

Laguna Honda Hospital

Value Stream #2 - Discharge Kaizen Workshop #2 - Discharge Preparation

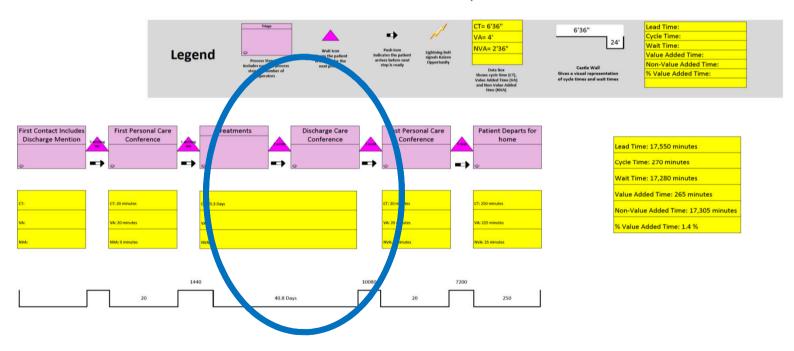


Future State



This is how the value stream workshop team envisioned the improved discharge process. The care planning kaizen team focused on the time from admission through the first interdisciplinary care conference.

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER DISCHARGE PLANNING VSM WORKSHOP JULY 17-21, 2017



Care Planning Discharge Preparation

Kaizen #2 A3





A3 Title: Discharge Preparation

Owner: Madonna Valencia & Janel Gillen

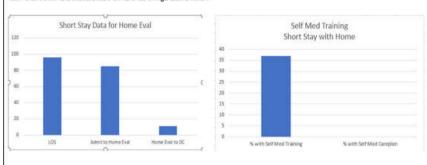
Date

11.29.17

Version 1

LHH's vision is to be a leader in Post Acute Care (PAC). The hospital provides care to San Franciscans requiring short term PAC services as well as longterm care. There is a shortage of PAC beds in San Francisco. To meet the needs of the community we must discharge patients with established housing back to their homes once their PAC treatment is completed. The discharge preparation process is critical to a smooth and timely transition back to the community for the resident. As part of the SFHN, LHH is committed to improving the discharge process in order to facilitate patient flow to the most appropriate level of care.

II. Current Conditions: Where do things stand now?



	If We	Then We	Expected Results
1	Create a discharge checklist	Will have a centralized location for discharge prep information	Timely completion of home eval, DME ordering and med teaching
2	Implement a Resident Discharge Information Sheet	Improve communication with resident about discharge	Resident is aware of discharge plan
3	Revise/Simplify medication	Decrease complexity of medication regimen	Increase resident success with meds on discharge
4	Begin medication training in week 2	Identify barriers to successful self administration	Identify needed support for success with meds in community
5	If we have RCC meetings every 2 weeks for Short Stay residents	Keep the focus on progress toward discharge	Successful discharges without delays due to variables we control

VI. Plan: Specifically how will you implement?

ltem #	Countermeasure	Owner(s)	Completion Date
1	Explain medication simplification process- PMS & S6	Dr. Helena Leiner & Dr. Lisa Pascual	01/14/18

Problem Statement

The resident is often unaware of their discharge timeline and preparation plans. There is inconsistent medication

education and documentation and the home evaadequate lead time.

III. Goals & Targets:

100% percent of short stay residents (excluding training by March 1, 2018.

Required home evaluation will be completed at k by March 1, 2018

The resident is often unaware of their discharge timeline and preparation plans. There is inconsistent medication education and documentation and the home evaluations with DME procurement are often done without adequate lead time.

IV. Analysis:

COMMUNICATION

- Lack of awareness · Who's job is it?
- Lack of understanding
- · Challenges w/ the relationship b/t resident & team
- · Scattered or no documentation

- documentation
- · Overlooked/last minute
- Lack of clarity of roles & responsibilities
- · Unclear trigger
- Inadequate training
- - Overlooked
 - · Last minute

VII. Follow-Up: How will you assure ongoing Plan, Do, Check, Act?

Initial Target Sheet



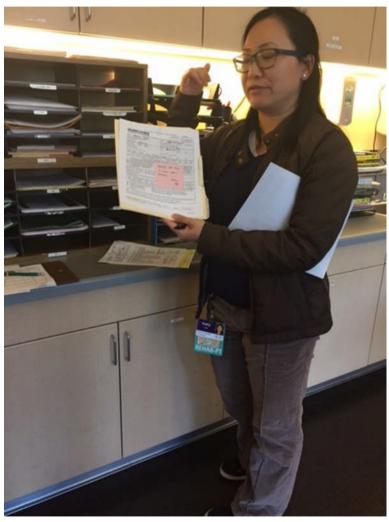
Kaizen	measures and	d targets		Baseline	Target
Quality (% Defects): Time measurable	opportunitie		Numerator (# defects):	17	0
% of medication training NOT documented	s for defects per day:		Denominator (sample size):	28	28
	Time cost (min)/defect :		Percentage:	61%	0%
Quality (% Defects): Time measurable	opportunitie		Numerator (# defects):	9	0
% of Home Eval Not Completed <u>></u> 2 weeks prior to D/C (Non PMS)	s for defects per day:		Denominator (sample size):	10	10
	Time cost (min)/defect :		Percentage:	90%	0%

