LVHNWEEKLY

Your wrap-up of the week's news from LVHN Daily.

9/4/15

Look for Your Open Enrollment Packet

It will be mailed the week of Sept. 14.

LVH–Cedar Crest Parking Update

Phase 2 of the expansion project begins Sept. 8.

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Engagement and preparation led to success.

Does Collaborative Rounding Impact Length of Stay?

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Piloting New Roles for Technical Partners

It's happening in the progressive coronary care unit.

Read Lehigh Valley Health News
a blog on LVHN.org containing timely health information and health network news.

Lehigh Valley Health Network

Look for Your Open Enrollment Packet the Week of Sept. 14; Help Sessions Scheduled

BY KYLE HARDNER · AUGUST 31, 2015

Check your home mailbox the week of Sept. 14. That's when you'll receive the annual Open Enrollment information packet at your home address if you're eligible for Choice Plus medical, dental, vision, supplemental life insurance and flexible spending account (FSA) benefits coverage in 2016.

The packet will include:

- **What's Changing for 2016** – Detailed information about important benefit changes.
- **2016 Choice Plus Medical Plan Brochure** – Information and examples to help you choose between the Choice Plus PPO and HSA health plans.
- **Summary of Material Modifications** – A one-page sheet of health plan changes for 2016.
- **ExpressCARE or Emergency Room information** – A one-page sheet to help you decide the level of care required.

- **Vision Plan Enhancements**

Please review all documents carefully before you enroll in benefits. If you don't receive your packet by Sept. 30, call the benefits hotline at 484-884-3199.

Open Enrollment will be held Oct. 9-30, 2015. If you wish to enroll in benefits, you must enroll through Lawson on your SSO toolbar during these dates. All LVHN colleagues must re-enroll in benefits for 2016 to receive benefit coverage. If you miss the Oct. 30, 2015 deadline, you won't be able to enroll in benefits until 2017 unless you have a significant life event (divorce, birth of a child, etc.)

This year the Health and Wellness Assessment is not required as a step to enroll in the benefit plans. However, all colleagues are encouraged to take the assessment and continue to learn more about your health and taking care of yourself.

If you need assistance with your enrollment, please attend an Open Enrollment help session:

At LVH–Cedar Crest, Computer Lab 1

- Tuesday, October 13, noon-4 p.m.
- Thursday, October 15, 3-7 p.m.
- Wednesday, October 21, 7-11 a.m.

At LVH–Muhlenberg, I/S Training Room

- Tuesday, October 20, noon-4 p.m.
- Wednesday, October 28, 7-11 a.m.

At LVH–17th Street Auditorium

- Wednesday, October 14, noon-4 p.m.
- Thursday, October 29, 7-11 a.m.

At LVHN–Mack Boulevard, LVPG Training Room (second floor)

- Monday, October 19, 7-11 a.m.

At Health Network Laboratories, 794 Roble Road, Main Computer Training Room

- Thursday, October 15, 2-5 p.m.
- Tuesday, October 20, 7-11 a.m.
- Thursday, October 22, 6-9 p.m.
- Thursday, October 29, 10 a.m.-1 p.m.

Tags: Choice Plus | health insurance | Open Enrollment

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30 JUL, 2015

Culture of Wellness Benefit of the Month: Sports Performance Program

29 JUL, 2015

Second Phase of LVH–Cedar Crest Parking Expansion Begins Sept. 8

BY TED WILLIAMS · SEPTEMBER 2, 2015

Phase 1 of the LVH–Cedar Crest parking expansion project is about to be completed, and phase 2 of the project is scheduled to begin Sept. 8.

The initial phase of the project included sidewalk installation work between the parking lots behind the hospital, connecting with the hospital itself at the 1230 building.

As of Sept. 8, the expanded area of what was formerly a stone parking lot will open. The second phase of the project includes the following changes:

Click to enlarge map.

- Construction will be shifting to the remaining stone area. Traffic will be permitted to enter the new parking area just south of the construction area. Signs will be posted.
- Pedestrians will be able to access campus buildings using the newly installed sidewalks.
- Colleagues are asked to drive with care in the new construction area while electrical work is finalized.

Tags: Construction LVH-Cedar Crest

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Construction Project Will Affect LVH–Muhlenberg's 1770 Building Parking Lot Area Aug. 10-31

7 AUG, 2015

New Letters Brighten Entranceway at LVH–17th Street; Coming Soon to LVH–Cedar Crest

6 AUG, 2015

Join LVHN's Heart & Stroke Walk Team

BY JENN FISHER · SEPTEMBER 3, 2015

Has heart disease or stroke touched your life? For many of us, the answer is yes. Here at LVHN we do all we can to care for patients coping with the effects of cardiovascular disease. We also educate community members about ways they can prevent or reduce their risk for developing cardiovascular disease.

