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Unlocking Solutions for Patient Safety

Our Patients and Families Hold the Key

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The presenters have no financial disclosures or conflicts of interest with the material contained in today's presentation.

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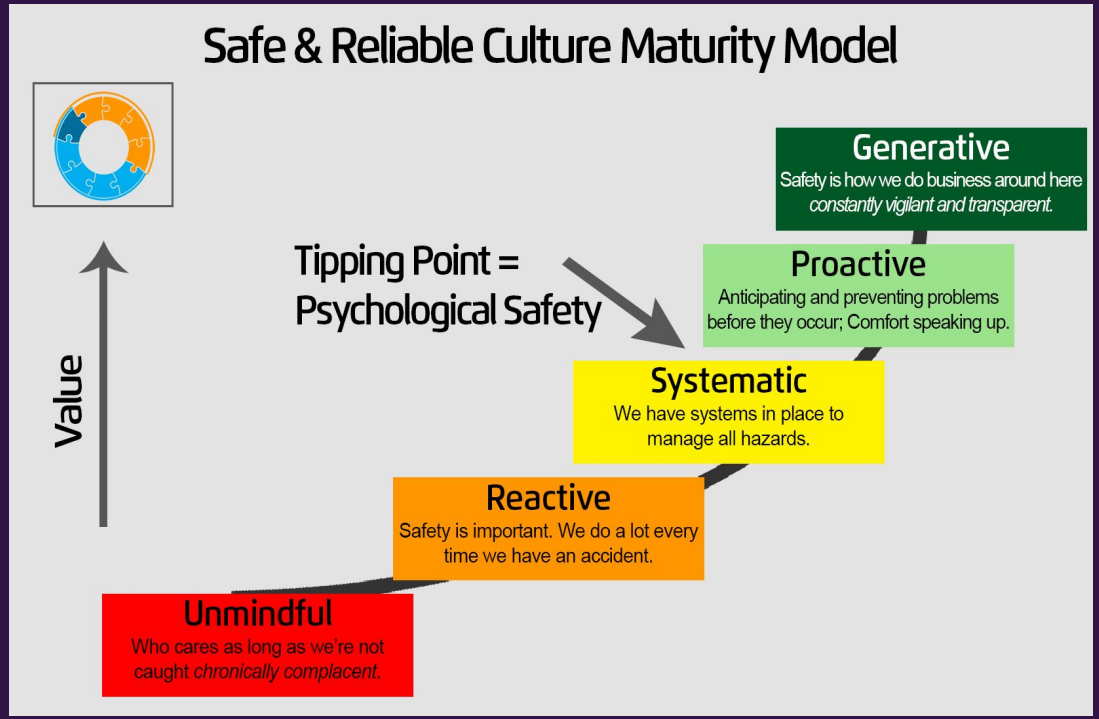
The Quest for High Reliability: Are We There Yet?

- Multiple interventions across various platforms have explored ways of increasing process reliability to evidence-based practice to drive outcome however, it remains elusive.

Harm events are multifactorial... "To Err is Human"

Completed Checklist ≠ Failed Outcomes



Adapted from 2018 Health Catalyst: A Framework for High Reliability Organizations in Healthcare

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Where is your organization in terms of Safe & Reliable Culture Maturity?

ⓘ Click **Present with Slido** or install our Chrome extension to activate this poll while presenting.

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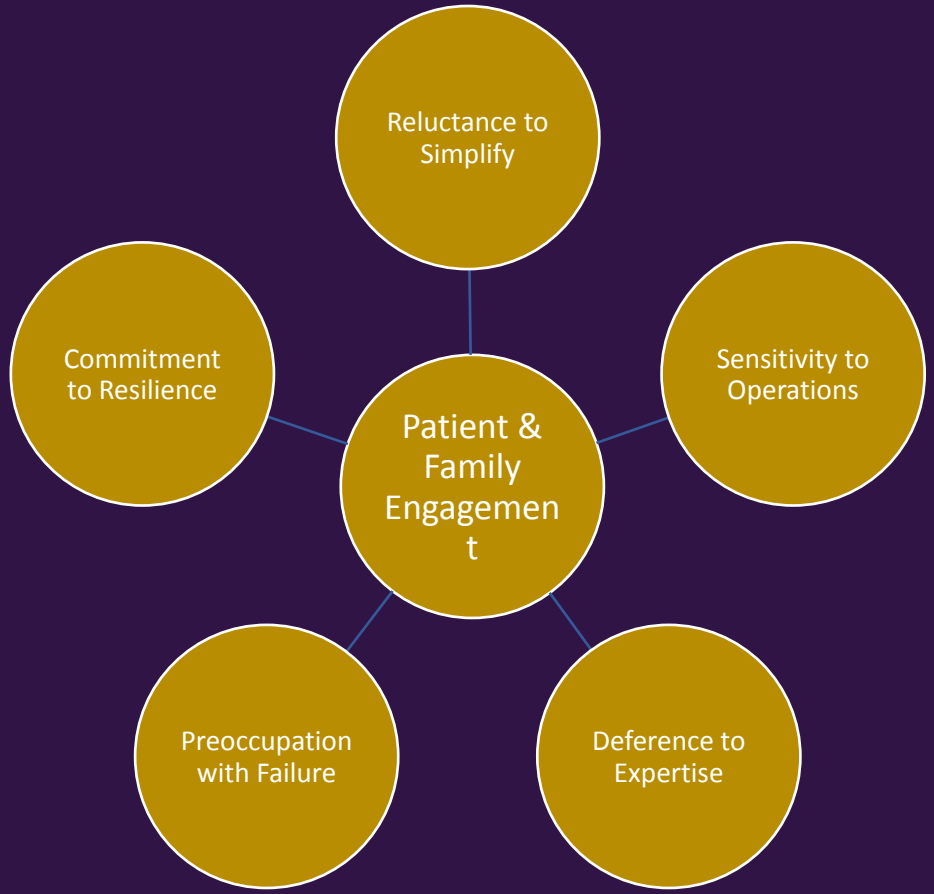
Our mission is to serve, to teach, and to discover.

