

# I. GENERAL INFORMATION



# **Our Mission Statement**

***To provide quality healthcare  
and foster health and  
wellness.***

# **Our Vision Statement**

**Vision Statement: Our Desired Future**

**To be the preferred provider for high quality care,  
creating better health in our communities and  
recognized for excellence in all that we do.**

# Our Values

**Behaviors and attitudes we should expect** from everyone working in our health system

- **Patient First**
- **Accountability**
- **Creativity**
- **Transparency**
- **Respect**
- **Collaboration**

# Performance Improvement



# Performance Improvement

- Performance Improvement includes ALL employees and volunteers. Hospital leaders coordinate this program.
- The key components include:
  - Teamwork.
  - Service excellence.
  - Patient safety.
  - Evidence Based Practice.
  - LEAN.
  - Process Improvement.
  - Using data to trend and evaluate information.
  - Comparing results with other hospitals.



# Performance Improvement Goal

## The GOAL of Performance Improvement

To systematically and continuously plan, design, measure, assess and improve the quality and safety of care provided at Randolph Hospital.



# Improvement Cycle Overview

- For process improvement, Randolph Hospital has adopted the Plan Do Check Act process improvement methodology and uses LEAN tools and techniques such as:
  - A3 Thinking
  - Value Stream Improvement
  - Standard Work Documentation
  - Fish bone diagrams
  - Eliminating Waste
  - Using 5 Whys Problem Solving
  - Gemba Walks
  - Managing for Daily Improvement (MDI) boards



# Randolph Hospital's Lean Transformation Journey

A graphic of a winding road with a dashed center line, curving from the bottom left towards the top right. The road is dark grey/black with a lighter grey border on the right side. The background is white.

Our Journey is called T3 which stands for:  
Transforming Tomorrow Today

# What is Lean?

- Lean is a tool that helps us look at processes or the way we do things everyday, to see how we can do them better, more efficient or cheaper.
- Lean helps us look for and remove “waste” from our organization. Waste is any thing that does not add value to a process for example extra steps in processes

# What Does Lean Help Us Do?

- Lean helps people improve their work processes by creating “**Standard Work**” which means the best known way to that work today .
- It helps us focus on adding value and quality to our customers’ experiences.



# Why are we interested in Lean?

There have been big changes in the healthcare industry such as:

- Threats from competitors (other health care systems trying to persuade people in our community to go out of town for their healthcare),
- pay for performance (paid based on services to patients being efficient, low cost, and high quality),
- declining patient satisfaction (patients less happy with their visits to the hospital, home health, surgery and /or physician offices),
- declining market share (patients going to other hospitals) and
- declining reimbursement (paid less money for what we do)

**Lean helps us to make quick changes to improve our organization so that we can not only survive in the business but... thrive!**

# How does it work?

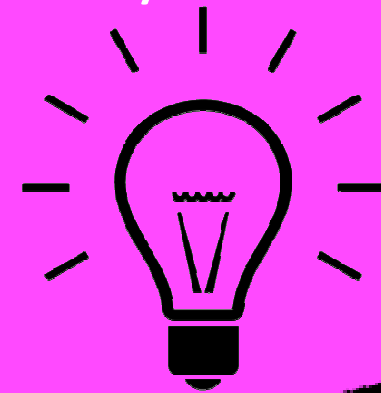
- Lean focuses on having the right resources such as materials, equipment, or staff to do the work for the customer (patients/providers/ staff) to deliver high quality services at a competitive cost
- Staff who do the job everyday are the more likely to see ways of improving. We need YOU to help us to improve things.



## What can I do?

Everyone has an impact and it takes all of us! Our lean goal is to have ALL employees learn lean tools because we can all create more value for customers and staff. Look at the things you do everyday

1. Ask yourself “How can I do this better?”
2. Look for opportunities to improve your work
3. Don't be afraid to ask why?
4. Don't be afraid to speak up!



# TEAMBUILDING

- When working on any process or issue of concern it is important to have a team approach.
- Anyone and everyone can be a part of a team depending on their involvement with the process or issue.
- The more diverse the group (multiple disciplines), the more likely new ideas will occur to resolve concerns. **Everyone** should be able to ask questions if they have a concern about how patient care is to be delivered.
- This also includes concerns about other processes within our healthcare system.
- We all have to be aware of what is going on around us and question things we see that concern us.



# Reporting Job Injuries

- Document with your Supervisor/Director **by the end of that shift -same day it happened.**
- Call or email the Employee Health Nurse within 2 working days.
- Turn the completed “Occupational/Injury Report” form in to the Employee Health Nurse by your next shift.
- Forms and phone number are found on RHINO, within each department or outside the EH office.

