Nurses at the Forefront of Integration

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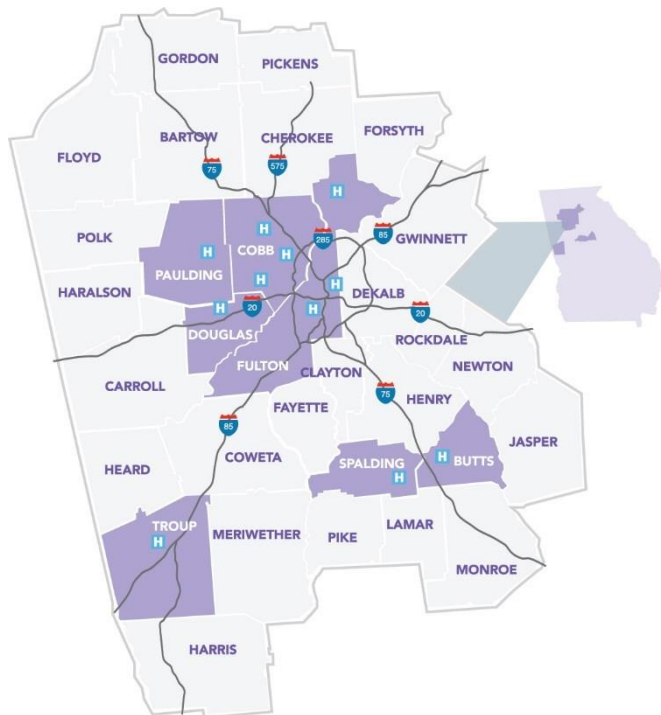Freda Lyon, MSN, RN, NE-BC
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WellStar Health System

♦ Not-For-Profit 11-Hospital System ~ 2,775 Beds

♦ Integrated Health System: 2 Health Parks, 3 Nursing Homes, 3 Hospices, 8 Urgent Care Centers, 19 Imaging Centers, 1 Pediatric Center

♦ **240** Medical Offices (**2,900** Medical Group Providers)

♦ **69,900+** Discharges/year

♦ **9,500+** Deliveries/year

♦ **20,000+** Team Members

♦ Revenues **$3 Billion**

♦ **$427 Million** in Annual Community Benefits

WELLSTAR®

We are WellStar

Our Vision

To deliver world-class healthcare

Our Mission

To create and deliver high-quality hospital, physician and other healthcare related services that improve the health and well-being of the individuals and communities we serve.

Our Credo

I believe every person and every job is important and I am accountable for achieving my goals.

I believe in compassion and understanding.

I believe in innovation and creative thinking.

I believe in the WellStar team and we are making a difference in people's lives.

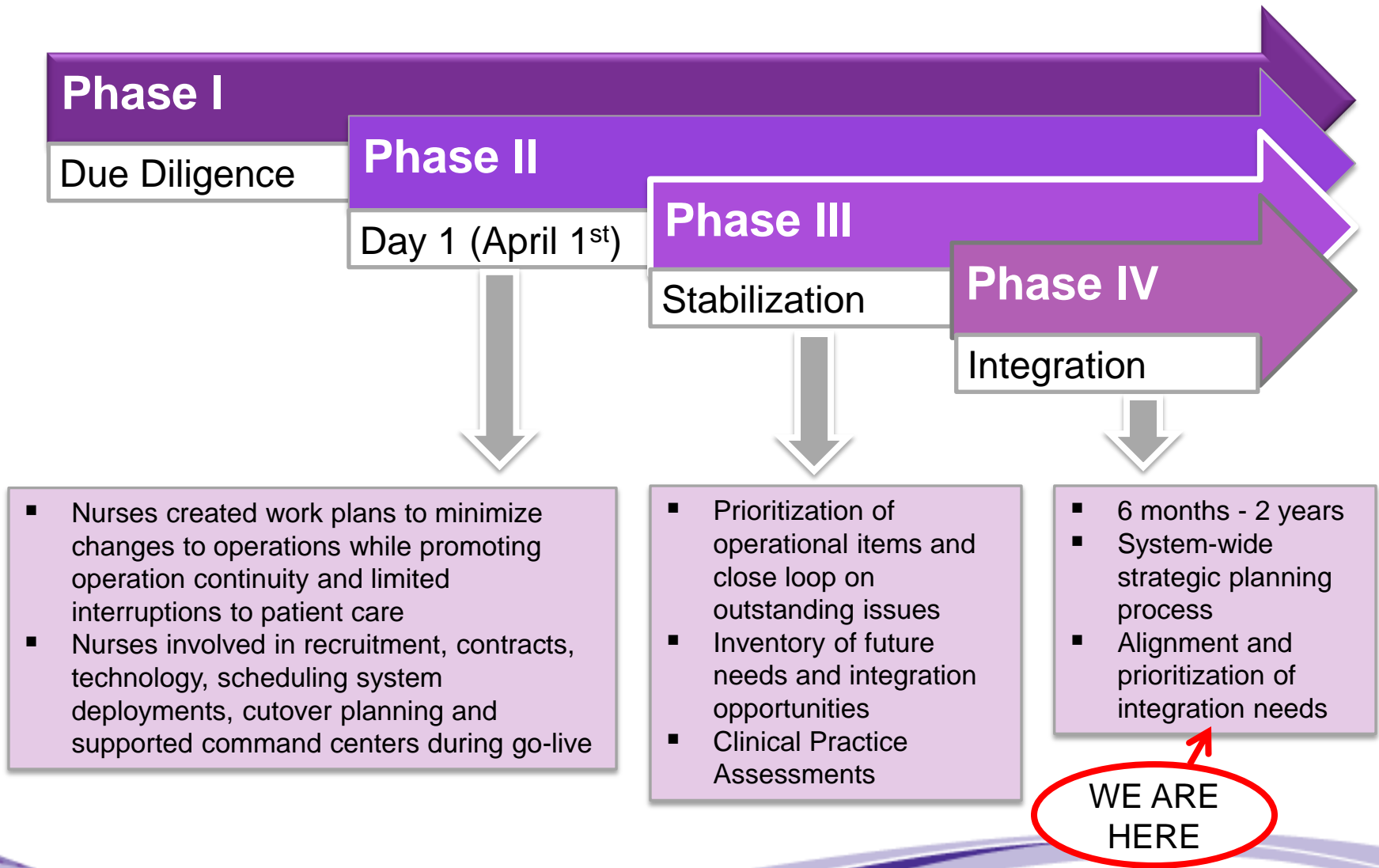We believe in life well-lived.

