EP18 – ETHICS, PRIVACY, SECURITY AND CONFIDENTIALITY

CLINICAL NURSE CO-LED PATIENT EXPERIENCE IMPROVEMENT INITIATIVE BASED ON PATIENT FEEDBACK

Provide one example, with supporting evidence, of an initiative led or co-led by a clinical nurse(s), to address patient experience based on patient feedback from patient(s) and/or families.

Patient Feedback Received

At NewYork-Presbyterian/Columbia University Irving Medical Center (NYP/Columbia), Matthew Cole, MSN, RN, CCRN, Patient Care Director (nurse manager), Transplant (M9H-605160) [M9H], and Devon Nicholas, MSN, RN, CCRN, Patient Care Director (nurse manager), M9H, conducted a performance review of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey data, which revealed feedback from July, August, and November 2022 highlighting patient dissatisfaction with long wait times for bed placement on M9H and an overall unit patient experience rating of 4.25 stars. The patient feedback consisted of patient responses when asked to describe experiences they wished were different. Feedback included, "Maybe to get to my room if I'm being admitted," and "No rooms available for 4 days." Clinical nurse Katie Melomedov, MSN, RN, AGCNS-BC, CCTN, clinical nurse specialist, M9H, and Kathleen Koenderman, MS, PA-C, Chief Physician Assistant (PA), M9H, recognized the negative patient feedback as a problem to be addressed and began strategizing process improvement efforts. EP18.1—HCAHPS Feedback and 2022 Patient Experience Scores

Clinical Nurse Co-Led Initiative as a Result of Patient Feedback

Based on the patient feedback, Ms. Melomedov and Ms. Koenderman reasoned that a solution to the long wait times for a bed on admission would be to decrease delays in discharges, improving discharge timeliness on M9H. The literature review revealed that

delays in discharges of hospitalized patients can negatively affect the throughput of patients waiting to be admitted resulting in admission bottlenecks.

New Standardized Discharge Process

In November 2022, Ms. Melomedov and Ms. Koenderman evaluated the discharge process for opportunities to improve utilization of beds by developing process maps detailing the ideal standardized discharge process for both clinical nurses and physician assistants. The ideal processes were intended to streamline efficiency in the discharge process and reduce admission wait times. The process map detailed the new workflow and began with a completed patient assessment and medication reconciliation, followed by daily interprofessional rounds to anticipate discharge needs, which included the PA and the nurse making the healthcare team aware of the discharge planning activities for that day. The flow included the role of the nurse in providing daily education on the patient's medication when administering medications and any discharge instructions as ordered. The second part of the process map detailed the steps for the nurse to take on the day of discharge. EP18.2—RN and PA Discharge Process Map

Adding Flow Rounds

Later in November 2022, Ms. Melomedov and Ms. Koenderman, Jeffrey Hammond, MS, BSN, RN, NEA-BC, Director of Nursing, Specialty and Operations, Mr. Cole and Mr. Nicholas planned new patient flow rounds to ensure there were no delayed discharges. Flow rounds involved an interprofessional team performing daily rounds reviewing a flow board to discuss discharge plans for the day to ensure that the entire team maintains clear communication regarding discharge planning activities and potential barriers to prevent delays in discharges.

In January 2023, the physical flow board containing expected date of discharge (EDD) today, EDD tomorrow, barriers to discharge, and disposition of patients, was installed on the hallway wall on M9H. Flow rounds occurred daily at 8:00 am, 2:00 pm, and 9:00 pm with the clinical nurse specialist, patient care directors, Chief PA, charge nurses, case management, housekeeping, and unit assistants.

Presentation for the Discharge Initiative

Ms. Melomedov and Ms. Koenderman then developed a PowerPoint presentation titled, "9 Hudson Early Discharge Initiative," to detail the background of the problem identified from the patient feedback; discharge metrics for M9H, including the time of day that patients typically are discharged; literature review highlighting the negative impact of

delays in discharges that lead to admission delays; working goals; and countermeasures (flow rounds with the flow boards). Through their appraisal of the feedback and evidence, Ms. Melomedov and Ms. Koenderman determined the working goals of the "9 Hudson Early Discharge Initiative" to be expediting discharge times, reducing wait times for patients for bed placement, and improving patient experience. EP18.3—M9H Early Discharge Initiative

Interprofessional Transplant Discharge Workgroup

In April 2023, Ms. Melomedov and Ms. Koenderman began co-leading an interprofessional M9H Transplant Discharge Workgroup comprised of the clinical nurse specialist, Chief PA, PAs, RNs, case management, and clinical transplant pharmacists. At the kickoff meeting, Ms. Melomedov and Ms. Koenderman presented the "9 Hudson Early Discharge Initiative" to address the patient experience concerns based on patient feedback regarding long admission wait times and to present viable solutions. During this meeting, the workgroup members reviewed the targeted initiatives to improve patient flow, expediting discharge times to be closer to 2:00 pm, reducing wait times for patients for bed placement, and improving patient experience. Ms. Melomedov and Ms. Koenderman also reviewed the concept of the flow board and flow rounds and the process maps detailing the streamlined discharge process for nurses and physician assistants. The workgroup discussed and implemented a QR code to begin collecting data from the healthcare team on reasons for delayed discharges and turn-around times in May 2023 and placed the QR code on the flow board. EP18.4—Transplant Discharge Workgroup Meeting Minutes

Improving Delayed Discharges and Admissions

From May 2023 to September 2023, the M9H interprofessional team documented reasons for discharge delays via the QR code data submissions to improve admission delays impacting the patient experience. Reasons for delays documented from the QR code data submissions included "patients receiving AM immunosuppression later than 7:30 am due to late lab collection." As late lab collections led to postponed discharges, the Transplant Discharge Workgroup strategized at their August 2023 meeting to reach out to the phlebotomy director to present the data that late lab collections contributed to delayed discharges and to encourage change in the phlebotomy team's workflow process. EP18.4—Transplant Discharge Workgroup Meeting Minutes

In September 2023, Ms. Melomedov presented the M9H Transplant Discharge Workgroup updates using the "9 Hudson Discharge Workgroup" PowerPoint to the M9H Transplant Discharge workgroup composed of clinical nurses, clinical nurse specialists,

PAs, care coordinators, and clinical pharmacy managers. Her presentation showcased an improvement in the percentage of patients discharged before 12 pm from 9 percent of discharges before 12 pm in June 2023 to 11 percent of discharges before 12 pm in September 2023. In addition, the data presented included an improvement in percentage of patients discharged before 2 pm from 17 percent of patients in June 2023 compared to 19 percent discharged before 2 pm in September 2023.

By improving the discharge times on M9H, the initiative led by Ms. Melomedov and Ms. Koenderman resulted in improved patient experience. By November 2023, there were no comments mentioning dissatisfaction among admission wait times and M9H exceeded their target unit-level patient experience star rating of 4.50 by achieving 4.63 stars year-to-date. EP18.5—M9H Discharge Workgroup Updates and 2023 Patient Experience Scores

Unit	Question	Comment	Survey	Discharge Date
9 Garden South	Anything else you would like share?	Once upstairs in a bed the care and environment were excellent. But when I was at my sickest I was in a busy ER where the nurses were overwhelmed w/volume of people. The ER was dirty - bathrooms especially & stuck in that environment for days.	3771568562	7/30/2022
9 Garden South	Experiences wish were different?	Having to sit in the ER for days and waiting for a bed in the ER. Each day I had to have someone bring me food or exit the ER and buy my own at the deli. I do not eat meat and was only being served meat, days into my stay. Was in ER for 4 days.	3771568562	7/30/2022
9 Hudson	Experiences wish were different?	My husband XX was a kidney recipient. My daughter XX was the live donor. Surgery was 6 a.m. Thursday - no rooms available for 4 days. They were in recovery and no one was allowed there! What kind of business is that!! Very upset!!! XX - donor - left hospital next day. Because no rooms available - unacceptable - needs explanation!!!	3790734897	8/4/2022
9 Garden South	Anything else you would like share?	Only make clear that the poor attention there is in the Emergency Room is very different with the admitted patients because all is excellent.	4247902887	11/15/2022
9 Hudson	Anything else you would like share?	Maybe to get to my room if I'm being admitted, I know your trying your best and I thank you, honestly.	4221161069	11/9/2022

HCAHPS Survey Results

New York-Presbyterian

NYP-CU 9 HUDSON

Data run on **12/4/2023 12:00:02 PM** for survey received through **November 22, 2023**

Unit QTD Stars:

Q1	Q2	Q3	Q4
4.38 ★★★★	4.31 ★★★★	4.25 ★★★★	3.63 ★★★★

NYPH YTD Stars:

2022
2.75 ★★★
Target:

Unit YTD Stars:

2022
4.25 ★★★★
Target:

Medical Director:	Alyson Fox
PCD:	Matthew Cole and Devon Nicholas

Year:	2022
Campus:	NYP-CU
Unit:	9 HUDSON

HCAHPS Domains by Unit

Domain Name	Jan	Feb	Mar	Q1 Stars	Apr	May	June	Q2 Stars	July	Aug	Sep	Q3 Stars	Oct	Nov	Dec	Q4 Stars	2022 YTD	YOY Comp	YTD Targets
Rated NYP as 'Best Hospital Possible'	75.0	90.9	75.0	5.0	80.0	91.7	76.9	4.0	100.0	100.0	81.8	5.0	100.0	82.4	66.7	5.0	85.3		66.70
Will definitely recommend NYP to others	75.0	90.9	87.5	5.0	80.0	100.0	84.6	5.0	88.9	88.9	81.8	4.0	88.9	88.2	50.0	4.0	85.3		82.90
Communication about medicines	75.0	83.3	68.8	5.0	68.8	75.0	70.1	5.0	66.7	87.5	81.3	5.0	83.3	70.9	33.3	3.0	73.0		64.80
Communication with doctors	83.3	84.9	91.7	4.0	100.0	97.2	89.7	5.0	81.5	96.3	93.9	5.0	100.0	94.1	61.1	5.0	90.8		90.00
Room/Environment were CLEAN	87.5	81.8	50.0	5.0	50.0	75.0	76.9	2.0	66.7	44.4	81.8	4.0	66.7	70.6	66.7	4.0	69.1		75.50
Room/Environment were QUIET	62.5	72.7	50.0	3.0	60.0	91.7	69.2	4.0	33.3	71.4	36.4	1.0	77.8	75.0	33.3	3.0	63.3		62.00
Communication with nurses	87.5	78.2	95.8	5.0	80.0	85.9	87.2	4.0	88.9	92.6	75.8	4.0	96.3	82.4	44.4	3.0	83.7		78.60
Responsiveness of staff	58.3	70.0	56.3	3.0	58.8	62.5	69.2	3.0	52.2	78.9	36.7	3.0	83.3	55.2	36.7	1.0	59.3		52.90
Discharge Information	78.6	100.0	87.5	4.0	100.0	100.0	95.8	5.0	100.0	88.9	95.5	5.0	100.0	93.8	81.7	5.0	94.4		91.70
Post-discharge care	70.2	93.9	50.0	5.0	82.5	80.3	82.1	5.0	77.8	74.1	72.1	5.0	72.7	64.7	22.2	4.0	72.2		68.50
Rolling Quarter Stars:				4.4				4.3				4.3				3.6			

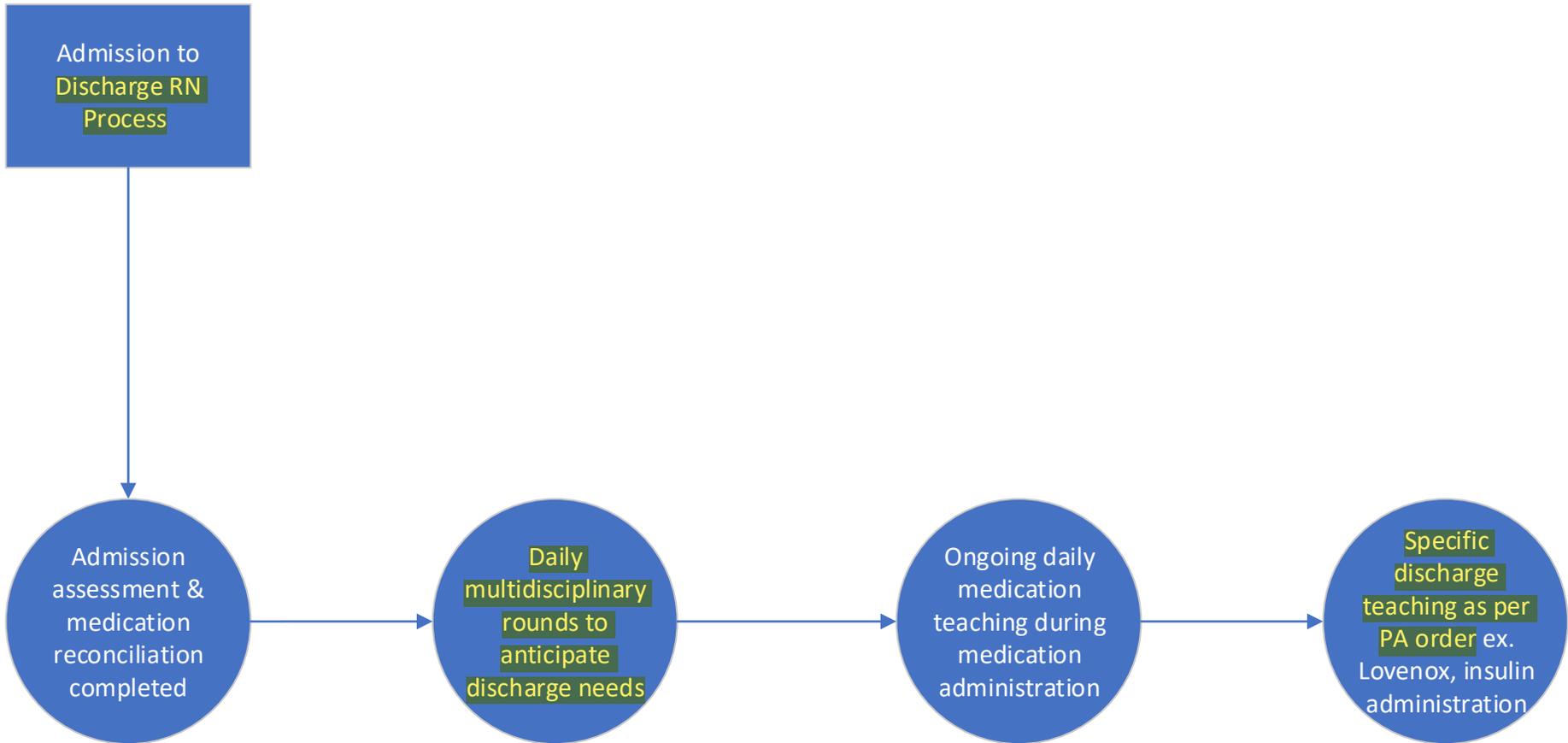| Patient Survey Received:	8	11	8	27	10	12	13	35	9	9	11	29	9	17	6	32	123

-Star ratings are approximated using survey responses based on discharge date.
-Star approximations are based on CMS thresholds for discharges between 1/2022 and 12/2022.
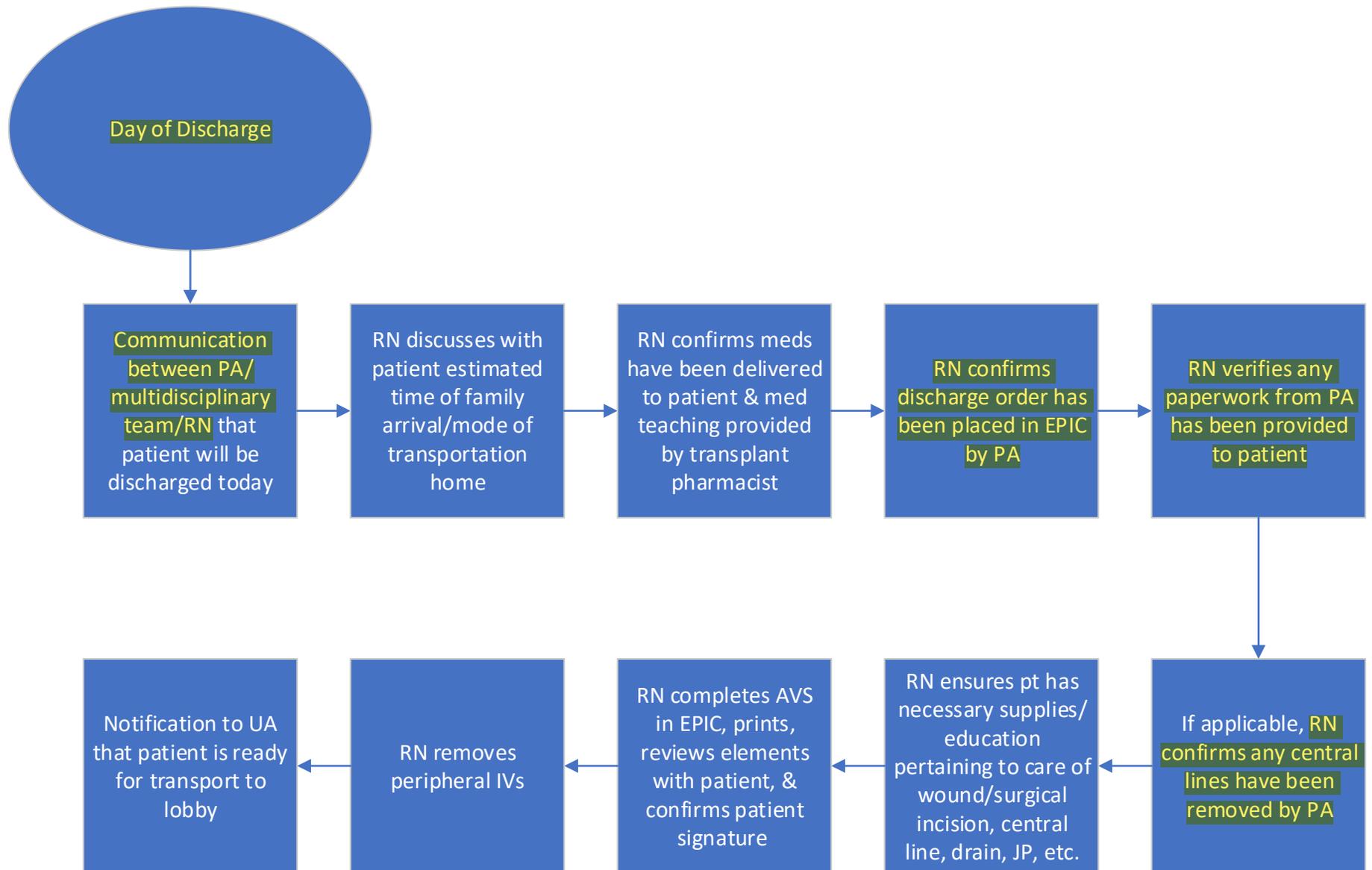-Quarterly stars are calculated for each domain once entering new quarter.