Our vision is to be a world class, patient-centered, integrated, academic medical center guided by the principles of High Reliability Organizations



Patient and Family Engagement Improves Patient Safety, Outcomes, and Satisfaction

A positive effect on clinical decision making, self-management of chronic diseases and safe medication use.

Coulter et al., (2007), BMJ

Reduction in Hospital Acquired Conditions (HAC) like CLABSI, CAUTI, and Falls.

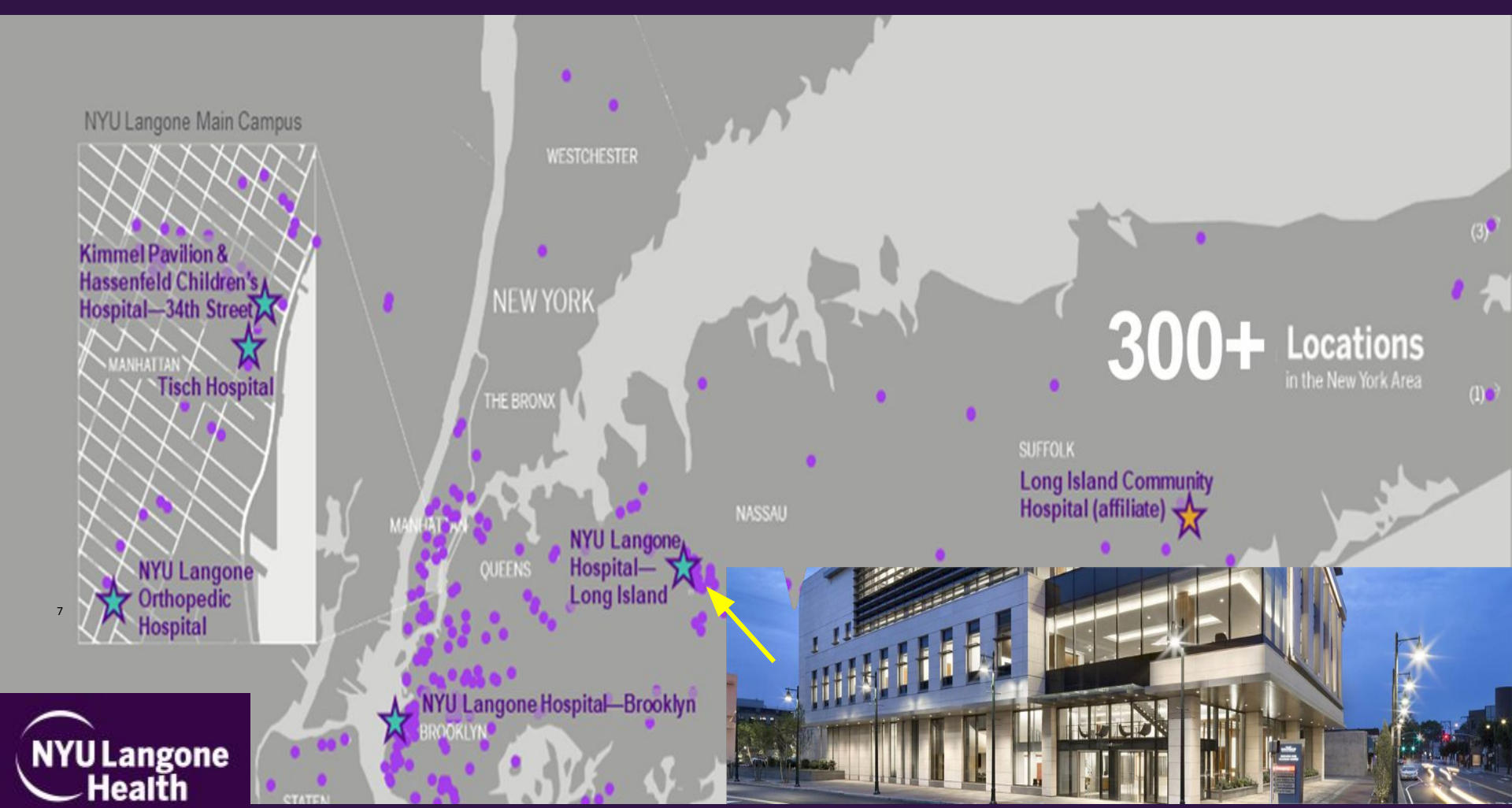
Vones, (2017), BMJ Open Quality & Mody, (2017), JAMA Internal Medicine

Meaningful partnership with patients and families has been proven to improve care transitions leading to a reduction in preventable readmissions.

Steffens, (2009), Journal of Nursing Administration

Improvement in CAHPS Hospital Survey scores after implementing patient and family engagement strategies.