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Presentation Overview

♦ Overview of integration phases, methods/strategies, work involved and best practices created during a major organizational integration

♦ Current clinical operational state including clinical practice assessment data consolidated, analyzed and common themes identified, followed by high value and high impact projects identified for specific practice areas

♦ Overview of next steps which include developing a standardized approach to integrating policies and procedures and merging entity practices on the basis of best-practice evidence

♦ Presenters have no disclosures

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How Many of You . . . .

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Integration To One WellStar

Phase I

Due Diligence

Phase II

Day 1 (April 1st)

Phase III

Stabilization

Phase IV

Integration

- Nurses created work plans to minimize changes to operations while promoting operation continuity and limited interruptions to patient care
- Nurses involved in recruitment, contracts, technology, scheduling system deployments, cutover planning and supported command centers during go-live

- Prioritization of operational items and close loop on outstanding issues
- Inventory of future needs and integration opportunities
- Clinical Practice Assessments

- 6 months - 2 years
- System-wide strategic planning process
- Alignment and prioritization of integration needs

WE ARE HERE

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Integration Maturity

Focus →	Alignment →	Integration →	Behavior
Doing what matters	Pulling in the same direction	Speaking the same language	Everybody on board
- Shared understanding of value creation - Common goals	- Imperatives are balanced; prioritization - Working together	- Clear management governance and accountability - Standardization - Reduce variation	- Continued performance improvement - Promote commitment to goals
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Phase I: Scoping

- Integration planning key objective: Minimize changes to current state operations and limit interruptions to patient care

- Planning meeting December 7, 2015: Identified functional groups, leader roles and responsibilities defined

- Integration process through Day 1 established (including key activities, guiding principles, rules of the road, governance)

- Guiding principles: Goal to maintain processes on Day 1 unless there was a patient safety or compelling business reason

- Exceptions: Lawson (finance/supply) and Epic® Ambulatory

- Official Kickoff with Functional Groups: December 9, 2015

Our Integration Journey

Due Diligence
- December 2015 Kick-off
- 23 Clinical Operations teams
- Leaders from legacy and new

"Day One"
- Go-live 4/1/2016 12:01am
- 362 key clinical issues addressed
- Central Command Center
- Leadership Rounding/Celebration

Stabilization
- Chief Nurse Leadership team assembled
- Day 2 issues prioritized and worked
- Clinical Assessments ED, PeriOp, Critical Care, Behavioral Health Initiated
- Workforce Stabilization Initiated

Integration into One Wellstar
- Clinical Practice Standardization Initiated
- Career Progression Model Implemented
- Workforce Model Assimilation
- Professional Practice Model Redesigned
- Nursing Shared Leadership Model Crafted

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Phase I: Functional Groups

Clinical Sub-Functions

Group	#	Sub Functions
	1	Inpatient Nursing
	2	Pharmacy
	3	Medical Staff Credentialing / Privileging
	4	Laboratory Services (including blood bank)
	5	Care Management / Utilization Management / Social Work
	6	Imaging Services & Diagnostics
	7	Emergency Medicine / Trauma / Inter-facility Transfer Coordination
	8	Perioperative Services
Clinical	9	Physical Therapy/Occupational Therapy/Speech Therapy
	10	Behavioral Health
	11	Respiratory Services
	12	Long-Term Acute Care (LTAC)
	13	Dialysis
	14	Hospice
	15	Neurodiagnostic
	16	Sleep Lab
	17	Cardiovascular Services
	19	Emergency Medical Services (EMS)
	20	Inpatient Rehabilitation
	21	Graduate Medical Education (GME)
	22	Research & Institutional Review Board
	23	Wound Care