Discharge Call Data:

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	YTD AVG
Attempt Rate:							97%	97%	99%	100%	98%	97%	98%
Connect Rate:							93%	78%	84%	85%	79%	73%	82%

Nurse Leader Rounding Counts:

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	2022 YTD
NLR Counts:												207	207

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┌─────────────────┐
│  Admission to   │
│  Discharge RN   │
│    Process      │
└────────┬────────┘
         │
         ▼
  ╭──────────────╮      ╭──────────────╮      ╭──────────────╮      ╭──────────────╮
  │  Admission   │      │    Daily     │      │Ongoing daily │      │  Specific    │
  │ assessment & │      │multidisci-   │      │ medication   │      │ discharge    │
  │  medication  │ ───▶ │plinary rounds│ ───▶ │ teaching     │ ───▶ │teaching as   │
  │reconciliation│      │to anticipate │      │ during       │      │per PA order  │
  │  completed   │      │discharge     │      │ medication   │      │ex. Lovenox,  │
  │              │      │   needs      │      │administration│      │  insulin     │
  ╰──────────────╯      ╰──────────────╯      ╰──────────────╯      │administration│
                                                                    ╰──────────────╯
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November 2022

Day of Discharge

Communication between PA/ multidisciplinary team/RN that patient will be discharged today

→

RN discusses with patient estimated time of family arrival/mode of transportation home

→

RN confirms meds have been delivered to patient & med teaching provided by transplant pharmacist

→

RN confirms discharge order has been placed in EPIC by PA

→

RN verifies any paperwork from PA has been provided to patient

↓

If applicable, RN confirms any central lines have been removed by PA

←

RN ensures pt has necessary supplies/ education pertaining to care of wound/surgical incision, central line, drain, JP, etc.

←

RN completes AVS in EPIC, prints, reviews elements with patient, & confirms patient signature

←

RN removes peripheral IVs

←

Notification to UA that patient is ready for transport to lobby

9 Hudson Early Discharge Initiative

Kathleen Koenderman, MS, PA-C

Katie Melomedov, MS, RN, AGCNS-BC, CCTN

January 2023

Delays in discharges of hospitalized patients can negatively affect the throughput of patients waiting to be admitted, resulting in delays in treatment, adverse events, and increased mortality (Keniston et al, 2021.)

Discharges occurring later in the day have been associated with lower patient satisfaction scores, admission bottlenecks, and overcrowding (Patel, Morduchowicz, & Mourad, 2017.)

Discharge planning for solid organ transplant patients is complex and multifaceted with many identifiable barriers

Several multidisciplinary conditions must be met on day of discharge before patient is physically discharged

Significant delays often exist between time discharge order placed and time discharge completed

9 Hudson Discharge Data
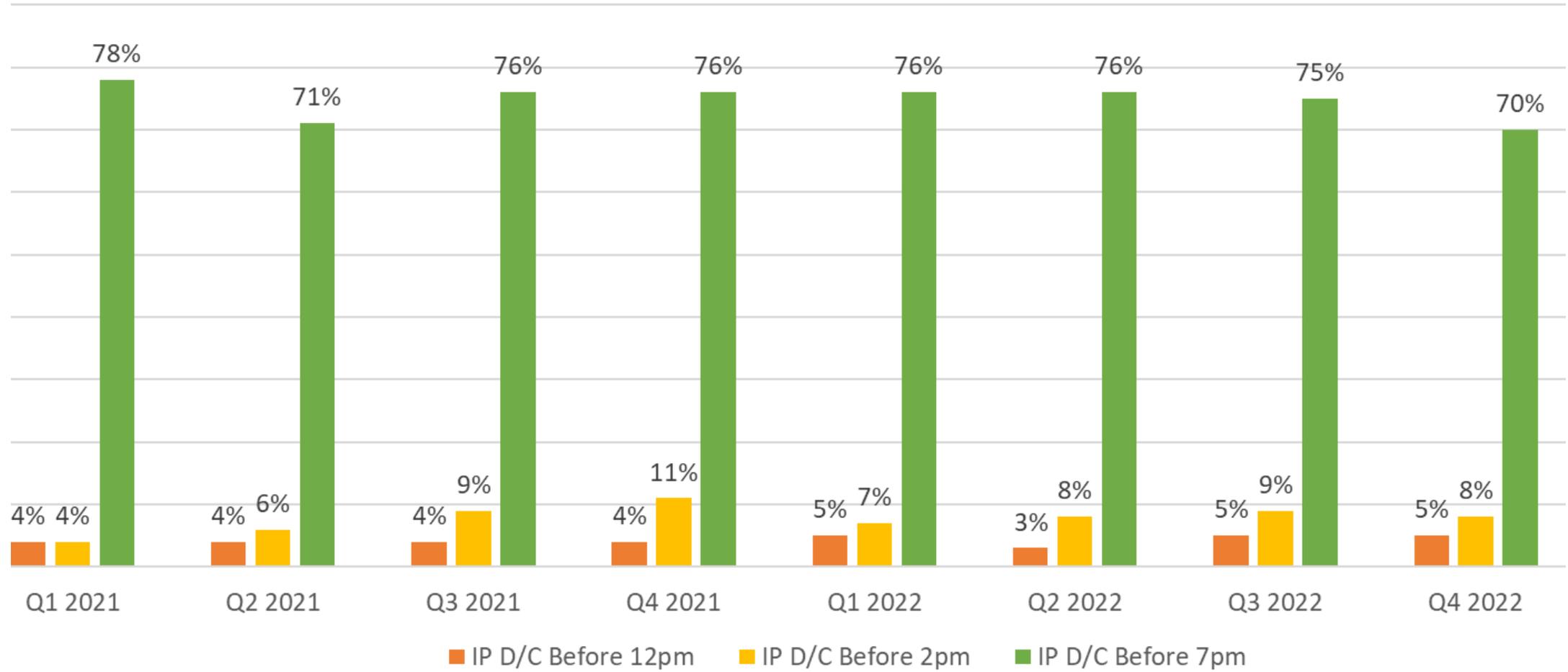
D/C Order Release to D/C Time 2023
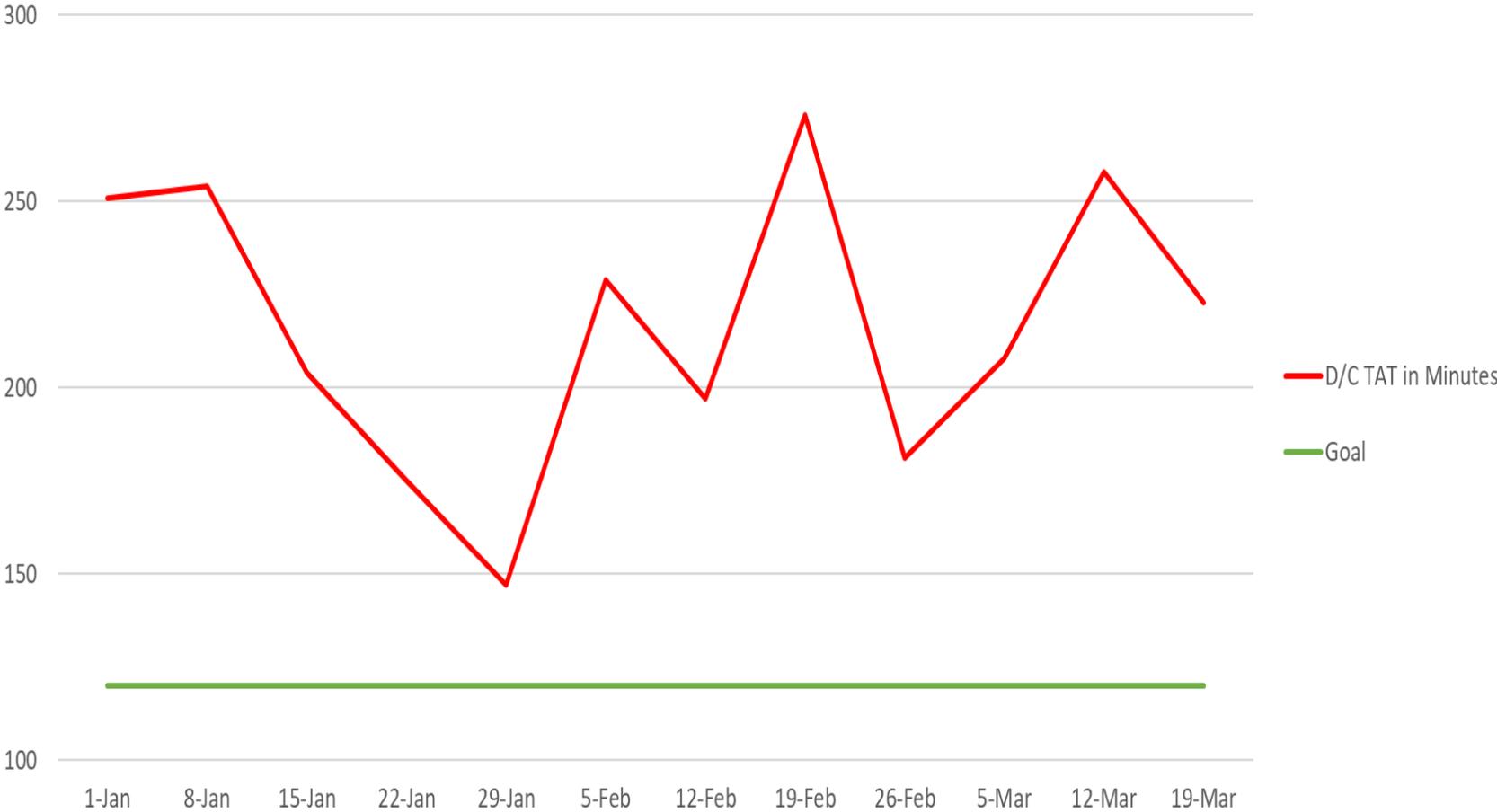
Goals for 9 Hudson

