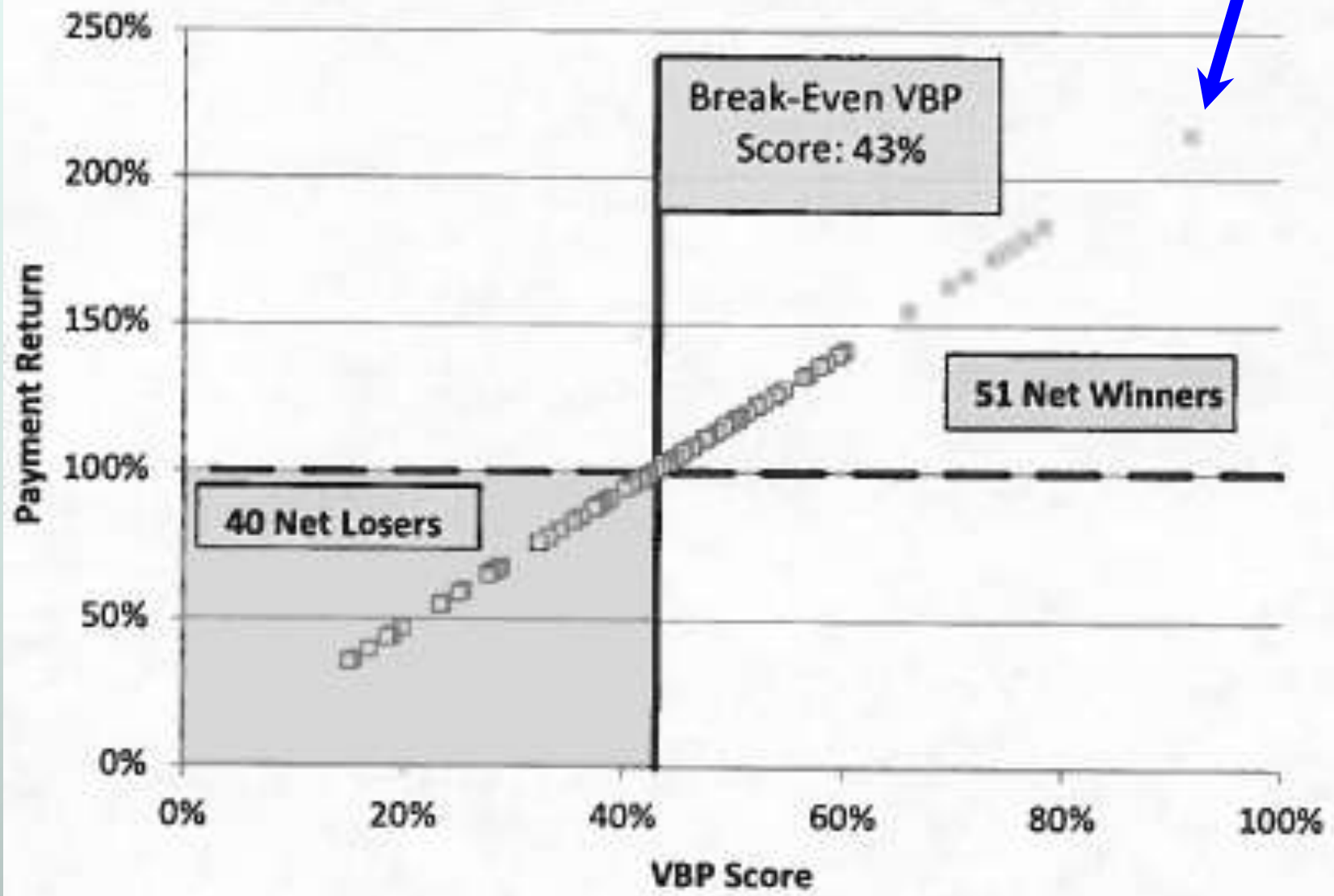
Payment Impact Estimate - Linear Payout Function

Performance Period: April 1, 2009 - March 31, 2010

Flowers Hospital		
Process Domain Score:	96%	
HCAHPS Domain Score:	81%	Dollars Contributed to VBP
Overall VBP Score (70% Process, 30% HCAHPS):	92%	Estimated Payment from VBP Pool
Payment Percentage:	215%	Net VBP Incentive Payment
Alabama		
Process Domain Score:	50%	
HCAHPS Domain Score:	47%	Dollars Contributed to VBP
Overall VBP Score (70% Process, 30% HCAHPS):	49%	Estimated Payment from VBP Pool
Payment Percentage:	111%	Net VBP Incentive Payment

Flowers Hospital

Alabama Hospital VBP Score vs. \$\$\$ Return



Keys to Organizational Change

- Building a Shared Vision
- Creating a Culture (Linking Performance to Purpose)
- Implementing Effective Processes/ Systems
- Establishing Accountability
- Empowering Staff's Performance to Achieve Desired Outcomes
- Recognizing Results

Quality Measures

A Cultural Change - May 2005

- The History
 - Average to Good Results
 - Retrospective Chart Review
 - Driving Force - Quality Staff
- The Vision
 - Top 10 National Percentile
 - 100% Compliance in each Indicator
 - Move Quality Initiatives to the bedside

Providing every patient with the right healthcare services, every time.

Core Measures - 5 Step Process

- Senior Leadership and Physician Buy-In
- Implementation of Performance Improvement Teams
- Concurrent Review Process
- Development/Implementation of Topic Specific Tools for Clinicians
- Accountability

Step 1:

Senior Leadership and Physician Buy-In

- Active CEO and Senior Leadership Engagement
 - Monthly Hospital Quality Alliance Meeting (HQA)
- Key Physicians involved in development of new processes/tools
 - AMI/CHF Progress Note
- Sharing MD Specific Data

Step 2: Performance Improvement Teams

- AMI
 - Heart Failure
 - Pneumonia
 - SCIP
 - Children's Asthma
 - Stroke
- Teams meet bi-weekly
 - Review concurrent data
 - Discuss fall-outs and near misses
 - Deploy Rapid Cycle Improvement Techniques

Step 2: PI Teams - Key Actions

AMI Team

- “The James Box”
- EKG Performed at Triage
- Code 999/Empowerment of ED Physician to Call in Cath Lab Prior to Cardiologist Assessment
- EKG Drop Box

Heart Failure Team

- Electronic Patient Discharge Medication List
- Medication Reconciliation requires 2 nurse verification process with concurrent reviewer as the 3rd check
- Designated quiet area for medication reconciliation/discharge information

Pneumonia Team

- Pneumonia Protocol Physician Order Set
- Medical Staff Approved Immunization Protocol
- Radiologist calls ER with a pneumonia diagnosis

Step 2: PI Teams - Key Actions

SCIP Team

- Pre-printed Specialty Specific Post-op Orders
- Peri-Operative Insulin Protocol for Open Heart cases
- Anesthesia Ownership of Specific Measures
 - Antibiotic Prior to Incision
 - Correct Antibiotic
 - Peri-Operative Beta Blockers

Children's Asthma Team

- Developed Home Management Plan of Care
- Respiratory Care Participation in Education Process

Stroke Team

- Stroke Protocol
- Pre-Printed Physician Order Set

Step 3: Concurrent Review Process

- Concurrent versus Retrospective Chart Review
- Full-time Concurrent Reviewer
- 7 day per week coverage
- Identification of applicable cases
 - Review Admission Census from previous day
 - Surgery Schedule
 - CHF Identification/SQL Reports
 - Previous admission and a principle or secondary dx of CHF
 - Patient's with BNP > 100
 - History of CHF identified on the initial nursing assessment
- Immediate notification of fallouts

Step 4:

Topic Specific Tools

- Color Coded Packet/Filing System for each Topic
- Color Coded Chart Identification Checklist for the Medical Record
- Protocols/Forms
 - AMI/CHF Progress Note for MD Documentation
 - Pneumonia Protocol
 - Pneumococcal Immunization Protocol
 - Influenza Immunization Protocol
 - Discharge Medication Order Form
 - Patient Discharge Medication List
 - Always Ancef
 - Peri-Operative Insulin Protocol
 - DC Summary Checklist

Step 5: Accountability

- Team Leader: Monthly HQA Meeting with CEO
- Department Manager: Performance Improvement Referral Form to PI Team within 10 days of event
- Employee: Documentation in own words regarding lessons learned from event and impact on future behavior
- CEO, CNO & CQO meet with employees involved in fall-outs
 - Core Measure Specific Education Module (Orientation & Remediation)
- Rewards to Staff - Celebrate the WINS!
 - Cookies to staff
 - “Measure Up” Pens
 - Peanut Boil for Staff
 - Ice Cream Party
 - Quality results shared in Management/Nurse Management Meetings, Employee Meetings

**FLOWERS HOSPITAL PERFORMANCE IMPROVEMENT REFERRAL
CHF**

(COMPLETE & RETURN TO _____ WITHIN 10 DAYS)

NAME:

MR #:

DISCHARGE DATE:

REFERRAL DATE:

REFERRED TO:

Chart Review Findings:

Manager Investigation:

Actions Taken:

Patient/MD notified of Incomplete Medication List: Date _____ Initials _____ NA _____

Manager Signature _____

Employee Response (In the employee's own words, lessons learned from action taken; impact on future behavior):

Employee Signature _____

IP Process of Care Measures

AMI (Jan-Sept 2011)

	2011	2010	2009
Thrombolytic w/in 30 min.	n/a	n/a	n/a
PCI w/in 90 minutes	90%	97%	100%
BB on arrival	100%	100%	100%
BB @ discharge	100%	100%	100%
ASA on arrival	100%	100%	100%
ASA @ discharge	100%	100%	100%
Statin @ discharge	100%	n/a	n/a
AMI			
Adult Smoking Cessation	100%	100%	100%
ACE/ARB for LVSD	100%	100%	100%
AMI Composite	99.66	99.88%	100%

IP Process of Care Measures

CHF (Jan-Sept 2011)

	2011	2010	2009
Discharge Instructions	94%	97%	96%
LVF Assessment	100%	100%	100%
ACE/ARB for LVSD	100%	100%	100%
Adult Smoking Cessation	100%	100%	100%
CHF Composite	97.78	99.05%	98.59%

IP Process of Care Measures

Pneumonia (Jan-Sept 2011)

	2011	2010	2009
Pneumococcal Vaccine	100%	100%	100%
BC in ICU	100%	100%	100%
BC in ER before Abx	100%	100%	100%
Adult Smoking Cessation	100%	100%	100%
Abx w/in 6 hours	100%	100%	99%
Appropriate Abx	100%	99%	99%
Influenza Vaccine	100%	100%	100%
Pneumonia Composite	100%	99.88%	99.45%

New Inpatient Process of Care Measures

Effective January 1, 2012

Emergency Department Throughput

- Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the hospital
- Median time from admit decision to time of departure from the emergency department for emergency department patients admitted to the inpatient status

