

Wellington Regional Medical center is an innovative community hospital that offers "high-tech advantages of a big-city hospital and the personalized care of a hometown provider." The leaders and staff at Wellington made a commitment to continuously improve positive outcomes through evidence-based care -- and their efforts have been effective. The 233-bed, facility serving Palm Beach County, Florida was recognized as a Top Performer on Key Quality Measures® by The Joint Commission for excellence in accountability measure performance for heart attack, heart failure, pneumonia and surgical care. Gaining this distinction required performance of 95% on numerous accountability measures (in addition to other criteria).



The Problem

Although Wellington had an extraordinary safety record, in 2014 its leaders acknowledged opportunities for critical improvements. They addressed several pervasive problems including communication issues, low patient satisfaction, an unsatisfactory relationship between the medical staff and administration, and lower than desired employee satisfaction. Its leadership committed to applying resources and support to make sustainable changes throughout the hospital.



The Improvement Plan

With a commitment to invest resources in a proven plan, Wellington's leadership decided to implement the comprehensive six-step LifeWings program in three areas of the facility. The program included:

1. Site Assessment

This was a critical assessment of the hospital's risk areas and readiness to make sustainable changes. The LifeWings team evaluated areas including: Wellington's mission statements and values; physician champions; leadership support; recruiting and hiring practices; employee evaluations; leadership assessment systems; and data collection, analysis, and feedback systems.

LifeWings provided a report to the senior leadership team with details on the level of management support, ability, and motivation for leading a comprehensive change initiative, as well as the evidence of the needed structure to support an improvement project. Two physician champions were recruited to lead the implementation from the medical staff side.

2. Leadership Training

This workshop provided Wellington leadership the critical lessons learned from more than 180 successful improvement projects. Participants received tools and exercises for creating a leadership team to engage in constructive conflict, make decisions, and execute plans effectively.

This leadership team has continued to apply the principles covered in this step across the enterprise, not only in clinical processes but also in operational aspects. For example, every meeting at Wellington ends with a debrief with the intent to improve future meetings.



3. Teamwork Skills Training

The workshops, particularly critical to addressing Wellington's staff morale issues, were interdisciplinary, case study-based, and experiential. They taught physicians, nurses, and staff proven, practical, evidence-based skills and tools to improve the long-term communication and performance of their teams.

Hospital leaders or physician champions introduced every workshop to make it clear that this was a new approach that required the participation of all stakeholders.

4. Hardwired Safety Tools Workshop

This included the creation of site-specific systems to "operationalize" effective physician and staff teamwork behaviors into daily work life. The workshop -- conducted using Lean methods -- produced key operating systems that improved the teamwork between

physicians and staff. One staff member commented on what a nice change it was to be given the time and resources necessary to allow front-line caregivers to create these solutions.

5. Measurement

This phase helped the Wellington team identify the key outcomes desired, transform the desired outcomes to quantifiable measures, and use direct observational studies, benchmarks, and other tools to effectively monitor and measure their results.

6. Train-the-Trainer

The LifeWings plan included sessions for Wellington's training personnel so that they could sustain their improvements without being dependent on third parties to teach new employees and departments.



To date, Wellington has implemented the six steps in three areas of the hospital, including:

Women's Health Division



Wellington's leadership determined that the LifeWings program would be implemented in the Women's Health Division first. This division had several areas where improvement was critical and it had the advantage of an engaged and committed team that would help increase its chances of making lasting changes. Leadership set forth the goal of reducing the risk of harm to high-risk newborns by fixing several potentials areas, including:

- Communication gaps between labor and delivery staff and NICU staff, and communication and trust issues between nursing staff, medical staff, and administration
- Suboptimal patient and employee satisfaction
- · High nursing vacancies
- Suboptimal processes that enabled high-risk events and patient harms
- The need for more effective handoffs of OB patients to other areas.

After the completion of the Women's Health program, LifeWings conducted a Train-the-Trainer session for eight staff members.

These internal experts coordinate their efforts to conduct all six phases of implementation across the hospital. This distributed workload ensures that all of the facilitators have sufficient time to perform their normal work requirements in addition to the LifeWings work.



Emergency Department



Wellington jointly implemented the program in its Emergency Department (ED) using its trainers under the mentoring of LifeWings coaches.