Develop	Develop targeted initiatives to improve patient flow
Expedite	Expedite discharge time, goal for 2p
Reduce	Reduce wait times for ED/PACU/Direct admit patients for bed placement
Improve	Improve patient experience

Current Countermeasures: Discharge Flow Board

Flow rounds: 8 am, 2 pm, 9pm

Discharge Flow Board

D/C's Today	3
D/C's Tomorrow	
D/C's Past Due	0
Todays Date	3/21/23

Flow Opportunities

Rm	Pt	EDD	EDD	Svc	Goals / Barriers		Disposition
102	CM			Li			
104	JR			R			
105	HD			Lu	IV ABX	C	
106	MC			Li			
107	LA			Lu			
108	AL			Lu			
109	ME			Lu			
110	ER			Li			
111	LS			Li			
113	JF			R			
122	AR	●		R	Thyroid clinic?		
124	TD	●		Li			
126	MV			Lu		C	
132	MM			Lu		C	
134	NA			Lu		C	
136	PE			Lu		C	
138	DM			Li			
140	AR			Lu			
141	CM			Lu			
142	DV			Li			
143	JR			R		F	
144	VF			Lu		C	

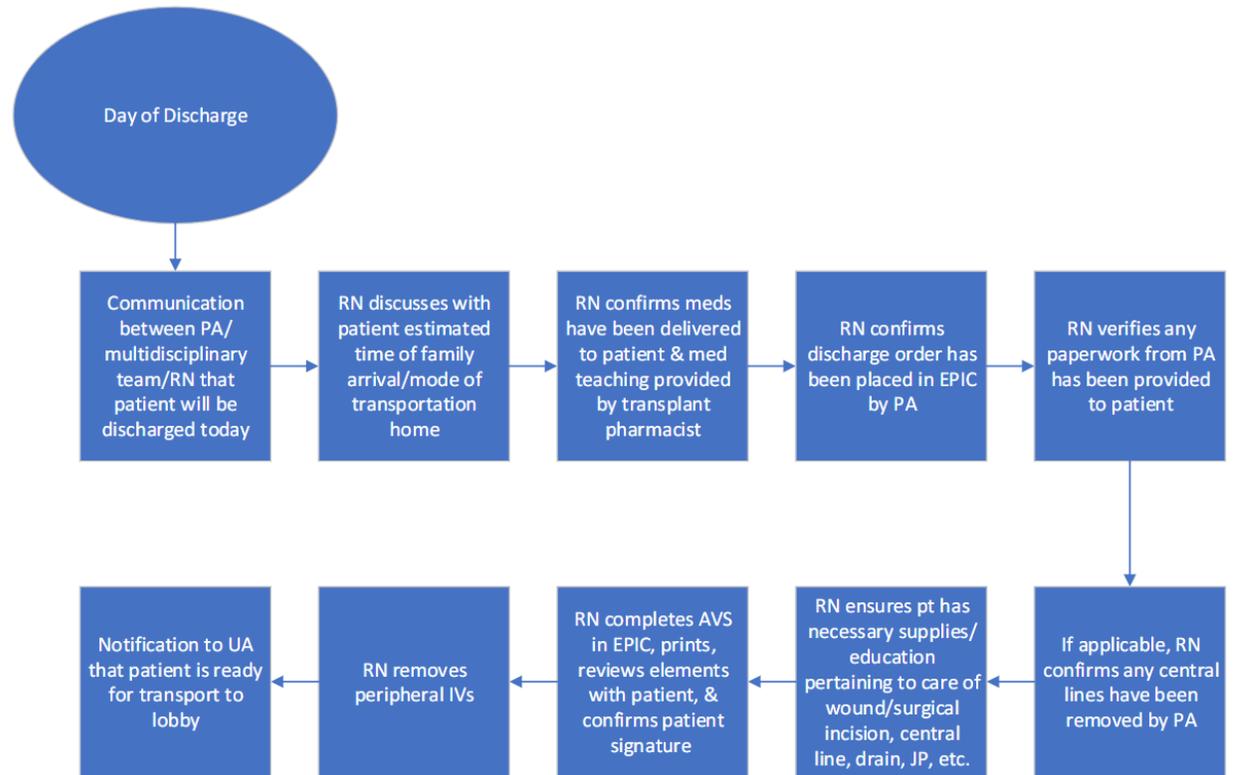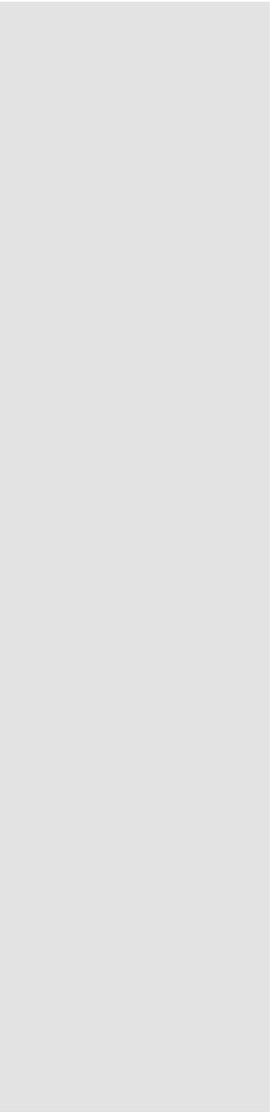| Rm	Pt	EDD	EDD	Svc	Goals / Barriers		Disposition
145	GC			R			
146	JH			Lu			
147	HA			Lu		C	
148	RC			Lu		C	
149	AC			R			
202	AA			R			
205							
222							
224	RP			Med	DNR	C	
226	ZK			Li			
230	EC	●		R	? bx results		
232	CJ						
236	MM			Lu		C	
240	LB			Med		C	
241	RS			Med	DNR		
243	VSM	●		Med			
244	MR			Med	Sickle cell crisis - pain meds		
245	EN			Med	DNR		
247	AS			Onc			
248	DW			Lu			
249	DG	●		R		F	

Next Steps:

Create a process map for your area

Help identify parts in the process that can be done in advance of day of discharge

PA Discharge Process Map

Patient Admitted/ Workup Completed

Order new meds (po from pharmacy and/ or IV through home infusion services

Communicate with SW/care coordination for home needs

Schedule follow up appointments

Completes post transplant education with patient/family

Write discharge summary and instructions in Epic

Write discharge order

Review discharge instructions with patient/ family

Notify RN that PA discharge is complete

RN Process Map

Day of Discharge

Communication between PA/ multidisciplinary team/RN that patient will be discharged today

RN discusses with patient estimated time of family arrival/mode of transportation home

RN confirms meds have been delivered to patient & med teaching provided by transplant pharmacist

RN confirms discharge order has been placed in EPIC by PA

RN verifies any paperwork from PA has been provided to patient

If applicable, RN confirms any central lines have been removed by PA

RN ensures pt has necessary supplies/ education pertaining to care of wound/surgical incision, central line, drain, JP, etc.

RN completes AVS in EPIC, prints, reviews elements with patient, & confirms patient signature

RN removes peripheral IVs

Notification to UA that patient is ready for transport to lobby

Thank you!

References:

Keniston A, McBeth L, Pell J, Bowden K, Metzger A, Nordhagen J, Anthony A, Rice J, Burden M. (2021). The effectiveness of a multidisciplinary electronic discharge readiness tool: prospective, single-center, pre-post study. JMIR Human Factors. 8(4).

Patel H, Morduchowicz S, Mourad M. (2017). Using a systematic framework of interventions to improve early discharges. Joint Commission Journal on Quality and Patient Safety. 43(4):189-196.

NEW YORK PRESBYTERIAN HOSPITAL
Columbia
Transplant Discharge Workgroup
MEETING DATE: __4/26/23____
TIME: ___2:00-3:00PM_____
MEETING LOCATION: _9 Hudson Conference Room_

TOPIC/ACTION ITEM	DISCUSSION	DECISION	FOLLOW-UP DATE & RESPONSIBLE PERSON
Welcome to discharge workgroup!	This is the kickoff meeting for larger working group. Katie and Kathleen presented background data and working goals for this workgroup.	We will continue to track discharge times on 9 Hudson, housekeeping turn around times, discharge order turn around time etc. In the future we will brainstorm creative initiatives for improving early discharge times.	Katie and Kathleen
Process Maps	Katie and Kathleen presented discharge process maps for RNs and PAs respectively.	In the coming months, could other disciplines create a similar process map for their discharge process? This will help identify and track barriers in real time and areas for opportunity.	Danielle and Kathy
Flow Rounds	Katie and Kathleen described the flow rounds that occur on the unit daily at 8am and 2pm and updates on progress made.	All are welcome to attend flow rounds to see how it works in real time.	All

NEW YORK PRESBYTERIAN HOSPITAL
Columbia
Transplant Discharge Workgroup
MEETING DATE: __4/26/23____
TIME: __2:00-3:00PM_____
MEETING LOCATION: _9 Hudson Conference Room_

RECORDER: ____ Katie Melomedov, MS, RN, AGCNS-BC, CCTN_____

MINUTES REVIEWED/APPROVED BY: ____ Katie Melomedov, Chair **DATE:** __4/26/23____

Quorum* – a majority of all members

Reference: DeVries, M. A. 1998. The New Robert's Rules of Order. Second Edition, New York: Signet Publications.