Prevention: Global Immunization Measures

- Immunization for Influenza
- Immunization for Pneumonia

IMMUNIZATION PROTOCOL

**Please complete BOTH columns for Pneumococcal & Influenza Vaccine

Pneumococcal Vaccine PPV23	Influenza Vaccine (Administer October thru March ONLY)
<p><i>Rationale:</i> Pneumococcal Pneumonia can lead to serious infections and death. The Pneumococcal Vaccination (PPSV) protects against 23 types of pneumococcal bacteria.</p>	<p><i>Rationale:</i> The Influenza Vaccination is the most effective method for preventing influenza virus infection and its potentially severe complications.</p>
<p>STEP 1: RISK ASSESSMENT</p> <p>Check all that apply:</p> <p><input type="checkbox"/> 65 years and older</p> <p><input type="checkbox"/> 6-64 years of age with a history of or current diagnosis of Diabetes, Stage 3, 4 Chronic Renal Failure, Nephrotic Syndrome, End Stage Renal Disease, CHF, COPD, Organ transplant, Malignancy, Immunosuppressive therapy, Alcoholism, Chronic Liver Disease, HIV, Cochlear Implant, CSF leaks, Sickle Cell or Asplenia (Splenic dysfunction, Splenectomy)</p> <p><input type="checkbox"/> Mother who has delivered this visit and who has a history or current diagnosis of any of the above to include Gestational Diabetes.</p> <p><input type="checkbox"/> 19-64 with a history of or current diagnosis of Asthma or Smoking</p> <p>If positive for either of the above, continue to Step 2.</p> <p><input type="checkbox"/> None of the above. Not high risk. STOP assessment. Sign form below and staple to Discharge Planning Summary Checklist.</p>	<p>STEP 1: RISK ASSESSMENT</p> <p>Check all that apply:</p> <p><input type="checkbox"/> 6 months of age and older</p> <p>If positive for the above, continue to Step 2.</p>
<p>STEP 2: VACCINATION STATUS / CONTRAINDICATIONS</p> <p>Vaccine not indicated due to: (check all that apply)</p> <p><input type="checkbox"/> Previously immunized (any time)</p> <p><input type="checkbox"/> Patient / Caregiver's refusal</p> <p><input type="checkbox"/> Allergy / sensitivity to the pneumococcal vaccine (PPV23)</p> <p><input type="checkbox"/> Bone marrow transplant within the last 12 months</p> <p><input type="checkbox"/> Received the shingles vaccine (Zostavax) within the last 4 weeks</p> <p><input type="checkbox"/> Patients who are pregnant</p> <p><input type="checkbox"/> Platelet count < 50,000</p> <p><input type="checkbox"/> Currently receiving chemotherapy or radiation therapy or received chemotherapy or radiation during this hospitalization or less than 2 weeks prior</p> <p><input type="checkbox"/> Patients 6 years of age who received a conjugate vaccine (HIB, Meningococcal, Prevnar) within the previous 8 weeks</p> <p style="text-align: center;"><i>For PEDIATRIC patients meeting criteria for administration, consult Pediatrician for clarification.</i></p> <p>If patient has ever received the Pneumococcal Vaccination or if any contraindication is checked above STOP. DO NOT GIVE. Sign below and staple to Discharge Planning Summary Checklist.</p> <p>If patient has never received the Pneumococcal Vaccination and no contraindication is checked GIVE Pneumococcal Vaccination on day of discharge. Complete the following at time of assessment:</p> <p><input type="checkbox"/> Sign Below</p> <p><input type="checkbox"/> Scan Form to Pharmacy</p> <p><input type="checkbox"/> Complete Consent (on back)</p> <p><input type="checkbox"/> Yellow Highlight Administration Information Below</p> <p><input type="checkbox"/> Staple to Discharge Planning Summary Checklist</p> <p>Nurse Completing Assessment:</p>	<p>STEP 2: VACCINATION STATUS / CONTRAINDICATIONS</p> <p>Vaccine not indicated due to: (check all that apply)</p> <p><input type="checkbox"/> Previously immunized this flu season</p> <p><input type="checkbox"/> Anaphylactic allergy to eggs</p> <p><input type="checkbox"/> Allergy / sensitivity to the flu vaccine</p> <p><input type="checkbox"/> Patient / Caregiver's refusal</p> <p><input type="checkbox"/> Bone marrow transplant within the last 6 months</p> <p><input type="checkbox"/> Anaphylactic latex allergy</p> <p><input type="checkbox"/> Platelet count < 50,000</p> <p><input type="checkbox"/> History of Guillain-Barre. Consult MD.</p> <p>If patient has received the Influenza Vaccination this flu season or if any contraindication is checked above STOP. DO NOT GIVE. Sign below and staple to Discharge Planning Summary Checklist.</p> <p>If patient has not received the Influenza Vaccination this season and no contraindication is checked GIVE Influenza Vaccination on day of discharge. Complete the following at time of assessment:</p> <p><input type="checkbox"/> Sign Below</p> <p><input type="checkbox"/> Scan Form to Pharmacy</p> <p><input type="checkbox"/> Complete Consent (on back)</p> <p><input type="checkbox"/> Yellow Highlight Administration Information Below</p> <p><input type="checkbox"/> Staple to Discharge Planning Summary Checklist</p> <p>Date: _____ Time: _____</p>
<p>STEP 3: STANDING ORDER FOR ADMINISTRATION</p> <p><input type="checkbox"/> Pneumovax (0.5ml IM) administered: - PPV23</p> <p>Date _____ Time _____ Site _____ Manufacturer _____ Lot # _____</p>	<p>STEP 3: STANDING ORDER FOR ADMINISTRATION</p> <p><input type="checkbox"/> Flu Vaccine (0.5ml IM) administered: (Age 3 & Up)</p> <p><input type="checkbox"/> Flu Vaccine (0.25ml IM): Pediatric Patients (6 months - 35 months)</p> <p>Date _____ Time _____ Site _____ Manufacturer _____ Lot # _____</p>
<p>Nurse Administering Vaccine(s):</p> <p style="text-align: center;"><i>*After Administration of Vaccine - place yellow copy in designated area*</i></p>	



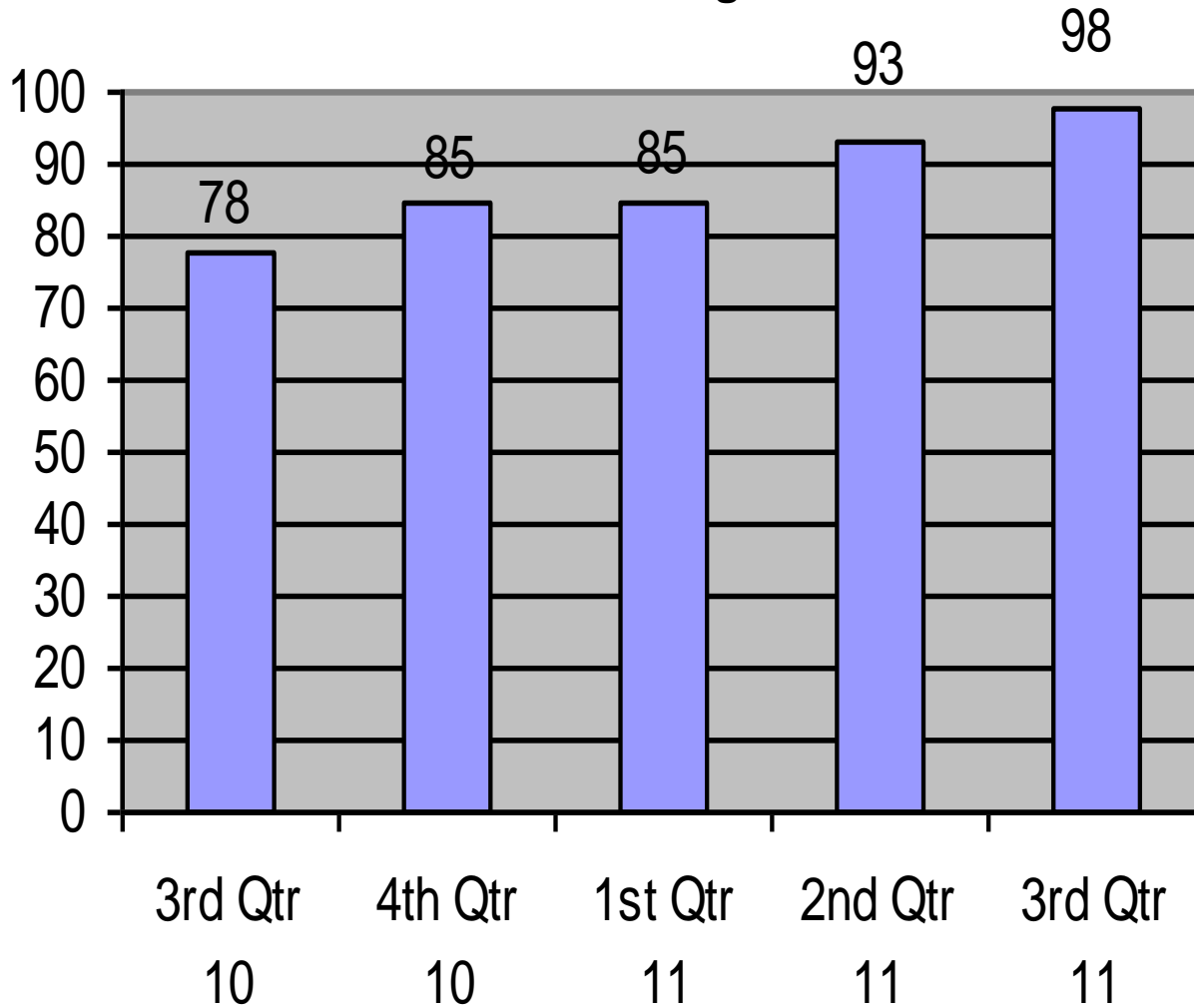
Pneumococcal / Influenza Immunization Assessment

Patient Label

Patient Satisfaction

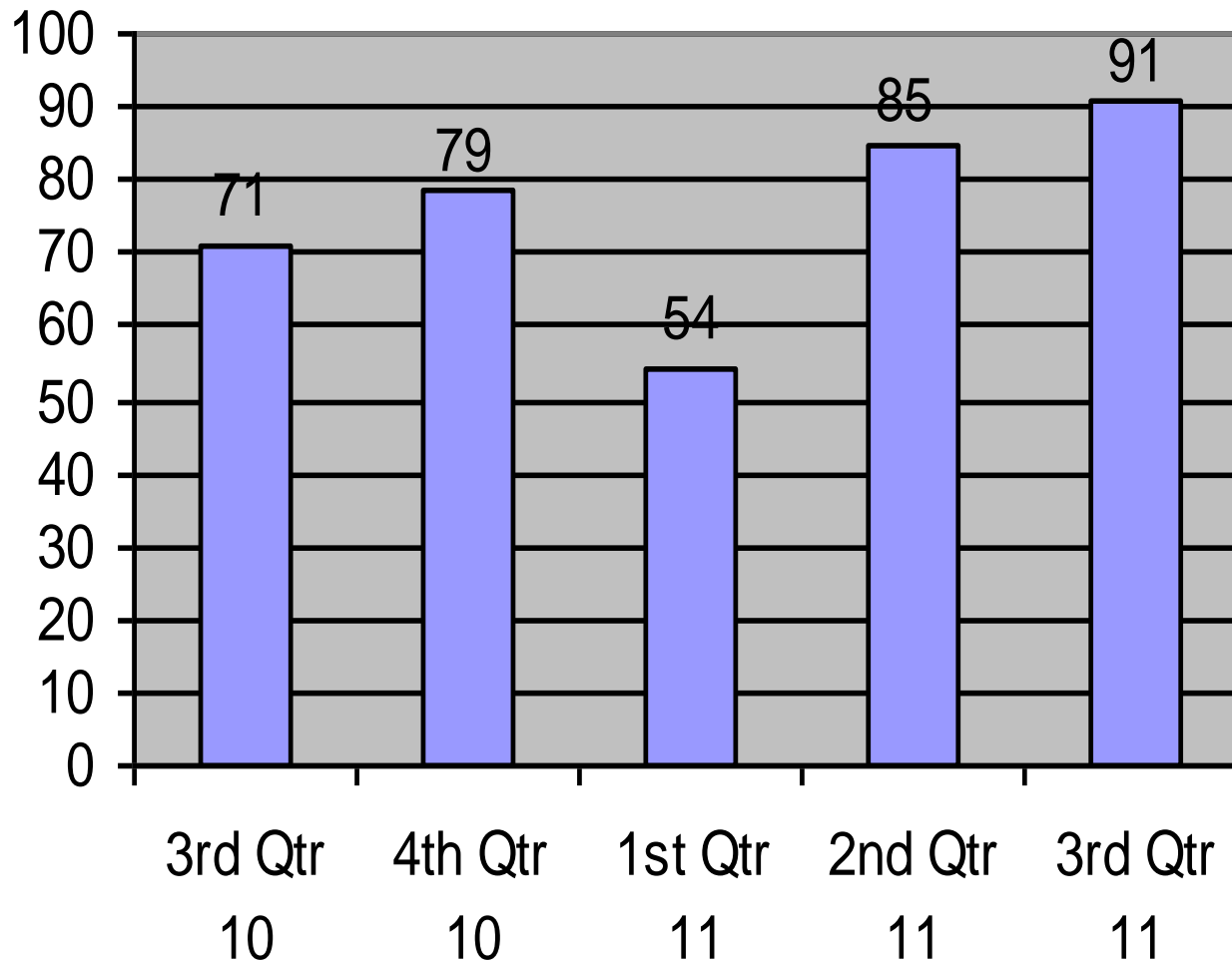
2010 – 11 Inpatient HealthStream National Percentile Rankings

