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Title: System Chest Pain Accreditation: Lessons Learned

Background:

Lee Memorial Health System is comprised of four campuses: Healthpark Medical Center (HPMC), Gulf Coast Medical Center (GCMC), Lee Memorial Hospital (LMH), and Cape Coral Hospital (CCH). HPMC has been Chest Pain Accredited since 2003. Accreditation has been linked to HPMC ability to successfully decrease ED Length of Stay (LOS), Door-to-EKG times, Door-to-Troponin-Result times and Door-to-Balloon times. In addition, HPMC has successfully managed a Chest Pain Unit (CPU) since Fiscal Year (FY) 2009 operating within budget. HPMC has also strengthened relations with Emergency Medical Service (EMS), the community, and the internal work environment of the hospital—creating a successful multidisciplinary team model of communication and problem solving. Due to increased cost demands and the need for System Standardization, LMHS Senior Leadership jointly concluded partnership with the Society of Cardiovascular Patient Care (SCPC) to be useful in achieving System goals. LMHS began a journey pursuing Chest Pain Accreditation Cycle IV as a System in 2012 utilizing a multidisciplinary teamwork approach. LMHS continues to promote a culture of cardiovascular care within the System.

Methods:

Acquired aggregate data demonstrating positive patient outcomes were based on patients seeking treatment for chest pain related complaints—as directed by SCPC peer-reviewed tool. HPMC shared quarterly data during System Quality Meetings communicating positive patient outcomes. The main objective of LMHS Senior Leadership was to create buy-in for Leadership of GCMC, LMH, and CCH to join the accreditation process and commit to standardizing practices utilizing HPMC as a model of cardiovascular patient care excellence. Once the decision to pursue accreditation as a System was decided, a strategy was created to effectively create a multidisciplinary team within each campus to successfully obtain Chest Pain Accreditation Cycle IV from SCPC. Initially, HPMC was responsible for the education and mentoring of the other campuses within the System through the experience of the Certified Chest Pain Coordinator. Key strategies were communicated with the selected multidisciplinary team at each campus and a model of teamwork was effectively taught. Buy-in was measured within the team based on teach-back methods demonstrating comprehension and knowledge of multidisciplinary team participants. The model of teamwork consisted of the Big Five dimensions of teamwork (i.e. team leadership, mutual performance monitoring, backup behavior, adaptability, and team orientation) and their coordinating mechanisms. The

coordinating mechanisms are closed-loop communication, mutual trust, and shared mental models. As each campus successfully implemented concepts and achieved the key elements set forth by the SCPC, the System culture began to develop to support change and risk-taking. Through the process improvement initiated by the SCPC, an openness that encourages dialogue and the expression of conflicting points of view to problem solve within a double-loop learning environment emerged. The goals set for by SCPC were embraced as a learning process and the management of tensions generated through the learning process allowed new operating norms to emerge within the System.

Results:

LMHS identified 14 distinct strategies to facilitate LMHS buy-in, reflecting 5 main lessons for facilitating the creation of a multidisciplinary team at each campus to effectively collaborate as a System: (1) effective communication, (2) creation of a team environment, (3) creation of a successful learning environment, (4) effective resource management, and (5) effective performance monitoring. LMHS successfully achieved Chest Pain Accreditation Cycle IV as a System November 2014.

Conclusion:

LMHS provides a reflection of useful strategies for facilitating transformation within an organization to create a culture of cardiovascular care. These studies can be investigated empirically in future research, used to guide process improvement practices to mentor other hospitals seeking accreditation, and used to create a System multidisciplinary team to accomplish a set goal. Our study findings also extend Solberg's conceptual framework to promote practice improvement to include buy-in to successfully influence the change process within an internal organizational culture.