ATTENDANCE/MEMBERSHIP   **LEGEND: P – PRESENT/E- EXCUSED**

Name/Credentials – example: BSN, MSN, DNP, RN, Certification	Title	Unit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Katie Melomedov, MS, RN, AGCNS-BC, CCTN	Clinical Nurse Specialist	9H				P								
Kathleen Koenderman, MS, PA-C	Chief Physician	9H				P								
Jillian Daleo PA-C	Physician Assistant	9H				P								

NEW YORK PRESBYTERIAN HOSPITAL
Columbia
Transplant Discharge Workgroup
MEETING DATE: __4/26/23____
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	Supervisor													
Jennifer Hussain BSN, RN, CCTN	Registered Nurse	9H			P									
Kathryn Meza	Care Coordinator	9H			P									
Danielle Kovač, PharmD, BCTXP	Clinical Pharmacy Manager	9H			P									

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NEW YORK PRESBYTERIAN HOSPITAL
Columbia
Transplant Discharge Workgroup
MEETING DATE: 5/31/23
TIME: 1:00-2:00PM
MEETING LOCATION: 9 Hudson Conference Room

TOPIC/ACTION ITEM	DISCUSSION	DECISION	FOLLOW-UP DATE & RESPONSIBLE PERSON
New Members	Welcomed any new members and briefly presented background data and goals for workgroup.	Looking for participation from night RNs in the working group. Reach out to Kathleen/Katie if anyone interested.	All
Monthly LOS Presentations	Reviewed the monthly length of stay presentations that have been given so far and feedback received.		
Data Collections	Reviewed the results of data collection measures currently happening on the unit. • Delays in Discharge Turn Around Time • Reasons Patients' Discharges Deferred	We will make QR code and post it on the Flow Board, so all members of working group can access and document.	Katie
Flow Rounds	Reviewed Flow Rounds and presented the board for visual demonstration for those not familiar with it.		

>INCLUDE STATEMENT BELOW ONLY IF APPLICABLE <

NEW YORK PRESBYTERIAN HOSPITAL
Columbia
Transplant Discharge Workgroup
MEETING DATE: __5/31/23__
TIME: ___1:00-2:00PM___
MEETING LOCATION: _9 Hudson Conference Room_

RECORDER: ____ <mark>Katie Melomedov, MS, RN, AGCNS-BC, CCTN</mark>_____

MINUTES REVIEWED/APPROVED BY: ____<mark>Katie Melomedov, Chair</mark>____ **DATE:** _4/26/23___

Quorum* – a majority of all members

Reference: DeVries, M. A. 1998. <u>The New Robert's Rules of Order</u>. Second Edition, New York: Signet Publications.

ATTENDANCE/MEMBERSHIP   **LEGEND: P – PRESENT/E- EXCUSED**

Name/Credentials – example: BSN, MSN, DNP, RN, Certification	Title	Unit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Katie Melomedov, MS, RN, AGCNS-BC, CCTN	Clinical Nurse Specialist	9H				P	P							

NEW YORK PRESBYTERIAN HOSPITAL
Columbia
Transplant Discharge Workgroup
MEETING DATE: _5/31/23_
TIME: _1:00-2:00PM_
MEETING LOCATION: _9 Hudson Conference Room_

							P	P								
Kathleen Koenderman, MS, PA-C	Chief Physician	9H					P	P							
Jillian Daleo, PA-C	Physician Assistant Supervisor	9H					P	P							
Jennifer Hussain, BSN, RN, CCTN	Registered Nurse	9H					P	P							
Kathryn Meza, BSN, RN	Care Coordinator	9H					P	E							
Danielle Kovač, PharmD, BCTXP	Clinical Pharmacy Manager	9H					P	P							
Brittany Fogarty, PA-C	Physician Assistant	9H					X	P							

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NEW YORK PRESBYTERIAN HOSPITAL
Columbia
Transplant Discharge Workgroup
MEETING DATE: __8/9/23____
TIME: __2:00-3:00PM_____
MEETING LOCATION: __9 Hudson Conference Room__

TOPIC/ACTION ITEM	DISCUSSION	DECISION	FOLLOW-UP DATE & RESPONSIBLE PERSON
Data Metrics	Reviewed monthly data metrics for discharges before noon and before 2pm. Reviewed monthly data for EVS stat bed clean times.	We are making some traction in the discharges before 2 pm. We will start brainstorming initiatives to decrease our stat turnaround times. Upwards of 3-4 hours some days.	All
Deferred Discharges	Reviewed data collection pertaining to reasons patients' discharges are deferred.	Change in medical status is still the primary reason. Very few instances were "line not placed" or "med not delivered." For next time, we will look more closely into the "patient preference" cases.	All
Immunosuppression Administration	Presented data to the group on the amount of patients daily who are receiving their AM immunosuppression dose late due to late AM trough draws by phlebotomy.	Late trough levels= patients discharges being postponed to later in the day, inaccurate trough levels etc. Danielle will compose an email with our data attached to send to phlebotomy director in the future.	Katie, Danielle

NEW YORK PRESBYTERIAN HOSPITAL
Columbia
Transplant Discharge Workgroup
MEETING DATE: __8/9/23____
TIME: __2:00-3:00PM_____
MEETING LOCATION: _9 Hudson Conference Room_

RECORDER: ____ <mark>Katie Melomedov, MS, RN, AGCNS-BC, CCTN_</mark>_____

MINUTES REVIEWED/APPROVED BY: ____<mark>Katie Melomedov, Chair</mark>   DATE: __8/9/23___

Quorum* – a majority of all members

Reference: DeVries, M. A. 1998. The New Robert's Rules of Order. Second Edition, New York: Signet Publications.

ATTENDANCE/MEMBERSHIP   LEGEND: P – PRESENT/E- EXCUSED

Name/Credentials – example: BSN, MSN, DNP, RN, Certification	Title	Unit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Katie Melomedov, MS, RN, AGCNS-BC, CCTN	Clinical Nurse Specialist	9H				P	P	X	X	P				
Kathleen Koenderman, MS, PA-C	Chief Physician Assistant	9H				P	P	X	X	P				
Jillian Daleo, PA-C	Physician Assistant	9H				P	P	X	X	P				

NEW YORK PRESBYTERIAN HOSPITAL
Columbia
Transplant Discharge Workgroup
MEETING DATE: __8/9/23____
TIME: __2:00-3:00PM_____
MEETING LOCATION: __9 Hudson Conference Room_

	Supervisor											
Jennifer Hussain, BSN, RN, CCTN	Registered Nurse	9H			P	P	X	X	E			
Kathryn Meza, BSN, RN	Care Coordinator	9H			P	E	X	X	P			
Danielle Kovač, PharmD, BCTXP	Clinical Pharmacy Manager	9H			P	P	X	X	P			
Brittany Fogarty, MS, PA-C	Physician Assistant	9H			X	P	X	X	P			
Natalia Rojas, BSN, RN, CCTN	Registered Nurse	9H			X	X	X	X	P			

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9 Hudson Discharge Workgroup