Stone, (2008), Health Environments Research & Design Journal



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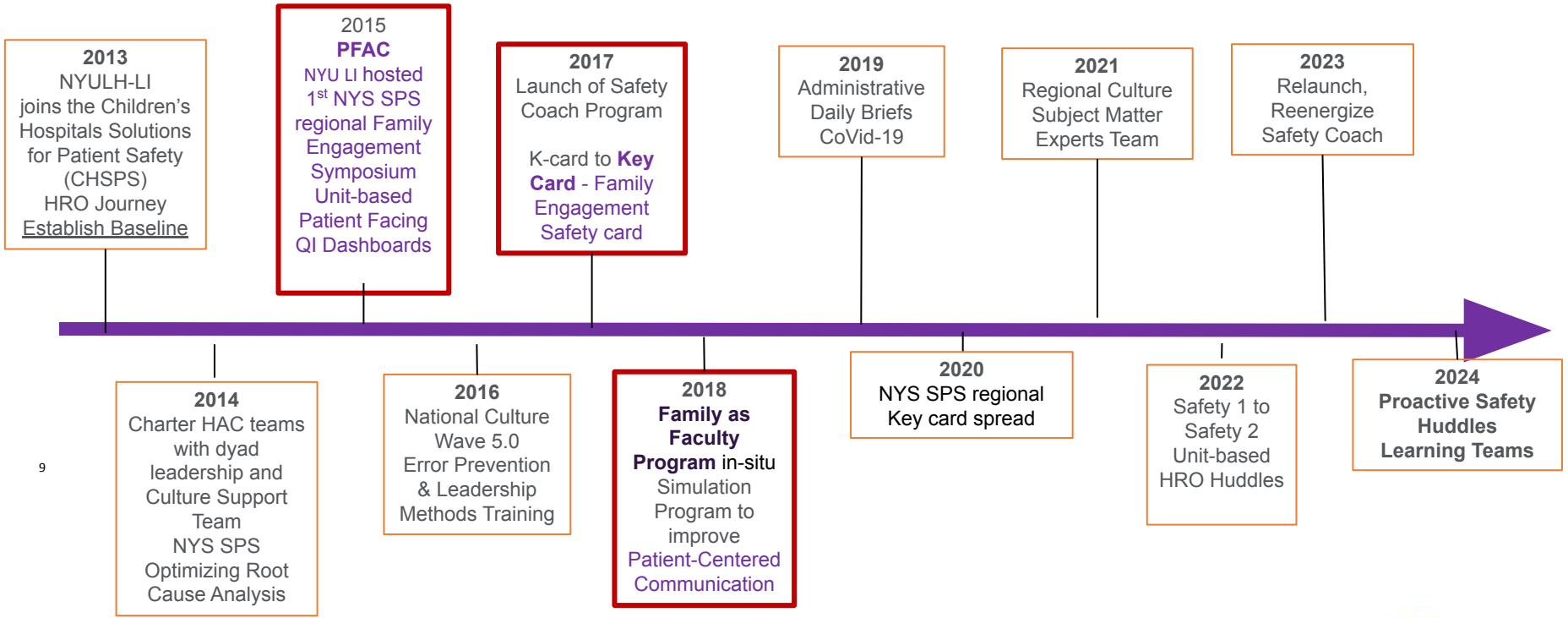
NYU Langone Health – Long Island's Children's Medical Center

- 2 Children's hospital within a hospital within a health system
- Member of the national network Children's Hospitals Solutions For Patient Safety 150+ hospitals in North America with a vision to keep "All Kids, All Safe !"
- Serving as part of the leadership team for the NYS Regional SPS network – 'the birthplace of statewide patient and family engagement'
- 2 Medical school – we are home to the NYU Grossman LI School of Medicine

Our High Reliability Journey…Is Our Journey to Exceptionalism



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Patient & Family Advisory Council

Mission & Objectives

- Work in collaboration with the interprofessional team to promote and facilitate family-centered care
- Offer input to leadership in planning and evaluating services, programs, and policies that are responsive to the needs of patients and their families.
- Promote a positive relationship between staff and the community, and to serve as a liaison between the hospital and the community.

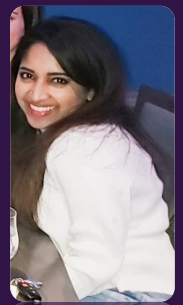
Parent Chair

Liz Menges

Lead Facilitator

Nicole Almeida
Director, Child Life Program

Lead Facilitator



Dinah Thomas
Peds QI Project Manager

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PFAC Engagement Across the Care Continuum to Partner in Quality and Patient Centered Culture

Welcome to the Emergency Department at NYU Langone Hospital—Long Island!

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Our goal is to provide you with safe, high quality care. Below is a guide on what to expect during your stay. If you have any questions or concerns about your stay, please reach out to a member of your care team.

Stage 1
Check-In
A nurse will review your symptoms and determine how we should begin your care. A registration representative will start your registration process by asking your name and date of birth. Later during your stay, they will return to gather more personal information. Patients that have access to MyChart may receive a text to complete self-registration.

Stage 2
Triage
A triage nurse will assess you further. This nurse will ask about your medical and surgical history, and get a brief description of why you came to the ED today.

Stage 3
Care Team Assignment
You will be assigned a care team including a medical provider (for example, a doctor, physician assistant, nurse practitioner or resident physician) and registered nurse (RN) to provide your care. They will coordinate efforts across your care team and keep you informed.

Stage 4
Testing
Your provider may recommend certain tests. These may include lab work, imaging, and other specialized testing. These tests help diagnose your condition.

Stage 5
Results
Your care team will discuss all of your test results with you. (Note: If you have access to MyChart, you may receive your test results before your care team does). Based on these results, your care team will discuss your diagnosis with you and explain next steps.

Stage 6
After Treatment
Once your care and treatment are complete in the ED, then one of 3 options will happen. **You will either be: Admitted to the Hospital, Discharged Home,** or **Transferred to Another Facility.**

Admitted to the Hospital
Sometimes hospital care is needed after an ED visit. Your care team will discuss options for inpatient care or observations.

Discharged Home
- You will receive a copy of your After Visit Summary (AVS). These are your discharge instructions and a summary of your care. Your AVS will also have copies of all test results.
- If medication is recommended, follow up instructions will be included.
- You will receive a follow up discharge call from an ED nurse. This nurse will ask about your health condition, understanding of medications, treatment and follow up appointments. If there is something you do not understand please call the follow up center at 516-686-0599.

Transferred to Another Facility
Your care team will arrange the transfer based on the specific care you need.

Scan QR Code to view Common Questions About Our Emergency Department

Who's Who in Pediatrics

Physicians / Providers

You may have a variety of physicians involved in your child's care, depending on the reason for his or her admission. Our approach enhances your child's care by offering the skills and knowledge of many team members.

Attending Physician
The Attending physician is responsible for the coordination of your child's care and may be your child's personal pediatrician, a hospital pediatrician (Hospitalist), or a specialty physician (such as a surgeon or cardiologist). He or she is the leader of the team and is responsible for supervising any other physicians involved and for involving other appropriate team members. In the PICU the attending physician is a board certified or board eligible pediatric intensivist or pediatric cardiac intensivist. He or she is the leader of the team and is responsible for supervising and coordinating care with other subspecialty physicians and surgeons.

Surgeons
Pediatric surgical expertise is available in every surgical discipline. The attending intensivist works closely with the surgical team to coordinate every child's medical and surgical needs.

Consulting Physician
A consulting physician is a subspecialist in a particular aspect of your child's care.

Hospitalists
When your child is admitted to the hospital, your child's regular doctor asks the hospitalist to care for your child. The hospitalist develops the initial plan of care, discusses it with your child's doctor at the time of admission, and then is responsible for managing your child's care during the rest of hospitalization.