Now there's an opportunity for you to do even more. Help us raise funds and awareness by joining LVHN's team at the 2015 Lehigh Valley Heart & Stroke Walk.

- **Date:** Sunday, Sept. 27
- **Time:** Walk starts at 10 a.m.
- **Who:** You, your family, friends and dogs
- **Location:** Northampton Community College, 3835 Green Pond Road, Bethlehem
- **Perks:** Walkers registered by Sept. 22 will receive a free LVHN T-shirt to wear at the walk. On walk day, be sure to visit the LVHN sponsor tent.

Here's how to register –

- **Visit:** 2015 Lehigh Valley Heart & Stroke Walk.

- On the left side of the home page, click on "Find A Company," scroll down to LVHN, click to see our teams. Join one or create one. You must use your personal email address to register.

If you aren't able to join the walk itself, use the same link (2015 Lehigh Valley Heart & Stroke Walk) to pledge support for the LVHN Heart & Stroke Walk team.

The 2015 Lehigh Valley Heart & Stroke Walk is organized by the American Heart Association (AHA.) Funds are utilized by the AHA for cardiovascular research and education.

If you have any questions about the walk or the LVHN Heart & Stroke Walk team, email Anne Marie Crown or call 484-862-3213.

Tags: American Heart Association | Anne Marie Crown | fundraising | Heart & Stroke Walk | heart disease | stroke

Parking Changes at LVH-Cedar Crest for Sept. 13 Via Marathon

BY GERARD MIGLIORE · SEPTEMBER 3, 2015

The starting line for the Sept. 13 LVHN Via Marathon is at LVH-Cedar Crest, which will add traffic to nearby roads and temporarily impact colleague parking. If you plan to arrive at LVH–Cedar Crest between 5 and 10 a.m. that morning, please allow extra travel time.

To expedite parking, please avoid the main entrance or Fish Hatchery Road. Instead, enter the campus through East Texas Road. The inner campus road and all corresponding parking lots located off Fish Hatchery Road will be closed to all through traffic. If you normally use one of these lots, please park in an alternate location, such as the “J” lot, located by the water tower, the employee lots behind Kasych Pavilion or the other two lots off Dulles Road, as shown in blue on the map to the right.

Click to enlarge map.

Thank you for doing your part to help make the LVHN Marathon for Via an enjoyable event for our community and the many out-of-town visitors who will participate in the race.

Tags: LVH-Cedar Crest parking Via Marathon

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6 AUG, 2015

Update on LVH-Cedar Crest Parking Lot, LVH-Muhlenberg Construction Projects

21 JUL, 2015

Wave 2: Taking an Epic Ride

BY JENN FISHER · SEPTEMBER 3, 2015

The image of a surfer coursing through a colossal wave is inspiring – even when that surfer is our own Epic mascot, Major Transformation. The most recent LVHN colleagues who rode an Epic wave are those from Wave 2 Go-Live. Their successful implementation of our new Epic electronic medical record (EMR) system beginning in the early morning hours of August 1 through today has been nothing short of inspiring.

"For inpatient, patient care and periop services, the Epic implementation was a resounding success," Anne Panik, RN, senior vice president for patient care services and chief nursing officer says. "As I rounded the first week of the Go-Live, each day I would hear from nurses that they liked the system and were getting more comfortable with the changes each day. By day three, the staff had gained improved skills in navigating the system and confidence."

"Considering the enormity of the project, the complexity of the care we provide and the balance needed to learn a new system, while still meeting the needs of our patients, it went very well," Rick Kerr, R.Ph., project director, Epic Transformation project says. "Do we have areas to work on? Absolutely; but at an aggregated level, I'm not sure we could do any better. I am immensely proud of the people I have worked with throughout the last several years

to get to this point."

That assessment is echoed by chief medical information officer, Don Levick, MD. "I think the Go-Live went very well even though we had a few expected bumps," Levick says. "There were no major patient safety issues and overall the clinicians were amazing. Everyone was excited to use the new system and showed incredible patience and persistence in learning it."