Overall Nursing Care

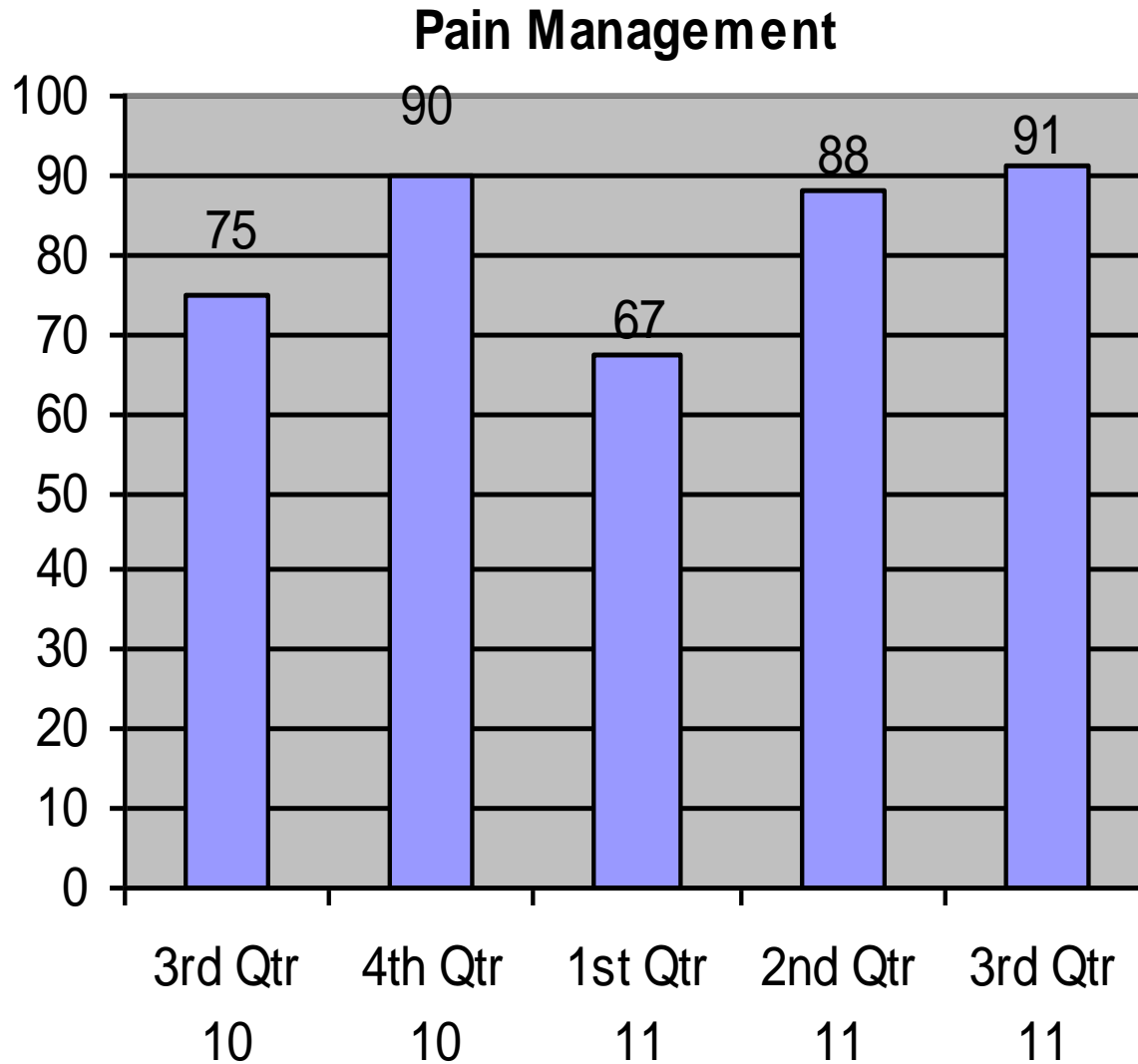


2010 – 11 Inpatient HealthStream National Percentile Rankings

Communication with Nurses

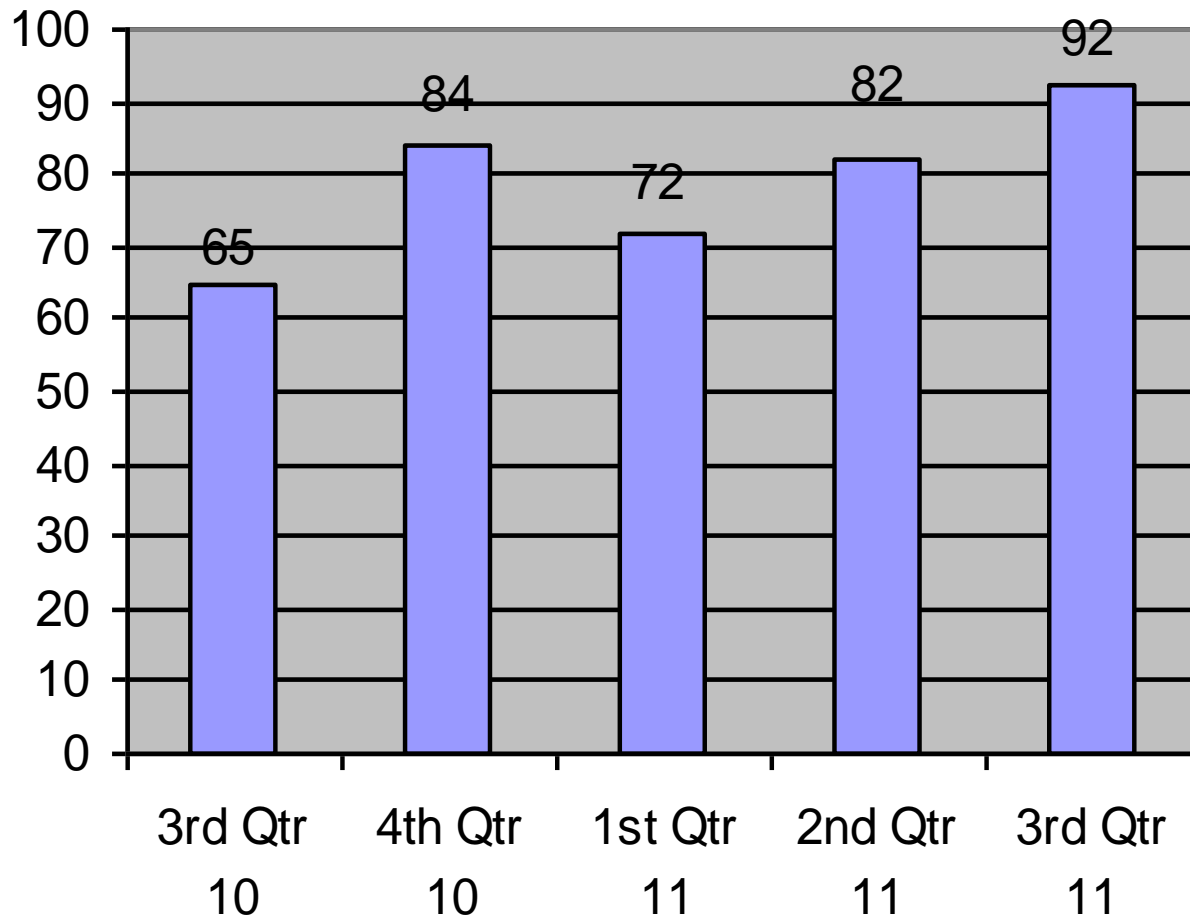


2010 – 11 Inpatient HealthStream National Percentile Rankings



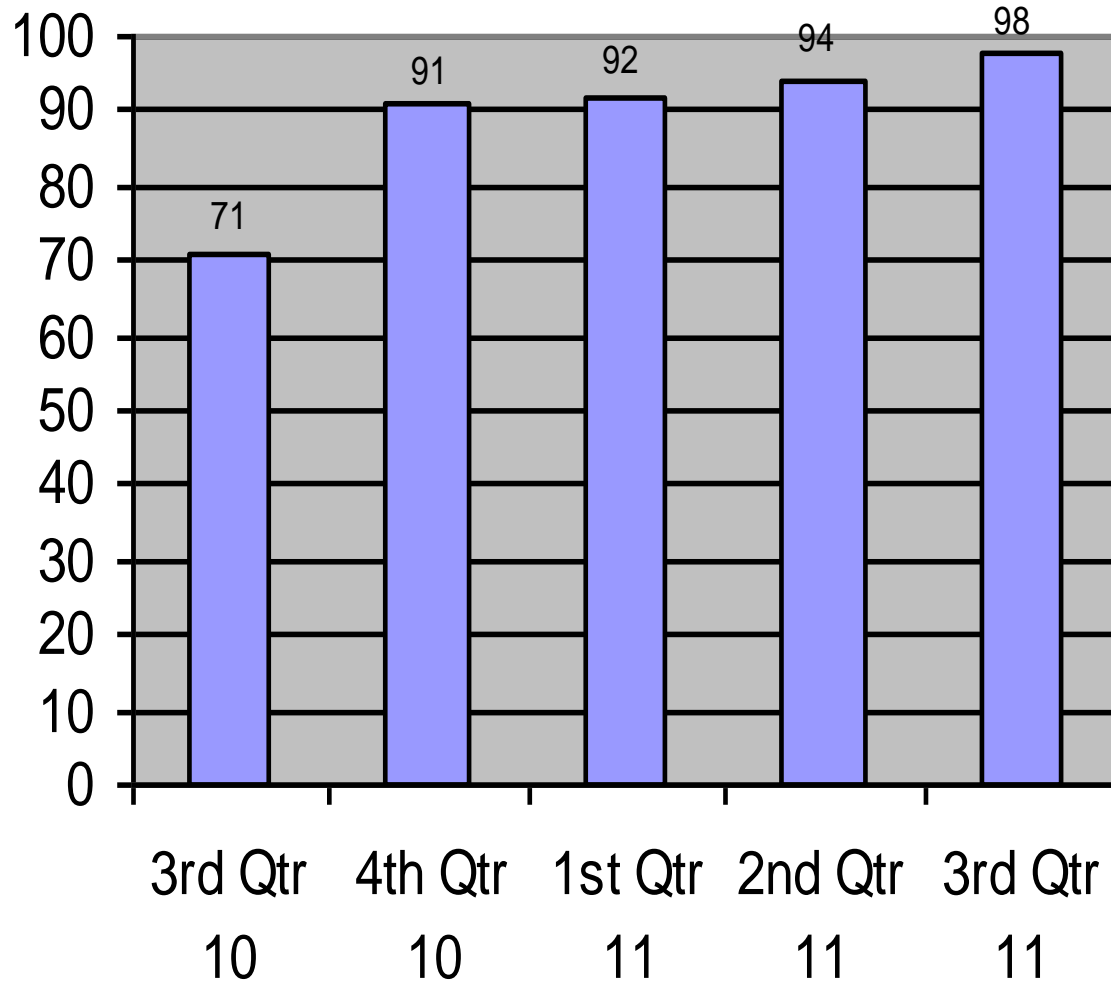
2010 – 11 Inpatient HealthStream National Percentile Rankings

