



Geisinger Health System

*WHAT'S RIGHT IN
HEALTHCARE*

STUDER PRESENTATION

October 10, 2012

Geisinger Team

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Chief Administrative Officer

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Director, Patient Affairs

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Operations Manager

Katie Grohoski, RN

Staff Nurse

The Legacy



**“Make my hospital right,
make it the best.”**

Abigail Geisinger
1827-1921

Geisinger Quality – Striving for Perfection

Geisinger Health System

Mission

Enhance the quality of life through an integrated health service organization based on a balanced program of patient care, education, research, and community service.

Geisinger Brand

- Quality
- Value
- Partnerships
- Advocacy

Geisinger Health System

An Integrated Health Service Organization

Provider Facilities

- Geisinger Medical Center
 - Hospital for Advanced Medicine, Janet Weis Children's Hospital, Women's Health Pavilion, Level I Trauma Center
- Geisinger Shamokin Community Hospital
- Bloomsburg Hospital
- Geisinger Northeast (3 campuses)
 - Geisinger Wyoming Valley Medical Center with Heart Hospital, Henry Cancer Center, Level II Trauma Center
 - South Wilkes-Barre Adult & Pediatric Urgent Care, inpatient rehab, pain mgmt, sleep center
 - Geisinger Community Medical Center
- Marworth Alcohol & Chemical Dependency Treatment Center
- Mountain View Care Center
- >69K admissions/OBS & SORUs
- 1,372 licensed inpatient beds

