Breaking the Rules for Better Care

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## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:30am-9:45am</td>
<td>Why Break the Rules?</td>
</tr>
<tr>
<td>9:45am-10:00am</td>
<td>Exercise: If You Could Break a Rule…</td>
</tr>
<tr>
<td>10:00am-10:25am</td>
<td>Case Examples of Breaking the Rules in Action</td>
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<tr>
<td>10:25-10:30</td>
<td>Exercise: From Ideas to Action</td>
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<td>10:30am-10:40am</td>
<td>Discussion</td>
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<tr>
<td>10:40am-10:45am</td>
<td>Wrap Up</td>
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Who We Are

Cheryl Woodman
*Women’s College Hospital*
Chief of Strategy and Quality

Carolyn Candiello
*GBMC HealthCare*
Vice President for Quality and Patient Safety

Saranya Loehrer
*Institute for Healthcare Improvement*
Head of North America Region
Why
Break the Rules?
Exercise

○ Reflect on the following: If you could break or change any rule in service of better patient care, what would it be?

○ Write it down on a post-it note

○ Get ready to share with your table mates
January 11 – 15 was our inaugural “Breaking the Rules for Better Care” Week

24 participating organizations

375 rules submitted
Rule Breakers…
Breaking Rules?! 

• First reaction –
  – We follow rules for safety
  – We need rules

• But wait a minute…
  – Some rules just don’t make sense
  – Some get in the way of patient-centered care
  – Some are misunderstood
Key Themes

1. Rules related to policies and regulation
2. Rules related to patient and family experience
3. Rules related to workflow and processes
4. Rules related to staff experience
5. Rules related to culture and mindset
<table>
<thead>
<tr>
<th>Rule Type</th>
<th>Rule Category</th>
<th>Response</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rules that need clarity</td>
<td>Regulation myths or an opportunity to tie the rationale back to the rule</td>
<td>Debunk organizational myths or hear directly from entities to clarify</td>
<td>HIPAA call</td>
</tr>
<tr>
<td>Rules that need redesign</td>
<td>Administrative prerogative or habits</td>
<td>User-centered design</td>
<td>HealthPartners and visiting hours</td>
</tr>
<tr>
<td>Rules that need advocacy</td>
<td>Real regulation or policies</td>
<td>Collective voice</td>
<td>Requests to CMS</td>
</tr>
</tbody>
</table>
BTR in Action
Greater Baltimore Medical Center
GBMC HealthCare, Inc.
Baltimore, Maryland

Vision Phrase:
To every patient, every time, we will provide the care that we would want for our own loved ones.
GBMC HealthCare’s **Quadruple Aim**

**To get closer to our vision...** To every patient, every time, we will provide the care that we would want for our own loved ones.

- **Better Health**
- **Better Care**
- **Least Waste**
- **More Joy** (for those providing the care)
Silly Rules

• Jumped in right away
• Utilized student volunteer to query and categorize findings
  – Spoke to staff, patients and visitors
  – We heard a lot!

What are the rules getting in the way of providing safe, patient-centered care?
## Gathering of the rules

### Silly Rule Data Collection

<table>
<thead>
<tr>
<th>Unit</th>
<th>Who</th>
<th>Silly Rule &amp; Reason</th>
<th>Comments/concerns</th>
</tr>
</thead>
</table>

### Script

*Are you a patient? If not what is your relationship to the patient?*

*Have you encountered any rules during your stay that you think are unnecessary? What is it?*

*Why do you feel this rule is unnecessary?*

*Do you feel like you were given a thorough explanation as to why the rule is in place?*

*Do you have any suggestions on how to improve the rules you were given?*

*Any other comments or concerns?*
Examples of Rules

- **Pharmacy**: Patients can't take home their single-use meds.

- **L&D**: only one person may go back into the patient’s room after visiting hours are over, including those ordained for religious duties. Visiting hours are from 12pm-8pm.

- **ED**: Patients who arrive in an ambulance are not able to have anyone with them when they are first brought in.
Joining the BTR Week

• Notified everyone through system-wide newsletter and meetings.
• Created a “submission” form on our intranet
• Gathered more rules!
  ✓ Surprises – myths, HR rules
• Got into action:
  ✓ Communicated clarification
  ✓ Changed policies where possible
Rule

• “Transport is only available to help inpatients. Some of our outpatients have trouble getting to our location.”

• Type: Administrative

• Action: **Broken**! Transport staff are available to help all staff, not just inpatients.
Why do I have to wake an otherwise stable patient to take vital signs between the hours of 2200-0600?

Type: Myth:
- If patients are stable, policy allows patients to sleep.

Action: Clarified through organizational newsletter


Rule

• **AMA:** Patients who leave against medical advice will not have their hospitalization covered by their insurance.

• Type: Myth

• Action: *Implemented new process* to ensure patients who decide to leave AMA have as safe a discharge as possible.
Back to Melissa…
Women’s College Hospital
Toronto, Ontario

Healthcare for Women Revolutionized.
A HOSPITAL DESIGNED TO KEEP PEOPLE OUT OF HOSPITAL.
Want to break the rules for better healthcare?

Tell us what rule you would change to provide better care for patients and why?

Jan. 11-15: Complete the online survey »
Prioritization Matrix

- Frequency
- Patient Care Experience/Triple Aim
- Existing Momentum
- Quick Win (3-6 months)
The **Quick Wins**

- Access to drinking water in waiting rooms (*redesign*)
- Improved signage (*redesign*)
- Unlimited warm blankets (*myth*)
- Portering patients to cars (*clarity*)
- Access to affordable prescription medications in new pharmacy (*advocacy*)
- Replacing ineffective equipment that caused waste and impacted patient experience (*advocacy*)
Rules related to **patient and family experience**

- **Rule:** Patients can’t access health records and test results

- **Type:** Rule that needs clarity and redesign

- **Action:** **MyHealthRecord**

- **Outcome:** 3000 patients and counting now accessing health record and laboratory tests online
Rules related to workflow and processes

- Rule: Primary care providers access referrals/consults with radiologists based on relationships which can dictate timeliness of response.

- Type: Rule that needs redesign

- Action: **1-800-Imaging** as a central access point for primary care providers with medically complex patients requiring urgent radiology exams/consult

- Outcomes: Navigation hub serviced 186 calls in 8 months; 87 calls were for urgent imaging services; over 40 unnecessary ED visits were avoided.
RULE MAKERS TURN RULE BREAKERS
Exercise

- Take your rules and begin to categorize them by the type of action that would be required to address them:
  - Clarity
  - Redesign
  - Advocacy
Discussion
Wrap-up