Trainees

Fellows
Fellows are doctors who have completed a pediatric residency and are now working closely with the doctors in an area in which they have chosen to specialize, such as infectious disease or adolescent medicine. Fellows in pediatric critical care are now completing additional training, working very closely with the attending intensivist to monitor and determine treatment plans and to closely supervise pediatric residents and students.

Residents
The residents are fully qualified, licensed physicians who have graduated from medical school and have come to NYU Langone Hospital- Long Island for advanced training in pediatrics. Resident physicians write orders and make decisions related to your child's care under the direct supervision of the attending physician. Residents in critical care units are under the direct supervision of the fellow and attending intensivist.

Medical Students
Medical students have completed undergraduate school and are currently in medical school to acquire knowledge and skills to become a doctor. They work under the close supervision of the physicians. In the PICU medical students work under the close supervision of the residents, fellows, and attending intensivists. They do not make independent decisions about care, but provide an extra pair of educated eyes and ears, and are able to help with any needed research.

Who's Who in Pediatrics

Nursing Staff

The Nurse Manager and Assistant Nurse Managers are responsible for directing and coordinating nursing care on each unit.

Registered Nurses (RNs)
Your Nurse plans and provide care under the guidance of your physician. They coordinate the daily care of your child and provide information, education and emotional support.

Nurse Practitioners and Clinical Nurse Specialists
RNs with advanced education in pediatric/family nursing. They are available on the units as resources.

Nursing Assistants (NAs)
assist the nurses and doctors with daily care.

Nursing students
Students studying to become RNs. They work under the direct supervision of our nursing staff and with nursing instructors who have advanced education in pediatric nursing.

Other Interdisciplinary Team Members

Respiratory Therapists
Respiratory Therapists evaluate and treat breathing problems, and set up and operate respiratory equipment. They are experts in invasive and non-invasive assisted ventilation and are often sought for their clinical expertise. Respiratory Therapists are present 24/7 on the critical care units.

Child Life Specialists
Child Life Specialists education your child on what will happen to them while they are in the hospital (tests/procedures, blood work etc.) in an age and developmentally appropriate way. They design and provide play and recreational activities for patients, provide one-to-one support and activities when appropriate. They assist with day-to-day coping skills and facilitate family understanding of hospitalization.

Social Workers
Social workers are available to help your child and your family cope with stress, solve problems, make decisions and connect you to supportive hospital programs. Social work services are available throughout your child's hospital stay 24 hours a day, 7 days a week.

Discharge Coordinators
Discharge Coordinators work closely with your team to address your child's home care needs. They arrange for nursing visits in the home and order equipment and supplies when necessary.

Your Child's Healthcare Team May Also Include...

- Nutritionist
- Occupational and/or Physical Therapist
- Speech Therapist
- Patient Unit Secretary
- Pharmacist
- Psychologist/Psychiatrist·Pediatric Volunteers
- Chaplain

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Think, Pair, Share

- Share with the peer on your right how your organization can leverage a PFAC council.

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NYU Grossman Long Island School of Medicine

Family as Faculty In-situ Simulation Program

Liz Menges - Chair NYULI PFAC

Sean Cavanaugh, MBA, FSSH
Arsenia Asuncion, MD, FAAP, MAcMD

Patricia Janicke, MHA, RN

Jill Leavens Maurer, MD, FAAP, MA

Patient and Family Advisory Council (PFAC)

Patients and family members work with care teams to improve the quality of care provided by healthcare organizations.

PFAC members provide unique insights

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Patient and Family Centered Care at NYU Langone – Long Island

Sean Cavanaugh, MBA
Associate Director Simulation Education

Partnership with Patient and Family Advisory Council

Utilize simulation to improve communication skills

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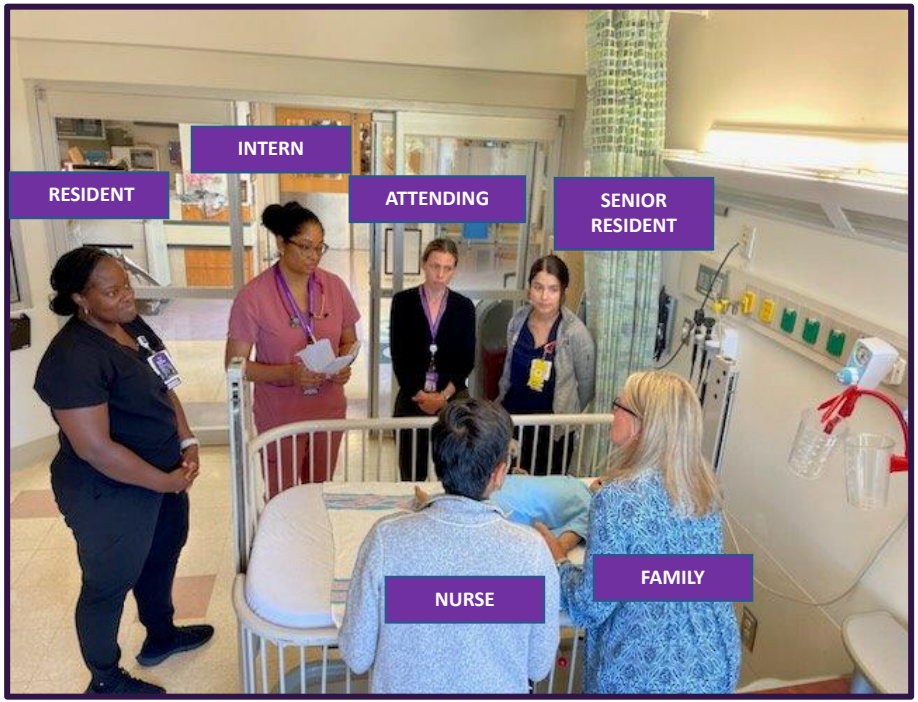
Medical Simulation and the Patient and Family Advisory Council

Replicate real world scenarios

Healthcare providers gain insights into the patient and family perspective



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Medical Simulation and Patient and Family Advisory Council