Support Sub-Functions

Group	#	Sub Functions
	1	Housekeeping / EVS
	2	Food and Nutrition
	3	Plant and Operations
	4	Materials Management
Support	5	Security
	6	Laundry and Linen
	7	Biomedical Engineering
	8	Interpreter Services
	9	Admitting/Transfers

Additional Sub-Functions

Group	#	Sub Functions
	1	Capital Planning
Administrative	2	Policies and Procedures
	3	Licenses and Permits
	4	Contract Continuity

Quality and Regulatory

Group	#	Sub Functions
Quality	1	Quality and Patient Safety

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Phase I: Validation/Integration Plan Finalization

- ◆ Followed *Rules of the Road* principles to ensure we complied with regulatory rules and limited duplication
- ◆ Meetings: Weekly in person/conference calls with functional leaders/owners
  - ▪ Report out all levels leadership at 45 and 15 days go-live
    - ○ Chain of command: data requests (Share Point)
    - ○ On-site visits and meetings coordination
      - – Weekly call with regional chief nursing officer (CNO)
        - » Hospital CNO in person meetings and weekly calls
          - • Scheduled site visits February and March
  - ▪ Templates provided and modified as integration progressed
  - ▪ Limited hours Orientation/Training occurred Pre-Day 1
  - ▪ Cutover preparation: scenario planning

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Phase I: Discussion Guide
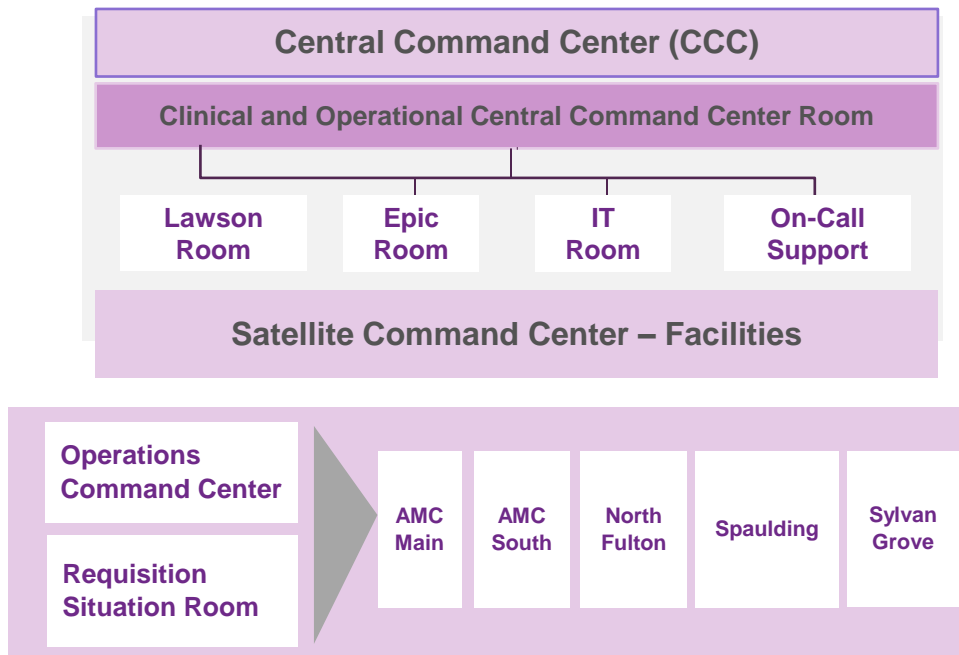
Workflow/ Corporate Support	▪ What corporate support do you currently receive now that will be lost on Day 1? ▪ What workflows will need to change before Day 1?
Staffing/ Resourcing	▪ What level of management change before Day 1? ▪ What current vacancies exist that pose a risk to Day 1 close? ▪ Other concerns with current/future vacancies on Day 1?
Information Systems	▪ What information systems are currently utilized within the function? ▪ For systems with an anticipated change on Day 1, please describe level of training/support that will be needed for employees with direct working needs and exposure.
Contracts	▪ What service contracts/vendors (professional and support services) do you currently have specific to your function? ▪ Briefly note scope of services provided within these contracts (e.g. neuro-monitoring)
Licenses, Permits, Accreditations and Regulations	▪ Which licenses, accreditations and permits reside within the sub-function? ▪ Are any specialty areas are currently licensed or accredited and to which governing bodies?