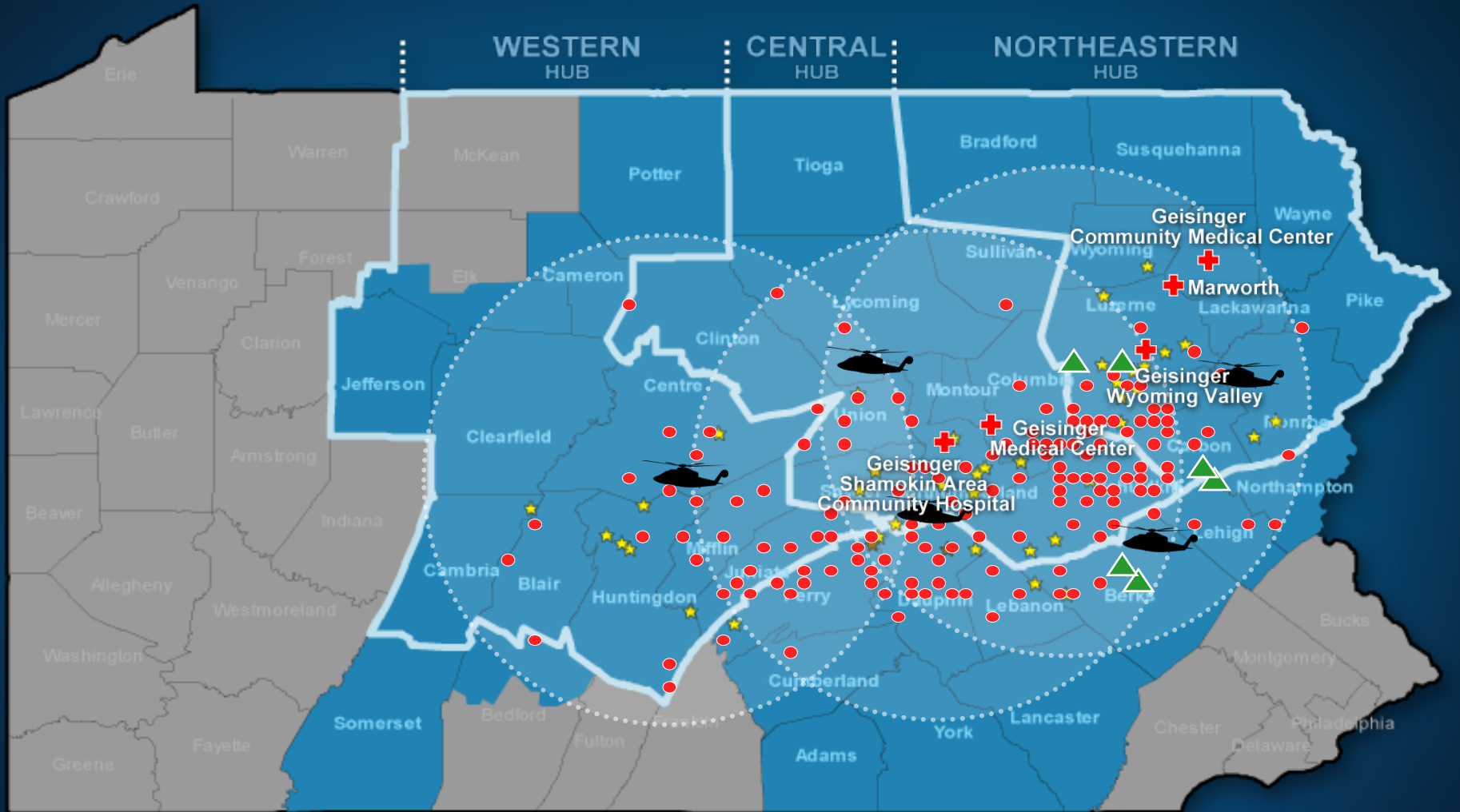
Physician Practice Group

- Multispecialty group
~1000 physician FTEs
- ~520 advanced practitioner FTEs
 - 65 primary & specialty clinic sites (37 community practice sites)
 - 3 Ambulatory/outpatient surgery centers
 - >2.1 million clinic outpatient visits
 - ~360 resident & fellow FTEs

Managed Care Companies

- 298,000 members
(including ~63,000 Medicare Advantage members)
- Diversified products
 - ~30,000 contracted providers/facilities
 - 43 PA counties

Geisinger Health System



- Geisinger ProvenHealth Navigator Sites
- Contracted ProvenHealth Navigator Sites
- ★ Geisinger Medical Groups
- ★ Geisinger Specialty Clinics

- ⊕ Geisinger Inpatient Facilities
- ⬡ Ambulatory Care Facility
- Geisinger Health System Hub and Spoke Market Area
- Geisinger Health Plan Service Area

- ▲ Careworks Convenient Healthcare
- Non-Geisinger Physicians With EHR
- ✈ LifeFlight Base



GEISINGER
REDEFINING BOUNDARIES[®]



Geisinger

A Campus of
Geisinger Wyoming Valley Medical Center

- Main Entrance
- Patient Drop-Off
Pick Up
- Physician Parking
- Accessible Parking
- Patient / Visitor
Parking

25 Church Street

Geisinger Wyoming Valley Information

Number of beds: 250

Major Programs:

- Trauma
- Cardiovascular
- Neuroscience
- Oncology
- Women's Health
- Emergency Medicine

Two campuses (GWV & GSWB) under one license

Geisinger Wyoming Valley Key Statistics For Fiscal Year Ending June 30, 2012

Discharges:	14,921
Births:	1,469
Case Mix Index:	1.5238
Outpatient Visits:	585,908
Inpatient Surgical Cases:	4,362
Outpatient Surgical Cases:	7,288
FTE's:	1,630
Annual Revenue:	\$ 422 million

