



Showcase for Hopkins Inquiry and Nursing Excellence

SHINE

Conference

Revolutionizing Care: Enhancing Technician Workflow for Superior Patient Experience

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Financial Relationships

All individuals involved in the planning and delivery of this activity have no relevant financial relationship(s) with ineligible companies.

Commercial Support

This educational activity has not received any form of commercial support.

Off-Label or Investigational Use

This presentation will not discuss the off-label or investigational use of a drug, biological product, or medical device name.

What does
patient experience
mean to you?



PCT Enhancements

GOAL:

Excellent Patient Experience



STEPS TO GOAL:

PCT Practice Council



Standardized Workflow



Decreased PCT : Pt Ratio



Utilize PCT's to full scope



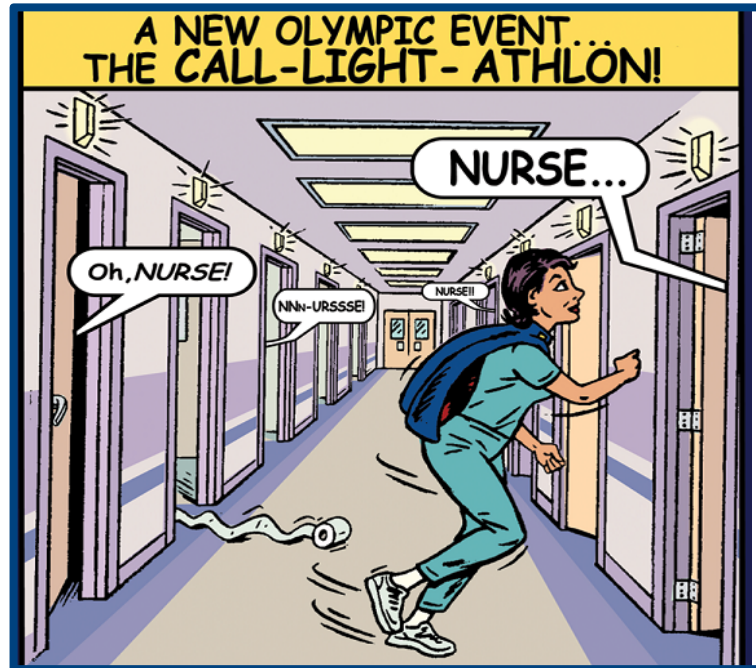
Audits



Patient's are the Priority!

Area of Focus

- Likelihood to Recommend: By monitoring our Attentiveness & Responsiveness



How do we achieve this?

- Minimize Patient Discomfort
- Be proactive Rather than Reactive & Reduce Burnout
- Meet basic patient needs:
 - Feed them
 - Clean them
 - Hear them
 - **Save them**



What PCT's Want and Can Do

PCTs Hungry for Ownership:

- Daily Cares; Oral Care, Baths and Linen Change



- HLM/Mobility



- I/O's



- Personalization- Dynamic Duo



- Using full Skill Set



Special Care PCT Checklist

Bed	Code	Diet	Mobility	

Evening 7-12pm

- Bedside shift Report
- Vitals/Sugars/1&0s
- Oral care
- Turns & cleancheck
- Dinner break!
- Toileting

12-3am

- Vitals/Sugars/1&0s
- Cleancheck/Reposition
- Empty Foley
- Restock Blood Kit
- Set-up Rooms and Chair
- Finish baths

Labs/FS: 



PCT Bedside Checklist



PCT Workflow Planning

Meeting Patients Basic Needs to Improve Overall Patient Experience



Standardizing PCT roles, informed by Li (2020) on the importance of addressing basic to higher-level patient needs.



Applying Maslow's hierarchy, supported by Xu et al. (2021), to enhance patient satisfaction in care models.



Adopting evidence-based structured rounding, as shown by Di Massimo et al. (2022), to improve patient outcomes.



Optimizing PCT-to-patient ratios and training, ensuring a high-quality care environment.



Conducting audits to maintain care excellence, aiming for better HCAHPS scores and satisfaction.

Personalization Dynamic Duo

- **Personalizing Care**
- **Talk up oncoming team**

- **Days**
 - 1730: PCT to check rooms set up for bed baths, drinks, snacks etc.

