

NHA 2016 ANNUAL CONVENTION Health care Transformation Through Innovation

In-Patient
Secrets to Success: Selecting and Incorporating Innovation
Solutions

October 12th, 2016 Michael J. Sutter, CINO, CRNA





Carle Fact Sheet

Carle offers:

Clinic locations in 14 communities

25 departments including surgical, cardiovascular and neonatal ICUs

The primary teaching hospital for the University of Illinois College of Medicine at Urbana-Champaign

Accreditations, Certifications or Special Designations:

DNV Full Accreditation

DNV Primary Stroke Center Accreditation

Designation as a Level I Trauma Center and a Level III Center for Perinatal Care by the Illinois Department of Public Health

Magnet Status for excellence in nursing care for Carle Foundation Hospital and Carle Physician Group

ISO 9001: 2008 Certification





Accreditations, Certifications or Special Designations Continued:

Designation for Carle Hoopeston Regional Health Center as an Emergent Stroke Ready Hospital by the Illinois Department of Public Health

Accreditation as a Chest Pain Center by the Society of Cardiovascular Patient Care

Designation as a Lung Screening Center by the American College of Radiology

Bariatric Surgery Center of Excellence by the American Society for Metabolic and Bariatric Surgery (ASMBS)

Full accreditation for Inpatient Rehab, including Stroke Specialty, by the Commission on Accreditation of Rehabilitation Facilities (CARF); Brain Injury Specialty Certification

Certificate of Accreditation with commendations for the Carle Cancer Registry from the Commission on Cancer; Academic Comprehensive Cancer Program through 2017

Emergency Department Approved for Pediatrics (EDAP)

Sponsoring institution for an ACGME Accredited General Surgery Residency Program



The Carle Foundation

Service area population	1,346,558
Total employees	6,871
Carle Foundation	5,813
Physicians	412
Mid-level providers	245
Specialty & subspecialty areas	80
Communities	14

Data as of 12/31/2015



Inpatient Locations

CARLE FOUNDATION HOSPITAL

Based in Urbana, Illinois, The Carle Foundation Hospital is a 393-bed regional care hospital that has achieved Magnet® designation. It is the area's only Level 1 Trauma Center.



CARLE HOOSPESTON REGIONAL HEALTH CENTER

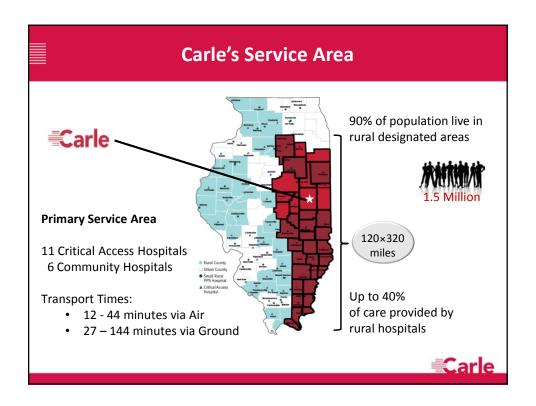
Carle Hoopeston Regional Health Center is comprised of a 25-bed critical access hospital and medical clinic based in Hoopeston, Illinois.

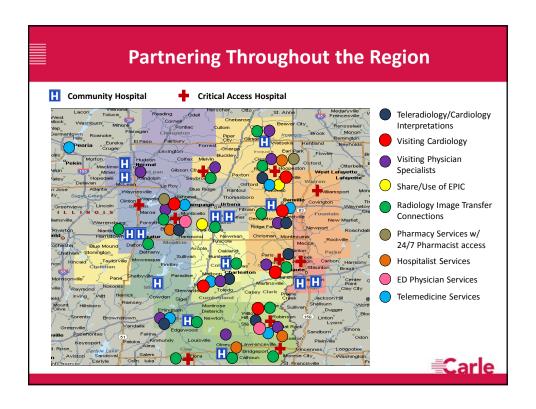




Carle Foundation Hospital		
Average Daily Census	352	
Inpatient Admissions w/Newborns	25,045	
Births	2,679	
Neonatal Intensive Care Unit	671	
Emergency Department Patients	84,763	
Trauma Patients	1,280	
Outpatient Visits	1,009,137	
Outpatient/Inpatient/ASC Surgical	19,470	
	Data as of 12/31/2015	