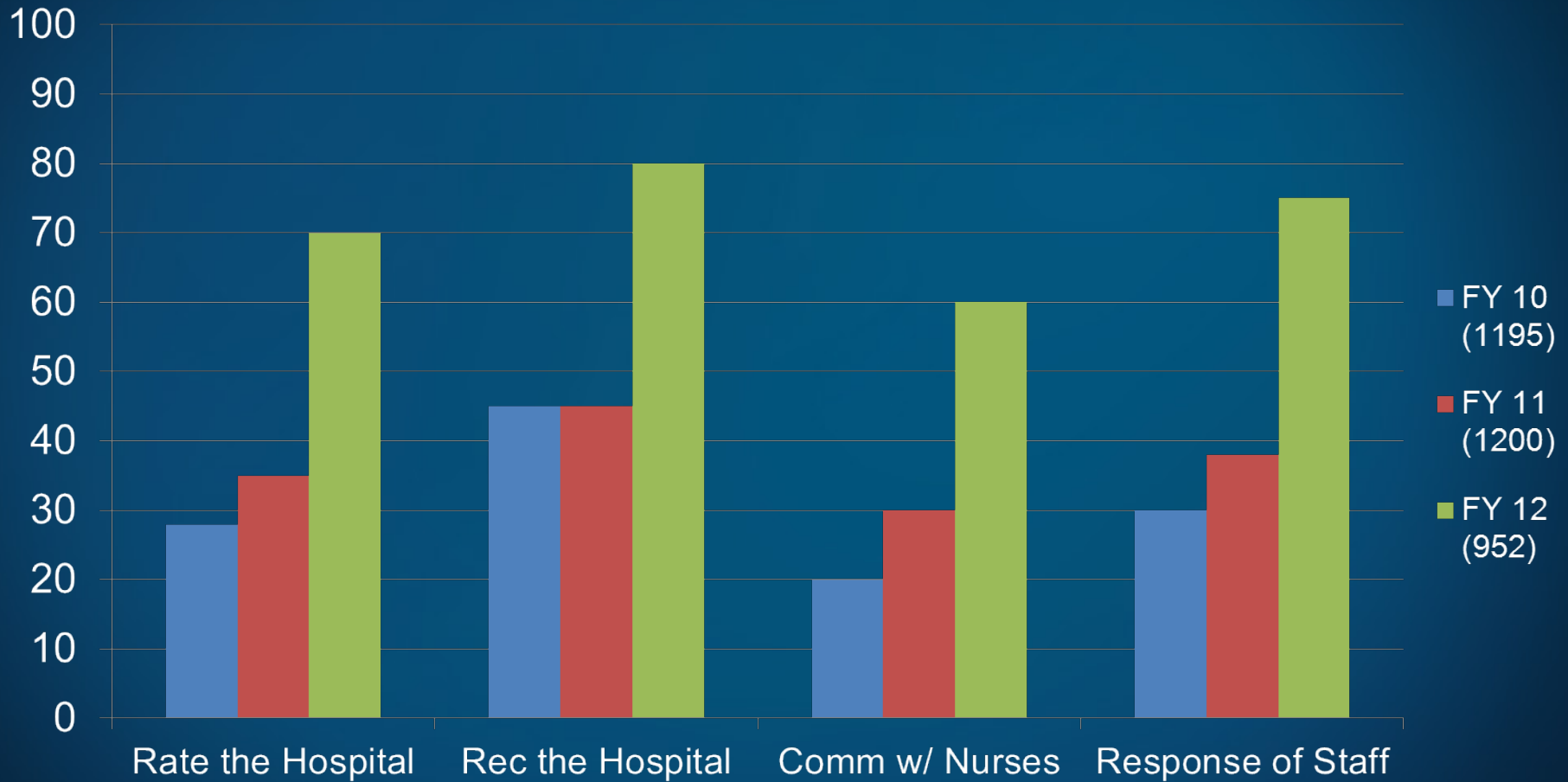
The following are percentile rankings of surveys received as indicated for the specific time period.

Quarter-to-date ending on:	Oct - Dec - 2011	Jan - March 2012	April - June 2012	FY 11 July 2010 to June 2011	FY 12 July 2011 to June 2012
Overall Inpatient	48	75	73	24	64
Emergency - George Rittle	22	73	72	37	47
Outpatient Services	52	63	53	92	56
MS 3 – Kathy Scavone	50	95	99	13	89
OB 3/4 - Megan Walbeck	44	77	90	16	70
MS 4W – Kathy Scavone	1	99	91	9	16
MS 5W – Laurene Carlin	6	96	33	10	34
MS 5E – Janice Amos	51	14	13	17	15
MS 6W –Linda Corbett	53	72	53	30	59
MS 6 E – Janice Amos	19	80	93	49	59
Csdu – Nancy Gattuso	99	85	99	99	99
PCU – Nancy Gattuso	1	99	39	93	7
Janet Weis – Janice Divers	1	99	1	99	2
MICU – Barb Mullay	32	3	29	13	25

