



2008 Share Conference  
Working Together for  
Quality and Service

**Bronx-Lebanon Hospital Center**  
**“Enhancing Patient Satisfaction  
and Clinical Outcomes for  
Management of Ventilator Acquired  
Pneumonia”**  
**January 9, 2008**



# Project Participants

## *Co-Sponsors:*

- Anatoly Veksler BS, RRT-NPS
- James Dunne MS, MT
- Gilda Diaz-Fuentes MD
- Kate Quinn-Miller PhD

## *Co-Leads:*

- Brenda E. Ward, PhD., RN
- Marion Riggins, RN
- Francise Peterson-Fitzpatrick, RPh

## *Team Members:*

- Department of Respiratory Care Services
- Department of Performance Improvement
- 1199/SEIU members
- Training & Staff Development



# Project Goal

- **comprehensive, outcome-oriented training**
- **interventions to enhance patient satisfaction**
- **clinical outcomes in the management of Ventilator-Acquired Pneumonia (VAP).**



## How did the goal get set?

**The goal was designed based upon the principle that the clinical aspect of customer service cannot be divorced from the relationship aspect of service.**



## How was the data used?

- **Focus to reduce the incidence of VAP**
  - Evidence Based Practices
- **Associated risk**
  - Customer/Patient
  - Service provider
- **Complemented**
  - realistic, effective customer relations strategies which are core essentials of this project.



## Approach

- **To discuss the proposed project**
- **Identify the needs**
- **Define and develop the goal**
- **Framework**
- **Methods to sustain accomplished improvements**
- **Establish a timeline**



## The Process

- **Discussions with members of the multidisciplinary group**
  - Infection Control
  - Performance Improvement
- **Policy and Procedures**
- **PI goals and benchmarks**
- **Analysis of PI data**
- **Customer Satisfaction Survey Reports**



# PREVENTION OF VENTILATOR ASSOCIATED PNEUMONIA (VAP)

## Background

- Intubated patients with VAP experience a significantly longer duration of mechanical ventilation, ICU stay, and hospital stay than matched cohorts.
- Patients with VAP have an increased mortality compared with no VAP
- An episode of VAP can increase hospital costs by \$40,000.
- With upward of 250,000 cases of VAP annually, the cost of treatment easily approaches \$10 billion in the United States alone.
- The rate of VAP at BLHC in 2005 exceeded the national rate.



# PREVENTION OF VENTILATOR ASSOCIATED PNEUMONIA IN THE ICU

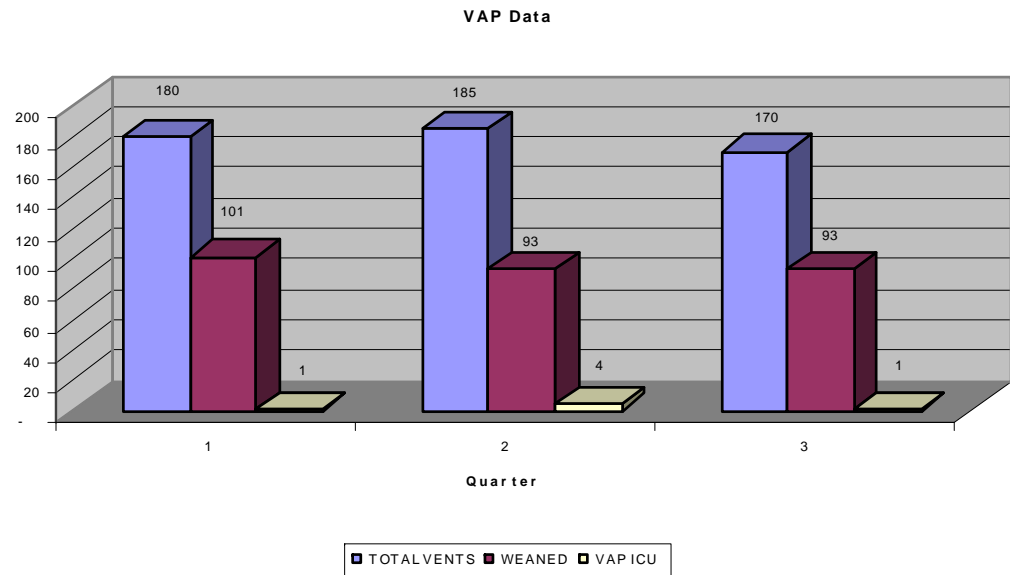
## Plan:

- In December 2005 a VAP committee was formed with members from nursing, infection control, respiratory and pulmonary/CCM divisions.
- In January 2006 a “VAP” bundle was implemented across the ICU’s (MICU,CCU, Surgical ICU patients)
- VAP bundle:
  - Sedation vacation
  - Q2 hours mouth care
  - Head-of-bed elevation
  - Aggressive weaning and extubation- Weaning guidelines



# VAP DATA

- Very Busy Hospital
- High Census of Patients
  - Cardiac
  - Pulmonary
  - Surgery
- Weaning very aggressive
- VAP rate very low





# Statistics

VARIABLES	2005	2006	2007		
	Jan-Dec	Jan-Dec	Q1	Q2	Q3
# Ventilator % Weaned	571 26%	504 28%	180 56%	185 50%	170 55%
# VAP's	29	6	1	4	1
VAP rate by NHSN	5.99	5	5	5	5
LOS ventilator	5.3	3.8	5.46	5.96	3.65



## Observations

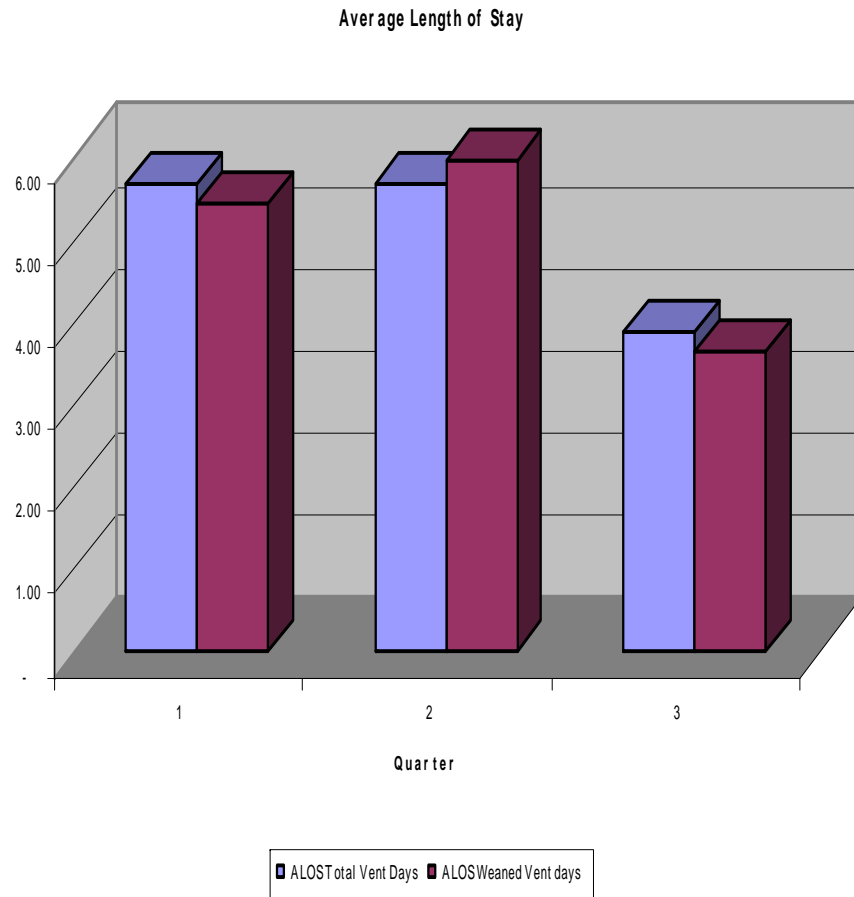
- The implementation of a VAP bundle resulted in:
  - Decrease in VAP rate at our institution, below national levels
  - Decrease in LOS on mechanical ventilation in the ICU