Carle Hoopeston Regional Health Center*		
Average Daily Census	4.32	
Inpatient Admissions	413	
Emergency Department Patients	10,204	
Outpatient Visits	204,291	
Outpatient/Inpatient Surgical Patients	708	
Annual Visits	171,806	
Total Unique Patients Served	49,934	
Physicians	47	
Mid-Level Providers	36	
*Includes data for Carle Hoopeston Regional Health Center and its eight outpatient locations (including Danville on Fairchild, Mattoon on Hurst, and Tuscola)	Data as of 12/31/2015 Carle	





What is Innovation

in·no·va·tion (/ inəˈvāSH(ə)n /)

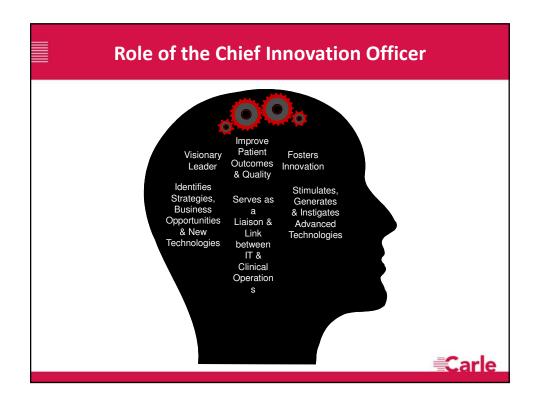
noun: innovation

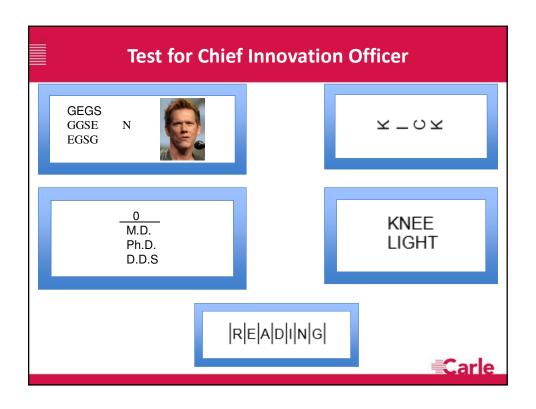
the action or process of innovating.

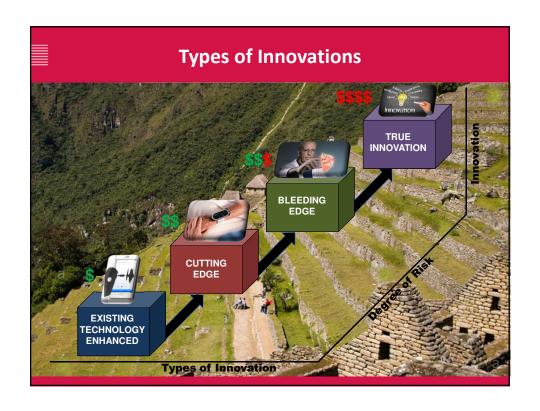
Synonyms: <u>change</u>, <u>alteration</u>, <u>revolution</u>, <u>upheaval</u>, <u>transformation</u>, <u>metamorphosis</u>, <u>breakthrough</u>, <u>change</u>, <u>alteration</u>, <u>revolution</u>, <u>upheaval</u>, <u>transformation</u>, <u>metamorphosis</u>

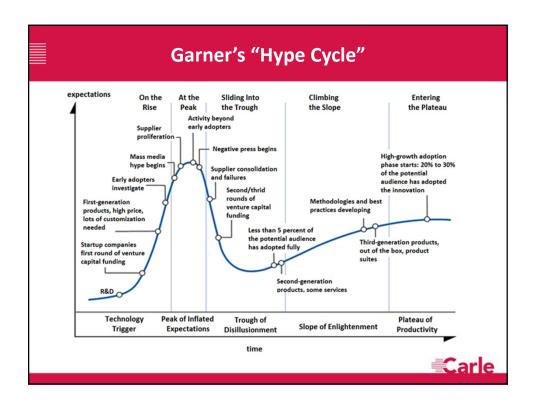
- Innovation doesn't happen in a vacuum.
- Expertise, a collaborative spirit, and an entrepreneurial focus are all key ingredients in successful innovation.



