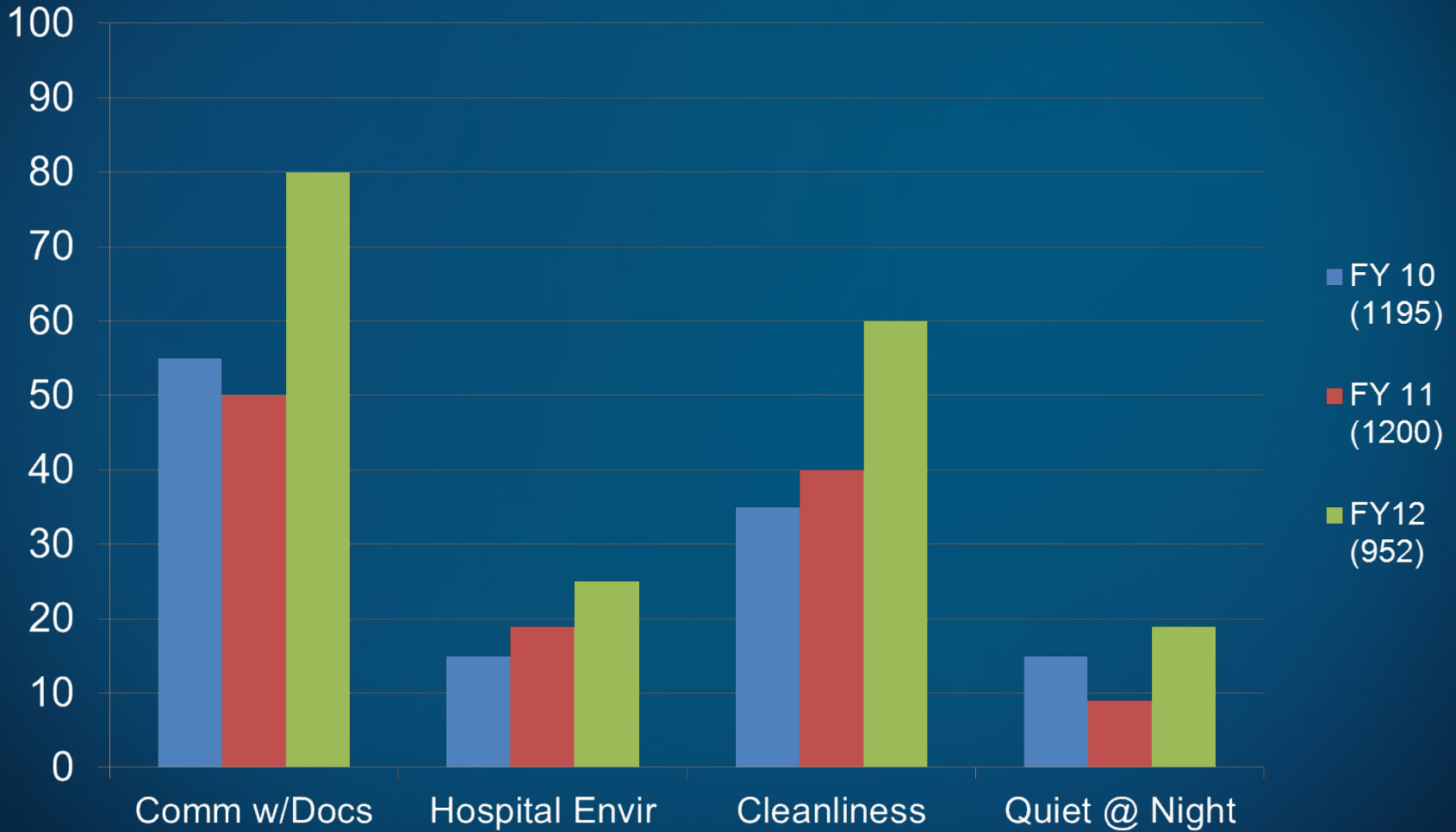
INPATIENT SERVICES

	Oct - Dec 2011	Jan - March 2012	April - June 2012	FY 11 July 2010 to June 2011	FY 12 July 2011 to June 2012
Admissions	87	96	95	37	94
Room	39	40	50	19	42
Meals	36	37	56	17	44
Nurses	25	51	48	21	41
Tests and Treatments	64	86	75	28	75
Visitors and Family	38	41	52	23	43
Physicians	76	98	83	72	90
Discharge	51	74	74	33	61
Personal Issues	31	76	71	29	60
OVERALL					
Overall Rating	30	71	67	39	60
Would you Recommend	45	74	78	40	69
**** # of surveys returned is quarter to date					