Communication about Medications

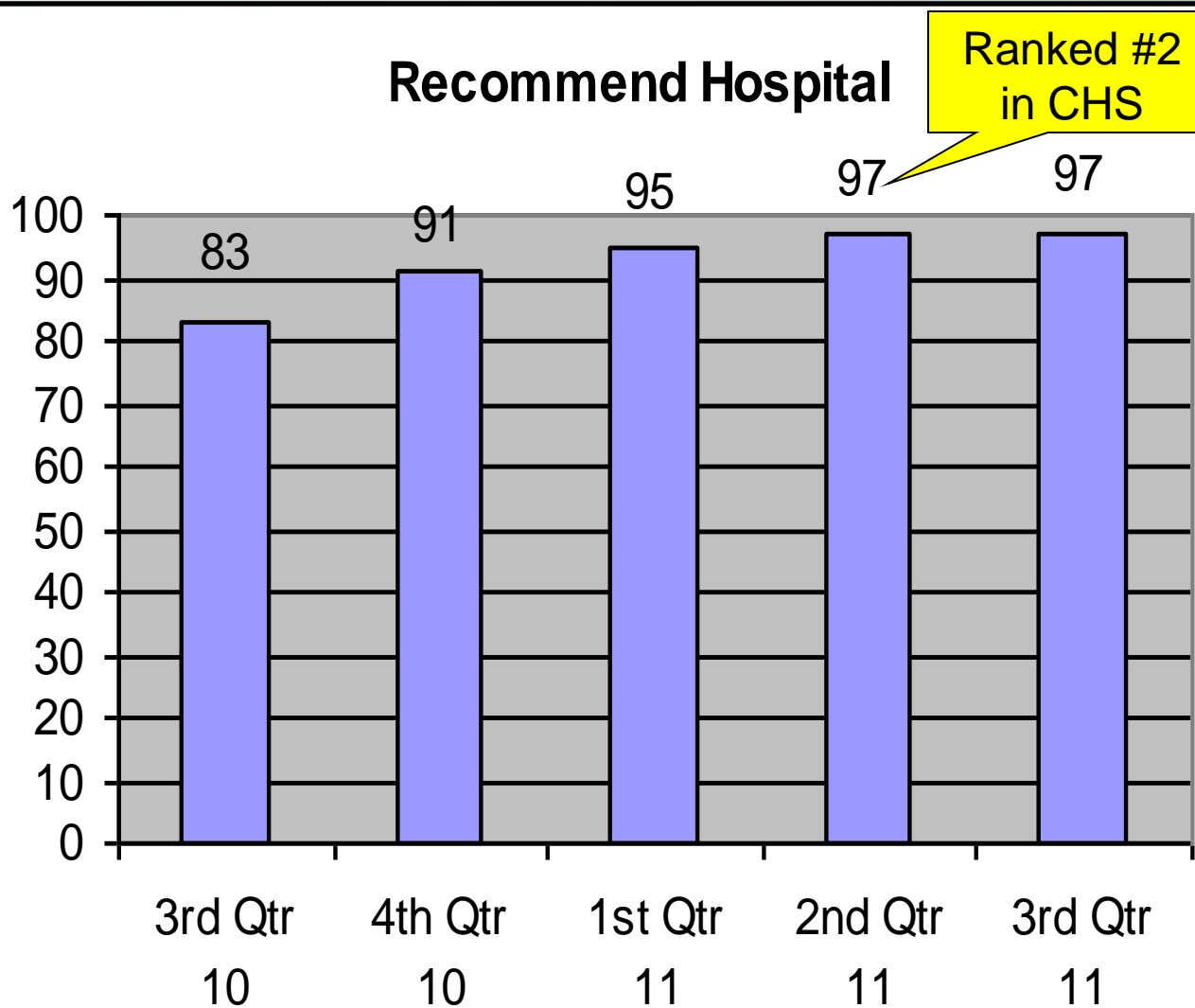


2010 – 11 Inpatient HealthStream National Percentile Rankings

Overall Satisfaction Rating 0 - 10

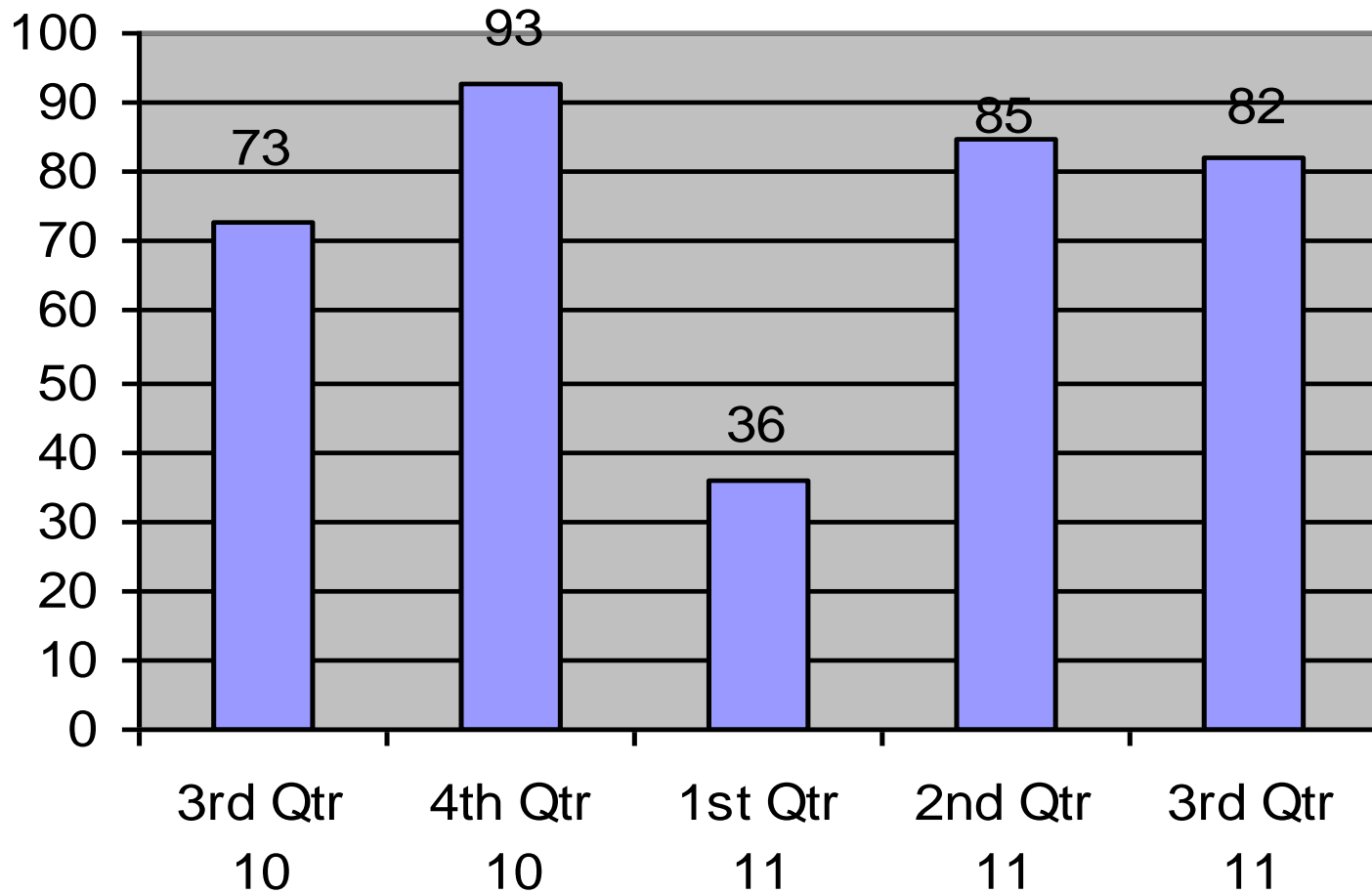


2010 – 11 Inpatient HealthStream National Percentile Rankings