Arsenia Asuncion, MD
Division Chief, Pediatric Critical Care Medicine

Simulation sessions take place in the Pediatric Inpatient Unit

Faculty debrief immediately follows the patient and family encounter

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Competency based checklist

Voice of the Patient and Family

Liz Menges – PFAC Member and Standardized Patient

Competency	*Not Achieved*	*Partially Achieved*	*Achieved*
Greeted patient and caregiver and introduce the primary team	Did not introduce the primary team	Greet patients and caregiver but did not do complete introduction	Greeted patients and caregiver and introduce the primary team
Established partnership with patient and family in the beginning by stating the purpose of family-centered rounds	Did not state the purpose of family rounds	Explain partially the purpose of rounds	Established partnership by stating the purpose of rounds and inviting family's input
Explain the medical condition and care plan in simple language and terms that the child/adolescent can understand	Used medical jargon to explain medical condition and care plan	Clarified unknown terms	Use clear and appropriate language to enhance understanding
The Patient (Child /Adolescent) was given opportunity to ask questions and understanding of the care plan was confirmed with the patient	The team did not confirm patient's (child/adolescent)or understanding or ask if she/he had any questions	The patient was asked if he/she had any questions but there was no confirmation of the patient's understanding	The Child/Adolescent was given opportunity to confirm understanding and ask clarifying questions about the plan
Communication skills were used support a model of partnership : • ***Eye contact*** • ***Body language*** • ***Tone of voice*** • ***Non-judgmental phrases***	Model of partnership not developed using verbal and nonverbal communication skills	One or more communication behavior skills did not support the model of partnership	Both verbal and non-verbal communication skills supported a model of partnership
Included and engaged nursing and other staff on rounds	Did not include	Answer Nurse or staff questions	Ask input from inter professional team

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Medical Simulation and the Patient and Family Advisory Council

Liz Menges

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Results: Patient-Family Centered Rounds Competencies

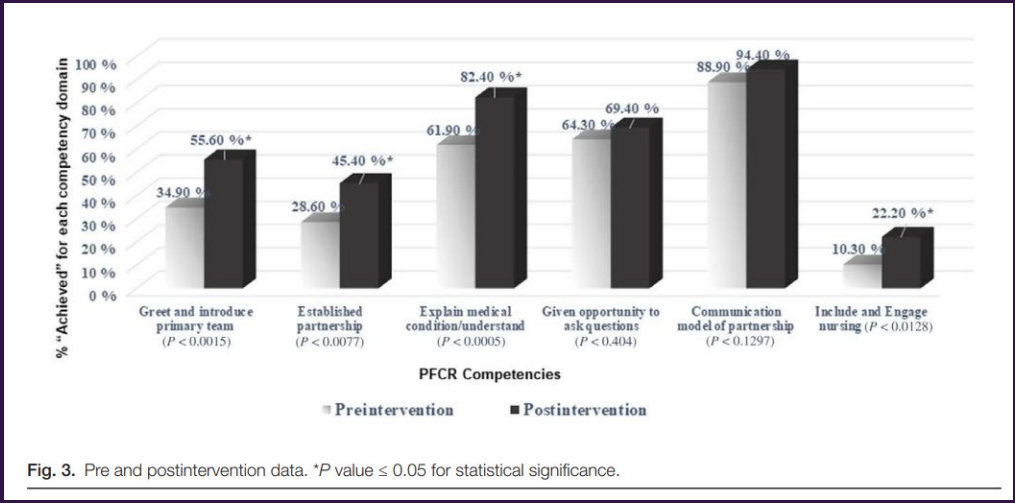
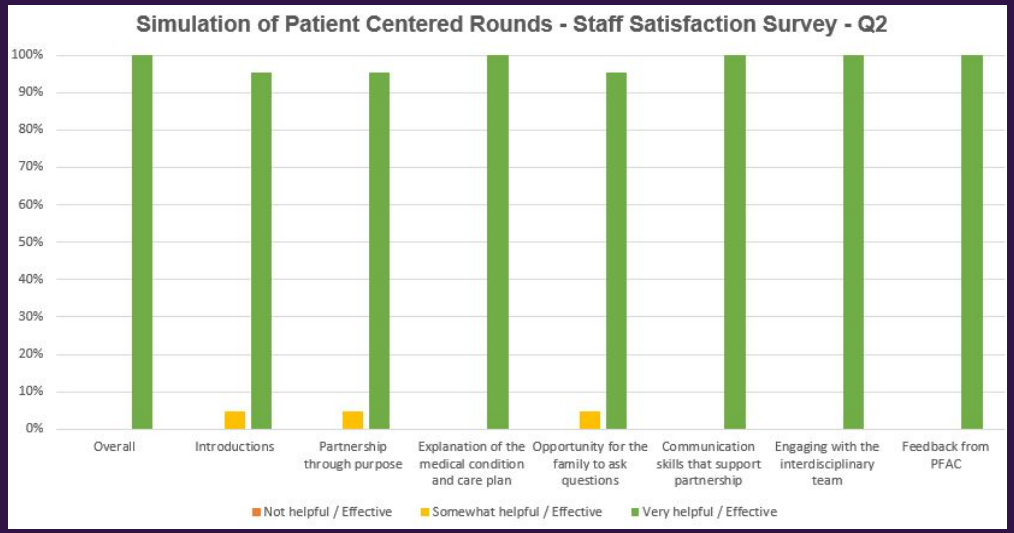


Fig. 3. Pre and postintervention data. *P value ≤ 0.05 for statistical significance.