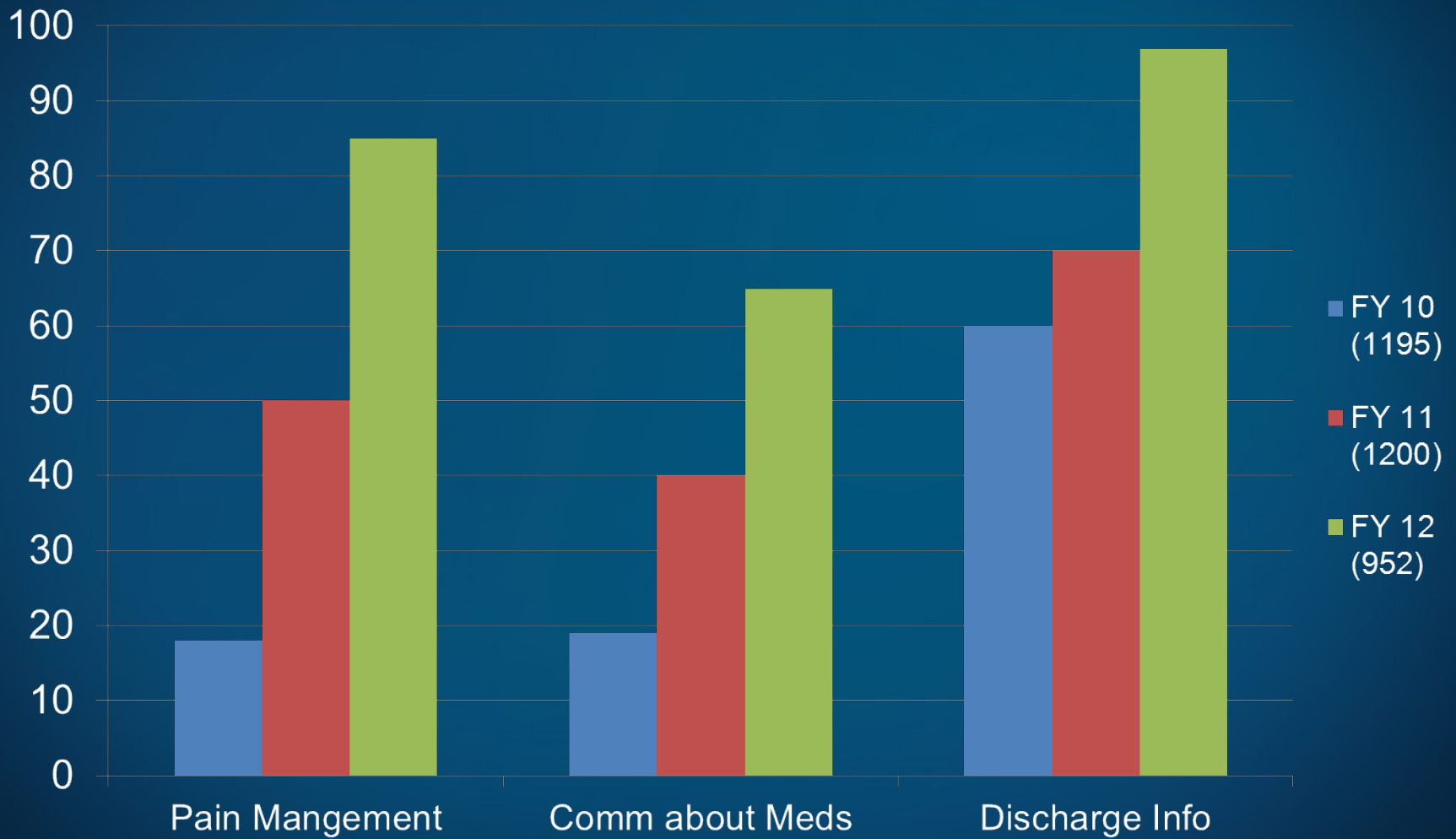
HCAHPS for GWV



HCAHPS at GWV



HCAHPS at GWV



Journey Begins- December, 2009



The Journey Begins

- WHERE TO START?
- Creating a Sense of Urgency (Kotter)
- Structure + Process = Outcomes
- Developing the Infrastructure- Building the Team
 - Transparency
 - Expectations
 - Accountability
 - Studer Partnership- supporting culture change

Three Tools

- “The Magic of Rounding” – Consistency and Reliability
 - Leader rounding- coaching and auditing/weekly logs
 - Staff Hourly Rounds- Bedside documentation, workshops with repeat demonstration, Staff Video
 - Partner Rounding on Unit Leaders- rounding on your customers
 - Senior Leaders rounding

- Communication, Communication, Communication!
 - Standardizing Communication (White) Boards-
 - Includes Pain assessment/sets expectation

- Bedside Shift Report-

Fall Risk: HIGH **Today's Goals:**

Date: August 15, 2012

Nurse: Gabby & Katie

Aide: Alma

Diet: ♥ healthy

Doctor: DR. Fisher

Walk with PT

Echo

NO PAIN!

	7	8	9	10	11	12	1	2	3	4	5	6
Bathroom	0	400	0	0	650							
Pain Score	3	3	8	2								

Next Available Pain Med: 12:20

Bedside Shift Report Video

Background

- For decades, the Nurse to Nurse change of shift report has been conducted in the conference room or at the Nurses' Station
- Patients and families have been entirely excluded from the process
- Goal: Involve the Patient and Family

The Importance of Effective Hand-Off Communication

Why Change?

The Joint Commission patient safety goals focus on improvements in communication and patient engagement in care

- Communication errors account for > 70% of sentinel events
- Patients must be encouraged to be actively engaged to improve patient safety