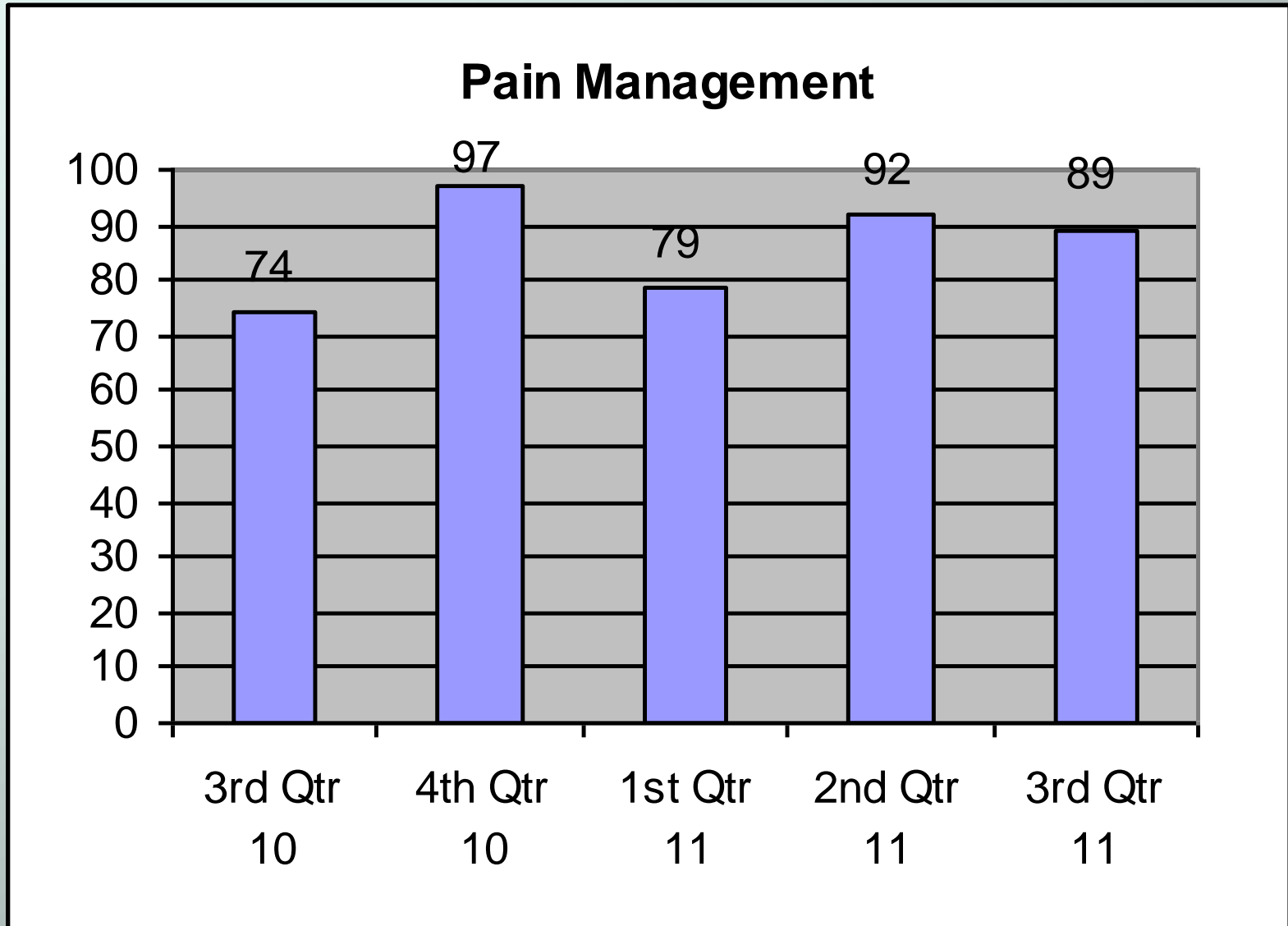


2010 – 11 ER HealthStream National Percentile Rankings

Keeping You Informed

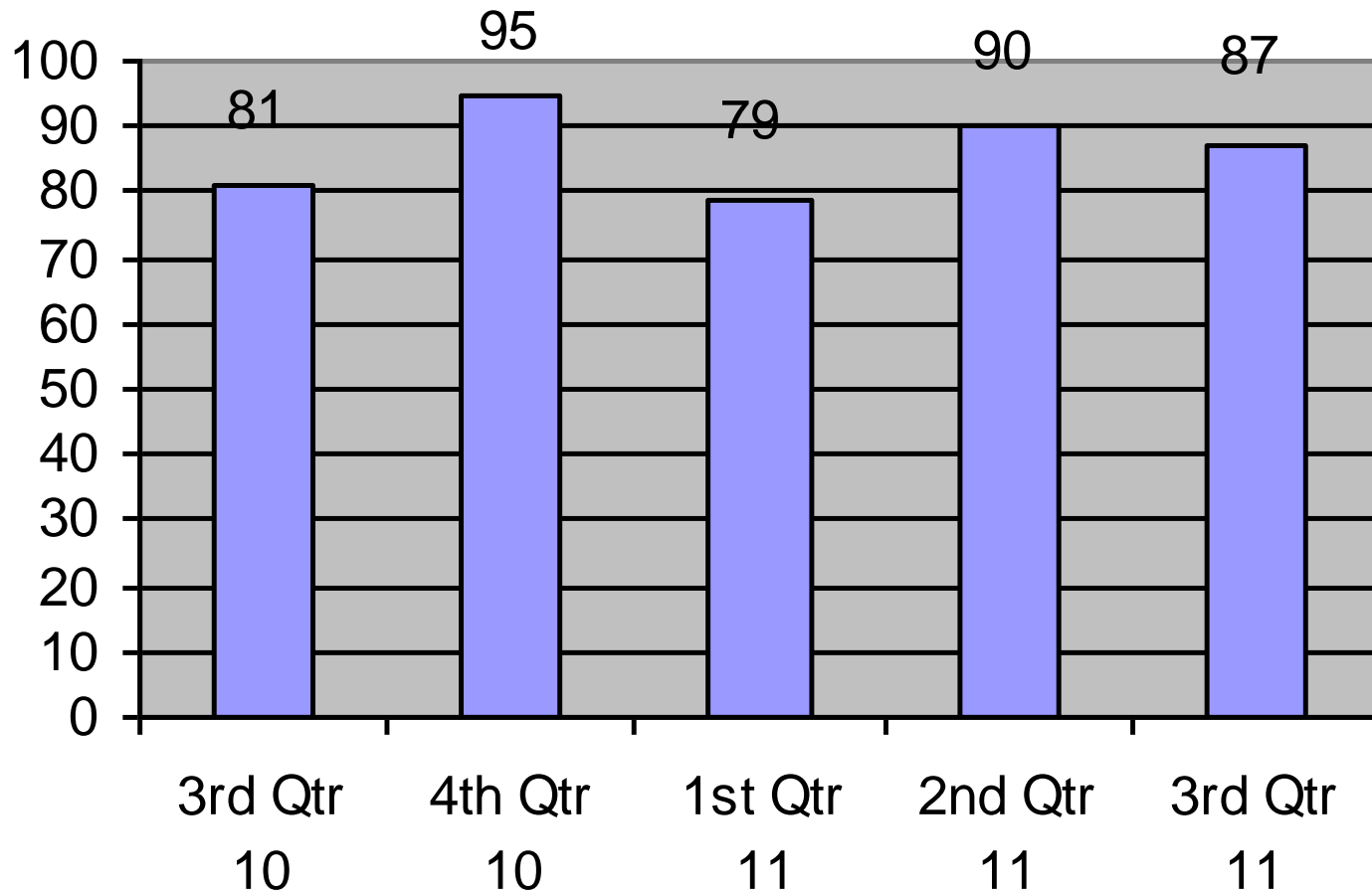


2010 – 11 ER HealthStream National Percentile Rankings



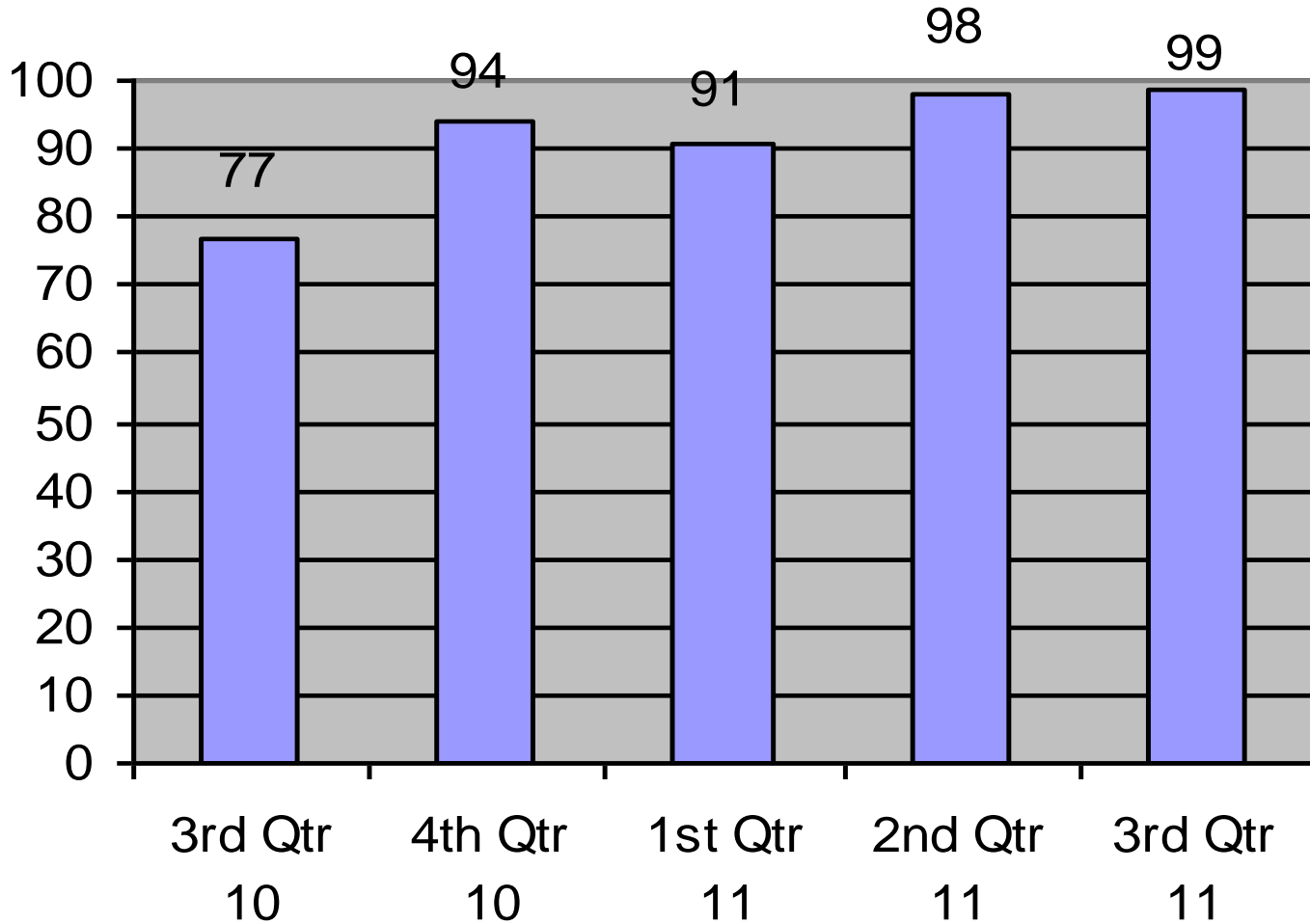
2010 – 11 ER HealthStream National Percentile Rankings