Discovery Session held December 21, 2015

♦ Immediate focus on ensuring operational continuity for Day 1

♦ Maintain running list of "work that can wait" items for Post Day 1

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Phase II: Day 1

Command Center

Central Command Center (CCC)

Clinical and Operational Central Command Center Room

Lawson Room	Epic Room	IT Room	On-Call Support

Satellite Command Center – Facilities

Operations Command Center

Requisition Situation Room

AMC Main	AMC South	North Fulton	Spaulding	Sylvan Grove

WebEOC Matrix

Categories	Staffing	Communication	Care Delivery/Delay	Safety	Operations
Example Issues	Education Shortage/Call Outs Policy Questions	Facility Situation/Outage	Any delay	Patient Staff Environment Compliance	Quick Fix Barrier Solutions Updates

PRIORITY		
Immediate	Issues that could potentially affect patient/staff safety. Regulatory/Compliance issues. Triggers call to Central Command and Generates Auto Email to Key Stakeholders.
Medium	Issues affecting multiple users. Appropriate turn around within 12 hour follow up time. Could become widespread resulting in an immediate issue that must be addressed.
Low	Isolated issues. May require follow up.
Information Only	Helpful Information. No follow up required. Post recap of 0700 and 1900 shift change meetings.

Immediate issues will result in a real time phone call to WellStar Central Command to speak with WellStar Operations Lead

This system is for operational information only. IT issues should be logged and tracked in Remedy by trained personnel.

UNDER NO CIRCUMSANCES WILL PHI (PROTECTED HEALTH INFORMATION) BE SHARED ON THIS SYSTEM.

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Phase II: Day 1 Statistics

Operations
- ✓ Identified, managed and closed 330 operational items
- ✓ Nursing in collaboration with IT created and deployed central operational command center and five satellite operational command centers for post go-live support
- ✓ Operations functioned normally with no operational issues related to transition and consistent ER patient volumes remained with fewer patients 'left without being seen' compared to baseline

Human Resources
- ✓ 82 orientation sessions scheduled over a two-week period from March 14-25
- ✓ Oriented 4,000 team members; 600-700 contractors
- ✓ Provider Onboarding: 95 Physicians and 25 Advanced Practice Providers including contracted

Supply Chain
- ✓ Supply chain contracts increased by 1,743 and 3,400 contracts transitioned from one system to current
- ✓ Supply chain item master increased by 30,000

Information Technology
- ✓ Trained 495 employees and activated 52 sites on Epic impacting over 100 providers
- ✓ Implemented WellStar's IT Network at all sites (57 total)
- ✓ Cutover to Lawson (payroll, accounting, HR) and other applications to ensure Day 1 connectivity

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Phase III: Stabilization

- ◆ Day 2 Hospital Operations Integration session held May 26, 2016

- ◆ Opportunity to introduce team, build relationships, and begin efforts toward a standardized, integrated system

- ◆ 200 members present, each operations team was able to:

  - ▪ Inventory department needs, issues and questions

  - ▪ Prioritize inventory based on safety, regulatory, quality and financial impacts