Evidence-Based Best Practice

Bedside Shift Report:

- Enhances nurses' professionalism and accountability in providing quality care.
- Involves patients in the hand-off, resulting in improved compliance and perception of teamwork.
- Reduces the number of patient falls and other adverse events during shift report.
- Increases patient/family satisfaction - as well as staff satisfaction.
- Reduces the volume of nurse calls.

MS 5 West – Our Story

Barriers:

- Team Readiness: Some eager while others were reluctant
- Concern about HIPAA
- Concern that report would take much longer due to patient questions/requests

MS 5 West – Our Story

Challenges:

- Day Shift – Unable to drink coffee during report
- Night Shift – Too dark to write report
- Tendency to remain in hallway/doorway versus bedside

MS 5 West – Our Story

Observations:

- Patients take the hand-off conversations seriously and remain focused on the right topics. (Nurses can gently keep patients on point.)
- Bedside report actually takes the same, or less, time than the traditional conference room report.
- Nurses see value in having patient/family present during report to validate or clarify medical information

MS 5 West – Our Story

Observations:

- Closing the door or curtain and speaking in a normal conversational volume helps to maintain confidentiality. In addition, staff can talk privately to discuss sensitive issues.
- Nurses believe bedside report improves patient safety, makes staff more accountable, and reassures patients that the nurses work together as a team.
- Nurses have reported high satisfaction in having seen and briefly assessed their patients prior to beginning their shift.