Achieving Epic Success

Wave 2 Go-Live occurred at four LVHN hospital locations and numerous hospital-based outpatient sites in Lehigh and Northampton counties. More than 9,000 LVHN colleagues were involved in this major transition from many electronic medical record systems into one integrated system. (Reminder: LVHN used more than 2 dozen systems before Epic.) In order for that many people and systems to switch to a single, entirely new system, a good deal of planning and strategizing took place. "It was a combination of design, building, testing, rehearsing, training, preparation, the list can go on," Kerr says. "The two most important components were the incredible planning early on and engagement of the organization that made it 'work'."

In February, most LVPG practices and ambulatory care sites were the first to transition to Epic during Wave 1 Go-Live. Lessons from that experience helped the LVHN Epic team prepare Wave 2 colleagues for the new EMR and what is involved in making it work.

Among the tools LVHN Epic colleagues used for Wave 2 included:

- **Epic Training** – From June through July, all Wave 2 colleagues attended training classes for their application at LVHN–One City Center in downtown Allentown. Training took place around the clock, seven days a week.
- **Technical Dress Rehearsals (TDR)** – All equipment associated with Epic was tested at every location prior to Go-Live. This involved thousands of devices, from computers and printers to E-signature pads and Tap and Go devices.
- **Operational Dress Rehearsals (ODR)** – This tactic is unique to LVHN. Scenarios were developed so colleagues could practice workflows alone or with others.
- **Clinical Rounders** – A team of Epic experts visited patient care service areas and presented "how to" Epic workflow workshops using a portable computer.
- **At-the-Elbow Support** – Comprised of more than 1,000 LVHN super users and inpatient provider site champions, along with nearly 450 Epic experts from Divurgent, a go-live support firm, and countless LVHN information services colleagues, your at-the-elbow support was provided 24/7 during Go-Live.

A chief reason LVHN successfully implemented Epic in our hospitals and other care locations is that colleagues did everything they could to prepare, Levick says. "The key to success with Epic is to understand and learn the new workflows associated with the system. We did that very well in most areas, and not as well in a few areas. When workflows were understood, the transition was much easier."

Diligent work was also recognized by Panik. "I am very proud of all of the dedicated LVHN staff for their hard work in the preparation and successful implementation of Epic. Our staff and providers at the front lines did a phenomenal job," she says.

Our Epic Future

We have now entered the stabilization phase of Wave 2 Go-Live. During stabilization colleagues will have time to

become even more familiar with the Epic system and how it works. Stabilization leads into optimization when ideas to improve the system are brought to the table, Kerr says. “We want to consider those improvements that lead to our strategic goals of Better Cost, Better Care and Better Health. In the early stages of change it’s difficult to concretely identify enhancements that will create the most value and align with our goals. As we get more comfortable and get back to (or ahead) of our baselines (i.e. pre-Epic) then we can all focus on what’s next,” he says.

Tags: Epic

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Does Collaborative Rounding Impact Length of Stay? 6T Team Uses Lean Principles to Find Out

BY SHEILA CABALLERO · SEPTEMBER 4, 2015

Nursing director Megan Snyder, RN, and hospitalist Adam Marish, DO, are busy testing the validity of a story they've been telling each other for some time. The story – that collaborative rounds help to reduce length of stay (LOS) – is the first part of a multistep lean initiative they're implementing on 6T at LVH–Muhlenberg.

Adam Marish, DO

Snyder and Marish are among teams of nursing directors and medical directors who have been tasked with supporting a lean project that can impact LVHN's Triple Aim – our network-wide pursuit of Better Health, Better Care and Better Cost. Snyder and Marish chose to test their "story" – that collaborative rounds among physicians, nurses, pharmacists, case managers and technical partners can create shorter hospital stays for patients, many of whom are elderly. The Daily Management System championed by LVHN's lean team is helping them test their theory.

Fact or Fiction

Lean coach Chris Kita works with departments throughout LVHN to identify problems and help teams develop solutions using lean principles. He knows firsthand that people and organizations believe the stories they tell themselves. Yet without hard data, it's difficult to make the case for behavioral and institutional change.

Lean coach, Chris Kita (left)

6T won't know if their story is fact or fiction until all the data is in. For now, Snyder and her team are tracking how many times collaborative rounding occurs on a daily basis. They began tracking occurrences in late June, and will continue through the end of August (possibly later). Later, they'll use a "living pareto" chart (a graphic display of the issues) to document the reasons why rounding didn't occur and create an action plan that they will post to their visibility wall.

