| Date | 04/26/2018 | Version | 10 |
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# Title: TEAM CLINICAL ASSESSMENTS

**Owner: Dr. Michael McShane**

## I. Background:

Laguna Honda's first Value Stream Mapping (VSM) Workshop, conducted in December 2016, focused on New Admissions to the Hospital. The three Kaizen Improvement Events that arose from the VSM were identified in three areas: 1) Pre-Admissions Process, 2) Team Clinical Assessments and 3) Room Readiness. This A3 is dedicated to the **initial** admission assessments completed by the Resident Care Team (RCT) members.

Laguna Honda must meet the CFR §483.20 Resident Assessment regulatory requirement, which states that: "The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. The intent of this standard is that the collection of assessment information is necessary to develop a care plan, to provide the appropriate care and services for each resident, and to modify the care plan and care/services based on the resident's status.

The current initial admission practice by each RCT member includes: 1) the target completion date is based on rules and regulatory requirements which is 7 days vs what is best for the patient/resident; 2) assessments are completed independent of each discipline; 3) no consistent sequence of completion between the Clinical Services; 4) the care plan is initiated by nursing and does not incorporate input from the RCT members until 7 days post admission at the 1st resident care conference meeting; and 5) location of where each RCT member documents is a hybrid between paper medical records and 3 clinical information systems.

## II. Current Conditions

Gemba walks were conducted over a one-month period, 3 weeks before and a week during the Kaizen event to completed time observations and workflows including clinical assessments, time (cycle time, lead times and # of admits).

**RCT Preparation and Notification:**
RCTs are informed the day before planned admission. Information about the resident is not available until reports are received by the discharging MD and RN, thus not providing adequate lead time to prepare for the new admission for residents with complex needs.

**Delay of Admission Completion in Invision:**
A&E is not informed timely when resident arrives on unit.

**Sequence of Discipline-Specific Assessments:**
By Day 1 (on admission) – Nursing and Medicine
By Day 3 – Social Worker
By Day 7 - Activity Therapy, Dietitian
Currently, there is no set standard for completion of clinical services' assessments.

**COWs:** are not always reliable and working thus creating delays in clinicians charting online

**Medication Reconciliation Process:**
Not part of admission notification.

**Double Documentation:**
Clinicians are writing their notes during their assessment process, then they type in their assessments in the information system later.

## Problem Statement

The length of time it takes for all the RCT members to complete the initial resident/patient admission assessment can take up to 7-14 days, which takes too long resulting in residents/patients having to wait for services. The process itself is unclear and variable.

## III. Goals & Targets

1) By 4/28/17, RCTs receive 100% of the time, the admission application packet at least on the day before the planned resident's admission.
2) ~~By 4/28/17, a standard for the chart preparation process for medication reconciliation is completed.~~ See KAB.
3) By 5/1/17, within 15 minutes of admission arrival, A&E will complete the new admission entry in Invision and generate the face sheet, addressograph card and room/bed name card for the admitting unit.
4) By 6/30/17, all SNF neighborhoods will implement the sequence of assessments within specified days post admission date.
5) By 9/30/17, reduce total cycle time of assessments by 50%.
6) By 12/31/17, there will be a 50% reduction in double documentation or delay in documentation because of IT access.

## IV. Analysis (from the Kaizen week's gemba observations of new admissions' clinical assessments by RCT)

**Defects: l**ack communication or information, not having supplies needed for admission in the room, wound care rpt

**Waiting:** for physician to come assess resident upon admission, resident waiting in new room/environment, blue card

**Overprocessing:** double documentation, resident had 2 MRNs, RCT getting same info different times

**Motion:** nursing staff going in and out of the room during welcome and assessment, nursing looking for supplies

**Resources:** 3 RNs in new admitted resident's room, SW ready to document on SFGetCare but ADT not uploaded

## V. Recommendations / Proposed Countermeasures

| If We | Then We | Expected Results |
|---|---|---|
| Create an admission kit that all disciplines can use | Don't need to leave the resident's room and decrease motion and transport muda | Decrease non-value added time<br>Decrease motion leaving room |
| Identify a sequence and time/expectations for assessments, require assessors to review charts before beginning the assessment and create SW for assessors & pharmacy to deploy chart review and sequenced assessments | Will reduce total cycle time and reduce missing information | Dec lead time, wait time, defects and overprocessing |
| If Pharmacy completes the chart prep process for new admissions | Only medications that are current will be on the medication list | Resident's medication orders can be processed and administered earlier |
| If EMRs have ontime ADT information and COWs are available and functional | Clinicians will be able to chart quicker | Decrease clinician wait time, create flow and increase clinician satisfaction |
| Inform case managers and ambulance companies to check in at nursing station before going to room | Resident can be welcomed on arrival and assessment begin earlier, reducing wait time for resident | Ambulance transporters check in at nursing station upon arrival with new resident |
| Give RCTs access to the admission clinical packet | Planning for care and treatment can start prior to the resident's arrival and RCT will be prepared | RCTs review admission application packet before resident's arrival |
| Implement an RCT group paging system | RCTs will know of new admission at the same time | Less text messaging steps for unit clerks |

## VI. Plan

| # | Action Item | Owner | Due | Notes | Status |
|---|---|---|---|---|---|
| 1 | Create shared folder where application packets are uploaded & accessible by RCT prior to admission | Mivic H. | 6/30/17 | • Referrals drive created | **Completed** |
| 2 | Implement Pharmacy chart prep process for new admissions from acute hospitals | Dr. McShane | tbd | • Chart prep will include all daily meds but no PRNs<br>• On going testing on S2, PM, S4 through 7/31/17<br>• Experiment completed. Will not continue as of 8/15/17. | **Completed Not to be continued.** |
| 3 | Text Pages:<br>* Notification to RCT when resident arrives on unit (pt.1)<br>* Updating group text page | Jenn CW | 6/30/17 | • Notification implemented on all 13 of 14 units<br>• Work continues for sustaining updating the group text page | **Completed** |
| 4 | Sequence of Clinical Assessments<br>* Nursing & Medicine will complete w/in 3 hrs;<br>* SS, Rehab, Clinical Nutrition, and AT will complete the initial assessments w/in 48 hrs and final assessments by day 7 after admission. | Jenn CW | 6/30/17 | • Implemented on 13 of 14 units<br>• Data collection post implementation in progress | **Completed** |
| 5 | Computer Help Desk flyers | Elizabeth S. | 5/19/17 | • Distributed to units for COWs & nsg stations | **Completed** |
| 6 | ADL Starter Kits | Vince L. | 5/19/17 | • CSR created & distributed kits to PMS, S2, and S3<br>• 08/17/17- Kits delivered to all neighborhoods & additional are available by request from CPD | **Completed** |
| 7 | Nursing/Physician Admission Kits | Vince L. | 6/30/17 | • Test kits on S2 & S3<br>• 08/15/17- Admission kits have been finalized and confirmed to be distributed hospital-wide on 08/17/17 | **Completed** |

**WEEKLY CHECK IN BY EXEC SPONSOR WITH PROCESS OWNERS**

**@ 30, 60, 90 DAYS - KAIZEN ACTION BULLETIN**

**QUARTERLY EXEC/ QUALITY COUNCIL UPDATE**

**MONTHLY KPO – KAIZEN #2 LEADERSHIP STATUS REVIEW**