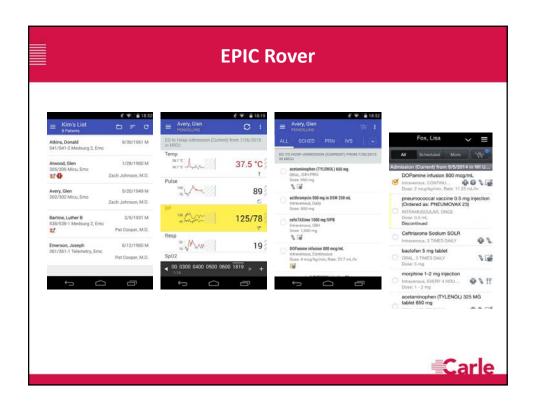






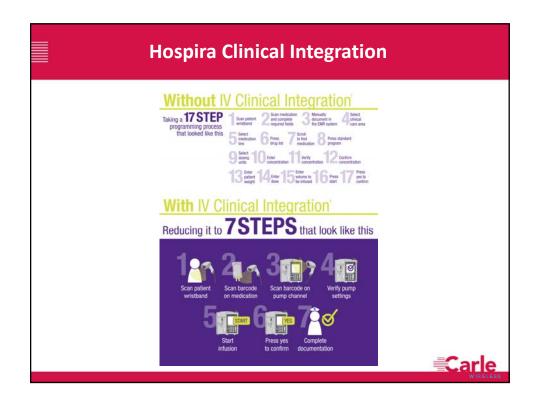




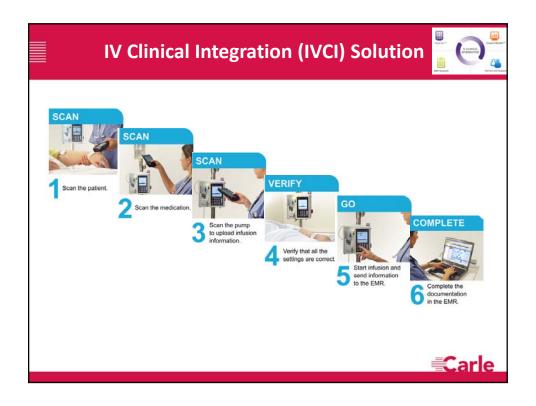




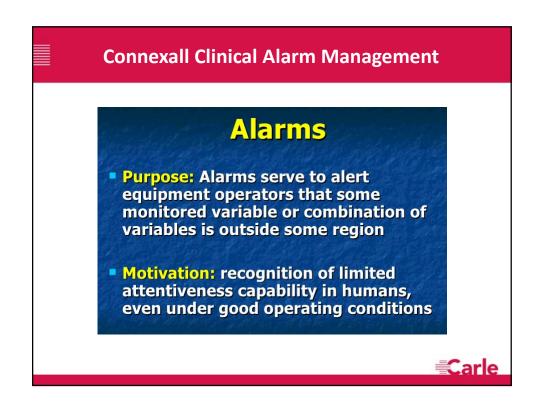


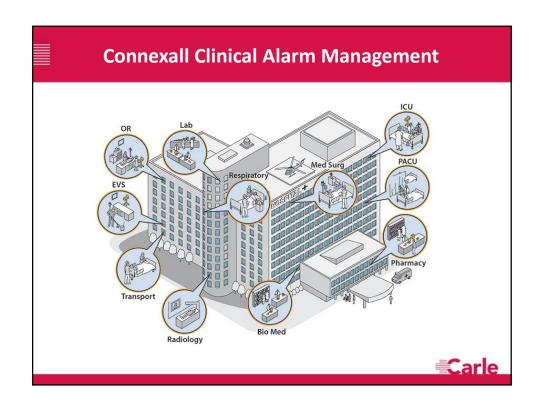










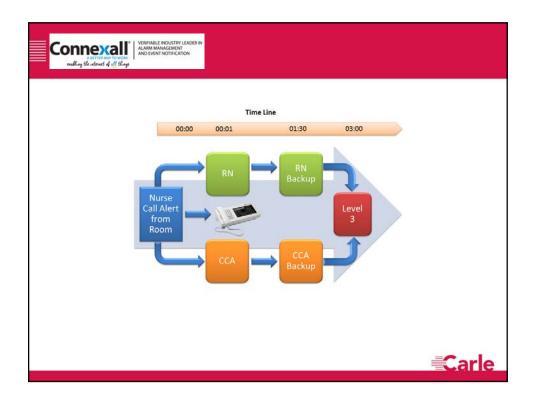


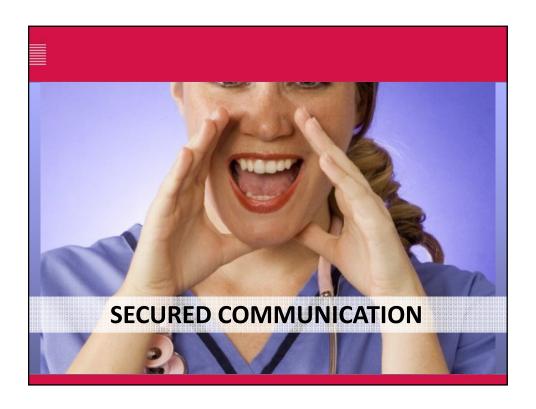


Connexall Clinical Alarm Management

- Centralized Clinical Alarm Monitoring
- Eliminating Nuisance Alarms
- · Patient Monitoring
- Nurse Call
- Infusion Pumps
- Ventilators
- Incubators
- EMR
- Reporting