- **Nights**
 - 0200: PCT to check for mobility items at the bedside for identified OOB patients + oral care, drinks, snacks etc



Over Coming Barriers: Kata Coaching

Planning and Doing Experiments/Actions

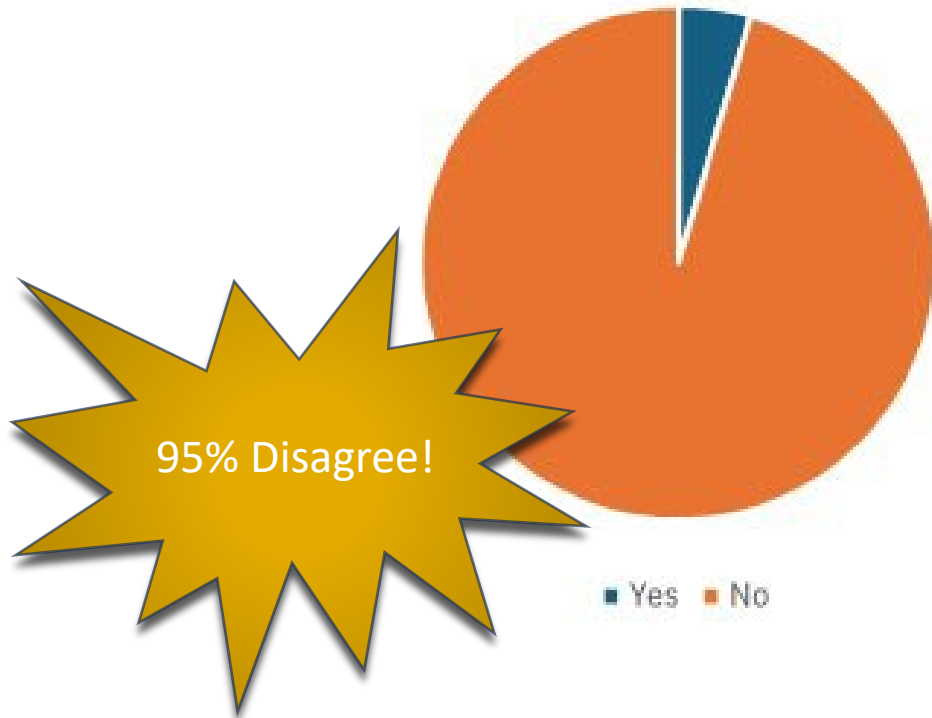


Action Lead creates, educates and follows-up on experiment/actions

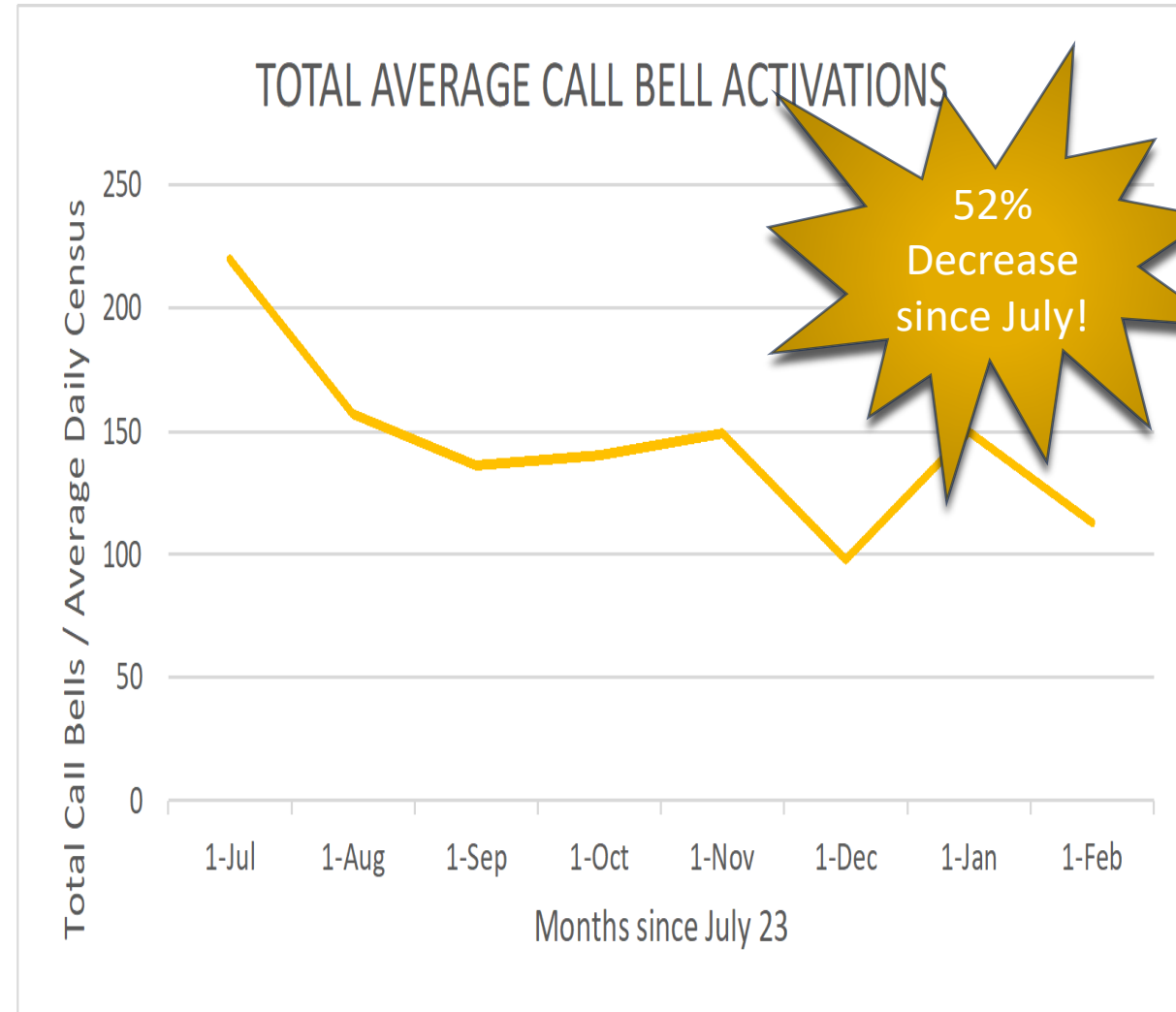
Process- adjusted	Dynamic DUO: To meet pts Basic needs (Purposeful Rounding)		Lead Team Members:	Hartley, Joe, LaTrease, Nika, Bev, Britt
ACTION Lead: PCT Practice Council, supported by Molly Anderson, Abbey Soltis & Andrew Lissik				
What do you want to try? (Action/Steps)	What did you expect to change? (include leading/lagging metrics)	How are you going to quickly try it?	What Happened?	What did you learn?
<p>Purposeful Rounding at end of shift added to PCTs standard workflow:</p> <p>0530-0700 Night Shift 1730-1900 Day Shift</p> <p>*Dynamic Duo - Toileting, incontinent care, talking up oncoming team, Daily care items</p> <p>Supply Cart: ->Drinks- PCA to help make drinks when Dynamic Uno Day -> Linen, items baths</p> <p>Night Shift -> Mobility chair set up ->Oral care items *Personalization for patients: Addressing patient and family for needs, *Future: activity boards, books to offer to patients and families</p> <p>October 11, 2023</p>	<p>Patient's experience personalized care, utilizing recency bias, ensuring patient and family feel safe during duration of stay.</p> <p>Rapport building between staff, patients, and family</p> <p>Oncoming shift to be better prepared, boosting morale</p> <p>Reduce overtime for staff not having to stay to meet pts basic needs</p> <p>Reduce hospital waste, less excess items brought into rooms</p> <p>Leading metrics: Call bells decreasing, normal calls and bed exits, bathroom calls</p> <p>Lagging metrics: Likelihood to recommend Staff worked well together Nurse communication</p>	<p>Who: PCTs Where: SCU</p> <p>When: 09/20/2023-09/30/2023 0530-0700 Night Shift 1730-1900 Day Shift</p> <p>How: PCT checklist formed, PCT supply cart, PCT w/ 2 on will stock Cart</p> <p>Check-in Plan: 09/25/2023 4PM</p>	<p>*Time biggest barrier!!