Stop Light Report:
January 2018 Rounding Follow-up

What’s working well?
• Intake process for rooming patients for daily visits is efficient
• Just about everything. Discharge dates are not moving around as much… that used to drive me bonkers – this is much better.
• Working together is working well. Good communication.
• Since Dan has been in charge, things don’t get missed. He takes responsibility for things and gets them done.
• Everyone is committed to our mission and improving processes and developing team work.
• Communication is good. I get along with all team members.
• Having Ashley with us! Staffing is better. Clinic is more organized.
• I like the low census protocol
• Quarterly staff meetings
• Management working on improving things
• Admit flow is a lot better!
• Good team approach, team work, we help each other
• Good flow, better communication – nurses participating in report and having greater report with MHS coming on/off shift, better communication between mh and nursing staff
• So many things! MHP/MHS teams working well together.
• Huddles!
• People answer my millions of questions, are approachable, everyone is kind and caring.
• We’re coming together. We have a really great staff!
• We have an awesome team.
• Really grateful to have security here!
• The time off policy
• Increased communication and morale

Is our work environment supportive of building a collegial and positive team approach?
• It would be helpful is staff were conscious of the way they make requests for tasks to MHS/MA – be pleasant and say thank you. This happens, but not always
• YES. On the whole I think everyone is supportive of each other and willing to help.
• I think it does. I feel good about my relationships with coworkers.
• Yes – I think it’s supportive.
• YES x 10ish
• This is the most cohesive staff I have ever worked with.
• Yes – improved teamwork, great holiday party!
• Not right now, I’ve had some difficult interactions with co-workers recently. There seems to be a lot of cliques and I’m not in any of them.
• YES and that’s not easy to say
• ABSOLUTELY!

Completed!
• Need screwdriver/tool to change batteries in temporal scanner – Clinical engineering is responsible for changing out batteries. Screwdrivers are available in tool drawer in MH office.

Work in Progress:
• Work on improving process for OD/over-sedation emergencies – We are evaluating our preparation for emergencies and will include information in staff meeting, tour on unit of all items needed to emergencies so all staff are aware of where everything is located.
• Admit flow needs more optimization x 2 – This is an ongoing process. Hilary is working with MHS to ensure admit process doesn’t take too long. MHS were waiting with patients in exam room until provider/RN available. Now they will leave pt in exam room and notify MA that pt waiting for provider.
• There is inconsistency in limits around drug use on-site. One pt was discharged for heating up drugs but was not in the process of using while others have not been discharged for holding a loaded syringe. Clarification would help weekend staff. – We had a couple discussion groups regarding intervening with patient using drugs on the unit. A new guideline was introduced on addressing use or intent to use on site. The pilot has begun with use of a lock box and offering patient choices upon discovering drug use. Intent is to use opportunity for intervention. See policy and emails regarding guidelines.
We need a process for getting rid of unnecessary items and encourage items needed like jackets/shoes – Is there a crew that would like to take ownership of this process? Let your supervisor/manager know.

Code response – It would be good to review this monthly, especially for RN’s – We are discussing bringing this to a staff meeting and nursing meetings.

Paraphernalia kits needed – All items have arrived. We need a workgroup to put the kits together!

Admits still arrive late – This will probably be a work in progress for a long time as it depends on changing hospital culture regarding discharges. This is an ongoing issue within our hospital.

Inservice requests for narcan and bleeding kit – Planning this for next staff meeting.

Admissions are long still and discharge meetings are hit or miss – We are working towards better planning around discharge dates and discharge meetings. Would welcome all feedback.

Training isn’t enough, feels like a setup for failure – Our next big goal is to work on improving orientation for all disciplines and creating an orientation binder for each role. Please talk with your supervisor/manager about any/all support you need to ensure you have the tools to effectively do your job.

Discharge meetings are falling apart especially with newer RNs – Will review beginning to end during discharge flow analysis.

Consistency is not there with the MHS teams, everyone NEEDS to take ownership/responsibility for the work – Please talk with Hilary about any concerns you have. Part of the orientation binder will be creating new task lists by shift.

We need set break times mapped out – A few staff have mentioned this and we are considering incorporating a set break time into the each shift for each discipline.

It’s sometimes unclear when the NP is going to lunch and it’s when a new admission arrives – We will brainstorm with ARNP’s how to manage this better.

Orders for xrays/imaging – We are meeting with Ellie our Orca analyst this week to discuss many things Orca.

Few issues with Farestart – Melissa and Hilary to continue to address all issues that arise.

**RECOGNITION:**

- **Yoni** – She does a really good job with interpersonal communication the patients and establishing good rapport. This helps during tough spots, she is always positive. She is really good and always asking questions. She’s really engaged, is always in constant movement, hard worker.
- **Jess** – She went out of her way to get my patient clothes.
- **Dan** – He is very helpful and responsive. He has gone out of his way for some of our patients. He is always supportive. He is doing a wonderful job with both making changes and having a lot of stuff to manage on a daily basis. He is doing an excellent job, has a positive, organized approach. He’s doing an awesome job, right balance, he is kind and well-respected. Warm, approachable, very engaging, I appreciate that about him.
- **Nick, Lorelei, Melanie, and Jess** – are getting groups going
- **Brian and Melanie** – go above and beyond. They offer to help in ways that are not necessarily expected of them and this is important to keep the flow smooth. They are generous with their time. They really care about how things are flowing.
- **Zach** – is very helpful, he extends himself, he offered to take a patient to the ED and he cleans up and helps with Bingo.
- **Melanie** – She gets it. She is patient focused, always has a positive forward-thinking mindset. Connects with people in an authentic way, it’s obvious that she cares deeply. She goes above and beyond. She is doing great with the bingo group.
- **Brian, Josh, Pramesh, Zach** – Really good communication and handoffs, good team members
- **Marilyn** – She totally kicks butt, cleans RN floors, does really good cleaning everytime.
- **Martha** – she is doing a great job at screening
- **Steven** – Team player, very helpful
- **Brian** – really a good guy. He does everything, provides good patient care, does a good job.
- **Ian** – willing to help out on the flow. He does a great job!
- **Everyone is doing a great job!**
- **Hilary** – I can’t say enough good things about her. She is all about patient care. She’s a hard worker, patient centered, and spot on.
- **Nick** – He is doing an awesome job. He’s the glue that keeps us together. He has such a calm presence, is good with patients, and balances us out on the team.
- **Zenobia and Dan** – Both are doing EPIC and haven’t complained at all, I appreciate their cheerfulness!
- **Pramesh** – we have a great working relationship, he is a good communicator
- **Judy** – very competent and caring, she is an amazing lady!
- **Dawn** – she is amazing, compassionate, and has a big heart.