



May & June 2012 VP Rounding Summary

The new VP rounding program began April 16, 2012. Since its launch, a wealth of valuable information has been acquired and utilized to mitigate various operational issues previously unreported throughout the hospital. Hospital staff has welcomed this positive change and are increasingly participating in the quick 5-8 minute rounding huddles. Below is a table which will show issues uncovered by the rounding process.

Operational Issues Identified	Issue Detail	Issue Status
Transfers from ED to Med/Surg	<ol style="list-style-type: none"> Information was missing in reports on patients transferred from the ED 	<ol style="list-style-type: none"> Task force formed in June. Issue thoroughly examined and new processes in place to prevent future occurrence
Linen Shortage	<ol style="list-style-type: none"> Linen throughout the organization is a problem. Gowns missing or completely unavailable to meet demand. 	<ol style="list-style-type: none"> Contract with previous linen company was ended. New vendor engaged and currently under contract
Broken Equipment	<ol style="list-style-type: none"> Broken housekeeper carts Call lights broken on Med/Surg units New furniture has been requested for 4 East multiple times. Some beds on L&D need to be changed for attachments & sleeping chairs for fathers need fixing/replacement. Microwave in 5 West break room malfunctioning. Pneumatic tube unreliable. Chronic failures. 	<ol style="list-style-type: none"> New carts ordered and awaiting delivery Open Issue Open Issue Open Issue Open Issue Open Issue
Patient Food Service	<ol style="list-style-type: none"> Frequent shortages of juice, sugar, cups, etc. on Med/Surg floors (6E / 6W / 7E / 7W) Patient meal selection was an issue Supplies for patient families (cups, water, food, utensils). (CCU) 	<ol style="list-style-type: none"> Addressed with Dietary department managers. New Full Room Service Program being rolled out 8/1. This should alleviate and prevent future occurrence. Addressed in resolution #1 Open Issue
Physician Punctuality	<ol style="list-style-type: none"> Physicians constantly delayed/not on time for patient rounding throughout the facility. 	<ol style="list-style-type: none"> Open Issue

Housekeeping Needs	<ol style="list-style-type: none"> 1. 5 West is consistently without supplies no replacement housekeepers when unit specific one is off 2. Maintenance should sweep the patient care floors to check showers, soap dispensers, hand sanitizers dispensers, etc. to ensure they are properly functioning 3. Must ensure all equipment in patient rooms are kept clean and visibly appealing 4. When regular housekeeper out sick or on vacation, the cleanliness of units and their supply levels suffer 5. Bed turnover needs to improve (Cath Lab) 	<ol style="list-style-type: none"> 1. Open Issue 2. Open Issue. Forming floor care teams is currently under discussion. 3. Open Issue 4. Open Issue 5. Open Issue
Computer / Technology Issues	<ol style="list-style-type: none"> 1. Centricity was not optimally working in the OR and recovery Room 2. New printers needed in the ED 3. Frequent problems with the FAST track computers. 4. Check computers on 5 West, may need replacement 5. Pyxis machine online but it takes hours to get patient profiling done to get new patients in the system 	<ol style="list-style-type: none"> 1. Open Issue 2. Issue resolved 3. Open Issue 4. Open Issue 5. Open Issue
Staffing Issues	<ol style="list-style-type: none"> 1. More FT staff needed on the NICU 2. More housekeeping staff needed. 3. More transporters needed to get patients to Radiology faster 4. Need to hire more PT staff (Rehab) 5. Night shift Clerk needed on L&D 6. No nurse on call for IR on weekends. 	<ol style="list-style-type: none"> 1. Open Issue 2. Open Issue, being addressed though. 3. Open Issue 4. Open Issue 5. Open Issue 6. Issue resolved.
Equipment Needs	<ol style="list-style-type: none"> 1. Multiple Giraffe Isolettes on the NICU 2. Venodyne machines are needed on 4 East 3. More compression boots needed on CCU 4. Need to replace 10-12 ventilators on Respiratory unit 5. Bicycle needed in Rehab (ACC) 6. Pelvic Traction can't be used because we do not have it. 	<ol style="list-style-type: none"> 1. Unresolved thus far. These will place our NICU in line with best practice. 2. Open Issue 3. Open Issue 4. Open Issue 5. Open Issue 6. Open Issue
Interdepartmental Communication	<ol style="list-style-type: none"> 1. Stat medicines received late on the NICU 2. Receiving CT/Echo/MRI times for patients on Med/Surg floors has been a constant issue. 3. Communication & cooperation between housekeeping shifts a problem 4. Communication of Critical Values between the Lab and Med/Surg an issue 5. Visitors to patient care floors need to be screened / monitored much better. Possibly contributes to high noise levels on units 	<ol style="list-style-type: none"> 1. Addressed with Pharmacy. Current status needs revisiting. 2. Open Issue 3. Resolved at staff meetings 4. Rita Smith intervened and corrected issue 5. Open Issue 6. Open Issue 7. Issue resolved 8. Open Issue

	<p>Observation vs. Ambulatory status: Everyone using something different. Need to standardize language because constantly calling admitting for clarity is wasteful.</p> <ol style="list-style-type: none"> 6. Laboratory draw list issues 7. Transport slow in responding, especially on nights and weekends. 8. Housekeeping not being notified of discharges in order to come clean rooms. 	<ol style="list-style-type: none"> 9. Housekeeping spoke with Managers.
Communication MD to Patient	<ol style="list-style-type: none"> 1. This is frequently an issue on majority of Med/Surg floors 	<ol style="list-style-type: none"> 1. Open Issue
Safety Issues	<ol style="list-style-type: none"> 1. A needle was found on the floor of a patient room by housekeeping staff. 2. Occasionally an IV is drained on floor 3. Soiled linens on floor in patient rooms 4. Security guard of MOB building needs a mechanism to call hospital security (cell or landline) 	<ol style="list-style-type: none"> 1. Open Issue 2. Open Issue 3. Managers alerted 4. Brought to Marcell's attention
Employee Suggestions	<ol style="list-style-type: none"> 1. Develop Floor Care team to insure consistent cleanliness 2. Centralize lost & found. We need a better system. 3. Place a phone on 5 West for patients to at least make local calls 4. Traffic Light type indicator to conspicuously monitor noise levels on floors. 5. PT, OT, and Speech should be consolidated so as they can pool resources / share equipment. 6. Organization wide customer service training needed again. Better system of implementation necessary from Nurse Managers / Managers. 7. Include PCT concerns in nursing meetings 8. evaluate PT on the weekends 9. Volume overflow in the CCU, is there a plan to address? 10. Call insurance companies because they do not recognize our NPI # (Rehab) 11. Nurse supervisors and store room should review PAR levels to assure listed items and quantities are consistent with unit needs. 	