September 20th, 2023

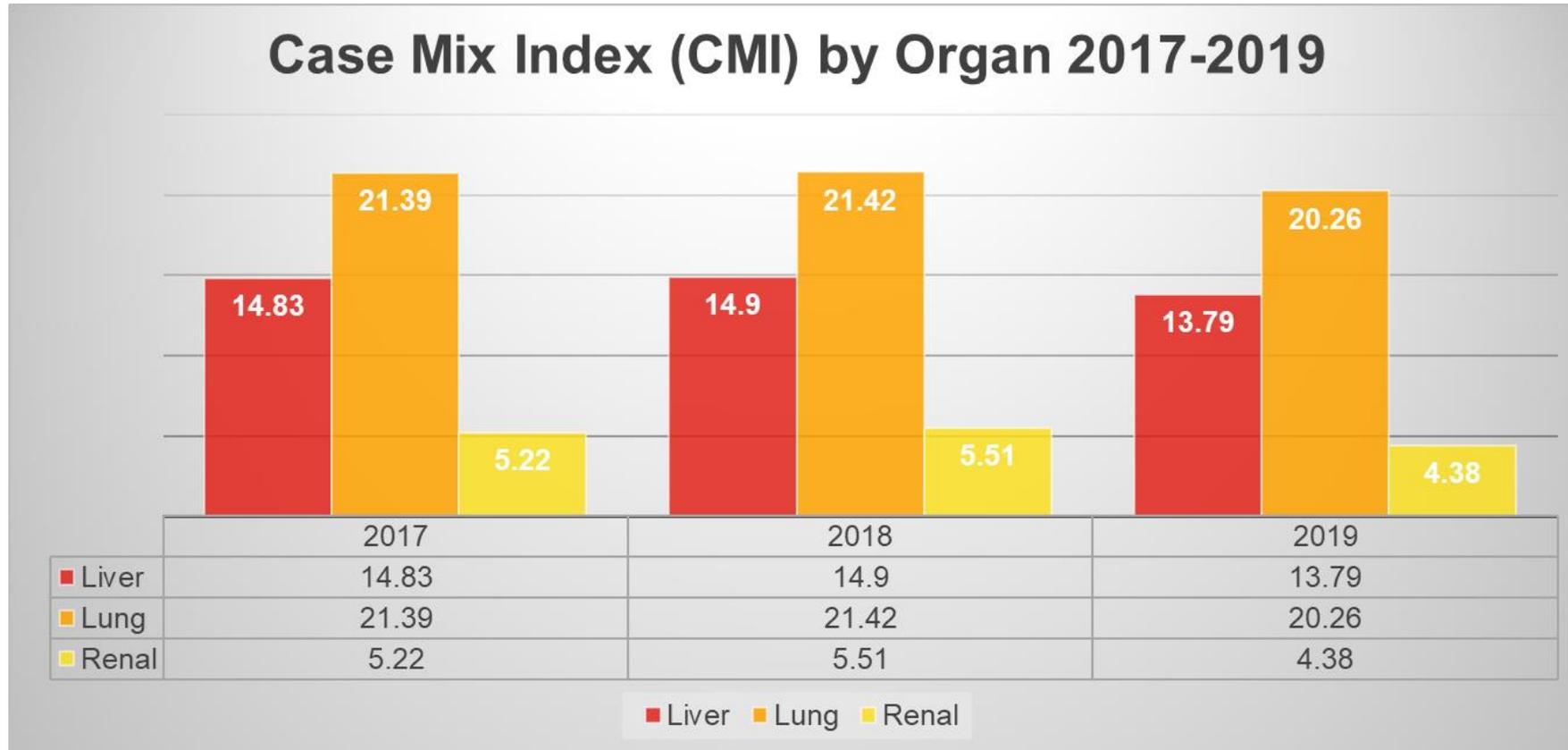| Leaving the unit	June	July					August				September	
	6/25	7/2	7/9	7/16	7/23	7/30	8/6	8/13	8/20	8/27	9/3	9/10
Total Number of Discharges	23	31	27	39	24	23	26	27	24	30	27	33
# of Discharges before 12PM	2	-	2	1	1	-	-	1	1	-	3	-
% of Discharges before 12PM	9%	-	7%	3%	4%	-	-	4%	4%	-	11%	-
# of Discharges before 2PM	4	1	2	3	2	1	-	3	3	1	5	1
% of Discharges before 2PM	17%	3%	7%	8%	8%	4%	-	11%	13%	3%	19%	3%
# of Discharges before 7PM	19	20	21	28	17	18	23	21	21	19	20	25
% of Discharges before 7PM	83%	65%	78%	72%	71%	78%	88%	78%	88%	63%	74%	76%
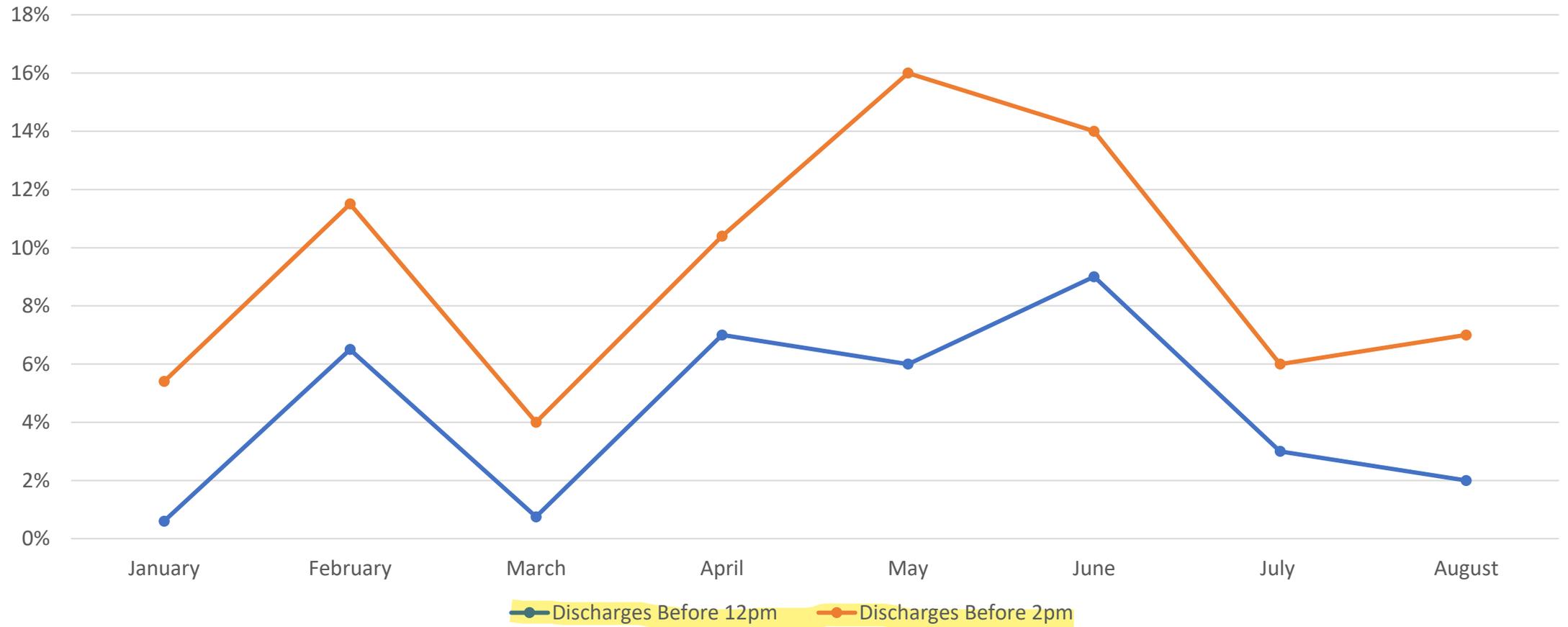
LOS and CMI 2022 & 2023

Average LOS
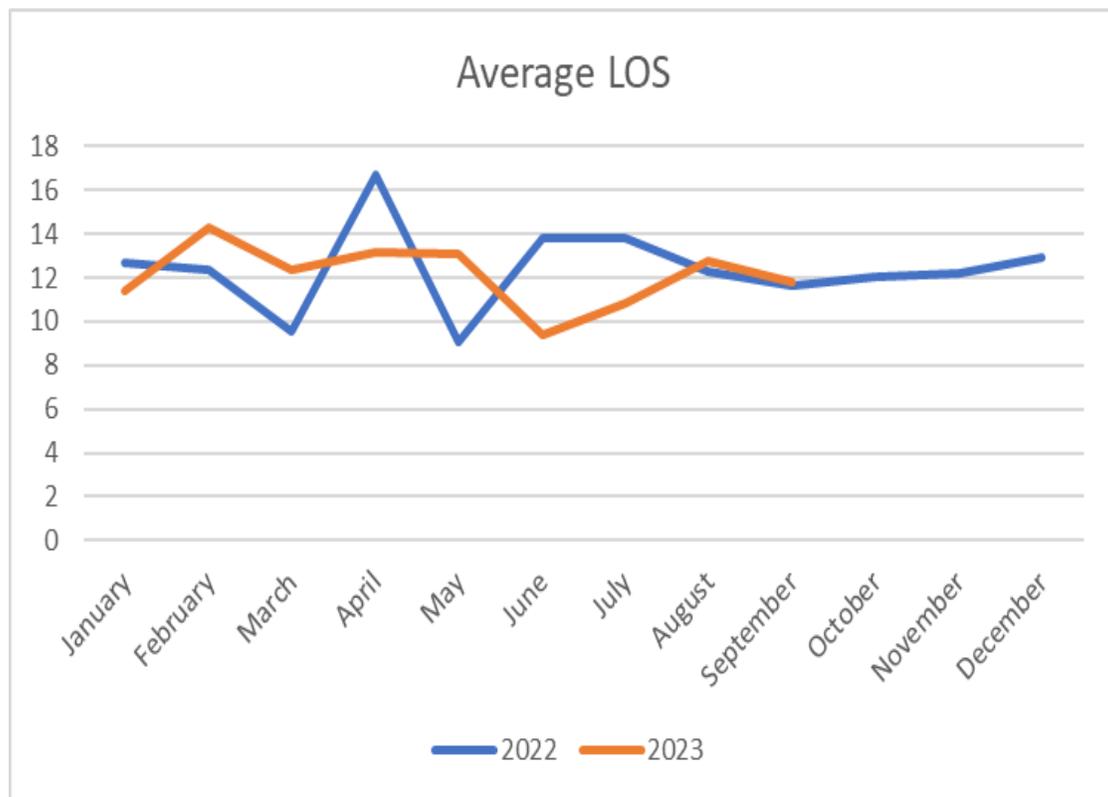
2023 Milstein Avg LOS is 7.79
2023 9H Avg LOS is 12.4 (12.1 in 2022)