Availability/Amount of Time Doctors Spent with You



2010 – 11 ER HealthStream National Percentile Rankings

Care Received from ED Doctor

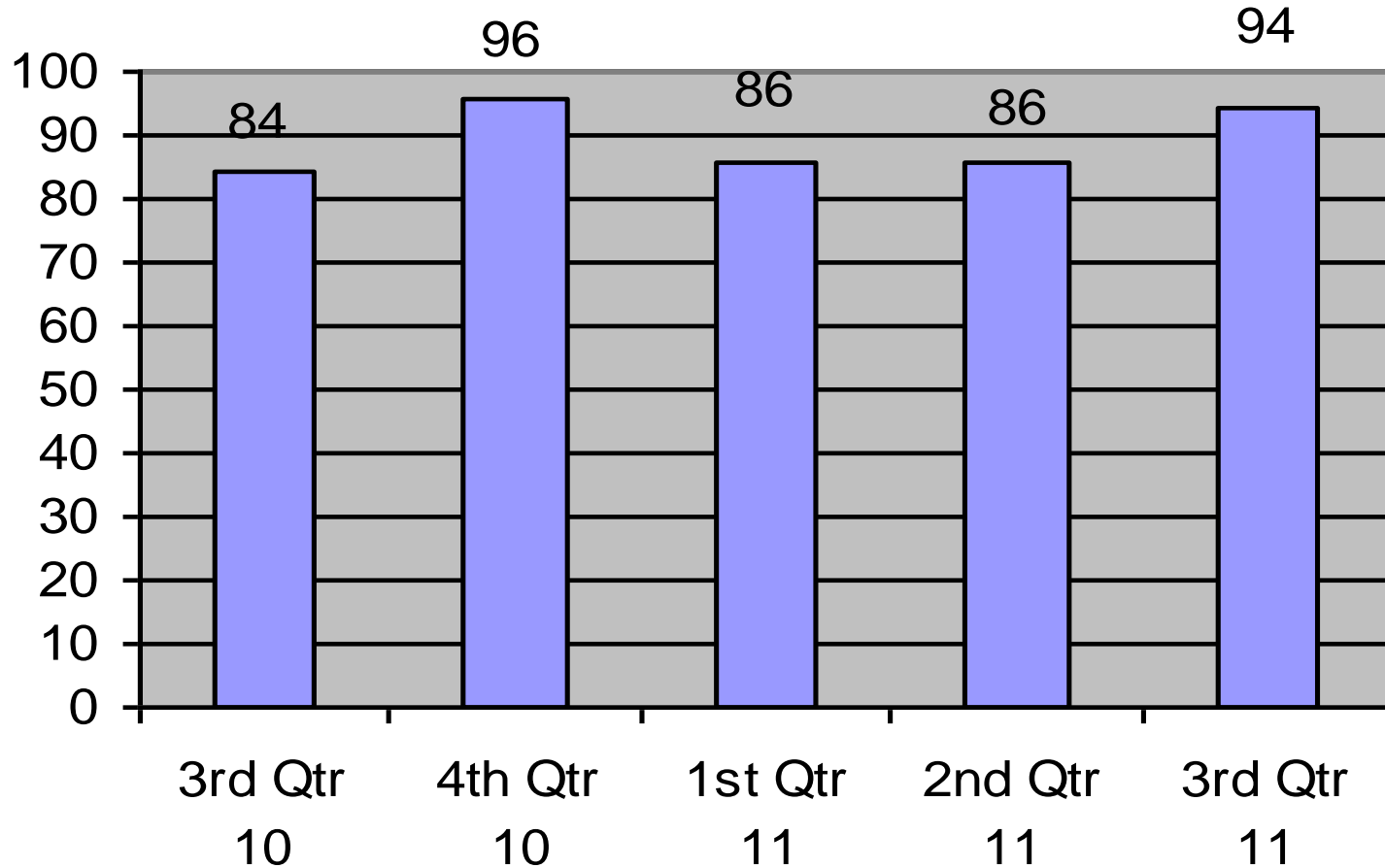




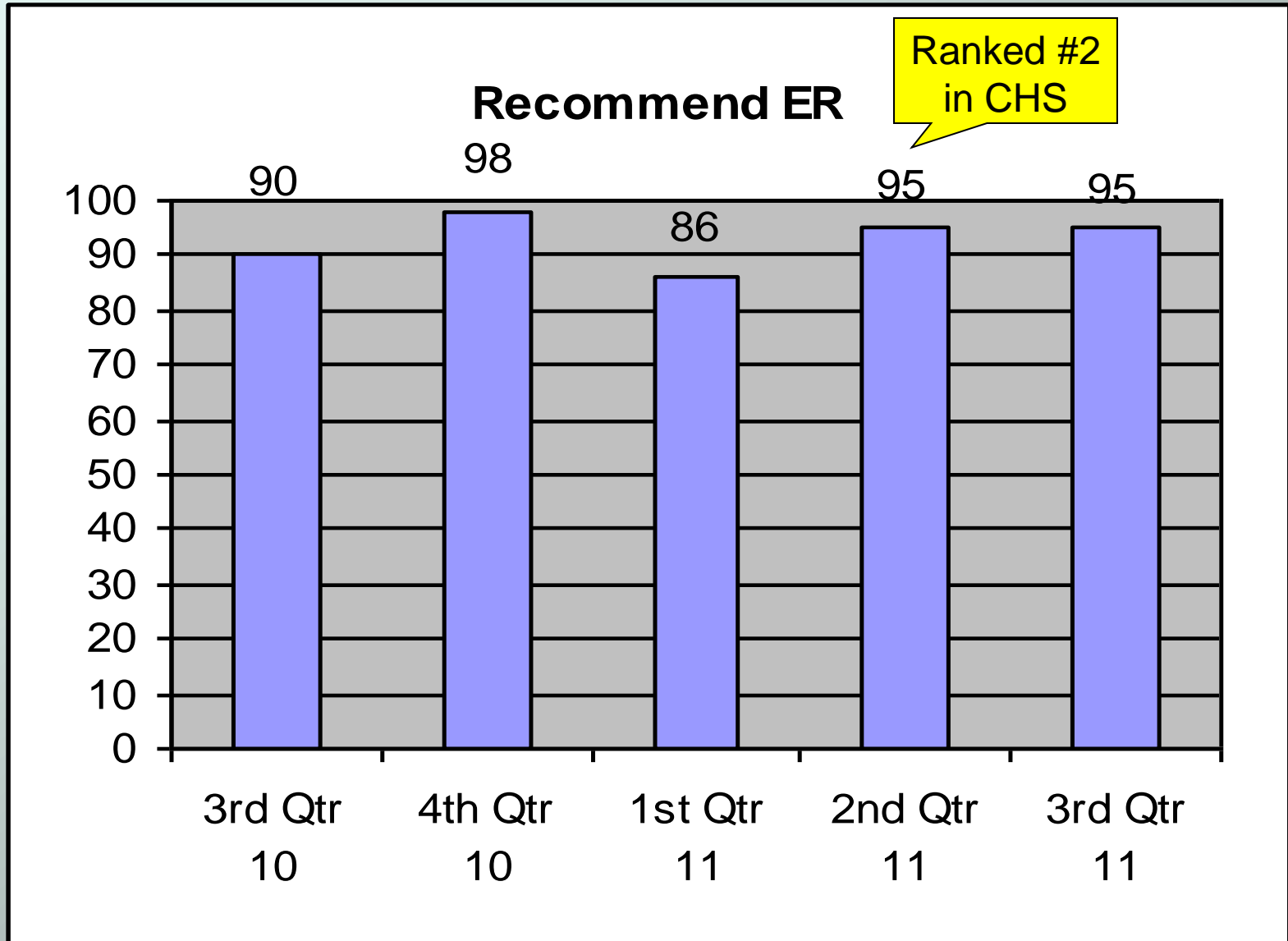
Flowers Hospital

2010 – 11 ER HealthStream National Percentile Rankings

Overall Quality / Rate ER 0-10



2010 – 11 ER HealthStream National Percentile Rankings



Enhancing the Patient Experience

- Staff Engagement
- Process Improvement
- Concurrent Survey
- Accountability



Staff Engagement

- Patient Satisfaction Teams - Initiated June 2006
 - Environment of Care
 - Leader: Director of Environmental Services
 - Pain Management and Response Time
 - Leader: Director of 6th Surgical
 - Admission and Discharge
 - Leader: Director of Women & Children Services
 - Patient Education and Communication
 - Leader: Director of 5th Orthopedics
 - Emergency Department
 - Leader: Director of Emergency Department
 - Outpatient Surgery
 - Leader: Director of Surgery/Central Sterile
 - Outpatient Test and Treatment
 - Leader: Director of Respiratory Therapy/Neuro Testing

Staff Engagement

Patient Satisfaction Teams

- Meet once/twice a month (Staff, Directors, CNO, ACNO, CQO)
- Monthly Team Leader Meeting
- Monthly Meeting with CEO
- Develop, revise and implement projects and processes
- Create tools, forms, etc.

Process Improvement

ENVIRONMENT OF CARE TEAM:

- Daily Cleaning Notices
- Shhh! Program - initiated the entering the patient room script and installed yacker trackers on nursing floors for noise awareness
- Weekly leadership rounds for appearance/cleanliness

Future Goals:

- Developing a “Department of the Month” program to recognize the cleanest/neatest areas

Date and Time: _____

Today your room and bathroom were cleaned by:

We want you to be very satisfied with the
cleanliness and comfort of your room.

If you need any assistance with your room,
please call extension 7840.



Process Improvement

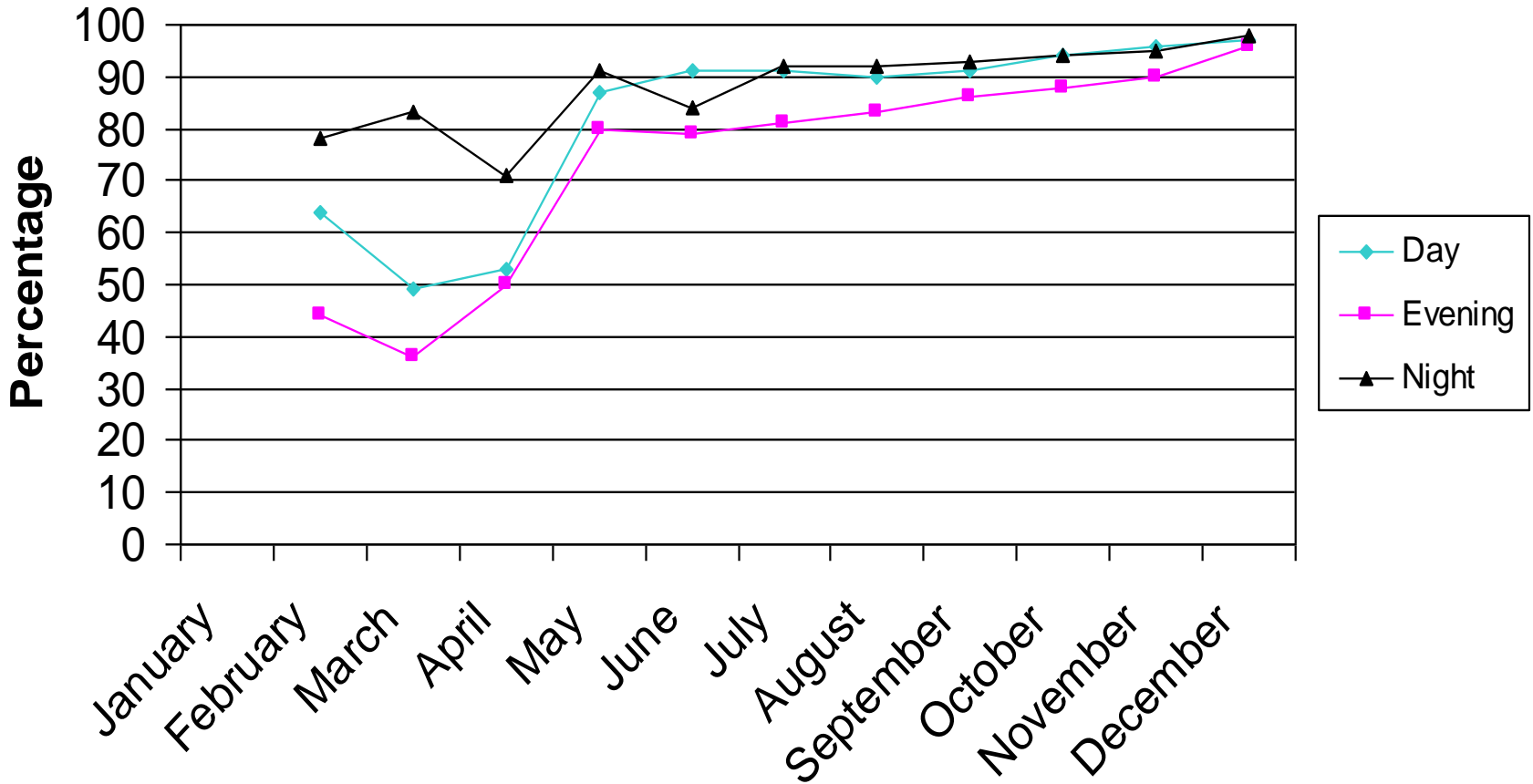
PAIN MANAGEMENT AND RESPONSE TIME TEAM:

- Implemented Hourly Rounding
- Hourly Rounding Boards
- Monitor call light system to assist in improving response time
- Increased accessibility for staff accessing the call light system
- Implemented process for Charge Nurse to be notified of all patient calls not addressed within 7 minutes

Future Goals:

- Assisting in the development and implementation of Skills Lab for Hourly Rounding

Hourly Rounding Compliance Monthly Average per Shift





Flowers Hospital

Hourly Rounding...

It is our goal for a staff member to round in your room at least every hour during the day and every two hours during the night.

7:00 – 8:00 a.m.		5:00 – 6:00 p.m.	
8:00 – 9:00 a.m.		6:00 – 7:00 p.m.	
9:00 – 10:00 a.m.		7:00 – 8:00 p.m.	
10:00 – 11:00 a.m.		8:00 – 9:00 p.m.	
11:00 – 12:00 p.m.		9:00 – 10:00 p.m.	
12:00 – 1:00 p.m.		10:00 – 12:00 a.m.	
1:00 – 2:00 p.m.		12:00 – 2:00 a.m.	
2:00 – 3:00 p.m.		2:00 – 4:00 a.m.	
3:00 – 4:00 p.m.		4:00 – 6:00 a.m.	
		6:00 – 7:00 a.m.	

