



2008 Share Conference
Working Together for
Quality and Service

Mount Sinai/ 1199 SEIU/NYSNA
Labor-Management Partnership
Quality and Service
Telemetry Patient Flow Project



Telemetry Patient Flow Team

Co-Sponsors

Norma Calame

Betty Wharton

Henry Williams

Denise Campo

Co-Leads

Cecilia Martin-Dabu, Clinical
Nurse Manager

Mary Yianelis, RN

Team Members

Mariana Brudasca, CNA

Nuala Quigley, Unit clerk

Roland Regis, Housekeeping

Alice Ruiz, Admitting

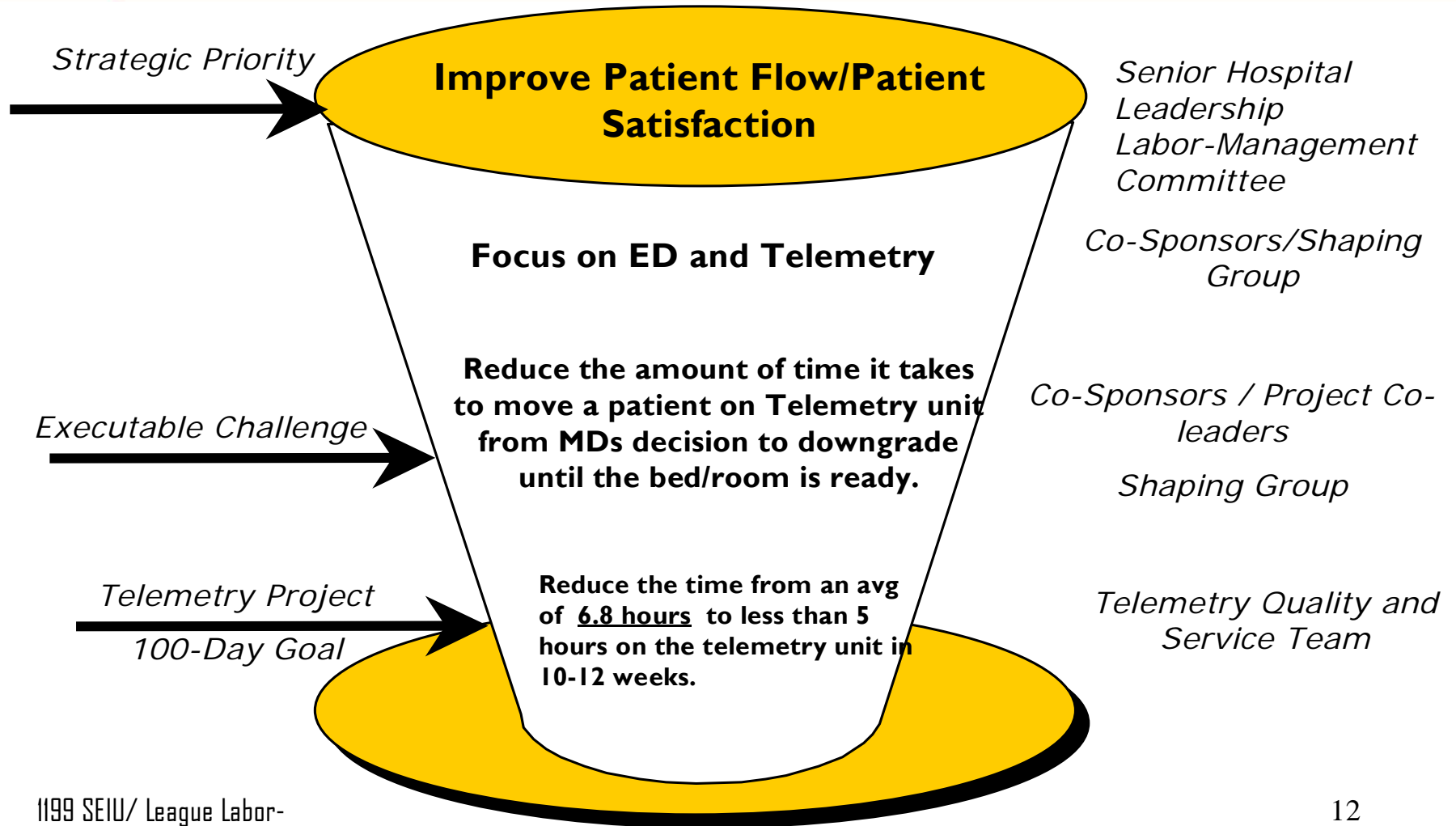
Rajinder Singh, RN

Lorraine Calderone

Sonia Campbell

Elizabeth Nicolas

Setting The Project Target





Reaching the Project Goal

- Completed a process map to help identify barriers.
- Brainstormed solutions to barriers and translated to action steps.
- Collected baseline data over several weeks, determined avg. time and decided on an achievable, but challenging goal.
- Reviewed different interventions, ideas for achieving the project goal.
- Collected and reviewed patient flow data regularly to monitor progress.



What is different?

Qualitative Improvements

- Housekeeping is available on floor during 3-11 p.m. shift M-F to respond to high demand times. Bed turnover is faster because beds are cleaned and ready.
- Telemetry unit clerk is rounding and checking status of room/beds every two hours and calling admitting.
- Improved communication on unit and between units and admitting. One contact person is pro-active in assigning beds and informing housekeeping.
- Attending physicians are more pro-active in downgrading or discharging their patients.



What is different?

Quantitative Improvements

- Need data on Project goal – From Beginning of November
- *Average time from MD downgrade to bed/ room ready for new patient improved from an average of 6.8 hours at the beginning of project to an average of 4.03 hours at the end of project*
- Include data/impact on ED (from Dr. Nierman)



What did you do to achieve results?

- Educated telemetry staff about the project through individual and staff meetings. Prepared and distributed memo and discussed project with colleagues.
- Involved senior administration from the beginning and received their full support.
- Involved select department heads to get their feedback and support.
- Set a two hour window for patient transfers.
- Asked admitting to assign one bed per nursing district.



What did you do to achieve results?

- Tracked downgrades from 7 a.m. to 11 p.m.
- Conducted a bed huddle twice per day, Monday-Friday. Huddle included admitting, ER, nurse managers, social services, care management and housekeeping.
- Telemetry unit clerk is rounding and checking status of room/beds every two hours and calling admitting.



Challenges and Strategies

Challenges	Strategies
Communication – need to speak to one person in admitting, ER and Station 6 who is dedicated to patient flow.	<ul style="list-style-type: none">• Used walkie talkies between housekeeping and admitting• Two bed huddles per day M-F
High turnover during 3-11 p.m. shift	<ul style="list-style-type: none">• Assigned specific housekeeping staff on 3-11 shift M-F to improve efficiency/meet high demand.



Remaining Challenges

- Per diem doctors on weekend not downgrading patients or calling the attending. Unfamiliar with paperwork and not communicating properly with other staff about patient status. Causes backup on Monday.
- Inadequate housekeeping staff pattern on weekends
- Inconsistent use of bed tracking system
- Moving isolation patients. No private rooms on telemetry.
- Lack of progress on weekends. Not enough support from weekend ADNs.



What's Next?

- We will collect and review data on quarterly basis to measure progress.
- Examine/Review housekeeping staffing patterns hospital-wide.
- Focus on Communication by dedicating point people on units to discuss patient flow (i.e. charge nurse to charge nurse).
- We will discuss potential of new project with the ED employing similar methodology.
- Consider expanding project focus to other units.