

THE VERY BEST HOSPITAL

Culture of Safety Demonstration

Featuring our second team of Healthcare Professionals:

Narrator -	Margaret Enright
MRS. A -	Hui Jiang
Dr. Dudley DoRight -	Kent Towsley
Nurse Pleasant -	Gayla Middlestead
Nurse Efficient -	Elanor Wallis
MadMax the RadTech -	Greg Bridges

Two sign bearers - any combination of: Jonathan, Robert, John L. . . .whoever volunteers!

(Dr. Towsley has to go change clothes and wash up very well between scenes. - so we will begin the scene—and try to give him time to get scrubbed up—then he will come into the unit- approach the desk where Gayla will be sitting. His story: He is a favorite of the staff and is respectful of his patients. He was one of the first docs on board with the TeamSTEPPS program. The other doctors like him and he is well-respected by the rest of the Medical Staff. Just the guy you want on your case.)

Scene 1: MRS.A is sitting up in “bed” – There is a “desk” with 2 nurses...

Again, the patient is a direct admit from the local Rehab where she was in therapy following hip surgery. She comes in with a diagnosis of respiratory distress. The Rehab facility reports that the patient’s surgical wound cultured positive for MRSA 2 days ago. The hospital nurses have an attitude about the isolation status and all this entails.

Sign Holders are in place close to “action” - and in back of room in order to walk through the audience. Figure out how to turn the lights down-dark!

ACTION!!!!

NARRATOR: (Margaret) **Across town from Hope We Get to You Hospital is The Very Best Hospital. In order to meet the Strategic Goals of the hospital, the administration made a decision to become the safest hospital in the community! The initiative began with administration challenging hospital staff**

to create a system of teamwork that would offer a powerful solution to communication problems while enhancing collaboration toward patient safety. In a hospital -wide effort to improve Patient Safety, After exhausting research into how to improve safety in an organization such as theirs, and some intensive leadership training, a communication process called TeamSTEPPS was implemented in ICU a few months ago and is being spread throughout the hospital. This new process is actually creating change in the hospital's culture. Culture change not only looks different from a Quality Improvement Project, it IS different. Let's see HOW.....

(Nurse Efficient and Pleasant are sitting at the nurse's station reviewing MRS.A's chart, discussing the admission.)

NURSE EFFICIENT: *(Elanor – talking on phone during opening narration – now hangs up and turns to Gayla.)* “Hey, Pleasant. Let's use that SBAR technique we learned at the in-service before shift started to talk about this new admission.”

NURSE PLEASANT: *(Gayla – sitting beside Elanor, shuffling through papers)* “OK, what do you know?”

NARRATOR: *(speaking slowly-deliberately -we need time)* “Using the SBAR technique they recently learned, the team discusses the new patient.”

SIGN HOLDER: PLACE SBAR SIGN BEHIND THE NURSES SO ALL THE AUDIENCE CAN SEE IT -

Situation: - MRS.A is a Chinese-American female, English is her second language. She comes in 5 days post hip surgery as a direct admit from Rocket Rehab. She's in mild respiratory distress and is MRSA positive in the surgical wound. EMR alert of positive MRSA sputum culture from last admission 4 months ago. She is on O2 at 2LPM and will be placed in isolation.

Background - MRSA positive sputum 4 months ago per EMR. Patient placed on Isolation for this admission. She has limited ROM in hip, is toe touch weight bearing with a walker, etc....

Assessment- Patient may or may not have MRSA Pneumonia but does need to be placed in Isolation on O2.

Recommendation- Order for Sputum Culture, Chest X-ray and lab obtained. Start Abx. Implement the hospital policy about strict hand-washing, isolation and barriers. Enhanced environmental cleaning will also help. Educate patient and family about MRSA and need for Isolation. Address language barriers.

Sign Holder: PLACE THOUGHT BUBBLE OVER GAYLA'S HEAD

NURSE PLEASANT: “What does this notation on the face sheet mean? I know it has something to do with prior conditions..?”