CMI
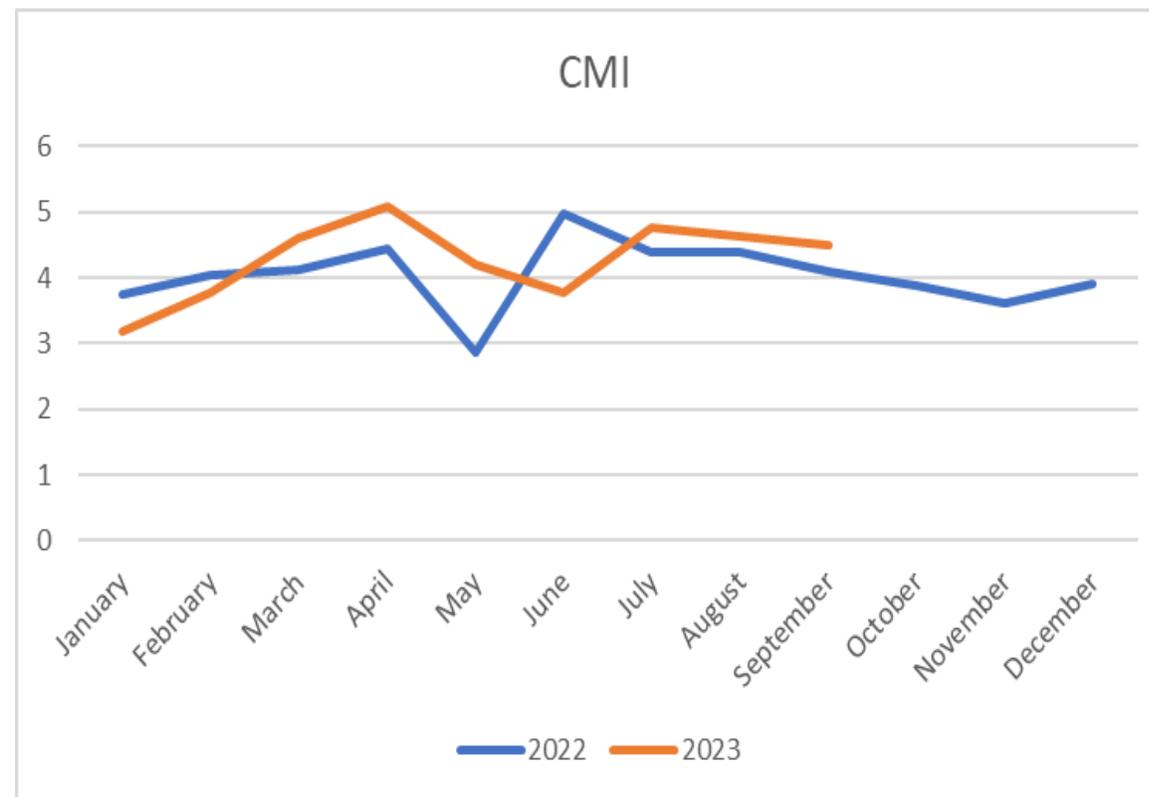
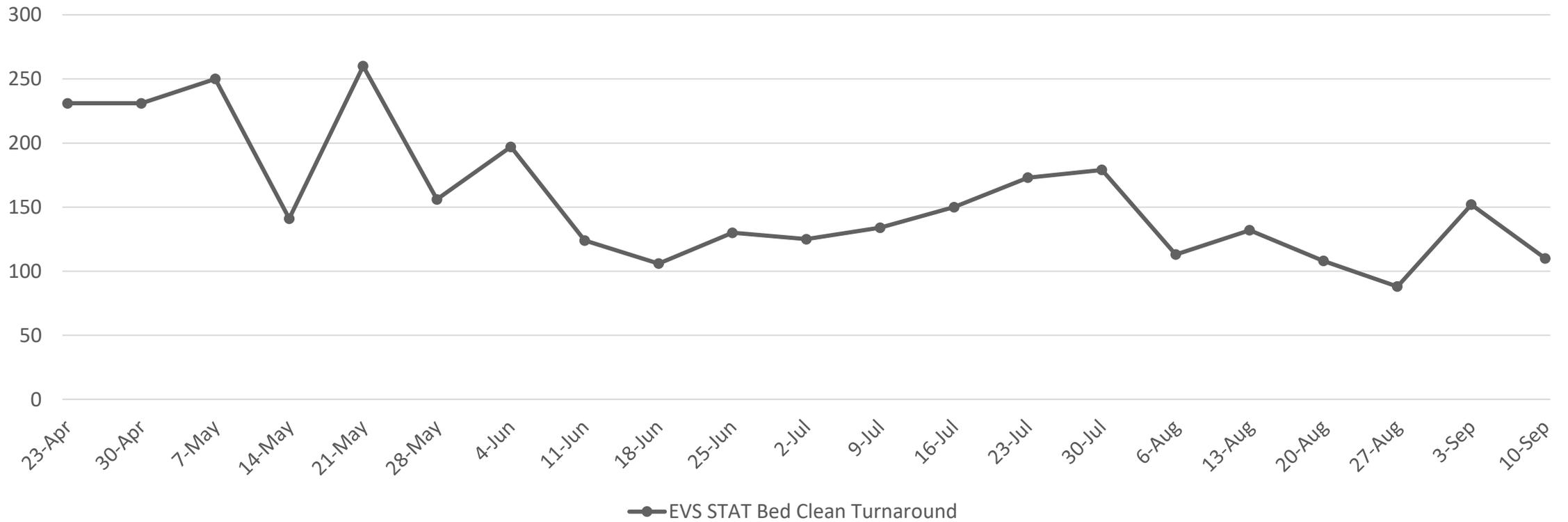2023 Milstein Avg CMI is 2.5
2023 9H Avg CMI is 4.3 (4.0 in 2022)

Historical CMI by Service

Case Mix Index (CMI) by Organ 2017-2019

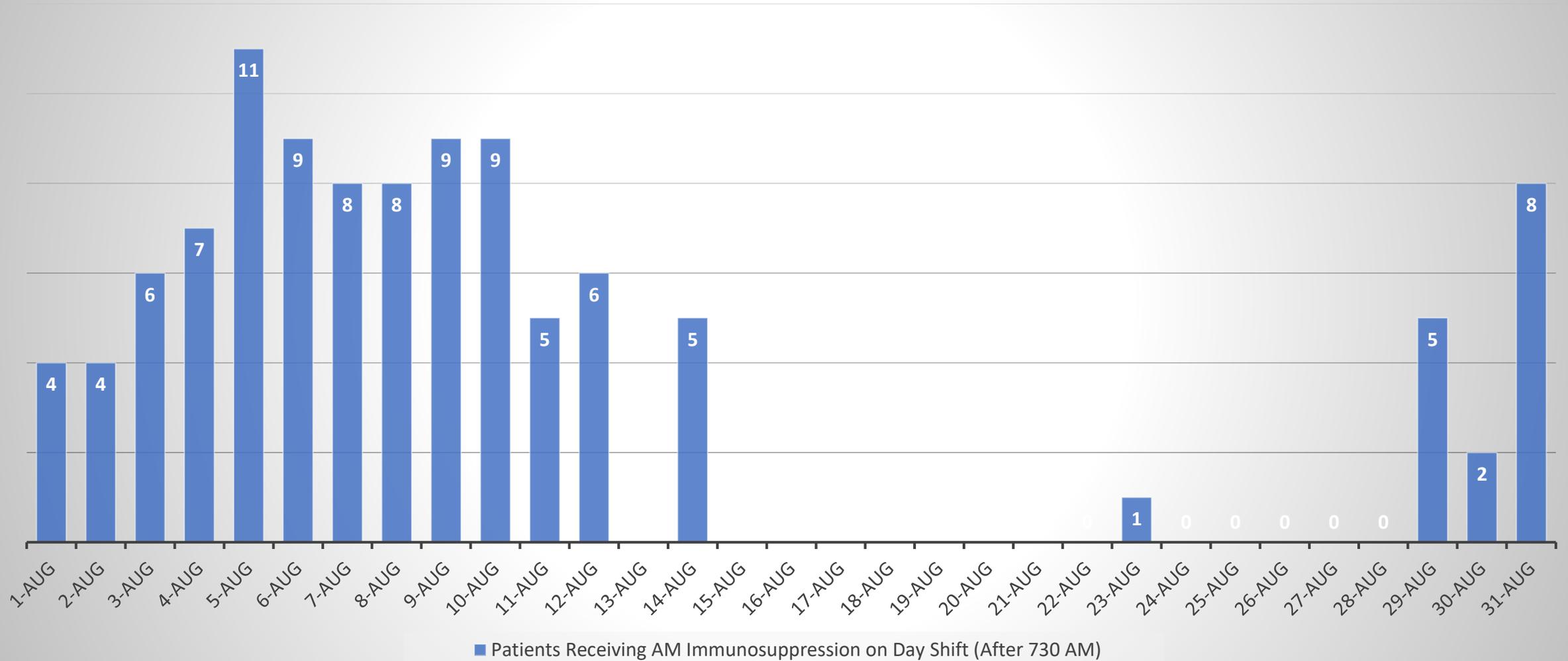|	2017	2018	2019
■ Liver	14.83	14.9	13.79
■ Lung	21.39	21.42	20.26
■ Renal	5.22	5.51	4.38

■ Liver ■ Lung ■ Renal

Milstein Average CMI is 2.38

Median TAT for STAT Bed Cleans on 9 Hudson
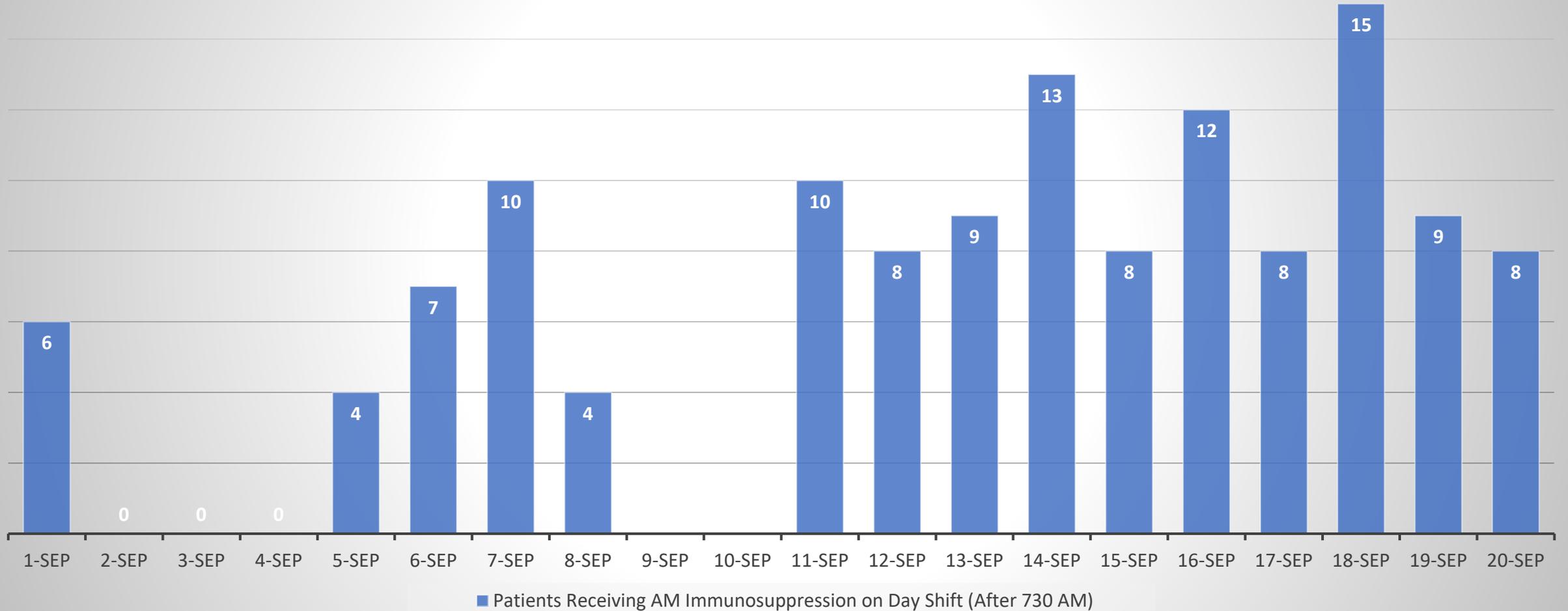