In the meantime, they've implemented some new ideas to make collaborative rounding more valuable for the entire care team. Some of the changes include:

- Keeping rounding to a maximum of 30 minutes
- Standardizing information sharing through a new Physician Preference Sheet
- Tracking rounding occurrences on the daily trend chart posted to the unit's visibility wall

"Our doctors are swamped," Snyder says. "We believe that if we do collaborative rounding in the morning, doctors will have fewer interruptions throughout the day, patients will get better care, and we'll shorten length of stay. We're testing our theory now, but we won't know the results for several months."

Snyder and Marish are trying to encourage collaborative rounding by making the process more efficient, evidence-based and focused on discharge. A Physician Preference Sheet (PPS) they created with input from the care team is helping. Now during collaborative rounds, nurses use the PPS to capture standard information on each patient (physician orders, diet, IV fluids, activity orders, blood sugar readings and other information). Physicians then use the PPS to enter patient orders. And nurses use the information discussed during rounding to adjust care.

"Patients need to have their IV fluids discontinued before they can be discharged," Snyder says. "Activity orders also affect discharge. If we can get the order during our 10:30 a.m. rounding, it increases the odds we'll be able to discharge the patient that day."

So far, rounding appears to shorten LOS by two days, but more evidence is needed. Once the data is collected, segmented into diagnostic related groups (DRGs) and analyzed, Snyder and Marish will move on to other tactics in the DMS toolbox.

"Paying attention to issues on a daily basis is powerful," Kita says. "Tracking daily metrics gives us the proof we need to truly understand the root cause of a problem and engage staff in developing lasting and meaningful solutions."

6T has high hopes the project will reduce LOS. "We saw the value of using lean and the Daily Management System previously when we were solving a blood sugar problem on our unit," Snyder says. "The lean staff has been an important resource for us. We're believers."

Does your department have a problem you're ready to study? Contact the lean department to learn how you can apply the DMS to verify you have a problem, find the root causes and create lasting change.

Tags: Adam Marish | Chris Kita | lean | LVH-Muhlenberg 6T | Megan Snyder | triple aim

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Piloting New Roles for Technical Partners

BY RICK MARTUSCELLI · SEPTEMBER 1, 2015

It's difficult to get things done when you're being interrupted. Yet that's what our technical partners (TPs) are challenged with. While striving to accomplish their predictable work – such as taking vital signs and bathing patients – they're often interrupted with unpredictable yet important tasks – such as answering call bells or STAT requests.

To find a solution that benefits TPs and patients, colleagues from our progressive coronary care unit (PCCU) visited the University of Pittsburgh Medical Center (UPMC) to learn about a new care delivery model. “Its goal is to ensure the right patient gets the right care at the right time, every time,” says PCCU patient care coordinator Jennifer McDonald, BSN, RN.

The challenge and solution

For TPs to do predictable tasks well, work must be done consistently. For example, regularly repositioning patients prevents pressure ulcers. To do unpredictable tasks well, work must be done immediately. For example, patients expect and deserve to have call bells answered quickly. Responding to unpredictable tasks quickly, however, hinders TPs’ ability to perform predictable tasks reliably.

The new model assigns work based on the predictability of tasks, instead of by assigning TPs to perform all tasks for a set number of patients. It’s being piloted on PCCU. Joining McDonald on the pilot committee are PCCU director Kathleen Kratz, RN, Kimberly Harris, RN, Carissa Saliby, RN, Lorraine Stidham, RN, and technical partners Heather Kovacs, Clarissa Rosario and Tara Wagner.

Two new roles

PCCU is a 32-bed unit staffed by four TPs per shift, as well as registered nurses and other team members. At the beginning of a shift, TPs pair up in two teams of two. Each team is responsible for 16 patients. Teammates then decide who will perform each of these two new roles:

- The reliable rounder performs all predictable work, allowing tasks (feeding, repositioning, rounding, bathing, ambulating, vital signs, providing water, intake and output, a.m. care, blood sugars) to be doneat the appropriate frequency for patients.
- The variable rounder performs unpredictable work, allowing time-sensitive tasks (call bells, admissions, transfers, discharges, blood draws, nurse requests, assistance with reliable-rounder tasks) to be done quickly and minimizing interruption to the reliable rounder.

Education and input

Prior to implementation, the entire staff learned new processes during education sessions. “Colleagues were encouraged to share ideas to ensure the model meets our department’s specific needs,” McDonald says. To make things fun, a Jeopardy-like game was used to help colleagues learn the tasks for which reliable and variable rounders are responsible. A survey completed by the staff before implementation will be administered again three and six months after implementation to determine if colleagues feel the new model is effective. McDonald also will track patient satisfaction and safety metrics to determine its effectiveness. Next steps “We must find a better way to function when the department does not have four TPs,” Romanchuk says. That’s exactly what’s happening. Colleagues are offering ideas to give TPs the time they need to deliver reliable care, always. “We’ll continue to tweak it until we get it right,” McDonald says. “We’re not going back to the old way of doing things.” Technical partners Clarissa Rosario and Heather Kovacs work as a team to deliver reliable care to progressive coronary care unit patients.