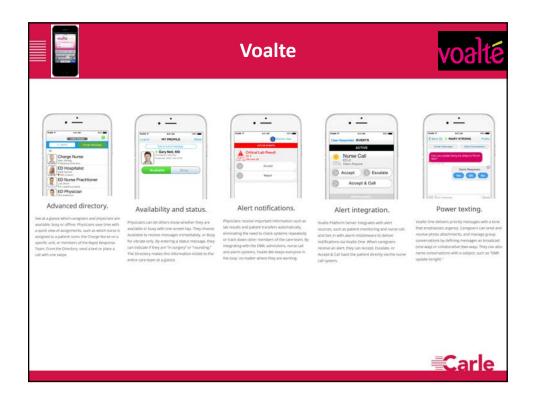


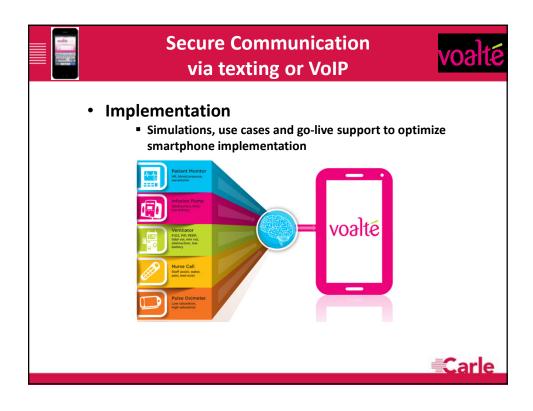


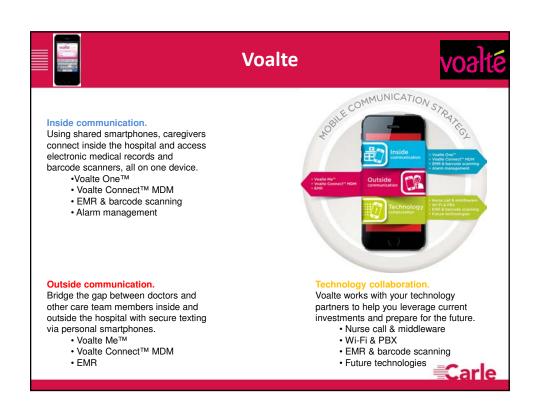


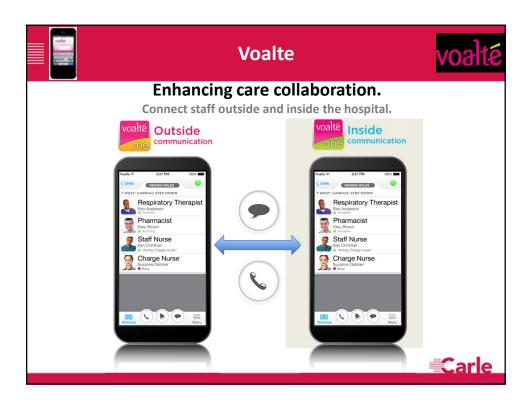




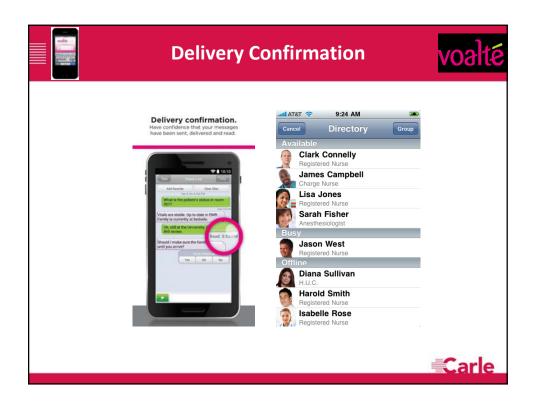


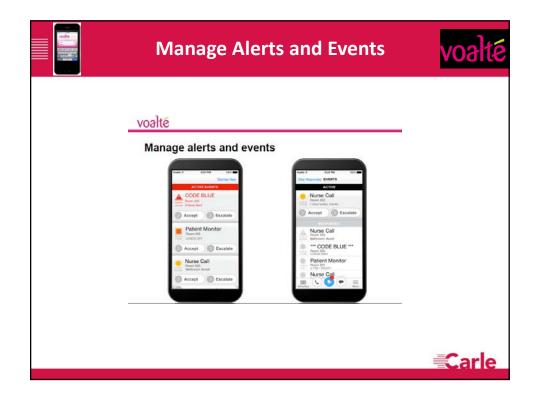


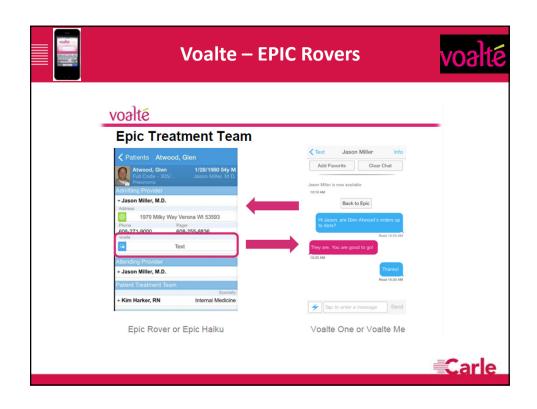


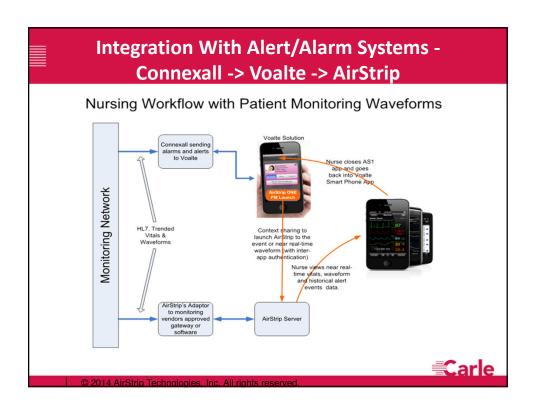


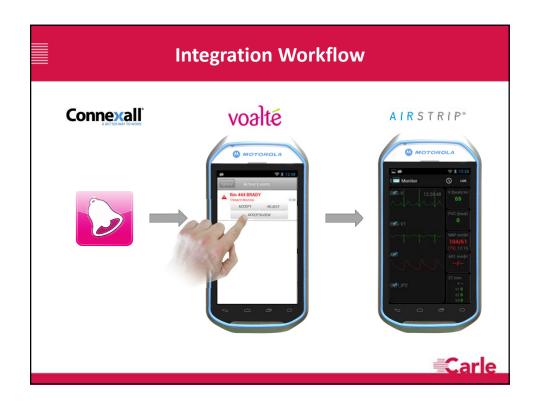








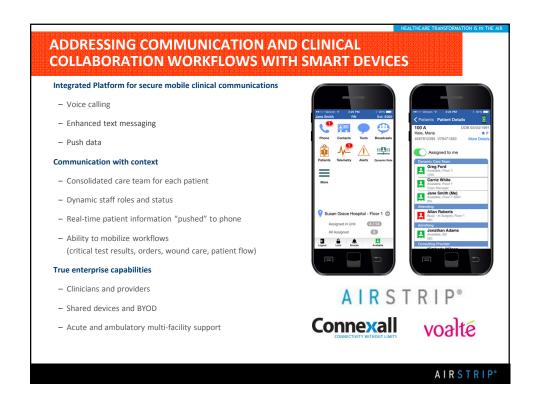


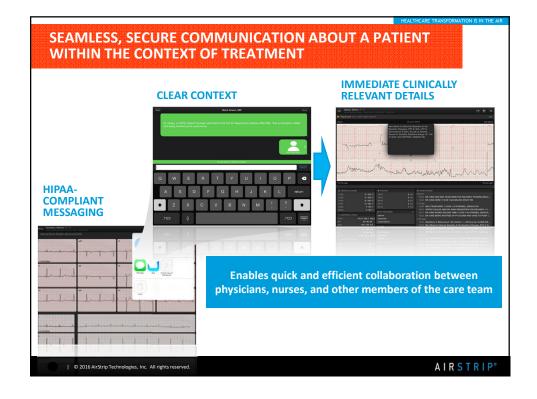


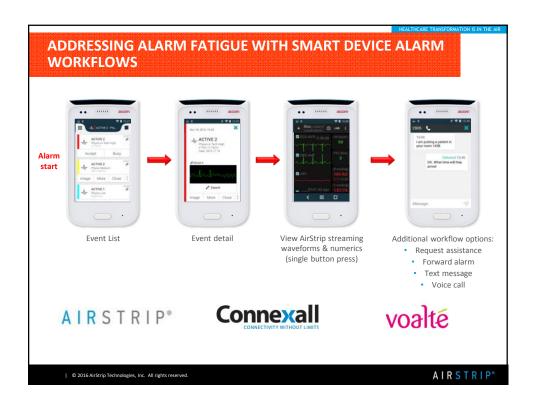


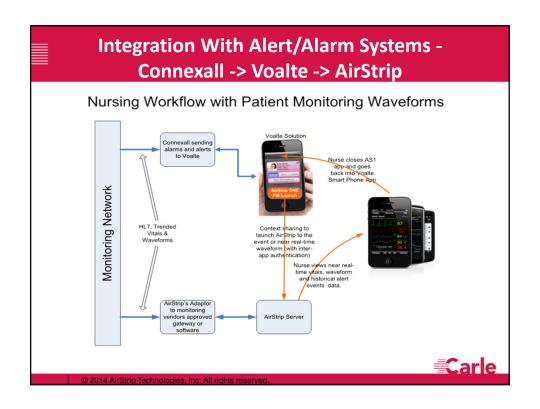


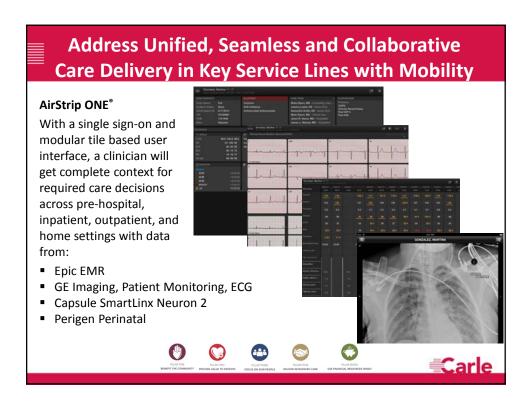