The screenshot shows the RHINO Employee Health website interface. The header includes the Randolph Hospital logo and the text 'RHINO Employee Health' and 'RANDOLPH HOSPITAL INFORMATION AND NEWS ONLINE'. Below the header is a navigation menu with options: 'RHINO Home', 'Department Sites', 'Policies', 'Projects', 'T3', and 'Old Home'. The main content area is titled 'Documents' and contains a table with the following entries:

Type	Name
	Work Related Injuries instructions 2016
	2015 Flu Calendar
	2015-2016 Flu Vaccine Information Statement
	Flight the Flu Flyer
	2015-2016 Influenza Consent form (2)
	Employee's Guide To Workers' Compensation Brochure
	OCCUPATIONAL INJURY AND ILLNESS REPORT
	Employee Health History Update Form
	Reporting Employee Illness

Below the table is a 'Policies' section.



# Equipment Safety

All equipment used in patient care must be inspected by Clinical Engineering and have a sticker on it, indicating approval (seen below). This includes vendors wanting to do demo's.



No one should use any equipment without the proper training

# How do I know equipment is safe to use?

- Look for signs of damage before using
- Watch for signs of unusual operation (noise, smell, or lights)
- Most medical equipment has a “self test” that will alert users to any malfunction through an alarm/message/display. Look for these when you power on any equipment.



# Broken Equipment

Any broken equipment should be:

- Removed from the patient area immediately
- **Tagged** as “BROKEN” (please use designated tags for this)
- Placed in the designated area on your unit/office
- A repair ticket placed on RHINO



# External Disaster Plan



# Function of the Hospital

It is conceivable that the hospital will be asked to treat mass casualties from local disasters.

In a disaster, the functions of the hospital are to:

- Coordinate and administer care and treatment of casualties.
- Notify next-of-kin of persons involved in accidents.
- Discharge non-critical patients to their homes, if possible.

# Overview

- **Disaster Plan** is called based on an influx of patients that would tax the capabilities of the ED and or the other portions of the hospital to provide needed care.
- The authority to implement the external disaster plan rests with the Administrator on call in consultation with the ED Physician on duty and the Chief Nursing Officer/House Supervisor.
- The External Disaster Plan consists of the following Phases:
  - Stand-by Phase
  - Implementation Phase

# Stand-by Phase

- Time to obtain more information and notify key personnel of the disaster.
- Time to determine the necessity of implementing the full disaster plan or a smaller scale plan.



# Implementation Phase

- **Administrator on call** will authorize a designee to notify the switchboard operator to page the event and the location 5 times.
- **Operator** will call/beep OR, anesthesia, lab tech, radiology tech, respiratory therapy.
- **ED Unit Coordinator** will notify the ED Director, ED Personnel, Chief of Staff and appropriate physicians.
- **Additional staff** will be notified based on the scope of the disaster and needs of the facility.



# In-House Preparations

- All on-duty employees should report immediately to their own units for possible re-assignment.
- Off duty staff should **NOT** report to the hospital unless requested.
- All employees will remain on-duty until released by their supervisor.
- All physicians in the hospital should report to the ED immediately.
- SPU and the nursing units will prepare to receive casualty admissions.
- Department Directors and/or the Unit Coordinators will make decisions as to which patients are candidates for transfer within the hospital or early discharge to make additional beds available.

# Security



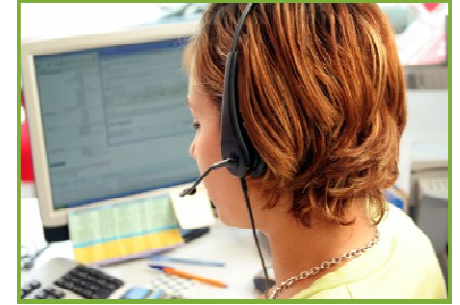
- All outside hospital entrances will be secured. A designated guard will be stationed at appropriate entrances.
- An individual will be assigned to direct traffic at the ED entrance drive to clear access for ambulances and casualty carriers.
- Physicians, hospital staff and volunteers should **bring ID badges** to work in order to enter the hospital

# Security (cont.)



- Family members will be directed to the ED waiting area. Information will be provided to families and they will be escorted to patient treatment areas to visit as soon as conditions permit.
- News Media Representatives will be directed to enter the private dining room through the outside entrance. The Senior Director of Public Relations and Outreach will coordinate activities there.
- Staff should refer ALL questions from the media to the Senior Director of Public Relations and Outreach.

# Information Center



- An Information Center will be set up in a designated location by the administrator on-call. The Information Center will be responsible for:
  - Notifying the next-of-kin.
  - Informing families of patients' conditions and locations.
  - Coordinating releases and statements to the news media.
  - Receiving calls and inquiries from the public.
  - Assigning personnel to assist in the Information Center.

