

OPEN HEARTS: A WILLINGNESS TO GROW IS AT THE CORE OF GREAT PATIENT CARE

Wenatchee, WA: Process improvement work in most jobs can be a dry affair: efforts at small adjustments to aid a bottom line, tweaks to be more efficient, or streamlining some steps deliver a widget to market faster. But when your business is open-heart surgery, process improvements take on a whole new level of importance and seriousness.

“One of the most important moments in the care of someone who has just had major surgery is in the handoff from the anesthesiologist and surgical team to the Intensive Care Unit (ICU) nursing care staff,” reflected Connie Barnes, interim director of the ICU at Confluence Health. “When I came onboard, I was so incredibly impressed by the procedure our team had put in place. To put it simply, it saves lives and leads to the best healthcare outcomes for patients.”

The handoff procedure is a vital moment in a patient’s care for any surgery, but especially so in a procedure as complex as open-heart surgery. This exchange is where communication needs to be clear and well understood to ensure that patient care continues uninterrupted from the operating room to the intensive care room.

“Back in 2018, our department was challenged to work on bettering this handoff protocol as part of a process improvement effort since we knew this was an area where we could do even better,” commented Toni Holder, nursing manager of the ICU. “To really ensure this process was done right, we involved everyone who played a part – cardiothoracic surgeons, anesthesiologists, respiratory therapists, bedside nurses, and more – and participated in the Washington State COAP (Clinical Outcomes Assessment Program), an initiative which encourages collaboration and shared strategies among hospitals to better patient outcomes. This wasn’t something that was top-down, but it was a team effort; we all had a stake in this and were involved which helped make it so successful.”

One of the major changes that occurred was to have all of those involved in the room when the handoff happens to avoid communication errors. When the patient moves to the ICU, the anesthesiologist discusses the patient’s condition and information needed to maintain care. To improve this transfer, the process improvement effort amended the protocol by having the anesthesiologist additionally provide a written document regarding the care given in the operating room to the bedside nurse along with the discussion.

While a seemingly simple change, providing a written paper in addition to the discussion allowed nurses to focus on listening rather than trying to take notes, helping discussions to be more fruitful and clearer to all. To further ensure the best possible coordinated care for the specific patient’s needs and circumstances, the bedside nurse then continues to discuss what care will be most appropriate with the respiratory therapist on another checklist.

And these changes have brought dividends to the ICU team, and patients. The “safe patient handoff procedure,” as it sometimes is termed, helps the nursing staff to understand the process deeply and to know about the patient care needs to give the most effective treatment. This has led to a reduction in the time patients stay intubated, lowered the number of patients needing ventilation, and also, due to the statewide collaborative nature of the COAP initiative, has helped to improve the standards across the state for extubation, which is the removal of artificial ventilation tubes used on patients when undergoing surgeries. This improvement is vital because the faster patients can safely get off ventilation and intubation, the better, which boosts patient outcomes.

“Even though we have been using this protocol for a while now, we continue to update and improve on the goals of the department. These improvements, in turn, roll out to other departments as well. It was a big process change that we continue to work with,” continued Holder. “Our leaders identified this was an area that could be better and then gave us the tools to make it better. And I think that’s just a great example of our commitment to continuous improvement of care.”

About Confluence Health

Confluence Health serves the largest geographic region of any healthcare system in Washington State, covering over 12,000 square miles of Okanogan, Grant, Douglas, and Chelan counties. Confluence is one of only two locally-lead healthcare systems in the state with the purpose of maintaining availability and access to high-quality, cost-effective healthcare services for North Central Washington. The Confluence Health Board of Directors provides governance for Confluence Health, the Clinic, Central Washington Hospital, and Wenatchee Valley Hospital, and includes nine community board members and six physician board members.

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