MS 5 West – Our Story

Rewards:

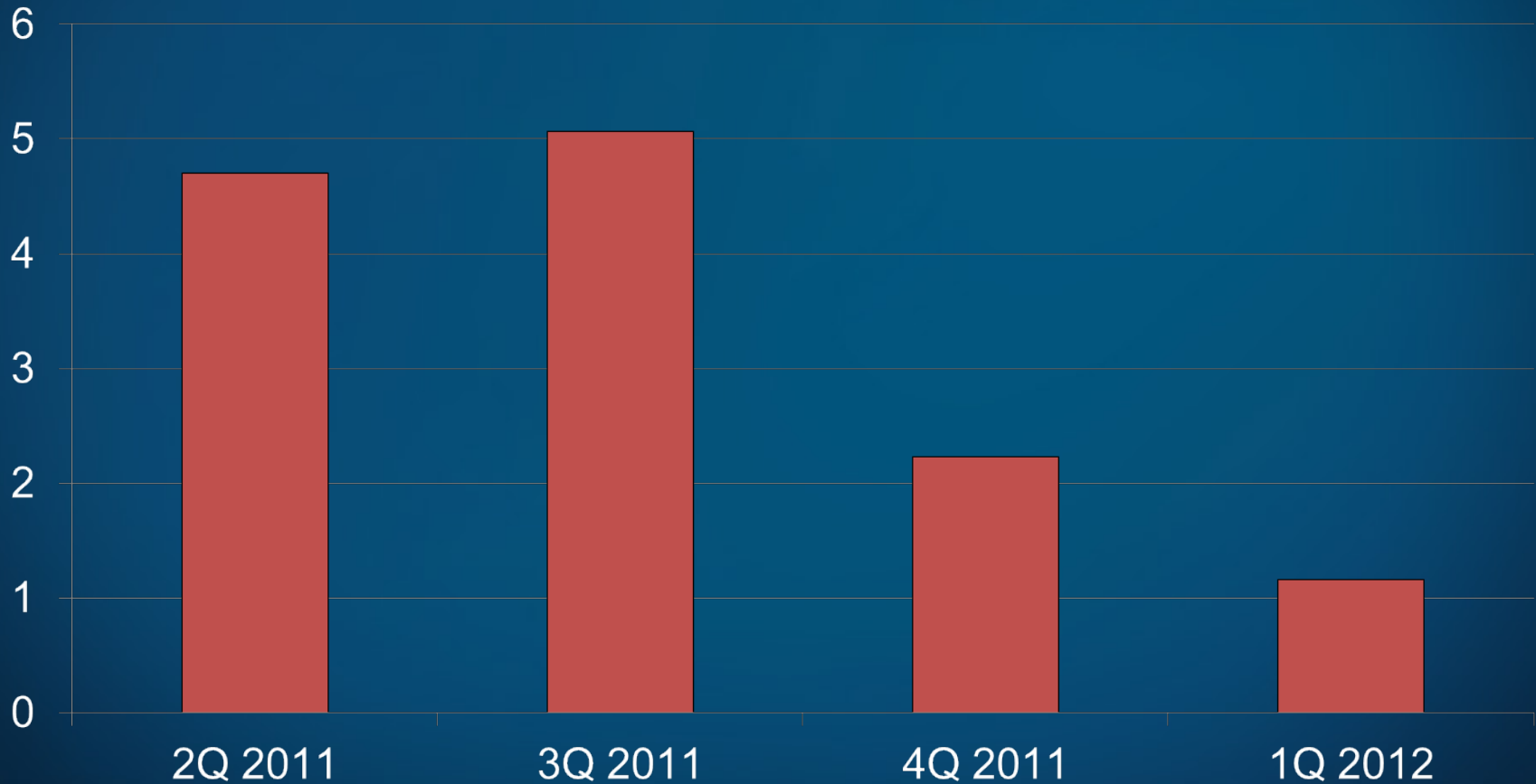
- Press-Ganey Scores increased significantly
- Unit-based fall rate decreased dramatically

Change of shift falls for 6 month period:

- April 2011 to September 2011: 11
- October 2011 to March 2012: 2

Quarterly Falls per 1000 Patient Days

MS 5W



Staff Nurse Perspective

- Patients and Families loved it from the start
- Team considers this to be the best initiative related to improving patient care

Questions?