  - ▪ Categorize time and difficulty to implement each item

- o 530 items identified

- o Clinical Practice Assessments: assess care of patient, entry to discharge

- o Registry Standardization

- o Organizational Reporting Structure

- o Workforce Evaluation: front line and management vacancies

- o Standard Job Descriptions and Pay

- o Standardization of forms

- o Virtual Capabilities: Skype

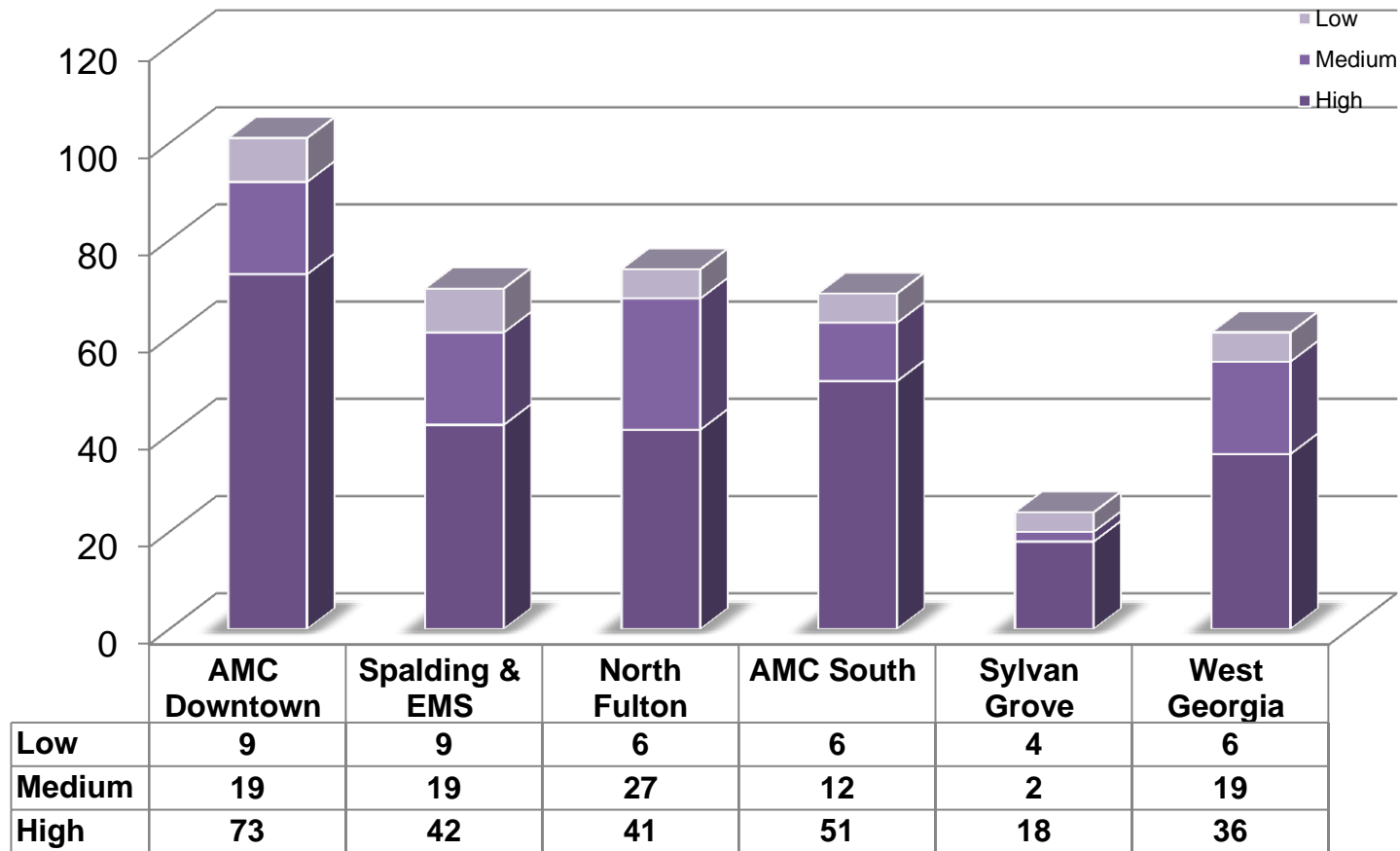- o Contract Evaluation: insource vs. outsource services, contract standardization

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Clinical Practice Assessments

♦ Team included leaders, clinical nurses, physicians, Pharmacy (medication safety), Organizational Learning, Biomedical Engineering and others

   ▪ Included assessing care of patient, evaluating practice, standards, policies, competencies, workflow, technology/equipment, resources, staffing models, service lines, environment care/safety

♦ Implementation: One practice assessment per week (June-August 2016)

♦ Data collection methods: Interviews; observations; document review; specialty-specific standardized, EBP tools created to assess clinical practice

