8) TEMPO: Together Everyone Improves Patient Outcomes – FINALIST

Saint Vincent Hospital

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PROJECT DESCRIPTION

TEMPO, an initiative undertaken in November of 2014 has transformed patient care at our hospital, resulting in better patient outcomes through improved interdisciplinary communications and organizational efficiencies. This journey began as a project to enhance our communication white boards in patient rooms and evolved into the development of electronic patient story boards to convey critical patient specific information to key stakeholders in the delivery of patient care. Project leaders assigned to this effort collaborated with all levels of the organization to determine what pieces of information would facilitate the delivery of safe and effective care. After several months of focused developmental work, the TEMPO board was created. As of today, they are present in each of our inpatient units as well as our Observation Unit.

This electronic board which is populated with information retrieved from our various electronic medical information systems refreshes every 3-5 minutes with updated patient data. Each E-TEMPO board is able to display over 30 pieces of information for each patient within the unit. For example:

- The patient's Geometric Mean Length of Stay and anticipated discharge date is displayed and drives the TEMPO discussion.
- Patient status relative to discharge date is indicated by Red, Yellow and Green bands that change automatically as time progresses to discharge date and act as a cue to RNs and Case Managers as to the critical tasks that need to be performed to progress the patient to discharge.
- Patients in observation status have a 24 hour countdown mechanism in place but all other information is similar.
- Outstanding consults for transition care coaches, palliative care team, rehabilitative services and discharge summaries are on the screen as visible reminders of potential barriers to early discharges and a check-mark automatically appears in that designated area to indicate completion.
- We are able to identify patients who are a fall risk, core measure patients, immunization status, and all 30 day readmitted patients by unique icons displayed on the board.
- Aside from room number and patient first name last initial, there is logic that alerts if two roommates have the same first name and if two patients on the floor have the same last name.
- Provider, RN and PCA names are also on the board which enhances our ability to effectively communicate regarding patient needs.

Employees have responded positively to this enhanced visual tool to coordinate and deliver safe care. Our staff and directors appreciate the visibility of the information so that they are not constantly making phone calls or checking into the EMR for follow-up issues. And because TEMPO was developed internally at our hospital, our ability to add suggestions from staff that will refine its various messaging is readily done without having to incur the wait or expense of utilizing a vendor and has engendered staff engagement. For example, the staff recognized the importance of tracking patient mobility to prevent debility that can contribute to falls and delayed discharges so a column was added to capture the actual distance a patient ambulates daily and cumulatively during their hospitalization. Additionally, the same logic is being employed to deliver this information to the desktop so that Hospitalists and APPs can access their patients on a personalized TEMPO board readily throughout the day to check on patient progress. For instance, a hospitalist can check to see if a REHAB consult was done, easily enter into the note and place necessary orders in just a few "clicks" within the TEMPO environment.

Our hospital which is a participant in a health care system was selected as a best practice for innovation and the board created is in the process of being implemented in other member organizations.

TEMPO has energized our staff and enabled our facility to not only provide better and more efficient care but to embrace a multi-disciplinary approach to providing the highest quality and safest care possible.

OUTCOMES ACHIEVED

- Decreased rate of readmission (2014 Composite Score=17.4% vs 14.8% YTD)
- 6 month sustained success with zero hospital acquired CAUTI and 20 month sustained success with zero CLABSI in our ICU
- 6 month trend of decreased Medicare excess days
- Improved management of adherence with sepsis bundles and consequently a decrease in sepsis excess days
- Increased immunization rates for flu and pneumonia
- 2% Increase in Patient Satisfaction
- Improved HCAHPS scores

LESSONS LEARNED

- The investment of time in thoughtful process improvement to enhance communication of key patient specific needs and risks can significantly impact patient safety and outcomes
- Technology, when effectively used can improve employee satisfaction because it maximizes the use of their time and enables them to provide better hands-on care. By centralizing patient data in a visual tool, less time is expended trying to extract that from paper records or a complex EMR platform.
- When caregivers are empowered to participate in the development of a tool from its initial stages, the engagement at implementation is substantially improved.