Frontline Staff Satisfaction Survey

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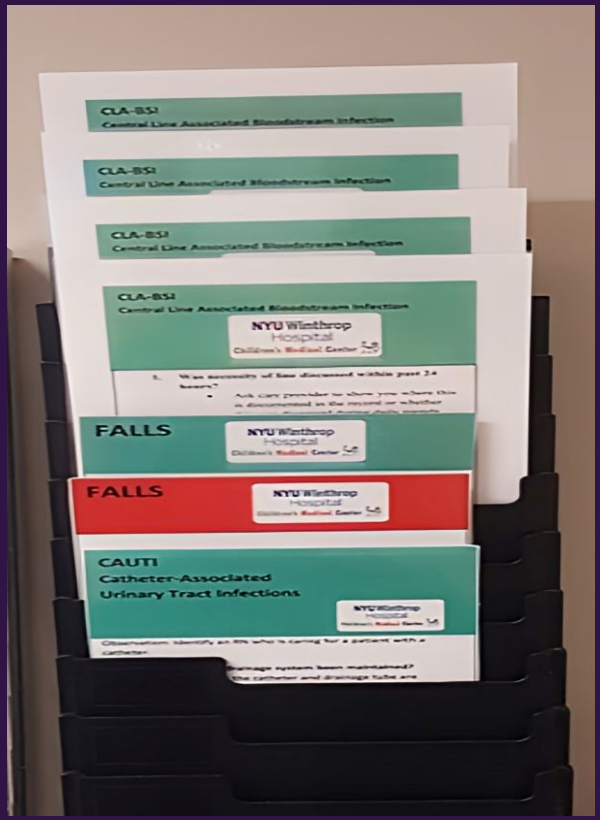
Key Card Program: From K-cards to Key Cards

"Our Patients and Families Hold the Key"

Implementing the Kamishibai Method

Kamishibai Cards

- Lean management tool
- Japanese form of storytelling
- Visual reminder to drive process reliability
- Non-punitive, active engagement of the frontline staff



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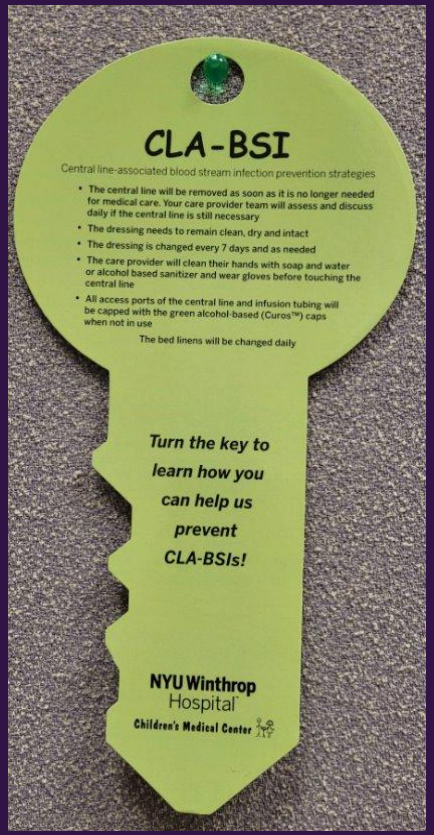
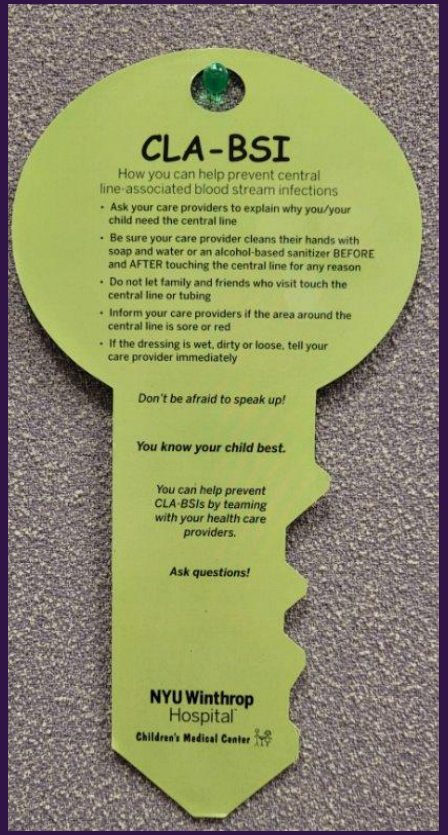
Patient & Family Engagement: Key Cards





SALA INSTITUTE
FOR CHILD & FAMILY
CENTERED CARE

Preventing Central Line Infections (CLABSI)

Central lines, such as Mediports, Broviacs, and PICCs need extra care to prevent infection. Here is how we safely care for your child's central line in the hospital:

What the Care Team does:

- Before touching the central line, we clean our hands with soap and water or hand sanitizer. We may wear gloves.
- Each day, we check to see if your child still needs the central line. If not, we remove it.
- We make sure the dressing is clean, dry and stays in place.
- We change and date the dressing every 7 days and when needed.
- We use caps (with alcohol inside them) on openings to the central line and tubing when not in use.
- We partner with you to give your child a bath with anti-bacterial (CHG) wipes.
- Keeping the mouth, gums, and teeth clean helps prevent infection.
- We change the bed sheets daily
- To ensure safe, quality care, a staff member may observe your child's nurse during central line care.
- **We answer your questions and listen to your concerns.**

What you can do as a family:

- Ask the team why your child needs the central line.
- Make sure family and friends do not touch the central line or tubing.
- Tell the care team if your child has preferences about central line care.
- Be sure care team members wash their hands with soap and water or hand sanitizer before and after touching the central line.
- Tell your child's nurse right away if the area around the central line is sore or red.
- Tell your child's nurse right away if the central line dressing is wet, dirty, loose, peeling, or disconnected.
- Partner with your child's nurse to give a bath with CHG wipes. Ask your child's nurse before using soaps, lotions, or deodorants.
- Ask your child's nurse how to keep devices clean during diaper changes.
- Good oral care helps. Support your child to brush (2 x each day) and rinse (3 x each day) their teeth.
- **You know your child best. Tell us if something doesn't look or feel right.**

Training for Frontline Staff

- Staff buy-in
- Training Initiatives
  - Video instruction on LMS platform
  - Interdisciplinary simulation
  - Direct observation with K-Cards
  - Competency Rubric
- Identification of Unit-based Champions
  - Peer to peer process

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Family Engagement Process

"I PASS the Key"

- Be able to identify patient risk factors
- Create a care team dynamic with the patient and their family
- Use of standardized language in establishing a partnership
- Patients and families may be unaware of their risk for harm
- Review of the best practice bundle elements on the Key Card
- Teach-back ensures a level of understanding and reinforces the content for the frontline staff
- A physical Key Card is left at the bedside for future engagement