# Emergency Communication



Code Blue.....Cardiac or Respiratory Arrest

Using plain language announcements is planned for future  
announcement in the following :

Fire

Missing child/adult

External or Internal Disasters

Potential or actual violent situations

Sever Weather like a tornado

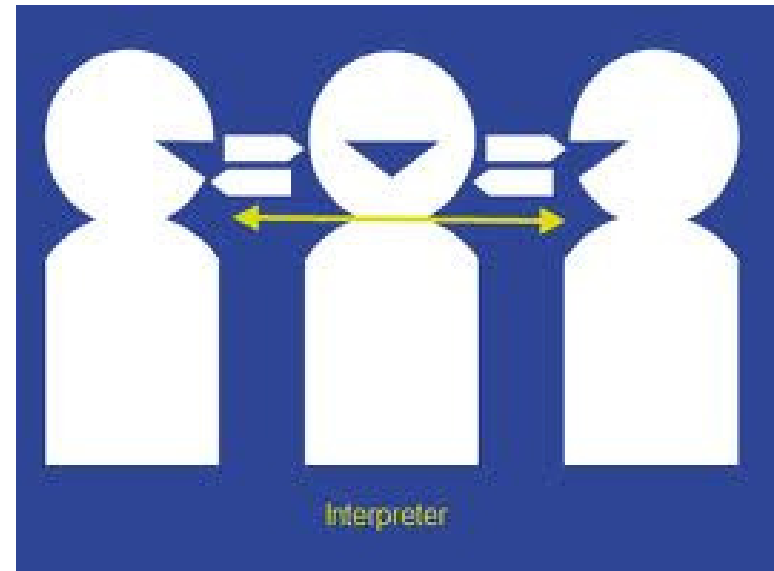
Maternity emergency

Unit or Hospital Lockdown

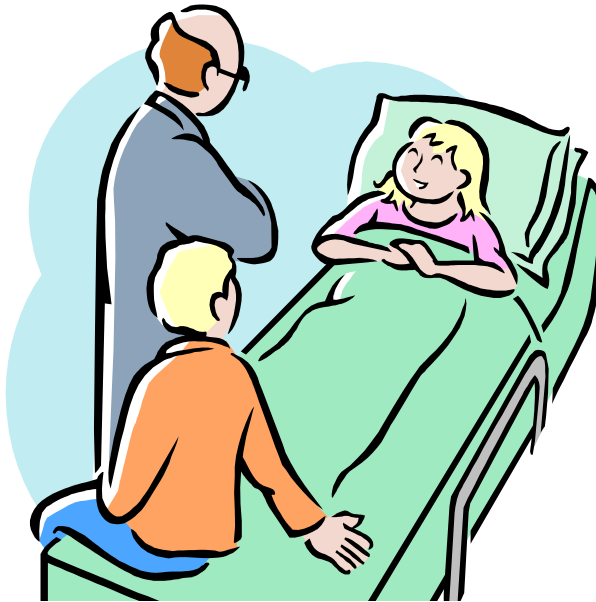
Rapid Response Team



# Special Services



# Patient - Family Engagement



# What is Patient - Family Engagement?

It's the process of getting patients and their family.... active in the plan of care.

It's giving them the encouragement to ask questions.





# Why is this important

Evidence shows that when the patient and family are actively involved in their care...

**quality** of care improves

**safer care** is provided.



# How do we make this happen?

- Explain to the patient and family that they are a HUGE part of the health care team.
- Encourage questions from patients & family members
- Assist family with communication between all care providers
- Increase a patient's understanding of their disease and the interdisciplinary team that will care for them
- Address patient safety issues with patients
- Teach patients how to communicate with their care providers

# The specifics of “How” we are doing this

- Daily Huddles
- Bedside Rounding
- Leadership Rounding
- Education Folders
- White Board Communication
- “Grapevine” Communication
- Inpatient Discharge Phone Calls
- Patients and or family members participating on hospital committees

# How do we know we are being successful?

- Patient Family Engagement Surveys will provide us feedback on how we are doing
- A Patient and Family Advisory Council helps to evaluate and guide changes that are needed.



# Just Culture Review



# What Does a Fair and Just Culture Mean?

- Giving feedback that can be used in a positive way to prevent bad outcomes. Looking at the event closely to figure out why the event happened or the decision was made.
- Collecting information about events based on facts.
- Providing fair-minded treatment to all involved.
- Having productive conversations. Talking to each other make sure there are positive results.
- Creating positive ways to help people see and talk about errors and help everyone learn from them.

# What Does this Mean for Staff?

- This is a new way of helping all of us handle unsafe processes or choices we make in completing our day-to-day activities to care for patients.
- It helps us be more consistent with how we handle potential safety events and hopefully will help us feel more comfortable bringing safety concerns to leadership before an adverse event happens.

# Words You Will Hear

- **Human Error:** an inadvertent action; inadvertently doing other than what should have been done; slip, lapse, mistake.
- **At-Risk Behavior:** a behavioral choice that increases risk where risk is not recognized or is mistakenly believed to be justified.
- **Reckless Behavior:** a behavioral choice to consciously disregard a substantial and unjustifiable risk.