**Our Goal at BLHC is to keep the VAP rate below the national benchmark ideally less than 3.0**



# Average Length of Stay

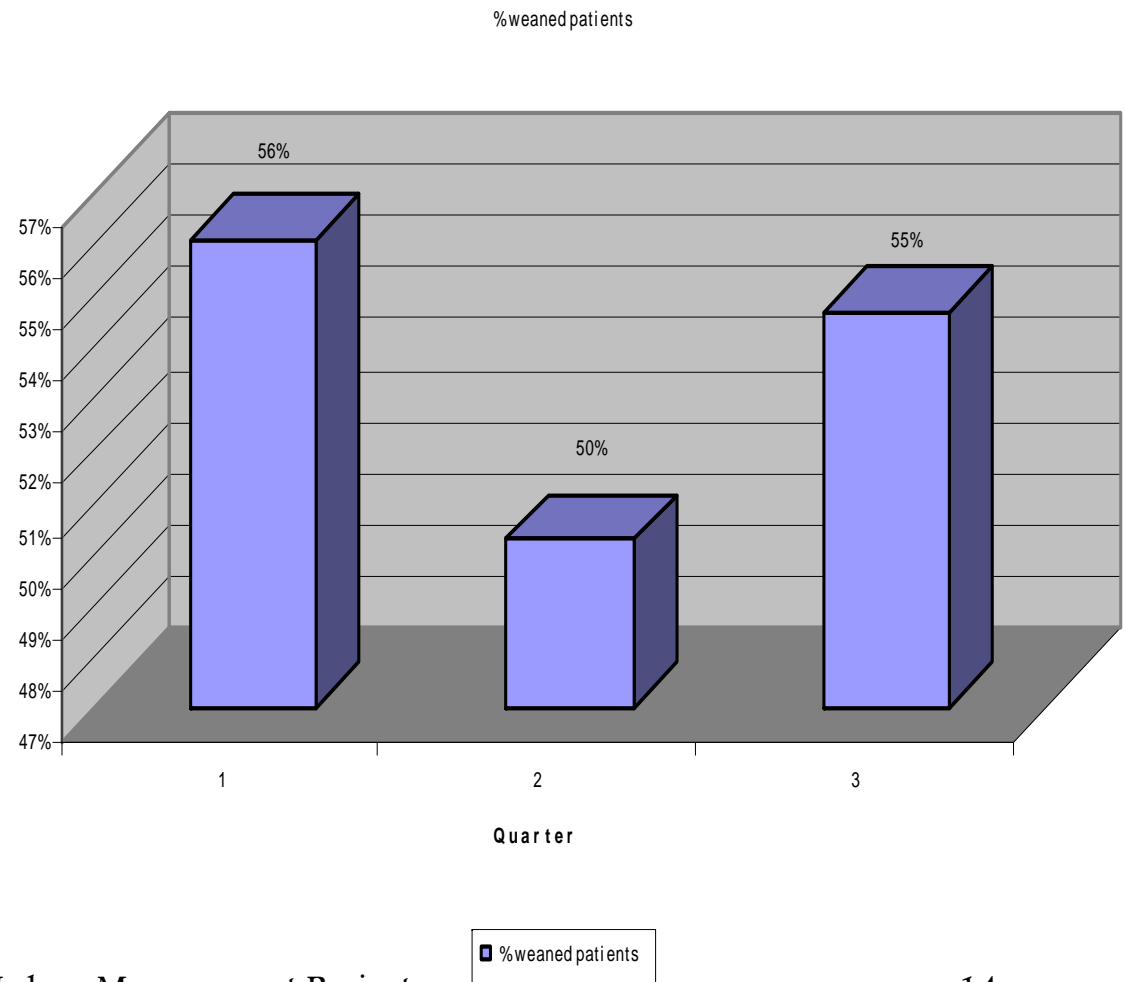
- Inservicing
- Education
- Collaboration
  - RT/RN/MD
- Aggressive T-Piece Trials
- Increased use of NiPPV
- Increased use of Heliox





# Weaning

- Morning VAP rounds
  - RT
  - RN
  - MD
- VAP Bundles
  - Head 45 degrees
  - Oral Care
  - Sedation/Vacation





## WHAT ARE WE DOING ABOUT THE RESULTS ON VAP?

### **The VAP rate is maintained**

- **Create a unit-based collaborative practice committee to address patient care**
- **The collaborative practice committee will implement best practices in patient satisfaction**



# What is Customer Service?

## Background

- Ability to work collaboratively with patients, visitors, and staff
- Ability to express your feelings professionally and courteously
- Be an advocate to fellow peers and administration
- To be a positive influence for visitors who enter BLHC
- Be a Team Player