DO NOT REMOVE

Wipe off with soft towel and/or soap cleaner. Do NOT use cleaners or disinfectants from shulton.com

Process Improvement

ADMISSION AND DISCHARGE TEAM :

- Developed Room and Services Guide
- Developed a Patient Education Guide for nurses to review on day one and day two of admission
- Developed a “Help You Need When Leaving Hospital...” Form
- Revised the Discharge Summary and added a Discharge Checklist
- Revised Admission Data Base to enhance interdisciplinary needs/referral notifications
- Implemented Discharge Folder

Future Goals:

- Evaluating admission assessment tools used by all disciplines in an effort to decrease repetitive information



About Your Room and Services...



Bed Controls

To adjust your bed to a more comfortable position, there are up and down arrows located on either side of your bed rails specifically for the head and foot sections of the bed. To adjust your bed up or down, simply press the desired button.



Television

There are three different ways to operate your television. You can utilize a remote control, a hand held call light device or the television button located on either side of your bed rails. To change channels on your television, simply press the button until the desired channel is located. If your television controls are located on your side rails or on a hand held device and you would like to turn the television off, press and hold the television button until it turns off. Please be aware that the channel will change through approximately 5 channels before turning off. We ask that you not remove the television remote from your room. Please refer to your Patient Information Guide for channel listings.

Tune in to channel 78 to view up-to-date patient education information 24 hours a day. Our educational channels are dedicated to providing information on common chronic diseases and conditions ranging from cancer and diabetes to smoking cessation and pain management. For information regarding patient safety, turn to Channel 80 where you can view our "Teaming Up for Patient Safety" video that provides helpful hints to ensure a safe stay while at our facility.



Internet Access

Flowers Hospital is equipped with wireless internet capability, known as Wi-Fi. If your computer has wireless internet capability, you should be able to access the internet throughout our facility. If you have questions regarding this service, please contact our Information Systems department at extension 8150.



Thermostat

To adjust the temperature, you have an individual room thermostat located on a wall within your room.



Calling Your Nurse

There are two ways to call a nurse. You can press the nurse's call button on either side of your bed rails that has a picture of a nurse's head on the button or you can press the nurse's call button located on your hand held call light (it is similar to the picture shown on the left). Pressing either of these buttons will connect you to a staff member at the nurse's station who will be glad to assist you and/or notify your nurse of your request.



Smoking Areas

Flowers Hospital is a smoke-free environment. Smoking is not permitted anywhere inside the building; however, for your convenience, there are several designated smoking areas outside. If your physician has given you permission to smoke, please inform your nurse anytime you will be leaving your room. This is very important in order to ensure your safety while you are a patient at Flowers Hospital.

FLH0000110007
1/06/03



Visiting Hours

General visiting hours are 10:00 a.m. – 8:30 p.m. Intensive Care Units have limited visiting hours which are 20 minute visits for two immediate family members at the following times each day: 10:00 a.m., 12:00 p.m., 2:00 p.m., 4:00 p.m., 6:00 p.m. and 8:00 p.m.



Vending/Coffee

For your convenience, complimentary coffee is provided for visitors and family members of patients in the nourishment room. The nourishment room is located behind each nurse's station. All other items within this room are for patient use only. However, vending machines are also available for visitors and family members and are located on the first floor near the cafeteria.



Meals

General serving hours for patients are:

Breakfast: 7:00 a.m. – 8:30 a.m.
Lunch: 11:15 a.m. – 12:45 p.m.
Dinner: 4:45 p.m. – 6:00 p.m.

Located in your room is a menu indicating what will be served during your stay. If you would like to request changes to your meals, please contact the Food and Nutrition Department at extension 7888. In order to ensure your menu change is received, we ask that you provide us with your request as outlined below:

- To make changes for breakfast, call the previous day before 6:00 p.m.
- To make changes for lunch, call the same day before 9:00 a.m.
- To make changes for dinner, call the same day before 2:30 p.m.



Cafeteria Hours

Lunch: 11:00 a.m. – 2:00 p.m.
Dinner: 5:00 p.m. – 7:00 p.m.
2:30 a.m. – 4:30 a.m.

For your convenience, there is an ATM available 24 hours a day in our cafeteria. The ATM accepts all major debit cards with a \$1.95 service fee. Please note that the hospital cafeteria does not serve breakfast; however, breakfast is served at Subway.



Subway Hours

Subway is located next to our hospital cafeteria. It is open 7 days a week and serves breakfast, lunch and dinner. Operating hours are 6:00 a.m. – 11:00 p.m.



Telephone

There is a phone located in your room for your convenience. Simply press the "on-off" button to talk and hang up. In order to ensure you get adequate rest during your stay, no telephone calls will be transferred to patient rooms between the hours of 9:00 p.m. and 6:30 a.m. To call a local number, first dial "9", wait for the dial tone, and then dial the desired number. Long distance calls cannot be made from this phone unless using a calling card or calling collect. Access to a telephone may be obtained upon request in ICU rooms.



Light Controls

Your reading light controls are located on either side of your bed rails. To turn on, simply press the light button. All other light controls are located by the door in your room.

FLH0000110007
1/06/03

Process Improvement

PATIENT EDUCATION AND COMMUNICATION TEAM:

- Implemented Communication Boards
- Side Effects for most medications placed on the Medication Administration Record
- Developed Medication Guides - side effect education handout for patients, for use in patient room and to be sent home with patient
- Implemented Bedside Shift Report



Flowers Hospital

At Flowers Hospital we treat our patients like family.

It is our goal to **ALWAYS**

- . Make you very satisfied
- . Treat you with respect
- . Make you feel safe and secure
- . Control your pain
- . Keep you informed
- . Provide a clean and comfortable room
- . Limit or explain any wait times
- . Answer your call light promptly

 <p>Today's Date</p>	 <p>Room #</p>
 <p>Your Nurse</p>	 <p>Your Patient Care Technician</p>
 <p>Family Contact Information</p>	 <p>Housekeeping Extension 7840</p>  <p>Food & Nutrition / Meals Extension 7888</p>
 <p>Today's Plan</p>	 <p>Other</p>



Your Medication Side Effects...

Medical/Orthopedic Medication Guide

Medications marked (✓) below are NEW medications that have been ordered for you by your physician. (3/10)

- ANCEF** – This is an antibiotic.
Side Effects: nausea, vomiting, diarrhea, stomach pain, yeast infections in women, skin rash
- SURFAK** – This is a stool softener.
Side Effects: bitter taste, mild abdominal cramps, diarrhea
- FEOSOL** – This is a form of iron.
Side effects: constipation, nausea, vomiting, dark stools/urine; avoid taking milk/milk products with iron
- PEPCID** – This is used to treat acid reflux (“heartburn”/GERD/ulcers).
Side Effects: headache, diarrhea, constipation, dizziness
- ASPIRIN** **COUMADIN** - This helps thin blood to decrease blood clots.
Side Effects: bleeding, bruising
- LOVENOX** - This helps to thin blood to decrease blood clots.
Side Effects: bleeding, bruising
- ZOFRAN** **REGLAN** **PHENERGAN** - This is used to treat nausea and/or vomiting.
Side Effects: dizziness, dry mouth, constipation, headache, stomach ache, diarrhea
- BENADRYL** **ATARAX** - This is for itching.
Side Effects: drowsiness, dizziness, dry mouth, constipation
- FLEXERIL** - This is a muscle relaxer.
Side Effects: drowsiness, dizziness, nausea and vomiting
- TORADOL** - This is used to treat pain and inflammation.
Side Effects: stomach pain, nausea and/or vomiting, diarrhea, constipation
- NUBAIN** - This is used to treat pain.
Side Effects: nausea, vomiting, constipation, sedation, sleepiness
- LORCET/LORTAB** **PERCOCET** **DARVOCET** – This is used to treat pain.
Side Effects: nausea, vomiting, constipation, sedation, sleepiness
- MORPHINE** **DILAUDID** **DEMEROL** – This is used to treat pain.
Side Effects: nausea, vomiting, constipation, sedation, sleepiness, decrease in blood pressure
- _____ This medication is for (used to treat) _____.
Side Effects: _____
- _____ This medication is for (used to treat) _____.
Side Effects: _____

Follow the “PATH” to effective BEDSIDE SHIFT REPORTING

“2 MINUTES IN – 2 MINUTES OUT”:

- **PERFORM BEDSIDE REPORT IN PATIENT’S ROOM**
 - Certain circumstances may limit the ability to report inside the patient’s room (i.e. patient/family request for no interruptions, patient sleeping, etc.). This should be the exception, not the routine.
 - Introduce on-coming Nurse / Manage Up
 - Update Patient Information Board
 - Discuss the “PATH”
 - P – Patient info (Name, DOB, **Quality Measure** info if applicable)
 - A – Assessment (IV, dressings, fall status, drains, equipment)
 - T – Treatment (activity, procedures, tests)
 - H – Hospital / Home Care (plan for day, discharge needs)
 - **Discuss Patient Satisfaction Info**
- **DISCUSS OTHER PERTINENT INFORMATION OUTSIDE PATIENT’S ROOM** (pending biopsy report, issues from the day, etc.)

PATIENT SATISFACTION

Medication Education / Side Effect Guides

- Medication Education Side Effect Guide completed and reviewed with patient
- Guide placed on the Patient Information Board
- Side Effects discussed at each medication pass

Hourly Rounding

- Hourly Rounding up to date
- Hourly Rounding process discussed with the patient using the following scripting - “It is our goal for a staff member to round on you every hour while awake and every two hours while sleeping.”

Day 1 and Day 2 Education

- Day 1 education completed and documented on Plan of Care “Pink” sheet
- Day 2 education completed and documented on Plan of Care “Pink” sheet

Pain Management

- Patient is requiring pain medication – How often _____ & next scheduled dose _____.
- Other pain relieving methods are _____.

Discharge Needs

- “Help You Need...” form reviewed/given to the patient & consult entered if applicable.
- Identify potential discharge needs with the patient using the following scripting – “Can you think of any additional help you may need at home since admission to the hospital?”

QUALITY MEASURE PATIENTS

Congestive Heart Failure Patient

- CHF pathway has been implemented.
- CHF Education (Living with Heart Failure) has been reviewed , given to patient & documented on _____.

Pneumonia Patient

- Pneumonia Protocol & pathway have been implemented.
- Blood cultures done at _____
- Antibiotic started at _____. - OR - Antibiotic must be started by_____.
- Flu & Pneumonia Immunization Protocol screenings completed & placed in chart.
- Patient needs Flu Vaccination on day of discharge YES NO.
- Patient needs Pneumonia Vaccination on day of discharge YES NO

SCIP Patient

- Post-op antibiotics have been given or need to be given. Antibiotics must be given by _____.
- Lavender Antibiotic indicator is on MAR.
- Foley catheter should be removed by _____. - OR - MD Reason for continuing foley is documented on Lavender foley sticker.
- VTE prophylaxis ordered for this patient is _____. VTE has been started. - OR - Must be started by_____.

Open Heart Patient:

- This is post op day _____. Patient is on IV or Transition Insulin Protocol.
- Keep Blood Glucose below 150. Last Blood Glucose _____.
- If Transition patient, obtain an additional 2 a.m. Accucheck. 2 nurses must double check all Algorithm changes & Insulin doses.

