Working Collaboratively with our Neighbors to Improve Patient Safety
Sheppard Pratt Health System along with GBMC and St. Joseph’s Medical Center

Program/Project Description.
We at Sheppard Pratt Hospital in Towson were experiencing information gaps in the communications that we were receiving from our neighboring ERs, which we thought could adversely impact patient safety. For example, a pt might come back to us after being sent to the ER, only with educational handouts informing them about their diagnosis in the ER, but we as a clinical team would not receive the ER’s impressions, or test results that were conducted. Moreover, information coming over did not seem standardized. These could lead us to spend more time, trying to retrieve this information or we were afraid we might be missing a crucial piece of information that might lead to a patient safety problem. This was an unsatisfactory ‘Current State’.

We were looking to improve the care of this subset of our inpatients who were being sent to the ERs for an evaluation and management of an emergent medical problem

Last year, we at Sheppard Pratt were also immersed in learning the Lean Improvement Methodology and applying it to our behavioral healthcare setting. One of our physicians suggested using the Lean Methodology to solve this problem.

We were aware of the ‘Lean Journey’ of two of our neighboring hospitals (Greater Baltimore Medical Center and St. Joseph’s Medical Center) and had also met them informally to exchange notes on our respective journeys. We decided to present this challenge to both of them and asked if both of them would be interested in helping us tackle this problem collaboratively. We were very excited when both of these institutions responded in the affirmative.

As a result, we have begun a very invigorating and encouraging conjoint improvement effort. In addition to learning about each other’s ‘Lean journey’ and thought that solving a problem such as this might be a very interesting way to learn more about this methodology from each other.

There were no baseline data on this problem besides our anecdotal evidence and occasional informal reports by front line providers. We quickly learned that our neighboring ERs were experiencing similar information gaps in the information they were receiving from us. For example, we thought in every case the ER was getting a standardized printout from our Electronic Medical Record, but after their observations we discovered that this in fact was not how it was happening in some of the cases that were being sent to the ER. These observations strengthened our belief and resolve to take on this worthwhile project.

Process.
The Lean Improvement Methodology was used to develop the solution. Equipped with a common language, we had a preliminary meeting to see if we needed a multi-day inter-institutional ‘Kaizen’ (Rapid Performance Improvement Event) to solve the problem. After the first meeting we all came to the conclusion that since it was a matter of improving information flow, we did not need a long multi-day Kaizen, but would try to solve this problem in successive monthly 90-minute meetings.

We were immediately impressed by the usage of common phrases like ‘Current State’ or ‘Future State’ by all of us, and found it very useful to be using the same process improvement methodology. The shared language facilitated communication, teamwork and problem solving.

In order to make up for the lack of baseline data, we decided to conduct some baseline observations (rather than making assumptions based on our hunches) utilizing a very powerful lean tool- the ‘Gemba Walk’ or the ‘Go and see’ approach.

Our partners at GBMC and St. Joseph's Medical Center were ready to follow an actual patient, who we were about to send to the ER. We would immediately notify them and they would track the patient's journey from the point the patient reached the ER till the patient came back to us. Our entire group also closely examined the actual information that was exchanged to become more familiar with our imperfect ‘Current State’. This lead to brainstorming sessions as all of us envisioned an ideal ‘Future State’.
Solution.
We are in the process of developing a set of solutions. The solutions that are emerging seem to have some elements that are common to both of our neighbors and some that are unique to each of them. We have isolated elements that each of us want, when we receive a patient and are in the process of actually mapping out how we will exactly carry this out. The solution could be the use of a simple checklist on either end or getting our Electronic Medical Systems to communicate with each other, so that we could have access to the record that is created in the ER in real time, with all the inherent laboratory and radiology test results in addition to the clinical notes. We are in the process of examining the feasibility of such solutions.

Another resource that we all discovered is the staff member who escorts the patient from Sheppard Pratt to the ERs and actually sits with them while they were in the ER. Rather than use them just as a sitter we decided to meaningfully use them as a 'dependable' carriers of information back to Sheppard Pratt. If they were given a checklist, they could leave the ER with the patient, once they were able to confirm that they received all the information that they needed to bring back with them. We are in the process of presenting this information to our staff and will embark upon training them to carry out this additional and important safety task.

Measurable Outcomes.
We have not yet fully implemented this solution, but would be able to present some data by the actual date of this conference if we are selected to do so.

Sustainability.
We plan to collect ongoing metrics to evaluate the sustainability of our efforts. Our ongoing experience with patients we share and the assessment and feedback from our providers will always give us additional feedback.

Role of Collaboration and Leadership.
We are not aware of many such inter-hospital collaborative efforts. One signal of the success of this collaborative venture was the identification of two other problems that could be solved together by all of us in the near future. Some senior leadership, quality improvement professionals and senior clinicians were involved from each of the three hospitals. The senior leadership of all the three hospitals are very supportive of this entire process and their level of commitment is evident by the fact that we have two Vice Presidents of these institutions who are part of our team.

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