The Gemba: Where the work is done









Wastes



The 7 Wastes



- Looking for information in multiple places
- Delayed ordering of Home Eval/DME
- Waiting for pharmacy to initiate med teaching



Idea: Med Teaching and Simplification





Idea summary sheet

Employee/Area	Problems	Measures Taken	Results	
Medication Training Occussment	lack of standard on how nursing staff train residents on suf-	create standard walk on how to do sey undicate or training	- Consistency - A resident outcomes	

Remarks: Notes: Refore Improvement After Improvement Down Down Down Initials: Initials: Pub. After Improvement

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Grouping of Ideas by Category

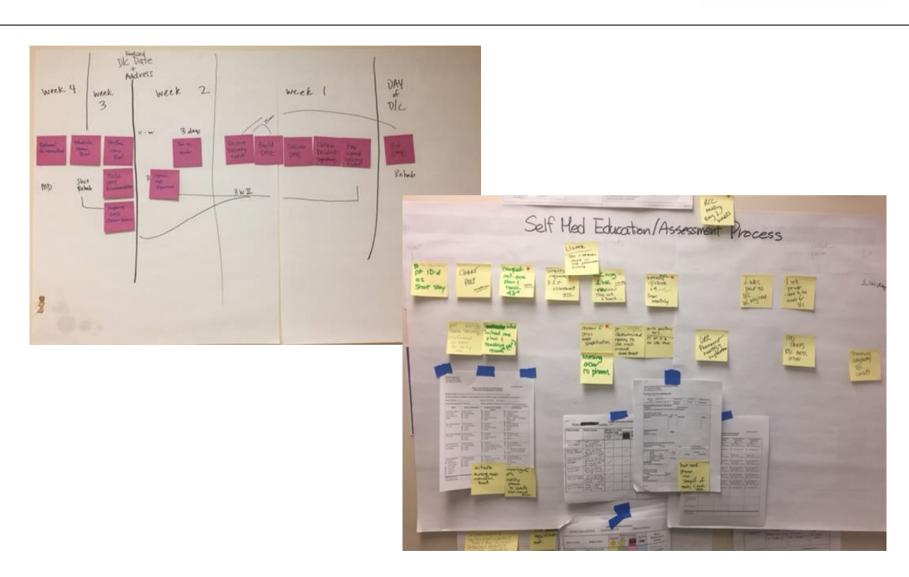




- Medication Training and Simplification
- DischargeInformation
- Centralized Checklist
- DME

Mapping the Process





Experiments





Proposed Change #1: Discharge Prep Pt Info



Resident gives permission to display form						
	Date:					
	p us better communicate your ase talk to your care team if you concerns.					
You will likely leave	Laguna Honda on:					
Date or date range:						
You will likely be go	ing to:					
Equipment you may	/ be leaving with:					
1.						
2.						
3.						

To keep the resident informed of their discharge plan

"I really like having that info in my room."

LHH S2 Resident

Proposed Change #2: Discharge Prep Checklist 📀 San Francisco Health Netwo



Short Stay Discharge Checklist for LHH Units

Resident:	Estimated Discharge Date:
Estimated Discharge time:	Discharge to:

Prior to discharge, please ensure resident is ready to go by completing the following:

	Print Name	Initial	Date
FOUR WEEKS PRIOR			
Resident attends RCC			
M.D.			
Verify/re-order Neuropsych Consult if capacity issues need clarification			
Discuss out-on-pass trial			
Discuss medication management with the resident and simplifies medications			
Order OT/PT/ST consult to assist with discharge planning			
Nursing			
Check-in with resident if there are any "discharge concerns." Notify			
appropriate RCC members if applicable			
Start training on self-medication administration, wound care, colostomy care,			
diabetic care/glucometer, respiratory support, tube feeding, etc. Develop			
education care plan. Contact pharmacist, respiratory therapist, dietitian, etc. if			
assistance is required			
Make sure all in-house medical/dental/eye appointments are scheduled &			
completed in advance of discharge			
Reinforce the interventions made by other disciplines to resident and family, if			
applicable, especially in regards to DME			
Social Work			
Apply for transportation, IHSS, CLF, and/or other case management services			
Initiate discharge planning with conservator and family			
Review PASRR II recommendation letter and update Discharge Linkage Plan			
Finalize discharge location and issue Notice of Proposed Transfer/ Discharge			
(30-day notice may be given at any point prior to discharge if certain criteria			
are met). If there is any potential that resident will contest, notify UM			
Coordinator for chart review			
Provide updated discharge plan to the team			
Review the discharge plan with the resident/family and provide resident with a			
copy of the plan			
Rehab			
PT/OT to evaluate need for community and home evaluations			
ST to evaluate potential for modified texture upgrade			
Nutrition			
Provide nutrition counseling on therapeutic diet/modified texture, empower			
resident on behavior change, provide recommendations/instructions on			
enteral/parenteral nutrition support if applicable			
Inform MSW on proper enteral/parenteral tube formula for home discharge			
AT			
Explore activities which can be continued post-discharge			
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This Discharge Prep Checklist is the one stop shop for discharge prep information.