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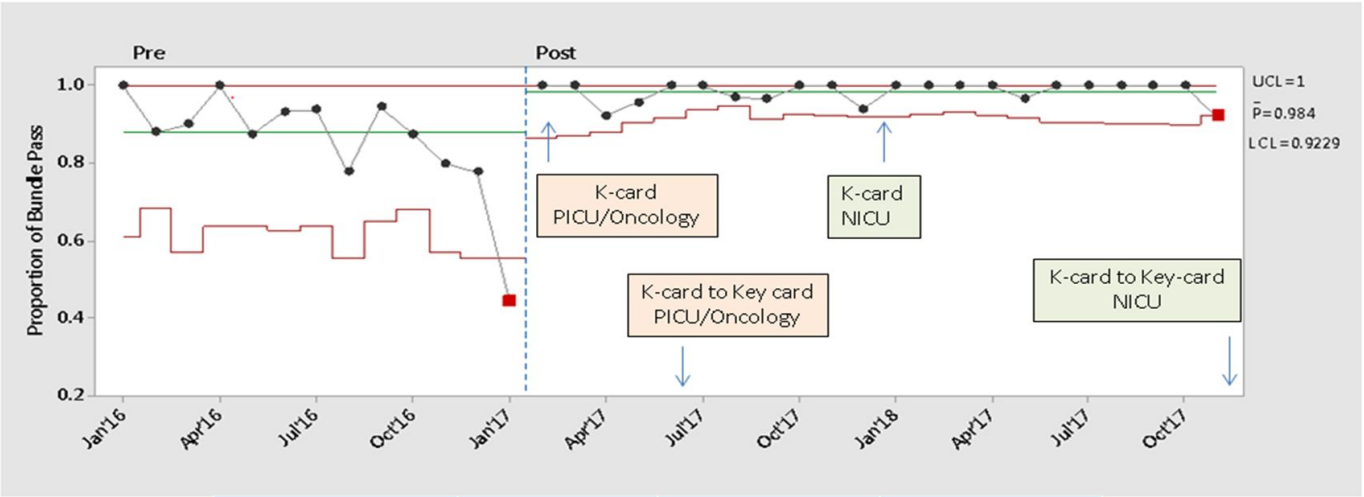
Process Reliability to CLABSI Maintenance Bundle
Children's Medical Center

Process Reliability Mean Pre = 87.89% Post = 98.40%



CLABSI Rate	2016	2017	2018
PICU/Oncology	0.98	0.88	0
NICU	1.18	2.0	0.54
Combined	1.11	1.61	0.34

Kamity, R., Grella, M., Kim, M. L., Akerman, M., & Quintos-Alagheband, M. L. (2020). From Kamishibai card to key card: A family-targeted quality improvement initiative to reduce paediatric central line-associated bloodstream infections. *BMJ Quality & Safety, 30*(1). https://doi.org/10.1136/bmjqs-2019-010666

Feedback from Patients, Families, & Staff

"Don't forget my green (Curos™) caps!"

Jaxon, 4-year-old oncology patient every time a nurse enters his room

" The pediatric staff takes excellent care of Sadie's central line. Can you extend this program to procedural areas?"

Beth, mother of 10-year-old oncology patient

"Great way to keep patients and parents informed and involved with standards of care."

Loretta, mother of a 15-year-old oncology patient

"I like that I don't get in trouble if there is a misstep. I get to share with leadership what the challenges are to getting this work done"

Piera, PICU RN

NYU Langone Health - Long Island Children's Medical Center

Key Card Spread

- 2017 CLABSI
- 2018 Ca-UTI
- 2019 Falls
- 2020 PIVIE
- 2021 Medication Safety
- 2024 Team Discharge

Key Card Change Package

- K card and Key cards
- Job instruction using standardized script
- Family engagement survey
- Link to video training
- Key Card communication competency rubric

TEAM DISCHARGE & SAFE DISCHARGE KEY CARD PROGRAM JOB INSTRUCTION TOOL

	KEY STEPS	DESCRIPTION
	*Prepare for Team Discharge*	• Ensure Safe Discharge Key Card has been added to AVS summary (added to My chart). Under Discharge go to clinical references and add Key to Safe Discharge • Print and hand Key card to Safe Discharge to patient/family. • Gather your Team: Physician, RN and any additional stakeholders (Pharmacy, Care Management) • Discuss who will review each components of the discharge (reference Key Card) a. Provider will review: • Child's condition • How to care for child at home • Symptoms/health problems to look out for • Medications and possible side effects • When child may return to regular activities • Follow-up appointments b. Nurse will review: • Medication frequency and administration • Print additional patient education from Krames (e.g. medications and common side effects). • Prepare access to preferred language using Language Translator (Voyce)
	*Introduce yourselves and Team Discharge process*	• Position selves next to the patient/caregiver and sit next to the patient/caregiver throughout the discussion. • Introductions & explanation of the Team Discharge process.
	*Partnership*	"Your participation is key to the safe transition out of the hospital when your child is ready for discharge. The Key Card is a visual tool we use to partner with you because you know your child best."
	*Allow time for questions*	Pause after reviewing each piece of information and inquire for questions throughout the discussion.
	*Summarize steps the family can take to partner with us in safe discharge*	Point to key information being discussed on the After-Visit Summary to draw the patient/caregiver's attention to this information. "This Key Card outlines how we approach a safe discharge." • Make sure you understand your child's condition • Know your child's medications: what they are, how much to take, for how long, side effects • Make sure you keep up with your follow-up appointments. • Understand what life at home will be like. • Know warning signs and symptoms that need to be addressed if your child's condition change.
	*Synthesis by receiver*	Use teach back throughout the discussion to validate patient/caregiver understanding.
I PASS THE KEY	*Confirm understanding & make sure the family has a copy of **the key** card.*	Here is a copy of the key card for you to keep. RN to document the team discharge in EPIC post conversation (smart phrase= .teamdischarge)
	*Post Discharge Huddle*	Take a moment to debrief as a team and discuss the following: - Was there anything that could have been done differently next time to improve this process? - Any outstanding questions/concerns which require follow-up? - Any escalation to leadership required?