EVS STAT Bed Clean Turnaround in Mins

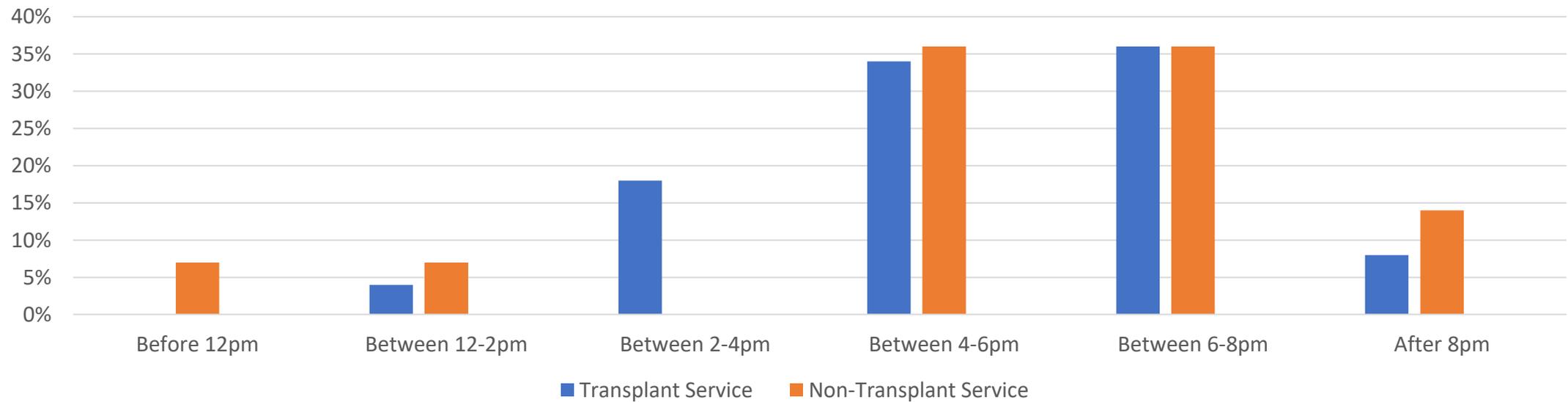Patients Receiving AM Immunosuppression on Day Shift (After 730 AM)

2. Patient was not discharged due to:

More Details

🔵	Change in medical status	15
🟠	Family pickup/transportation	3
🟢	Meds not delivered	1
🔴	Line not placed	0
🟣	Patient preference	8
🟤	Pending bed availability/insuran...	6
🩷	Home equipment not delivered;...	2
⚪	Other	0
🟡	Other	3
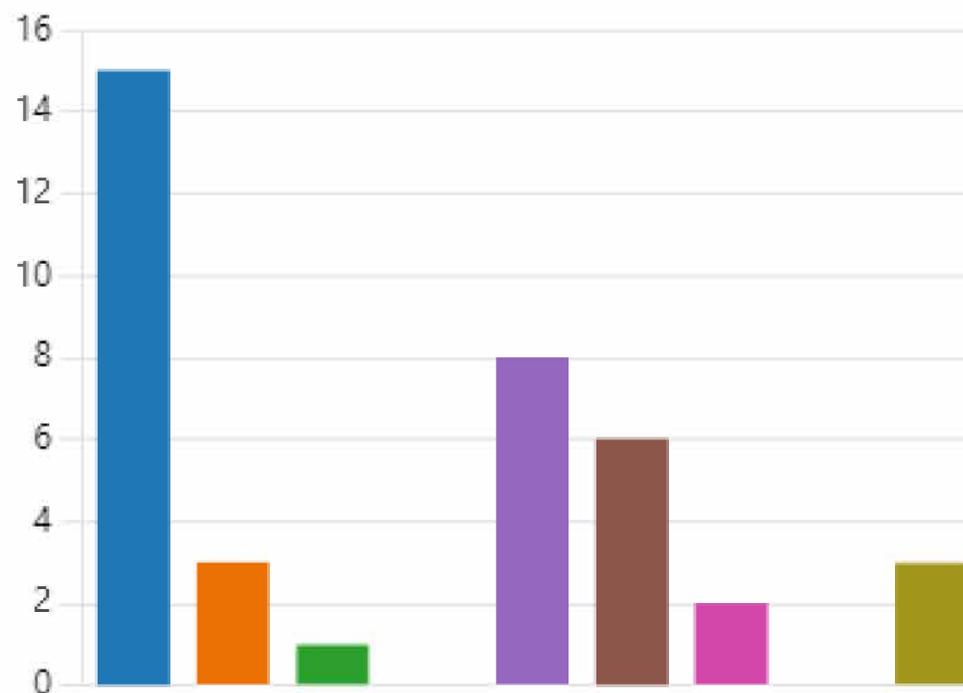
Unit QTD Stars:				NYPH YTD Stars:	Unit YTD Stars:	Medical Director:	Alyson Fox	Year:	2023

Q1	Q2	Q3	Q4	2023	2023			Campus:	NYP-CU
4.81	4.25	4.56	4.06	3.13 ★★★ Target: 3.56	4.63 ★★★★★ Target: 4.50	PCD:	Matthew Cole and Devon Nicholas	Unit:	9 HUDSON
★★★★★	★★★★	★★★★★	★★★★						

HCAHPS Domains by Unit

Domain Name	Jan	Feb	Mar	Q1 Stars	Apr	May	June	Q2 Stars	July	Aug	Sep	Q3 Stars	Oct	Nov	Dec	Q4 Stars	2023 YTD	YOY Comp	YTD Targets
Rated NYP as 'Best Hospital Possible'	91.7	71.4	100.0	5.0	81.8	75.0	90.0	4.0	79.0	92.9	93.3	5.0	75.0			4.0	84.8	--0.5	86.31
Will definitely recommend NYP to others	100.0	100.0	100.0	5.0	81.8	68.8	100.0	4.0	77.8	92.9	100.0	5.0	100.0			5.0	89.7	+4.49	87.37
Communication about medicines	75.0	91.7	80.0	5.0	72.8	50.0	68.8	4.0	65.6	75.0	81.3	5.0	57.1			4.0	71.0	--2.03	76.52
Communication with doctors	88.9	100.0	94.4	5.0	84.9	77.1	96.7	4.0	96.5	83.3	95.6	5.0	81.5			4.0	89.4	--1.41	91.67
Room/Environment were CLEAN	75.0	100.0	100.0	5.0	81.8	68.8	100.0	4.0	73.7	71.4	93.3	5.0	66.7			4.0	80.7	+11.56	71.71
Room/Environment were QUIET	75.0	66.7	50.0	4.0	45.5	53.3	80.0	4.0	55.6	35.7	73.3	2.0	77.8			4.0	60.3	--2.99	65.70
Communication with nurses	97.2	81.0	87.8	5.0	81.8	86.9	93.3	5.0	92.9	78.6	93.3	5.0	88.9			5.0	88.7	+5.03	85.33
Responsiveness of staff	62.5	83.3	75.0	4.0	65.2	46.5	87.5	3.0	65.7	48.4	72.1	3.0	25.0			1.0	60.1	+0.77	63.74
Discharge Information	100.0	100.0	100.0	5.0	100.0	89.8	100.0	5.0	97.2	92.9	96.2	5.0	93.8			5.0	96.4	+2.01	94.57
Post-discharge care	88.4	71.4	76.7	5.0	76.7	48.9	89.6	5.0	69.7	66.1	85.2	5.0	79.2			5.0	73.8	+1.62	77.08
Rolling Quarter Stars:				4.8				4.3				4.6				4.1			4.50
Patient Survey Received:	12	7	6	25	11	16	10	37	19	14	15	48	9			9	119		

-Star ratings are approximated using survey responses based on discharge date.
-Star approximations are based on CMS thresholds for discharges between 1/2022 and 12/2022.
-Quarterly stars are calculated for each domain once entering new quarter.

Discharge Call Data:

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	YTD AVG
Attempt Rate:	98%	100%	97%	95%	99%	98%	99%	97%	99%	97%			98%
Connect Rate:	83%	79%	70%	70%	67%	71%	69%	76%	66%	73%			72%

Nurse Leader Rounding Counts:

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	2023 YTD
NLR Counts:	62	152	212	283	256	313	293	326	332	264	114		2,605 2