</p> <p>*Staff members- feel it is not helpful creating more work and disruption without a true benefit and increased linen waste</p> <p>*PCT specific Cart has not yet arrived so pre-stocking as not occurred</p> <p>*Stocking cart takes a lot of time PCAs are busy helping with setting up rooms, hard for them to assist PCT when Dynamic UNO occurs</p> <p>Experiment Conclusion: Overcoming staff BY-IN!! Audit- Real TIME Feedback More time to standardize the workflow</p>	<p>*Even with limited time still starting the dynamic duo/uno to get to some patients is worth wild.</p> <ul style="list-style-type: none"> • PCT Uno's need charge to assign buddy at beginning of shift • Charge nurses to by-in and remind PCTs at end of shift 0530 and 1730 to start dynamic uno/duo • Charge nurse needs to be a resource <p>+ REAL TIME AUDIT TOOL Pre- Stocking Cabinets</p> <ul style="list-style-type: none"> • Stocking cart- > bags stocked with linen bag using blue bag PCA placed on shelf in room when setting up rooms???? • Oral care pack <p>*Possibly having PCA pre-stock empty rooms with linen</p>
				<-----Experiment Conclusion

Results: Leading Metrics

Is the Patient Ratio of 10:1 Appropriate to Meet Basic Patient Needs?



100% of SCU staff Does Not Disagree



Key Take Aways:



Unit Based PCT Practice Council formed & Created a Teaching Tool for Other PCTs



PCT patient ratio decreased



Invited to join the PCT Steering Committee (PCT clinical ladder)



Awarded the Johns Hopkins Clinical Excellence Award for Innovations in Clinical Care



Presentations to: The Armstrong Institute, Nursing Congress, JHHCMC Patient and Safety Improvement Summit, JHHCMC Patient Engagement meeting, Unit Staff Meetings, Quarterly Nursing Leadership Retreat, Nurse Manager Meetings

Questions & Comments