Stroke Patient

- Stroke pathway has been implemented.
- Dysphasia screen completed.
- VTE prophylaxis (SCDs, Lovenox, Coumadin, or SQ Heparin) has been started. - OR - Must be started no later than _____.
- Antithrombic therapy (Aspirin, Plavix, Aggrenox, or Ticlid) has been started. - OR - Must be started no later than _____. ISCHEMIC STROKE ONLY
- Stroke Education has been reviewed, given to patient & documented on _____.
- Rehab Services have been consulted.
- Lipid profile has been ordered if patient is NOT on a Statin at home . ISCHEMIC STROKE ONLY

AMI Patient

- ACS or Post Cath pathway has been implemented.
- Aspirin has been given within 24 hrs. of arrival - OR - Must be given by_____.
- Lipid profile has been ordered if patient is NOT on a Statin at home.
- AMI Education has been reviewed, given to patient & documented on _____.

Asthma Children's

- Asthma Education has been reviewed, given to patient & documented on_____.

Process Improvement

EMERGENCY DEPARTMENT TEAM:

- Discharge Call Back Program Implemented
- Patient Satisfaction Representative in Department (completes surveys, makes rounds to assess needs, etc.)
- Thank You Notes
- Rounding / ER Level Notification System
- Weekly ER Processing Team

Future Goals:

- 30 Minute Pledge
- Root cause for ER processing times that exceed goals

Concurrent Survey

- Immediate Feedback
- Early Intervention
- Rapid Service Recovery
- Monitor Performance



**PROCESS IMPROVEMENT
FOLLOW-UP**

Dept./Rm #	Date
Patient Name	
Completed By	

1. **Nurse call system / caregiver pagers working properly / timely responses:**
 Yes No N/A

2. **Staff members washing/foaming hands when they enter/leave room:**
 Yes No N/A

3. **Housekeeping staff cleaned room daily / left notification of being in room:**
 Yes No N/A

4. **Education regarding falls, infection control, how to work bed, etc. given / discharge needs assessment form given:**
 Yes No N/A

5. **Medication Guide given and reviewed:**
 Yes No N/A

6. **Staff completing hourly rounds (Pain, Position, Potty and Possessions):**
 Yes No N/A

7. **Bedside shift report performed (introduce, assess IV sites, look at dressings, update information board, etc.):**
 Yes No N/A

8. **Ancillary/support staff accommodating needs (Physical Therapy, Radiology, Lab, etc.):**
 Yes No N/A

9. **Always, very satisfied with the care provided:**
 Yes No N/A



**PROCESS IMPROVEMENT
OBSERVATION**

Dept./Rm #	Date
Patient Name	
Completed By	

Side Effects

Name of Observed _____

Reviewed Side Effects Yes No

If No: said "may cause"

Comments:

Bedside Shift Report

Name of staff _____

Discussed:

Hourly Rounding

Side Effects

Pain

Education

Discharge Needs

Other _____

Comments:

Hourly Rounding

Name of Observed _____

Time: _____

Asked: Pain

Potty

Position

Possessions

"Can I get you anything?"

"Do you need anything?"

Comments:

Accountability

Weekly Patient Satisfaction Meeting

- CNO/ACNO/CQO Department Directors - Multidisciplinary
 - Hourly Rounding Compliance
 - Current Patient Satisfaction Results
 - Patient Satisfaction Rounds
 - Success Stories/Opportunities
 - Fall-outs – meet with the CEO and CNO

Patient Satisfaction/Hourly Rounds Inspection Form
To Manager by end of day Oct 14th; For Oct 19th Mtg

Date: _____ Inspected By: _____ Assigned Floor: _____

Visit at least 3 patient rooms. Write in responses to each process/question. Document any additional pertinent information in the comments section, listing the room # if it is applicable to.

Copy given to manager after completed (bring original to turn in and report on during next Patient Satisfaction/Hourly Rounding Meeting)

Department Manager of Unit Surveys: Bring copy to the next Patient Satisfaction/Hourly Rounding Meeting to discuss.

Target areas:	Room # _____	Room # _____	Room # _____
During your first medication pass, the nurse should have reviewed side effects for each new medication and should have posted a side effect guide for your review. Tell me about the side effect education you were given.			
Our goal is to have a staff member round in your room at least every hour. Staff should address needs such as pain, bathroom, position and possessions in reach. Tell me what the staff does/says when they come in every hour.			
Our goal is to let you know when there is a change in your caregiver. Staff should complete a bedside shift report to discuss this change and your plan of care. Tell me about how the staff completes bedside shift report.			
Other: Has your room and bathroom been kept clean?			
Comments:			

What Is Our Rating?






Patient Satisfaction Scores

(Inpatient and ED Scores for 3rd Quarter 2011 as of Oct. 11th, 2011)

INPATIENT

Overall Satisfaction
Rating 0 - 10






Would You Recommend
the Hospital?
"Definitely Yes" Percentage

Overall Satisfaction Rating 0 - 10	Would You Recommend the Hospital? "Definitely Yes" Percentage
 <p>GOAL! Score of 9.30 - 10 Current score=9.31</p>	<p>Score of 89 - 100% Current score=89%</p>
 <p>Score of 9.10 - 9.29</p>	<p>Score of 85 - 88%</p>
 <p>Score of 8.90 - 9.09</p>	<p>Score of 80 - 84%</p>
 <p>Score of 8.75 - 8.89</p>	<p>Score of 75 - 79%</p>
 <p>Score of 8.74 or below</p>	<p>Score of 74% or below</p>

EMERGENCY DEPT

Overall Satisfaction
Rating 0 - 10

Would You Recommend
the ED?
"Definitely Yes" Percentage

Overall Satisfaction Rating 0 - 10	Would You Recommend the ED? "Definitely Yes" Percentage
 <p>GOAL! Score of 9.10 - 9.50</p>	<p>Score of 85 - 90%</p>
 <p>Score of 8.75 - 9.09 Current score=8.98</p>	<p>Score of 80 - 84%</p>
 <p>Score of 8.50 - 8.74</p>	<p>Score of 75 - 79% Current score=79%</p>
 <p>Score of 8.30 - 8.49</p>	<p>Score of 70 - 74%</p>
 <p>Score of 8.29 or below</p>	<p>Score of 69% or below</p>

Flowers Hospital Quality Alliance Report
Executive Summary
July - September 2011
Inpatient Surveys

(Updated 10/03/11)

HCAHPS Survey Questions	Current Period: July - September 2011						Previous Period: April - June 2011 (Final)				
	N	Adj N	MEAN	TOP BOX % ALWAYS	Percentile Rank	Trend	N	Adj N	MEAN	TOP BOX % ALWAYS	Percentile Rank
Nurses treated you with courtesy & respect	106	106	3.95	96.2%	97	↑	170	170	3.88	91%	86
Nurses listened carefully to you	106	106	3.82	86.8%	95	↑	170	168	3.78	82%	85
Nurses explained things in a way you could understand	106	105	3.70	78.1%	70	↓	170	168	3.73	80%	82
Got help as soon as you wanted	106	92	3.57	67.4%	70	↓	170	149	3.59	69%	74
Doctors treated you with courtesy & respect	106	106	3.91	92.5%	86	↑	170	169	3.87	91%	73
Doctors listened carefully to you	106	106	3.85	88.7%	93	→	170	168	3.83	89%	91
Doctors explained things in a way you could understand	106	105	3.76	82.9%	82	↑	170	167	3.73	81%	70
Room/Bathroom kept clean	106	106	3.67	74.5%	52	→	170	169	3.64	75%	62
Area quiet at night	106	105	3.67	75.2%	83	↑	170	167	3.62	73%	71
Got help with bathroom as soon as you wanted	106	55	3.75	78.2%	78	↓	169	113	3.72	81%	81
Pain well controlled	106	79	3.73	77.2%	95	↑	169	129	3.68	74%	93
Did everything to help you with pain	106	79	3.81	84.8%	84	↑	169	128	3.77	82%	73
Told you what new medication was for	105	51	3.84	84.3%	87	→	169	81	3.78	84%	90
Told you possible side effects of new medication	105	50	3.60	78.0%	98	↑	169	81	3.20	57%	84
Staff talked about help you needed when leaving hospital	105	100	1.79	79.0%*	24	↓	169	147	n/a	86%*	-
Received info in writing about signs & symptoms to look for after leaving hospital	105	100	1.94	94.0%*	93	↑	169	150	n/a	89%*	-
Overall rating of hospital (0 - 10 scale, 10 being the best hospital)	105	104	9.29	87.5%	99	↑	169	167	9.27	83%	94
Would you recommend this hospital	105	103	3.86	87.4%**	95	↓	167	164	3.88	90%**	97
Nurses checked on you every hour	103	102	3.68	74.5%***	99	↑	165	161	3.55	66%***	99

** Indicates "Yes" responses *** Indicates "Definitely Yes" responses **** Indicates "Very Satisfied" responses Red = 0-79; Yellow = 80-89; Green = 90-100
Comparison to previous quarter: → = < 1% change ↑ = 1% or more increase ↓ = 1% or more decrease

**Flowers Hospital Quality Alliance Report
Executive Summary –ER Surveys
July – September 2011**

(Updated 10/04/11)

ER Survey Questions	Current Period: July – September 2011						Prior Period: April - June 2011 (Final)				
	N	Adj N	MEAN	TOP BOX % ALWAYS	Percentile Rank	Trend	N	Adj N	MEAN	TOP BOX % ALWAYS	Percentile Rank
How often patient care staff show sense of urgency	125	123	3.64	74.0%	85	↓	150	147	3.65	79%	91
Care and Services well coordinated	125	123	3.62	72.4%	85	↓	150	149	3.56	74%	79
Staff explained what medicine was for	41	41	3.80	90.2%	97	↑	43	42	3.81	88%	96
Staff did everything to help with pain	125	113	3.60	74.3%	76	↓	150	142	3.63	79%	92
Explained tests/treatments and what to expect	125	124	3.67	79.0%	97	→	150	147	3.67	80%	97
Felt comfortable asking questions about care and treatment	125	124	3.73	83.9%	93	↓	150	149	3.76	85%	93
Staff did a good job of keeping informed about delays	125	122	3.56	71.3%	85	↓	150	148	3.53	74%	85
0 – 10 rating the care received by patient care staff	125	124	9.04	73.4%	93	→	150	149	8.87	74%	91
Amount of time doctors spent with you	125	124	3.36	46.8%**	82	↓	150	146	3.40	51%**	90
Courtesy and respect, friendliness and kindness given	125	125	3.65	68.8%**	99	↑	150	150	3.62	66%**	98
0 – 10 rating the care received from the ED physicians	125	123	9.11	81.3%	99	↑	150	148	8.99	77%	98
Total amount of time spent in ED (arrival to dc)	125	124	3.36	50.0%**	92	↑	150	147	3.24	41%**	71
Clearly and completely told what to do and what to expect at home	125	121	3.45	54.5%**	90	↑	150	145	3.40	50%**	74
How much you were helped by ED visit	125	124	3.38	50.0%**	70	↓	150	149	3.43	54%**	86
0 – 10 rating of ED	125	124	8.95	73.4%	94	↑	150	150	8.72	72%	86
Would you recommend this ED to friends/family	125	125	3.73	77.6%***	93	↓	150	147	3.73	82%***	95
Receive a follow up call from ED within 4 days of visit	119	99	n/a	81.8%*	-	↑	150	137	n/a	79%*	-

* % Indicates "Yes" responses ** % Indicates "Very Satisfied" responses *** % Indicates "Definitely yes" responses
 Comparison to previous quarter: → = < 1% change ↑ = 1% or more increase ↓ = 1% or more decrease
 Red = 0-79; Yellow = 80-89; Green = 90-100

Expectations

- 100% Performance
- Variations will be Examined
- Solutions not Excuses
- Training, Tools, Teams

“Let whoever is in charge keep this simple question in her head, (not, how can I do the right thing myself, but) how can I provide for this right thing to be always done.”

Florence Nightingale
Notes on Nursing (1859)

When is

99.79%

Not Good Enough?

When it is your family!

