



# 100 Days to Positive Change

THE JOURNEY OF COLUMBUS COMMUNITY HOSPITAL  
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# Objectives

- ▶ At the conclusion of this discussion, participants will be able to identify elements of a successful 100 day improvement plan.
- ▶ Participants will be able to apply the concepts of the 100 days to positive change to their individual organization.
- ▶ The participant will be able to develop a 100 days to positive change plan to match their specific needs.

# Change

- ▶ Lewin's theory
  - ▶ Unfreezing: change is needed
  - ▶ Moving: when change is implemented
  - ▶ Refreezing: when stability returns
- ▶ Lippitt's change theory
  - ▶ Diagnose the problem
  - ▶ Assess motivation/capacity for change
  - ▶ Assess change agent's motivation and resources
  - ▶ Elect progressive change objectives
  - ▶ Choose appropriate role of the change agent
  - ▶ Maintain the change
  - ▶ Terminate the helping relationship.

# Impact of leadership during change

- ▶ Influence on the change
- ▶ Clarity
- ▶ Commitment
- ▶ Self-image (confidence)
- ▶ Price
- ▶ Leadership style

# Quality Improvement Tools

- ▶ PDSA
- ▶ Process Mapping
- ▶ Pareto Chart
- ▶ Fishbone Diagram
- ▶ Key Driver Diagram
- ▶ 100-Day Workout



# 100-Day Work Out

What it is, how it works and why does it work?  
Developed by Caldwell Butler and Associates



# What is the 100-Day Workout?

- ▶ Driving change at the unit level
- ▶ Empowering those impacted to be part of the change process
- ▶ Includes rapid cycle testing
- ▶ Requires accountability at the middle manager level
- ▶ Appropriate for new goals or pre-existing goals
- ▶ Is highly structured

# How?

- ▶ Clearly defined problem
- ▶ Engagement at the stakeholder level
- ▶ Non-negotiable goals
- ▶ New interventions every 2-3 weeks
- ▶ Team meetings to evaluate and prepare for each intervention
- ▶ Report to Senior Leadership every 30, 60 and 90days

# Why is 100-Day Workout a powerful tool?

- ▶ Aggressive and goal driven
- ▶ LEAN Components
- ▶ Stakeholder involvement and collaboration
- ▶ Accountability for the goals at the middle management level but also at the unit level
- ▶ Impact of change is seen
- ▶ Everyone is focused and engaged on the goal

# 100-Day Workout Uses

- ▶ Productivity
- ▶ Any quality concern
- ▶ Patient experience
  - ▶ This was our focus



# Our Experience

HOW IT WENT AND WHAT WE LEARNED.



# Workout Day

- ▶ Initial team meeting
- ▶ Ground rules
  - ▶ Have fun!
  - ▶ Stay focused on the goal
  - ▶ Encourage each other
- ▶ Constructive collaboration
- ▶ Focus-Stay on track
- ▶ Stay positive



# Current State

- ▶ Patient Comments Reviewed
  - ▶ Lots of Positive
  - ▶ Negative
- ▶ Common themes were categorized & put with related HCAHPS questions
  - ▶ Emotional
  - ▶ Family
  - ▶ Cleanliness, Basic Comfort
  - ▶ Dismissal

# Our Utopia Hospital

- ▶ Team members each wrote three qualities of what the perfect hospital would look like

OUR IDEAL STATE



## View of concerns from the patient

- ▶ Include me in all decisions for my care.
- ▶ MD takes time and explains my diagnosis and what the plan is.
- ▶ Include my family in discussions.
- ▶ I am well rested.
- ▶ Staff communicate well with me.
- ▶ Do not make me feel rushed.
- ▶ Explain things so I can understand.