The checklist will live in the front of the chart. RCT members check off items as they are completed.

Trial of RCC Q 2 weeks

Proposed Change #3: Medication Assessment & Teaching



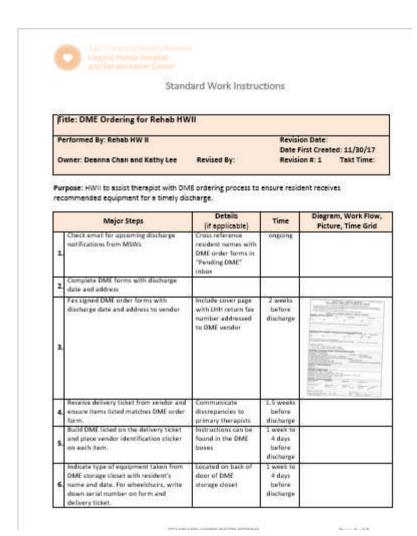
	1	ADDRESSO GRAPH
now, then weekly x4, then monthly. Short Stay Goal Statement: Resident and caregiver will demonstrate	Resident Discharge Ready DResident Prefetrate safe medication administration.	
	er:	☐ Hearing Devices (Hearing Aid, Amplifier)
Can read med name Able to read: and instructions on label None	Cognition Aphasia Literacy Declines learning Limited Hand Function Container difficult to open	Education Consider Referral: OT
Can state purpose of Mble to state: med	Limited Vision Declines learning Psychiatric issues Lack of caregiver support	Pharmacy for: alternative container or packaging medication language translation for monolingual residents
take med	□ None □ Other:	pil cutter Eye Clinic Central Supply: Fill crusher Magnifier
container or packaging hand dexterity): Al (Goal Met) Some None Can manage the Able to perform:		☐ Resident to begin administering meds to self under supervision of licensed nurse ☐ Discuss in RCC meetings
following: Has glucometer and demonstrates Self.		□Evaluate timing to create written medication list and schedule □ Request for MD to place order for glucometer □ Other:
elegitering Eye drops Inhalers Insulin Injections	COMMENTS:	COMMENTS:
☐ Other: Licensed Nurse (Print/Sign Name)		

Medication administration teaching needs will be assessed in the first 48 hours after admission then weekly. The assessment also serves as the careplan.

Thank you so much for all the information about my discharge meds, it is really helpful!

Proposed Change #4: DME Workflow





Our interdisciplinary team created new standard work to improve the workflow for durable medical equipment (DME).

Final 1-2-3 Target Sheet



Kaizen measures and targets		Baseline	Target	Post- kaizen	30 Days 12/31/17	60 Days 1/30/18	90 Days 3/1/18	Percent change	
Quality (% Defects): Time measurable	opportunities for defects	Numerator (# defects):	17	0	0	N/A	N/A		
% of medication training NOT documented	per day:	Denominator (sample size):	28	28	4	N/A	N/A		
	Time cost (min)/defect:	Percentage:	61%	0%	0%	N/A	N/A		
Quality (% Defects): Time measurable	opportunities	Numerator (# defects):	9	0	N/A	0	0		
% of Home Eval Not Completed > 2 weeks prior to D/C (Non PMS)	for defects per day:	Denominator (sample size):	10	10	N/A	1	1		100%
	Time cost (min)/defect:	Percentage:	90%	0%	N/A	0%	0%		
Quality (% Defects): Time measurable	opportunities for defects	Numerator (# defects):	0	0	0	N/A	0		
% of residents unaware of where to find d/c info	per day:	Denominator (sample size):	0	0	3	N/A	5		
	Time cost (min)/defect:	Percentage:	0%	0%	0%	N/A	0%		

Kaizen Action Bulletin



Kaizen Action Bulletin

Department: LHH Team name: Short Stay Discharge Preparation

Date: 11/30/2017 Process owners: Rowena Patel, Deanna Chan, Kathy

Lee

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ltem #	Countermeasure	Owner(s)	Completion Date	Status	
1	Explain medication simplification process- PMS & S6	Dr. Helena Leiner & Dr. Lisa Pascual	01/14/18	Completed	
2	Discharge checklist notification (implementation & training/standard work; audit implementation); New admissions on N2 & S6	Kathy, Janet, Deanna	01/31/18	Completed	
3	Pilot Resident D/C Info Sheet on S2, S6, & PMS (training & metrics)	Deanna, Dale, David	01/14/18	Completed	
4	Pilot countermeasures on N2 (training & metrics)	Deanna, Rowena and Kathy	2/22/18	Completed	
5	Review and train DME standard work for N2 & S6 Social Workers & Therapists	Deanna & Janet	01/14/18	Pending Social Services confirmation.	
6	Pilot self-medication training plan on S6, N2 & PMS- initial, daily and weekly assessment	Rowena & Maria- Elena	01/14/18	Pending HIS approval.	

Team