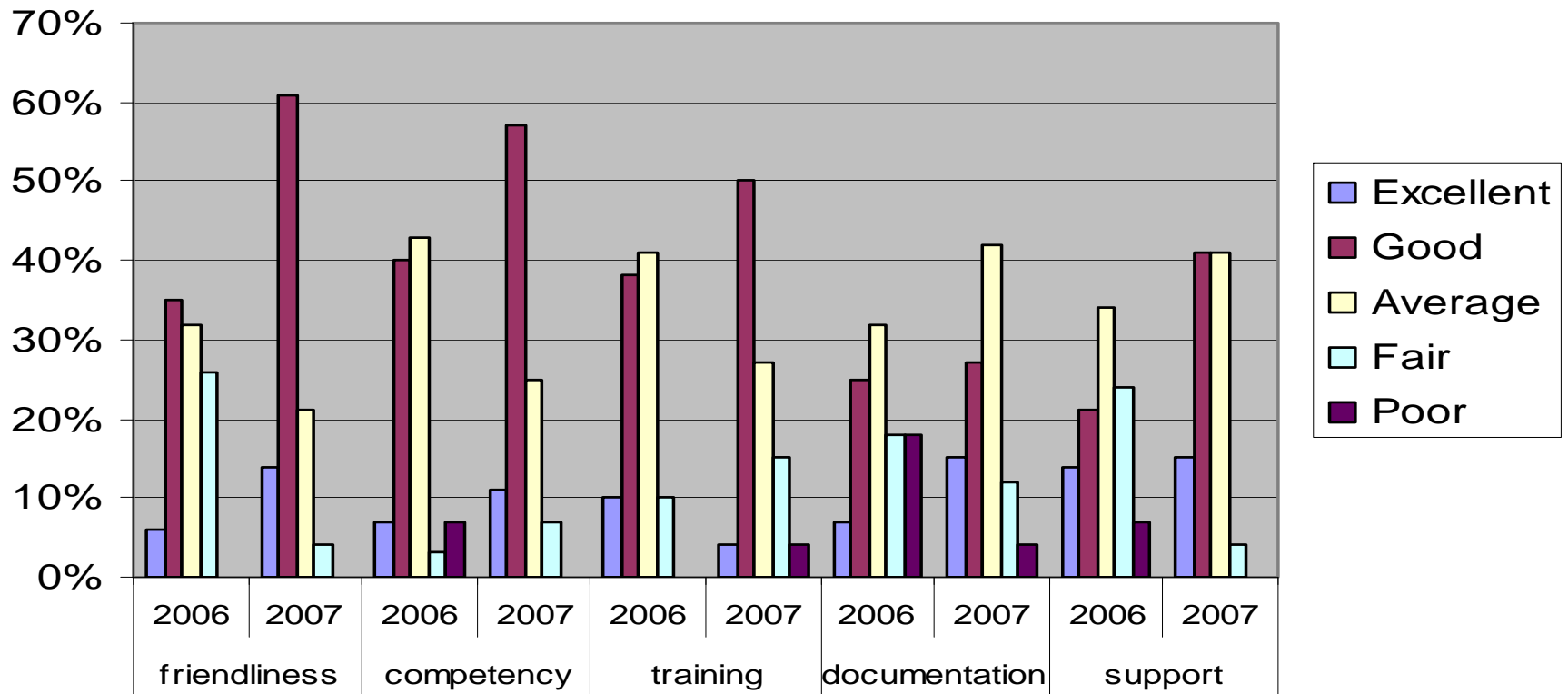
# Customer Service Plan

- In June 2006 a department survey was formed:
  - Nursing, Medicine, Infection Control, Pulmonary
- In September 2006 a management team was implemented across the department
- Customer Service bundle:
  - Supervisor responsibility to assure service compliance
  - Staff structure was formulated
  - Monthly Lectures on Customer Service
  - Performance Appraisals