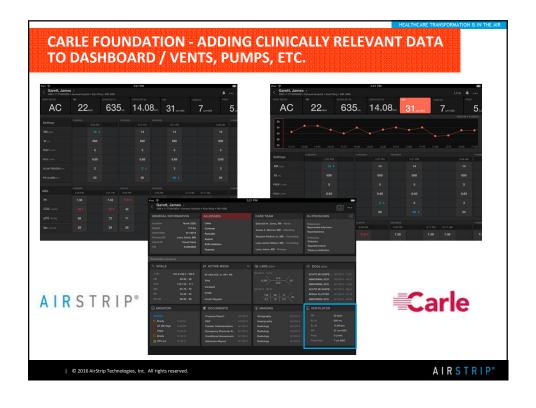


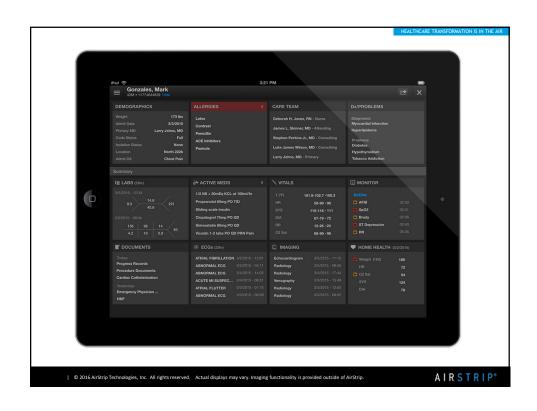


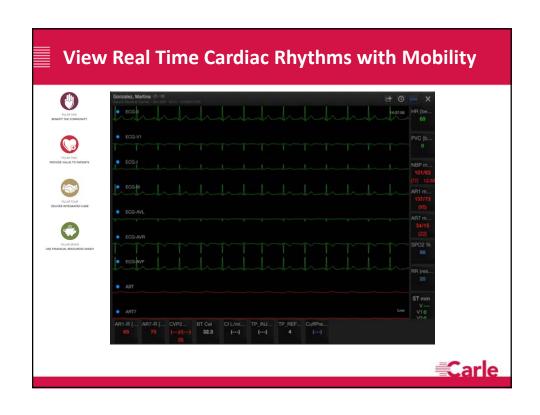


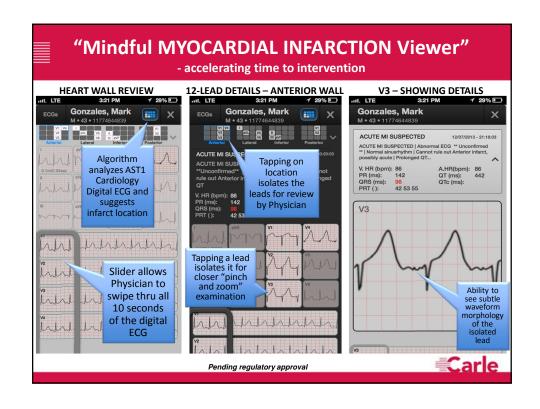


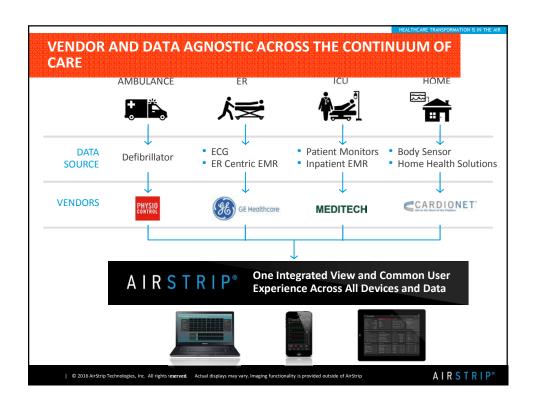








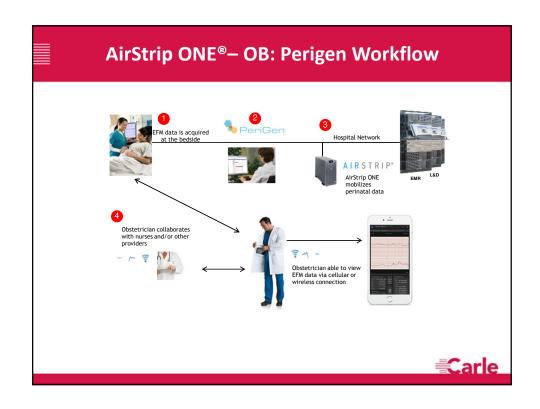


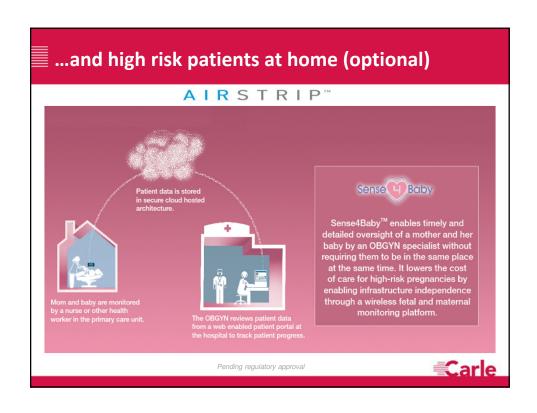










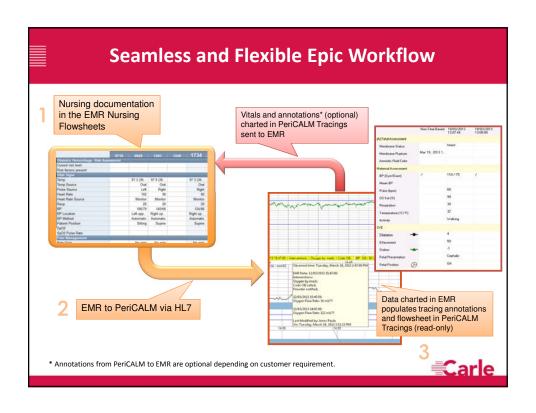








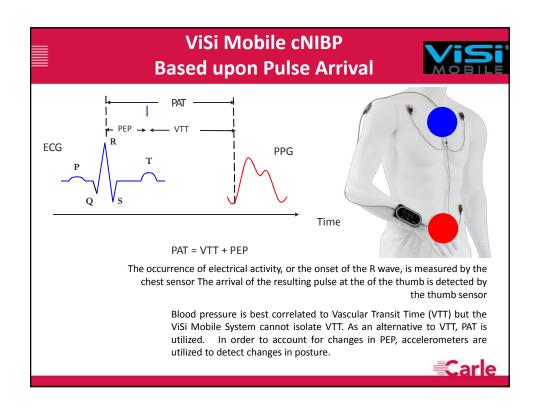




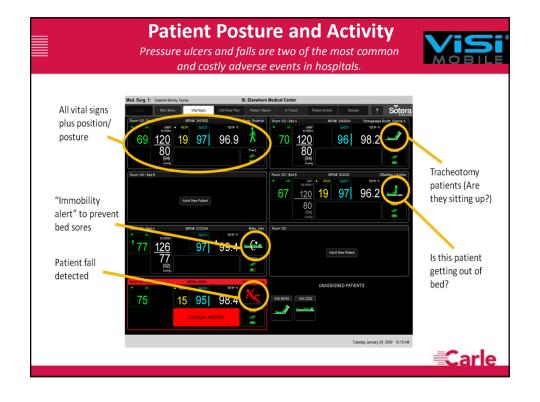












Pilot Details



Pilot Dates: April 21-July 21

Scope of pilot:

- 32 devices (8 purchased, 24 on loan)
- 2 Remote Viewing Devices (RVD) (1 purchase, one on loan)