# Next Steps

- ▶ All concerns were placed into the four categories
- ▶ Discussion on how this could be accomplished
- ▶ Placed into nine interventions
- ▶ Developed staff training and created a plan on how to monitor progress



# Staff Training

Key phrases the team came up with:

***“It is normal for us to be here. It is not normal for them to be here.”***

***“See your care through the patient’s eyes.”***

***“Help the patient work hard today so the patient will feel better tomorrow.”***

# 100-Day Workout

- ▶ **Goal is 85% overall rating and sustaining that for the fiscal year!**
- ▶ **Team Members:** Seven staff members representing both shifts and both ACU and ICU. Facilitator: Janet Loseke Executive Sponsor: Dorothy Bybee
- ▶ Focus will be on 4 Key Areas:
  - ▶ **1. Emotional: Being Listened to and Respected**
  - ▶ **2. Family Involvement**
  - ▶ **3. Cleanliness and Basic Comfort**
  - ▶ **4. Discharge**

# Interventions

- ▶ Nine interventions were developed by the team.
- ▶ A new intervention was introduced every 1-2 weeks
- ▶ Adoption and compliance were key!
- ▶ Sustain all as new interventions are added

## 1<sup>st</sup> Key Area

### Emotional: Being Listened to and Respected

- ▶ Sit eye to eye, knee to knee at the beginning of the shift
- ▶ Introduce yourself to the patient
- ▶ Plan the day together; What are the goals?



# Intervention #1

- ▶ Explain the 'Why'- getting up, pain control
- ▶ Empower them- let them choose time to walk, shower
- ▶ Avoid any medical jargon
- ▶ Use a sense of humor when appropriate
- ▶ Manage up those on before and after you

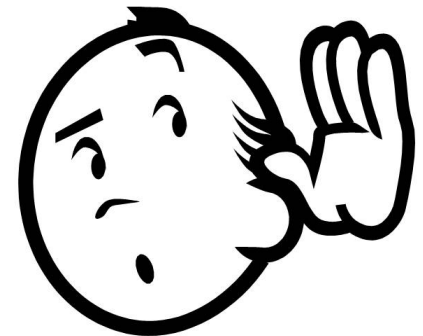
**This is done: Every Shift and Every Patient**



# 1<sup>st</sup> Key Area: Emotional: Being Listened to and Respected “Be a *Grand* Listener”

## ► **Intervention #2**

- Listen as much as you talk (50% of the time)
- Politeness
- Empathy
- Ask “What are you most worried about today?”
- Let the patient know you have the time
- Use phone with reason (in retrospect think of the telephone calls you are making)
- Ask “Any questions for me for the MD?”
- “Anything else I can do for you?”



# Intervention #2

- ▶ During their rest time-post a sign on the door.

**This is done: Every Shift and Every Patient**



**Patient is  
resting**



Please see nursing before entering

## 2nd Key Area: Family Involvement

### “Hugs and Kisses to our Family”

- ▶ **Intervention #3**
- ▶ *‘How often did the hospital staff include your family in discussions about your care?’ And ‘How often was your family allowed to be with you as much as you wanted?’*
- ▶ Develop a brochure/handout for the family



## Intervention #3

- ▶ Cafeteria hours
- ▶ Visiting hours & Quiet Time
- ▶ What door to use at night
- ▶ Space for room number, phone numbers
- ▶ Space for questions
- ▶ Handout to family on admission

**This is done: Every Admission, Every Patient**



## 2nd Key Area: Family Involvement

### “Do a GOOD Job for the Family”

#### ► Intervention #4

- *During this hospital stay, how often was your family or someone close to you able to talk to your doctor?*
- *During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.'*



## Intervention #4

- ▶ The Discharge Goal (what the patient and family want) is written on the communication board
- ▶ When is the best time for both the case manager and the MD to meet the family?
- ▶ The nurse knows who the case manager is
- ▶ Let the patient know you have the time
- ▶ Find out from the hospitalists regarding rounding and the best way to communicate that to the family

**This is done: Every Admission, Every Patient**



## 3rd Key Area: Cleanliness and Basic Comfort “Be a LifeSaver at the end of your shift”

### ► Intervention #5

- During this hospital stay, how often was the area around your room quiet at night?
- Although, just one question, interventions in this section were based on several of the survey comments.



