Utilization of a Resource Algorithm to Enhance Departmental Communications

Diane Horoski  
*Lehigh Valley Health Network*, Diane.Horoski@lvhn.org

Kenneth Miller MEd, RRT-NPS  
*Lehigh Valley Health Network*, Kenneth.Miller@lvhn.org

Angela Lutz BS, RRT-NPS  
*Lehigh Valley Health Network*, Angela.Lutz@lvhn.org

Follow this and additional works at: [http://scholarlyworks.lvhn.org/administration-leadership](http://scholarlyworks.lvhn.org/administration-leadership)

Part of the [Business Administration, Management, and Operations Commons](http://scholarlyworks.lvhn.org/administration-leadership), [Health and Medical Administration Commons](http://scholarlyworks.lvhn.org/administration-leadership), and the [Management Sciences and Quantitative Methods Commons](http://scholarlyworks.lvhn.org/administration-leadership)

**Published In/Presented At**


This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
Utilization of a Resource Algorithm to Enhance Departmental Communications

Diane Horoski, Senior System Analyst; Kenneth Miller MEd, RRT-ACCS; Angela Lutz, RRT-NPS
Lehigh Valley Health Network, Allentown, PA

Problem
- Fluctuating workloads, changing patient acuity, and staffing patterns require precise and proper communication.
- It is unrealistic to expect departmental leadership to be in-house twenty-four hours a day to address questions or alter workload assignments.
- Historically, staff was obligated to make front-line decisions, often without proper guidance and/or global insight. Clinical management of difficult patients would then be limited to in-house staff’s clinical experiences. Often the proper resource was not contacted to assist in the problem resolution.
- Advanced technological interventions were delayed until departmental leadership was in-house.
- Equipment issues were often pushed aside until leadership was available. All of these issues often led to staff frustration and confusion.

Intervention
- To combat these issues, our department developed an on-call resource algorithm.
- Our algorithm addresses administrative, technological, and clinical management issues in order for the in-house staff to promptly contact the appropriate on-call leader.
- All staff charge therapists were provided education and process information on the utilization of the algorithm.
- Staff feedback was encouraged and questions were answered.

Methods

Staff Resource/Communication Algorithm

- Respiratory Therapist needs a resource
  - Clinical Information System Question?
    - No
      - Page Clinical Coordinator
      - Yes
        - Clinical or Informational Question?
          - No
            - Page CSS
          - Yes
            - Equipment Performance Question?
              - No
                - Page Equipment Technology Coordinator
              - Yes
                - Advanced New Technology Institute?
                  - No
                    - Page Adult Clinical Educator
                  - Yes
                    - Complex Clinical Question?
                      - No
                        - Page Adult Clinical Educator
                      - Yes
                        - Staffing/Referral (In-House) or (Large Volt of Transports and/or Life Support) for 2014
                          - No
                            - Page Admin/On-Call
                          - Yes
                            - Situation Resolved or staff assistance

Conclusion
- Reduction of inappropriate phone calls to the Leadership Team.
- More efficient utilization of the Charge Therapist time.
- Enhanced Department communications and reduction in patient care delays.
- Improvement in staff satisfaction.

Results
- Post implementation of the resource algorithm revealed that the departmental communication was enhanced for staff.
- Questions were directed to the appropriate departmental leadership and answered in a timely and efficient manner.
- Staff is now working in a more efficient manner and is less frustrated and confused.
- Clinical management and technological interventions are now maintained twenty-four hours a day.

Prior to use of the Staff Resource/Communication Algorithm, there was confusion about who to call when a problem arose.

Created by Kenny Miller and Diane Horoski

© 2014 Lehigh Valley Health Network