- Monitored on average 3-6 patients per day, focused on patients with frequent vitals
- Total number of patient's monitored: 364 through 7/3





ViSi Saves / Early Intervention



BP events (8 Saves):

- Patients' blood pressure dropped, I was able to give adequate fluids much earlier than if I would have waited for the next set of due vitals. I was able to continue to monitor closely after interventions.
- I had a patient whose B/P was in the 70's unexpectedly that the Visi monitor caught. I was able to intervene earlier than I would have otherwise.
- I had a hypotensive patient, I was able to call the doctor and give fluids. Visi caught this before our unit rounds would have been done.
- I had a patient whose B/P was frequently changing and this helped see it when it dropped lower than "normal."



ViSi Saves / Early Intervention



O2 events:

- Low O2 sat alarm at 84%, called RT to increase optiflow and improve O2 sat.
- Over sedated patient with low O2 sat. O2 added, patient stabilized.

Heart rate events:

- HTN and high HR alarm sounded. Patient assessed and stat RN called. Patient transferred to SDI.
- Patient bradycardic on Visi, symptomatic, code speed called, transfer to SDI.
- Patient on cardizem gtt reading low heart rate on tele monitor. RN checked Visi HR and found a normal HR. Changed tele pads to obtain an accurate HR. The additional monitoring equipment stopped the RN from adjusting the cardizem gtt inappropriately.

ViSi Saves / Early Intervention



Other:

- RN received 2 admissions at the same time (one post procedure, one ED on gtt). Both required frequent vitals. RN was able to monitor both patients adequately due to the frequent updates from the monitor.
- I've had patients on drips and post procedures who had had significant changes in vitals; I was able to catch them because of the continuous monitoring.



