

Patient-Centered Simulation: Strengthening Collegial Relationships

Sarah Clark, MSN, RN, CCRN, CHSE
Gregory Berney, LCSW
Cone Health
Greensboro, NC

2015 ANCC National Magnet Conference®
October 8, 2015
1115 - 1215
C742



Objectives:

- Describe the use of interprofessional simulation to improve patient satisfaction scores.
- Discuss strategies to overcome barriers and resistance to culture changes within an organization and department.



North Carolina is Famous for....







How We Serve Our Community

- One of the region's largest, most comprehensive health networks
- 6 hospitals
- 100+ locations
- 90 physician practices
- 10,650 employees
- 1,300+ physicians
- 1,200 volunteers
- > \$1B in revenue, \$1.9B in assets

CONE HEALTH
The Network for Exceptional Care

The Case for Change - 2010

- Performance was good and we wanted it to be great!
- Long history of strong financial performance, often at odds with quality and service.
- Assessment of current culture – not congruent with Senior Leadership's view.

To achieve new vision – we had to become a different organization!



Our Imperative

- Needed breakthrough performance in the areas of service, quality and cost.
- Needed to accelerate change to be top decile organization by 2015.
- Needed new tools and competencies to accomplish this.



Our Strategy:

To be a national leader

Our Realization:

If we were to be top decile, we needed a new context, a new way of being and doing business.

Our Belief:

If we wanted different results, we had to change our culture. We needed to lead differently.



Culture is:

- Simply, whatever is reinforced
- More exactly, culture is the set of unwritten, generating, and organizing principles for being successful inside the organization.
- Patterns for behavior and interacting
- The context in which people are working



© 2015 Cone Health. All rights reserved.

ED Culture: Then

"We/They"

"We're not ready"

"Only the drug seekers get the surveys"



Voice of our Patients

Over the last week, I had to go to the ER twice for kidney stones that were obstructing. I had terrible nausea and vomiting, could not keep anything down including pain meds both visits. My 2nd visit to the ER, I saw a Dr. Jones. I got the impression that he thought I was a drug seeker, and his *attitude* seem to rub off on the rest of the staff as well. They also clearly *weren't on the same page*, and *didn't even seem to like working with each other*. A little *compassion for me, and each other*, would have been nice.



ED Breakthrough Project

*We are the possibility of transforming
emergency care, easing suffering,
performing acts of kindness, and healing
one patient, one family at a time.*



Hospitalists Blazed the Trail



How We Do Simulation



ED Nurses in Simulation



ED Nurses in Simulation



Laying the Foundation

- **Steering Committee: time to take a stand**
- **Putting Patient Experience work in context**
- **Understanding the difficult conversations**
- **Hospitalists support of the EDP's**



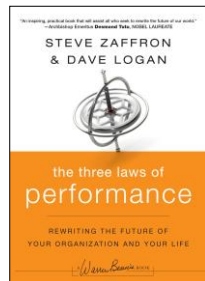
Pre-planning Difficult Conversations...



Nurses Buy In




*Performance is correlated
with how the world
occurs*



Immersion in Fact, Not Fiction

	25 th percentile	90 th percentile
Very Good	59.5	64.5
Good	24.9	22.4
Fair	8.0	7.4
Poor	3.8	3.0
Very Poor	3.8	2.7




Sim at the Bedside




What We Heard:

"I'm really glad we did the sim about the patient wanting pain med. I can really see where the EDPs are coming from. I feel like we're on the same page now."



What We Heard:

"I don't think some of the docs realized how they were being perceived. It was a real eye-opener for all of us."

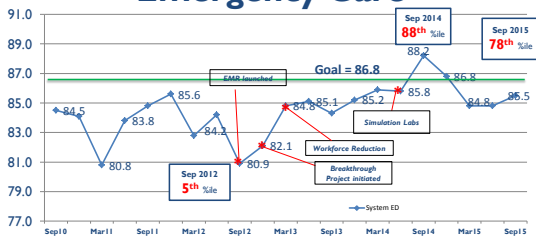


What We Heard:

"I was nervous. I've only been a nurse for a couple of years. But this helped me understand we want the same things for our patients. It's about communication and listening."




Patient Perception of Emergency Care



Cone Health Improvement = 4.6 mean improvement from Sept. '12 to Sep '15
 *Average Hospital Yearly Improvement < 0.5/year improvement.



Partnering With Physicians

- MD satisfaction increased 58%ile points 
- Creation of Physician Leadership Academy
- Creation of Physician/Administrative Dyads



Voice of our Patients

Wow! I am just blown away and wish I could give each of you a hug! I don't recall all names, but Jamie, Hannah, Adrienne, Sylvia, Becca, every person I came in contact with were so *caring and professional*....and you are one hell of a team! Special thanks to the doctor whom I may have only seen for 10 minutes but whose *caring attitude* really made a difference. I cannot sing the praises of Cone Health enough and it's not just because you helped me get well....it was much more than that....I paid attention! Your emergency room is *top notch*, hands down! Be proud of yourselves....you certainly all deserve to be. Thanks from the bottom of my heart!



References:

- Cato, D.L. & Murray, M.: Use of Simulation Training in the Intensive Care Unit. 2010 Critical Care Nursing Quarterly; 33(1), 44-51.
- Laack, T.A., Newman, J.S., Goyal, D.G., & Torsher, L.C.: A 1-Week Simulated Internship Course Helps Prepare Medical Students for Transition to Residency. 2010 Society for Simulation in Healthcare; 5(3), 127-132.
- LeFlore, J.L. & Anderson, M. Alternative Educational Models for Interdisciplinary Student Teams. Simulation in Healthcare, 2009. 4(3), 135-142.
- Merchant, D.C.: Does High-Fidelity Simulation Improve Clinical Outcomes? 2012 Journal for Nurses in Staff Development; 28(1), E1-E8.
- Temkin, B.: The Six Laws of Customer Experience: The Fundamental Truths that Define How Organizations Treat Customers. 2010. Tempkin Group.
- Willemssen-Dunlap, A., Leonard, P.A., & Cutkomp, J.L.: Thyroid Storm Precipitated by Stress in an Undiagnosed Hyperthyroid Patient – A Simulated Medical Crisis. 2011 Society for Simulation in Healthcare; 1-6.



Questions?

- Sarah Clark, MSN, RN, CCRN, CHSE
– Sarah.clark@conehealth.com
- Greg Berney, LCSW
– Greg.Berney@conehealth.com