# Customer Service

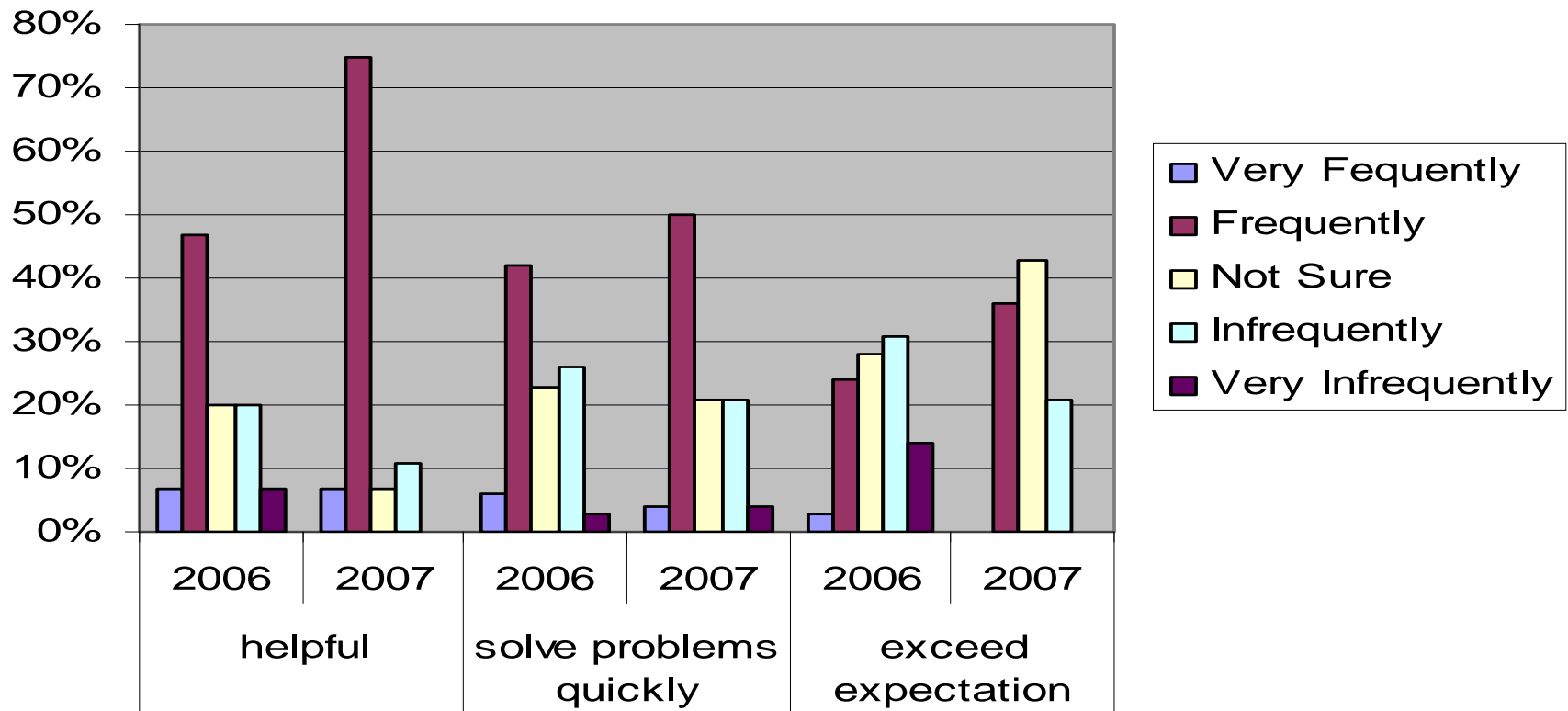
## Respiratory Care Services





# Customer Service

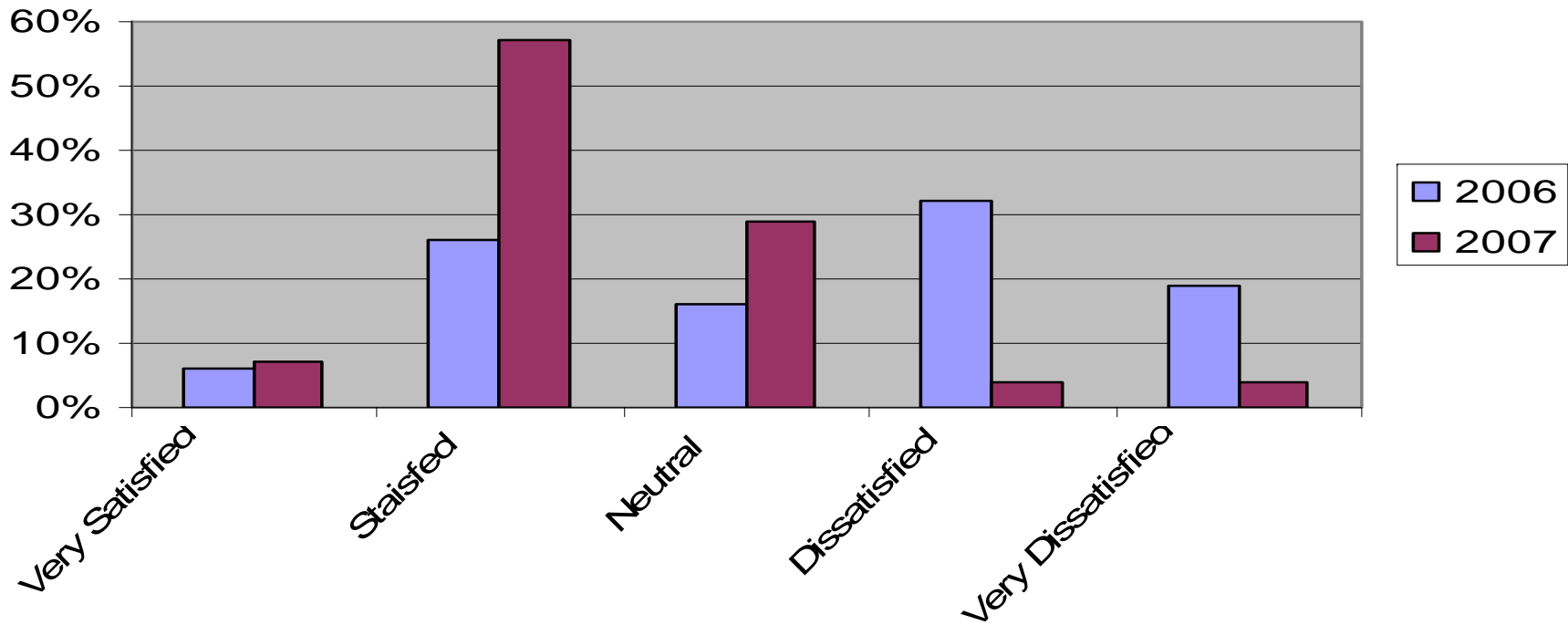
## Respiratory Care Services





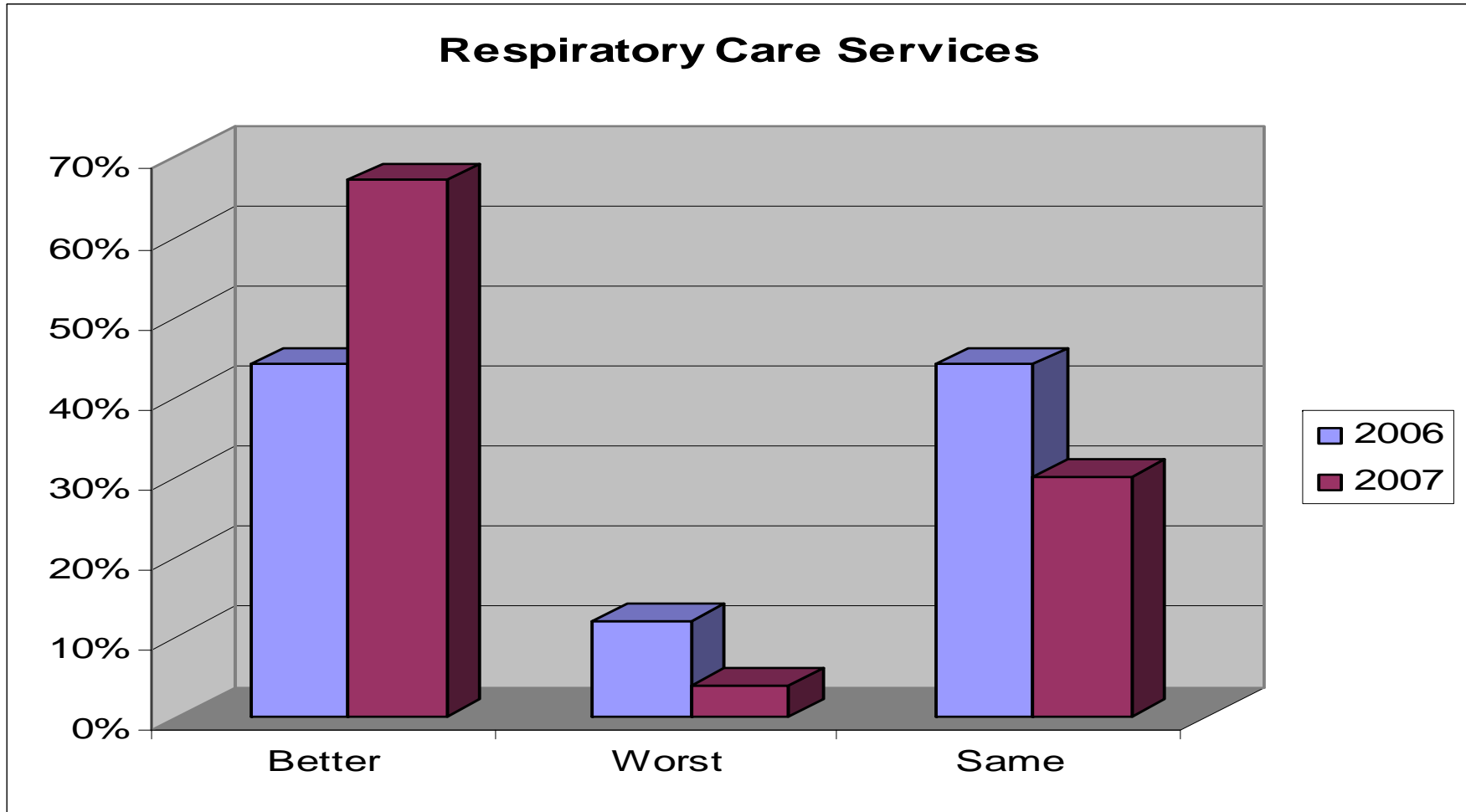
# Customer Survey

**How Satisfied are you with the Respiratory Therapist**





# Customer Service





## WHAT ARE WE DOING ABOUT THE RESULTS?

- ❖ **RT scored 21% better for Satisfaction**
  - ❖ Polite
  - ❖ Customer Oriented
- ❖ **RT scored 23% better compared a year ago**
  - ❖ Reinforce Customer Service Training
- ❖ **Overall the RT Team has a remarkable improvement in Customer Service**
- ❖ **The survey will be repeated after one year of staff recruitment and training**



## WHAT WILL THE RESULTS BE?

- **Ensure a safe environment**
- **Increase customer satisfaction**
- **Increase staff satisfaction**
- **Lower staff turnover**



## WHAT NEEDS TO CHANGE?

- **Communication Techniques**  