♦ Lean methods: Process maps, fishbone diagrams, 5-Why technique, PICK chart

♦ Findings presented locally to team/leaders and to corporate leaders

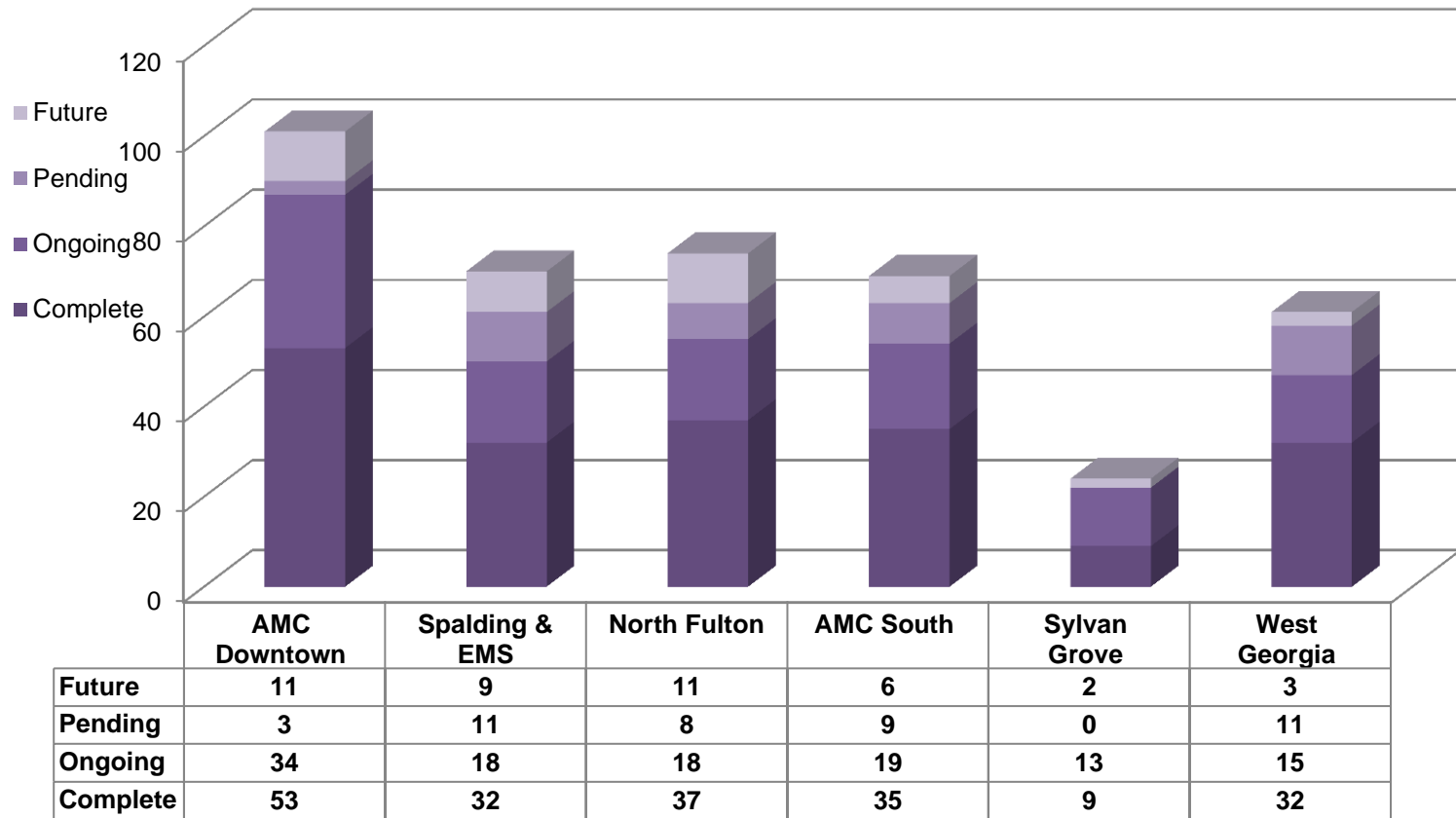♦ Teams created action plans/timelines and implemented improvements, strategies and best practices
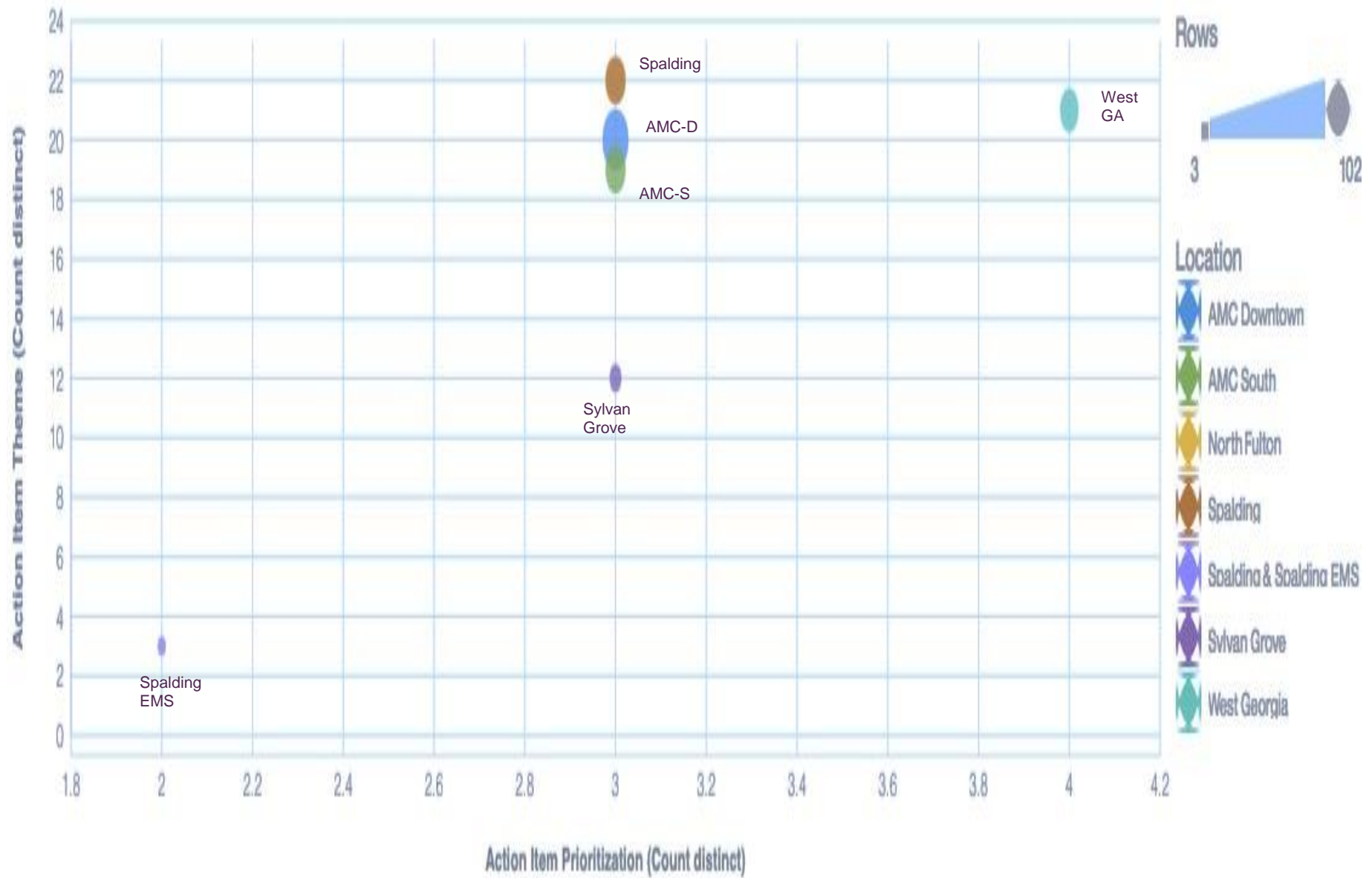
Data Analysis