## Intervention #5

### Shift routine

- ▶ Trays being stacked up in the hallway
- ▶ Tidy, clean up patient room
- ▶ Extra supplies-flushes, etc.
- ▶ Towels in bathroom?
- ▶ Trash, dirty trays in room?
- ▶ Flush the toilets, empty the 'hats'



**This is done: Every Shift, Every Patient**

## 3rd Key Area

### Cleanliness and Basic Comfort

“Offer Comfort to your Patient and SKOR Big!”

- ▶ **Intervention #6**
- ▶ *Addresses: non-pharmacologic pain management, restoration of function and promotion of well-being.*
- ▶ Special comfort cart



## Intervention #6

Patients who are restless, bored, or would benefit from non-pharmacologic pain management

- ▶ Washcloths and lavender lotion
- ▶ Stress balls and Play-dough
- ▶ Ear plugs and sleep masks
- ▶ Vaseline, chap stick and mouth moisturizer
- ▶ Puzzle books
- ▶ QueaseEase- soothing essential oil scent for nausea

**This is done: Any Shift, Any Patient in Need**



## 3rd Key Area

### Cleanliness and Basic Comfort

**“Aim for ZERO Noise and ZERO Stress!”**

- ▶ **Intervention #7**
- ▶ During this hospital stay, how often was the area around your room quiet at night?
- ▶ Just one question but an important one.
- ▶ Interventions in this section were based on several of the survey comments. Noise happens at all times of the day!
- ▶ **Decrease Noise and Promote Rest & Relaxation**



## Intervention #7

- ▶ AM cares: First thing, warm washcloth, oral hygiene, ask what time do they want their bath
- ▶ Toiletry pack – Toothbrush, toothpaste, mouthwash ready for the patient in the room upon admission.
- ▶ Nighttime care- warm washcloth, oral hygiene and a warm blanket
- ▶ Decrease noise- shut doors and move carts quietly.
- ▶ Monitor the level of each other's voices throughout the day and night

**This is done: Every Shift, Every Patient**



## 4th Key Area: Dismissal

**“Be a SMARTIE & begin teaching on Admission!”**

### ► Intervention #8

- “When I left the hospital, I had a good understanding of the things I was responsible for in managing my health. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left. During this hospital stay, did someone on the hospital staff explain what to do if problems or symptoms continued, got worse, or came back?”

### ► Teaching Begins on Admission



## Intervention #8

- ▶ Give a teaching handout on diagnosis, on admission or shortly after the diagnosis is made
  - ▶ Handout is printed and gone over within 24 hours of being admitted
- ▶ Consistent M in the Box
- ▶ Checklist in chart for teaching and reviewed during handoff report. Include videos
- ▶ Do not print teaching sheets for every patient problem. Determine what is new, most important

**This is done: Every Admission, Every Patient**



## 4th Key Area: Dismissal

### Patient is Going Home, Celebrate with a SYMPHONY!

- ▶ **Intervention #9**
- ▶ **Does the patient have everything they need to care for themselves at home?**
  - ▶ Teaching on what to do if pain worsens at home or signs/symptoms come back
  - ▶ Bedside sheet specific to the patient's plan of care



## Intervention #9

- ▶ Send comfort menu handout home
- ▶ Send the opioid handout home (if sent home on opioids)
- ▶ A phone number for them to call with questions
- ▶ Patient/family questions are encouraged and addressed
- ▶ Patients know why they were here
- ▶ Discharge instructions are reviewed using the Teach Back method

**This is done: Every Dismissal, Every Patient**



# Report Outs

- ▶ 30-60-90 Day to Sr. Leadership
- ▶ Where we are
- ▶ Review progress and challenges
- ▶ Follow-up

## What we learned

- ▶ The 100-Day Workout cannot be the end. Another 100-Day Workout should follow.
- ▶ Monitor, monitor , monitor. Is the change “hardwired”?
- ▶ There can never be enough communication!
- ▶ Our patient satisfaction is now at the 88<sup>th</sup> percentile in Quarter 3.



# References

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