Leadership was concerned with the department's:

- Inability to meet key metrics
- High staff turnover and dissatisfaction with its nursing leadership
- The need to increase its efficiency and performance to address new county policies that could

negatively impact the future of the department.

Two processes known to cause delays and degradation in care were selected as priorities for the team's focus:

- Handoff procedures
- Communication of critical results from the laboratory services department

Surgical Services

The Surgical Services department was selected for the third implementation of the LifeWings program because of teamwork and trust issues and a need to increase its efficiency.

Additionally, leaders wanted improved safety tools to be developed, and to implement a plan for monitoring adherence to the tool protocols.



Results

Data collection and analyses (part of the LifeWings program) will be conducted at the project completion but leaders have already observed numerous benefits from training its 400 team members. They cite the following as the observed and expected benefits of the program:

- Fewer CMS penalties for readmissions
- Reduced liability for patient harming errors
- Savings from less negative press and reduced employee turnover
- More efficient use of limited OR space
- More leverage for value-based purchasing
- Improved allegiance of physicians to Wellington and increased case load
- More empowerment for staff to speak up during meetings

Additionally, Wellington's leadership has noted many process improvements that they feel will enable sustained success, including:

- The adoption of the debrief practice which has led to the most significant process change within the facility
- Root cause analyses are "more open and productive with staff knowing the expectation of their input"
- Greater participation by staff members as trainers and champions; this has enabled recognition of individuals who were not previously given the opportunity to contribute to Wellington's improvement initiatives.

Commenting on the importance of the focus on culture change in the LifeWings process, Wellington's CEO, Robbin Lee stated that, "Initially, it seemed as the tools created by the departmental teams were the operative means of affecting hospital change, we have learned that that they are not the real source of the impact on the culture. It is now clear that the accumulation of the other aspects of engaging staff members in discussion, empowering all members of the team to speak up and the thematic changes to routine processes and meetings are the true signs of the growing revolution."



Two outstanding incidents are the most dramatic evidence of the teamwork and communication changes and the impact directly on patient care. The first involved the care provided to twin 18-month old drowning victims presented to the ED. The ability of the staff to organize two teams from first among the ED staff and second from within the other hospital departments was a dramatic example of the newly developing LifeWings-borne communication skills. They were able to save one of the two children despite minimal expectation of success. The second event involved a laboring mother who presented at term, in acute hypertensive crisis, and then had a cardiac arrest. The rapid communication and teamwork between the ER staff and the responding team from Women's Health led to saving the infant's life after the mother's death and enabled the infant to leave the NICU as a healthy discharge.

Patient satisfaction scores from Women's Health have increased enough to help drive Wellington's overall scores from single digits to the 50th percentile. Additional improvements in the division include better staff communication,

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reduced nurse turnover, monitored tool utilization, and increased competitiveness.

Results in the ED are similarly impressive; despite treating a record number of patients – more than 50,000 – the ED experienced stable staffing levels with reduced turnover. The department's adherence to and monitoring of safety tool usage has also continued to improve.

Tools developed for Surgical Services have shown early success with good buy-in from the staff.



ROI

To determine the financial impact of the training, Wellington measured the changes in frequency of Hospital Acquired Conditions (HACs) from the first six months of 2015 to the second six months of 2015, during which the LifeWings training occurred. These results were then assigned a monetary value based on referenced literature. As there is typically a wide range of costs attributed to HAC's, they used 75% of the mean value.

The hospital also considered the impact

The savings estimated from the project included:

Savings from Reduced HACS: As much as \$747k (annualized)

Additional Revenue from Increased Volume: As much as \$263k

Total:

As much as \$1.01 million

on volume in the Women's Health division as it was affected during the initial phase of the implementation and the area in which activity could be attributed to the project.

The Future

Wellington's staff is now a fully-trained team with their own internal expert trainers and leadership. They are prepared to implement the LifeWings patient safety improvement program in any unit or service line in the hospital.

About LifeWings

LifeWings Partners, LLC is a team of physicians, nurses, Lean experts, risk managers, astronauts, military surgeons and flight crews. The team was the first in the U.S. to study the best practices of organizations with high reliability, and adapt their strategies for use in health care. They have distilled the methodology used in commercial aviation, aircraft carriers, nuclear submarines and cutting-edge manufacturing to help healthcare organizations create safe, efficient, high-quality hospitals and clinics.