- Data analyzed using IBM® Watson Analytics™ and SPSS version 24

- 400 action items identified : data analyzed whole, hospital and specialty

  - Similar items collapsed into categories; categories reviewed for similar meanings and collapsed into 22 common theme "action items"

- Findings validated with clinical operation leaders March 15, 2017

- Most current updated action item status

  - Completed: action item completed and no additional work needed

  - Pending completion: at least 90% or more completed

  - Future: pending capital funds (typically large scale projects requiring capital funding or FY2018 budget approvals)

  - Ongoing work occurring

- Action items prioritized by high, medium or low risk

- Breakdown action items: 22 common themes noted above (policy/practice integration, IT enhancement, etc.)

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Action Items Prioritized by Hospital
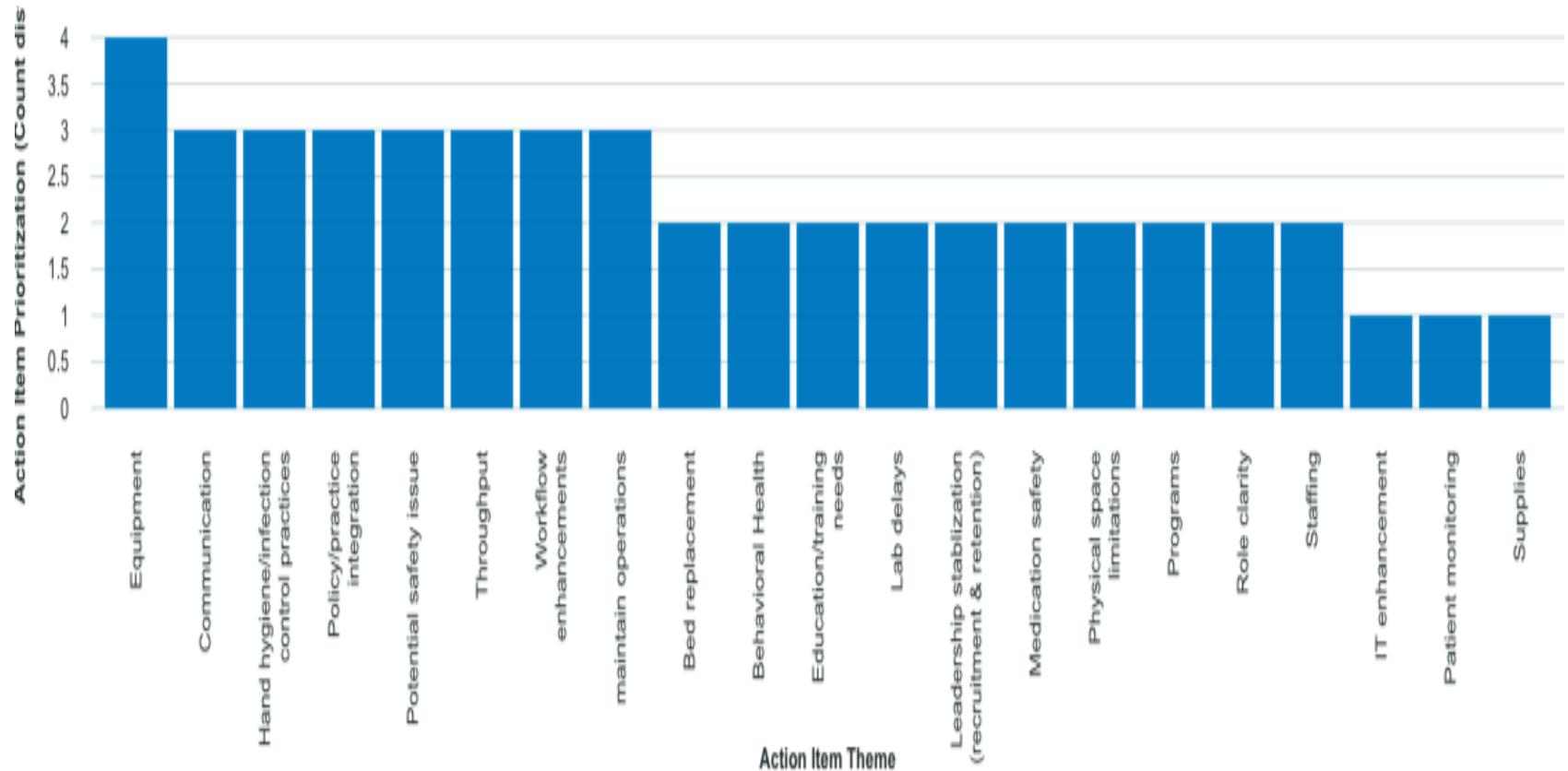