Positive results

TP Dean Romanchuk wasn’t convinced the new model would work, but has seen benefits. “In the previous care model, often patient baths were not completed until 4 p.m.,” he says. “In the new model, our patients are bathed by noon.”

"The unit also is quieter," says patient care specialist Lori Tyson, BSN, RN. "When patients ring a call bell, they're getting help quickly because the variable rounder is ready to respond."

Opportunities for improvement

While the new model has its benefits, it also has its challenges. TPs say it's more difficult to make personal connections with patients because they're caring for 16 patients instead of eight. Greater challenges arise when there are less than four TPs working. Although responsibilities are defined for these instances, TPs can fall behind schedule because they're addressing variable-rounder tasks for the entire unit.

Next steps

"We must find a better way to function when the department does not have four TPs," Romanchuk says. That's exactly what's happening. Colleagues are offering ideas to give TPs the time they need to deliver reliable care, always. "We'll continue to tweak it until we get it right," McDonald says. "We're not going back to the old way of doing things."

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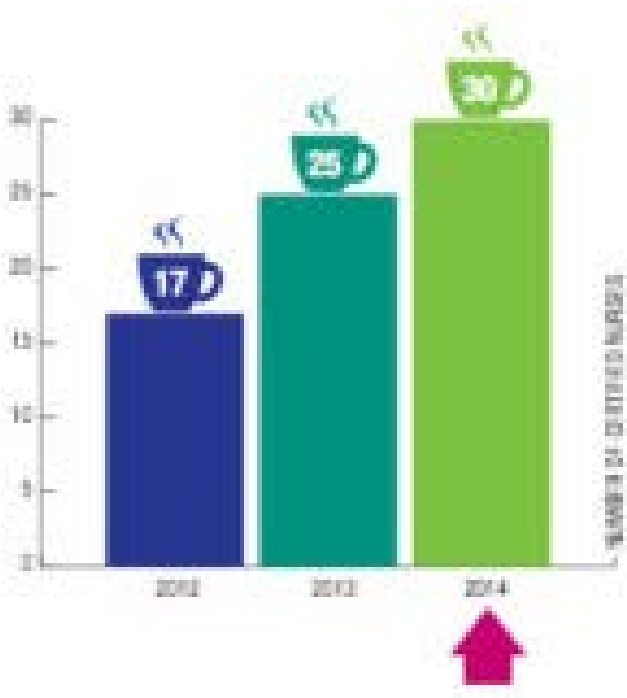

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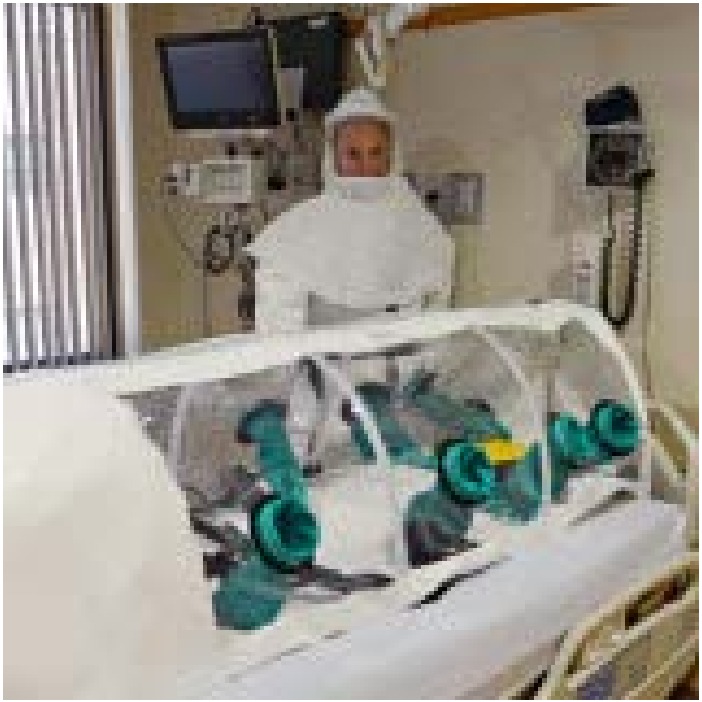

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