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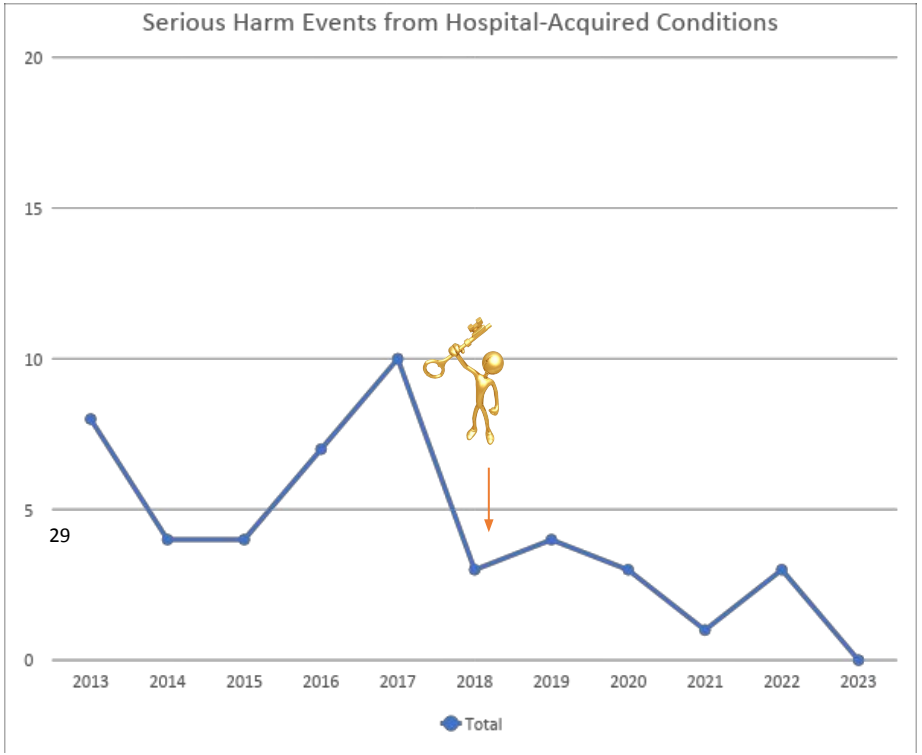
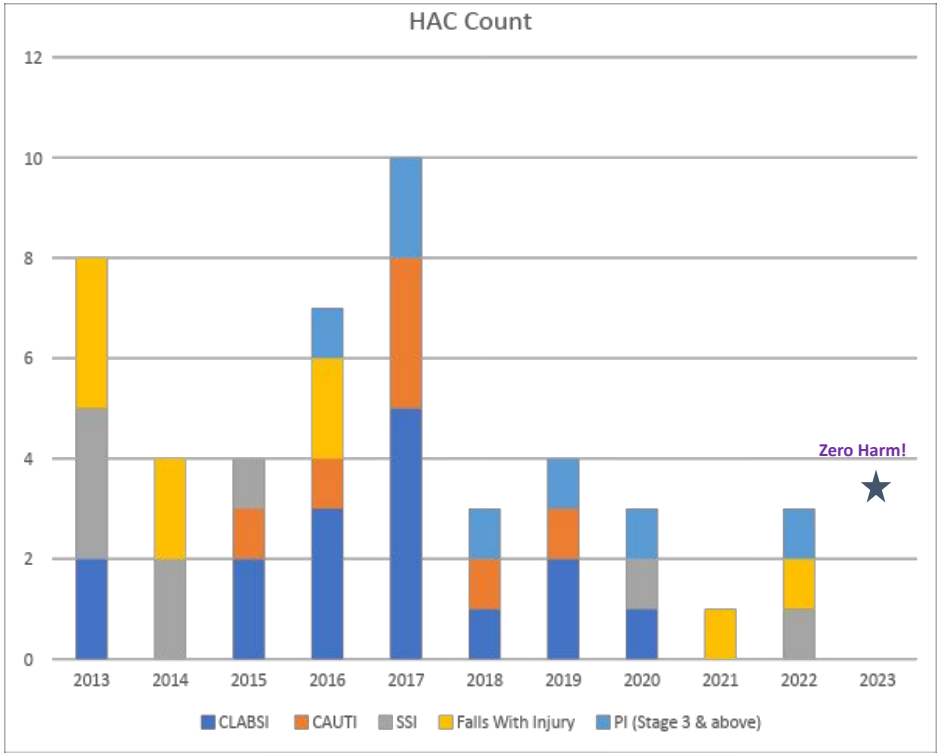
Result of 10-Year Journey to Zero Harm from Hospital-Acquired Conditions





Commitment from the Audience

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Alignment of our **Patient-Family** Programs with **HRO Principles**

Family as Faculty

Patient and families are engaged in interdisciplinary communication to understand unintended consequences of care plan.

Through teach back, patient and family demonstrate understanding of medical condition and that they are critical team members.

Family and the frontline staff have a shared mental model of the daily plan of care, expectations, and outcomes.

Acknowledging the expertise of patients and families to develop a more holistic approach to patient care.

Family and the frontline staff have a shared mental model of the daily plan of care, expectations, and outcomes.

HRO Principles

Preoccupation With Failure
Everyone is actively thinking about the potential for failure and are alert to small signs of potential problems.

Reluctance to Simplify
People have a shared understanding that the work is complex and dynamic

Sensitivity to Operations
People cultivate an understanding of the context of the current state of work and what is going on around them

Deference to Expertise
People in HROs appreciate that the people closest to the work are the most knowledgeable about the work

Commitment to Resilience
People practice performing rapid assessment and response to challenging situation.

K-Card to Key Card Solution

Raise patient and family's awareness that risk for hospital acquired conditions exist

Family understands the complexity of teams, processes and systems and that they are critical team members to optimize outcome

Family and the frontline shares the understanding that harm is preventable and educated to proven strategies for prevention as part of the team

Family as part of the frontline closest to the Gemba. Family are empowered to speak up about potential safety problems.

When deviation from safety practice standard are observed patient and family provides a fresh set of eyes and cross-monitors

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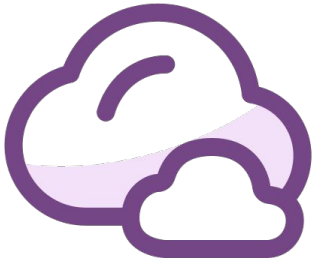

In 5 words or less, how do you plan to engage patients and families in harm reduction strategies?

ⓘ Click **Present with Slido** or install our Chrome extension to activate this poll while presenting.

Thank You

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Q&A

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