	AMC Downtown	Spalding & EMS	North Fulton	AMC South	Sylvan Grove	West Georgia
Low	9	9	6	6	4	6
Medium	19	19	27	12	2	19
High	73	42	41	51	18	36

Status Completion by Hospital

	AMC Downtown	Spalding & EMS	North Fulton	AMC South	Sylvan Grove	West Georgia
Future	11	9	11	6	2	3
Pending	3	11	8	9	0	11
Ongoing	34	18	18	19	13	15
Complete	53	32	37	35	9	32

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Action Items for
All Hospitals & Specialties

Action Items for
All Hospitals & Specialties

Action Item (y-axis)

Action Item	Frequency
physical space limitations	3
lab delays	4
IT enhancement	7
behavioral health	7
leadership stablization	7
bed replacement	6
patient monitoring	10
hand hygiene/infection control practices	11
supplies	11
workflow enhancements	12
programs	16
role clarity	17
staffing	23
education/training	24
communication	27
medication safety	29
maintain operations	30
throughput	34
potential safety issue	35
equipment	39
policy/practice integration	44

Frequency Action Item (x-axis)

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Ongoing Projects

 Critical Care

 Emergency

Safety & Quality

- Inefficient workflows: Lab/Imaging
- Change to Daily Interdisciplinary Rounds (Weekly – Currently)
- Workflow: Heparin

Safety & Quality

- Color-Coded Pyxis Labeling
- Admission/Triage process
- EMS Communication System : Radios, Call Logs and Reporting
- Callback Process: BH, Culture and Radiology
- Cardiac monitoring

Standardization

- Patient flow/throughput
- Develop Step-down guidelines

Standardization

- Patient flow/throughput
- Pharmacy Consultation Service: Knowledge-Base and Assistance

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Ongoing Projects: Perioperative

Safety & Quality

- SPD Departments : Workflow/standardize best practices
- Infection Prevention Safe Practices (cleaning/EVS): Retraining and Signage

Standardization

- Main OR: Workflows/patient throughput
- Instrument Tracking System
- Preference Sheets: System-Wide Issue
- Universal Protocol utilizing all elements and creating posters for each individual OR (at all facilities)
- Counts for all ORs including Labor and Delivery
- Products: Implants, laryngoscope, etc.
- Creating Infection Control Bundle as opposed to changing one item at a time

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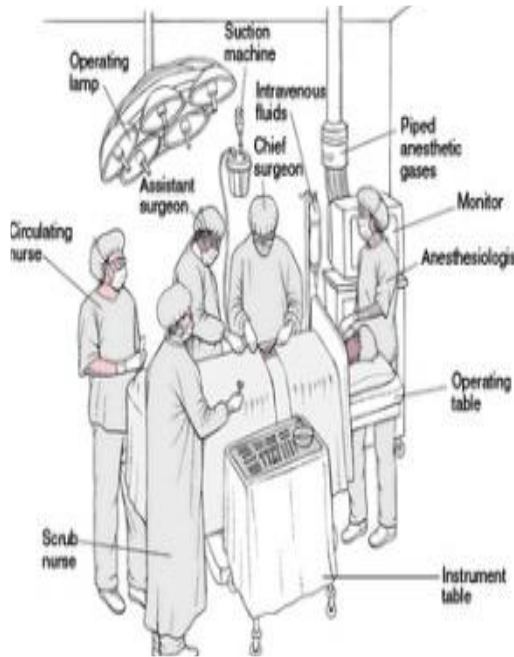
Nursing Integration Outcomes

- Standardization nursing practice (Periop, ICU, ED)

- Hiring, Orientation and Onboarding

- Standard competencies for nurses and leadership

- Career Progression Model and compensation

- Self-Scheduling and Workforce management

- Professional Practice Model

- Shared Leadership Model rollout in progress

- Nursing strategic plan aligned with system goals and priorities

Work To Do

- Known risks and issues (from Phase 3)
  - Projects identified still need to be completed
  - Expected deliverables and next milestones
- Practice Alignment (before Epic: Feb 25, 2018) - Phase 4
  - Policies & Procedures
  - Throughput (Potential practice changes (workflow) secondary to interface compatibility based on Epic (one platform) - monitor equipment, etc.
  - Formulary (infusion pump library, etc.)
  - Physician Order Sets
  - Screening tools (skin & pain assessment)
  - Equipment standardization
  - Staff education and competency standard

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Questions

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