Using Complexity Science to Drive Practice Change Through Patient- and Family-Centered Care

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Background

- Healthcare rapidly changing and complex
- Challenge of sustaining change
- Leaders need to respond to changes fluidly

“In what ways can I change care processes to improve the care experience and achieve quality outcomes for patients and families?”
Key Concepts

- Complexity Theory
- Leadership and Complexity
- Patient and Family Centered Care
Complexity Theory

- Views organizations as complex living systems
- Ever changing; dynamic
- Non-linear
- Relationship based
- Unpredictable
Leadership and Complexity

- Unpredictability
- Understand Relationships
- Read “signposts” of Change
- Series of Experiments
Patient and Family Centered Care

- Compassion
- Empathy
- Responsiveness
- Experiential
- Dignity and Respect
Patient and Family Centered Care Methodology and Practice (PFCC M/P)

- Select a care experience
- Establish a PFCC M/P care experience Guiding Council
- Evaluate the current state and developing a sense of urgency to drive change
- Develop a PFCC M/P working group
- Create a shared vision of the ideal patient and family care experience through a “blue sky story,”
- Identify PFCC M/P projects and project teams

*(DiGioia, Embree, Shapiro, 2009)*
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- 14 bed physician owned orthopaedic specialty hospital
- 8000+ cases
- Total Joint Arthroplasty
- Values Based Purchasing (.64% TPS)
  - 4th highest in Penna.
  - 14th highest in US
- HAI / CORE Measures
- HCAHPS
Evaluation of Current State

- High Degree of Patient Satisfaction
- Rework Inherent in Process
- No day of Surgery Cancellations
- Growing Volumes
- Concern Over Consistent Approach
- Clarity of Goals Needed
Shared Vision:
Definition of Ideal State - Blue Sky Story

- Goal 1: 100% of total joint arthroplasty patients would receive a call to orient them to the surgical preparation process 1 day or less after receipt of a surgical reservation.

- Goal 2: 100% of total joint arthroplasty patients would receive a “face to face” pre-anesthesia evaluation (PAE) 14 days or more, but no greater than 30 days, prior to the date of surgery.
Data Collection Points

- Reservation Received
- First Contact with Patient
- PAE
- Surgery
Interventions

- Baseline
- Goals Reaffirmed
- Welcome Call
- Work Area Set Up Daily
- Mobile Cart Work Area
Continued Change

- Welcome Center
- Provider Specific Intervention
- Discharge Planning
- Collaborative Development of Therapy Goals
Measure of Success: Goal 1

100% of Total Joint Arthroplasty patients will receive a call to orient them to the surgical preparation process 1 day or less after receipt of a surgical reservation.
Measure of Success: Goal 2

100% of Total joint Arthroplasty patients will receive a "face to face" pre-anesthesia evaluation (PAE) 14 days or more (but no greater than 30 days) prior to the date surgery.

- Mean: 11 days
  - Median: 12 days
  - Range: 4 - 20 days

- Mean: 9.6 days
  - Median: 6 days
  - Range: 0 – 40 days

- Mean: 11 days
  - Median: 11 days
  - Range: 14 - 26 days
Conclusions

- Local Expertise to Drive Change
- Affordable, Realistic
- Efficiencies in Process
- Achievement of Identified Goals
Implications for Further Change

- Staffing Resource Review
- Refinement of Patient Teaching Materials
- Revision of Hospital Web Site
- Annual Focus Groups
- Continuance of PFCC M/P
- Development of a Public Open House
- Application to Transitions of Care and the Rehab Experience
Questions:

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