Achievable when we understand what the patients expect
- **Assume ownership for improving patient care**



## WHAT DO PATIENTS WANT?

- **To understand their plan of care**
- **High standards of cleanliness**
- **Non-judgmental care**
- **Timely response to the call bells**
- **Pain Management**
- **Reduced wait time**



## HOW CAN STAFF IMPROVE CUSTOMER SERVICE?

- **ALWAYS ASSUME OWNERSHIP**
  - Realize that all patients are our responsibility
- **PROVIDE NEEDED INFORMATION IN A  
TIMELY MANNER**
- **PEER REVIEW**



## WHY ARE EVALUATIONS IMPORTANT?

- **Progress is measured**
- **Problems can be identified**
- **Actions can be taken to improve results**



## HOW DID WE ACHIEVE THIS?

### **95% OF THE STAFF RECEIVED VAP and CUSTOMER SERVICE TRAINING**

- **Registered Respiratory Therapist**
- **Equipment Technicians**
- **Administrative Support Staff**



COMMIT TO EXCELLENCE

## **EXCELLENCE IS WHEN:**

- **Staff know they are valued**
- **Staff know their patients are getting great care**
- **Patients know that the quality of service is extraordinary**



## WHAT ARE WE DOING?

- Peer-review tool and process has been implemented to track compliance with clinical and relationship standards.
- Implement a staff recognition program and staff will be recommended by their peers to be featured in the Bronx Lebanon's quarterly Heartbeat publication.
- The Infection Control and Performance Improvement departments are also monitoring and will provide the department and the hospital-wide committee with quarterly reports.
- The patient representatives will identify to the Respiratory Department any complaints or commendations from VAP patients and their families.
- Patient satisfaction surveys continue to be conducted with results being distributed to the department where staff is held accountable for the results.



THANK YOU!!!!

**Thank you 1199 ETJSP for helping us to  
achieve our goals**