NURSE EFFICIENT: “This is one of the new patient safety alerts. It’s an isolation flag that confirms we really DO need to put this patient on Isolation precautions. At the last Education Faire, *I learned that hospitals have 94,000 invasive MRSA infections per year with 19,000 of those resulting in death. Even worse, 86% of those are HealthCare acquired.*” “*At that education thing on Thursday I heard there are almost 100k invasive MRSA infections a year and almost 20% of the people who have them, die. Even worse, more than 80k of those people's infections were considered HealthCare Acquired*”

Sign Holder: REPLACE THOUGHT BUBBLE WITH LIGHT BULB OVER GAYLA'S HEAD

*Hope Dr. T is ready to return to the stage—as Dr. Dudley DoRight
(Both nurses look over paperwork-talking back and forth. Dr. Do Right enters and joins them.)*

DR. DO RIGHT: “I heard you talking about that Education last week. HC acquired infection are a major concern, for everyone.”

NURSE PLEASANT: “That is frightening—but patients in isolation might feel emotionally isolated as well if we don’t thoroughly educate them and their family. I think the staff will be fine since TeamSTEPPS gives us some tools to communicate better with each other.” (Or whatever you would really say) or we could let the narrator read a script while we pretend to talk to Dr. Towsley

DR. DO RIGHT: “Right, so let’s **Huddle** up here.... And have a little brief, make sure we are all on the same page. ...I’ve already ordered her chest X-ray. I know MRS. “A” well, and she has asked a lot of questions since her surgery.” **(Or whatever you would really say-somehow I know he will adlib)**

NARRATOR: Dr. Do Right is a favorite of the staff and seems respectful of his patients. He was one of the first docs on board with the TeamSTEPPS program. The other doctors like him and he is well-respected by the rest of the Medical Staff. Just the guy you want on your case. The staff update him using the standardized format learned in the TeamSTEPPS training.

SBAR sign should be placed back up on the stage again for the audience to see.

(After team completes Huddle & Brief)

NARRATOR: NURSE EFFICIENT and DR. DO RIGHT wash their hands, put on PPE and enter MRS.A’s room where they introduce themselves, hand her a brochure and start explaining.

DR. DO RIGHT: (read the MRSA brochure in a calm, nonthreatening voice) giving the patient time to ask questions, etc

Sign Holder: Start with the question mark, then change to the light bulb as the explanation goes on. (get about half-way through the brochure before the light bulb comes on...make her work for it)

NURSE EFFICIENT: “Do you have any family coming to visit that could help us explain some of these items?”

If MRS.A WANTS TO, SHE COULD SAY: *(nods her head –yes yes)* “Yes, - my sister is coming”

(Dr. Do Right & Nurse Efficient leave room, remove PPE and WASH HANDS...go back out to desk with Gayla)

NURSE EFFICIENT: “I think MRS.A understood most of what was covered. However, we do need to find someone to interpret a few things that were not as clear to her.”

DR. DO RIGHT: “I will talk with her daughter-if I have left the unit when she comes, please call me.”

(Greg – zooms up to the desk, where Nurse Pleasant is sitting, with X-ray machine, clearly in a hurry. Mess up your hair- Picks up clipboard/chart)

NURSE PLEASANT: “Max, did you notice that the new patient is on isolation?”

MADMAX: “Are you kidding me? This one’s on isolation too! I’m never gonna get finished today.” *(puts on gloves ONLY and starts to enter room)*

DR. DO RIGHT: “Hey Max, how’s it going? You sound stressed. If you have a minute, I’d really like to talk with you over here a minute.”

MADMAX: “I don’t have much time Dr. D, but what’s on your mind?”

Dr. DO RIGHT: “I appreciate you giving me a minute, thanks. I am trying to make a difference around here, and I would appreciate your support. I think it’s important for the health of the hospital and the safety of our patients.

MADMAX: “Well, sure.”

DR. DO RIGHT: “Ok, the thing is, I often notice that you seem to tense up when others bring up a concern. Many times the other person is cut off by a pretty defensive response. I don’t know if you’re aware of how it comes across, but that’s how it appears to me and others.”

MADMAX: “Oh, I didn’t really stop to think about it. It seems like I’m in a hurry all the time lately.”

DR. DO RIGHT: “I understand. You see, many people around here are hesitant to give you honest information because they don’t like the negative reactions. Now that could get you and everyone else here into a lot of trouble. Imagine how bad it would be if you didn’t know how contagious your patient really was?”

MADMAX: “You’re right. I guess I never thought about how it might cause others to avoid interacting with me. I really do need to know about the patient’s status so I can avoid carrying germs from room to room.”

(MadMax dons appropriate PPE and enters the room, careful to explain the procedure to MRS.A)

DR. DO RIGHT: “I’ve heard about the new patient safety team and I want to be supportive. None of us want infections and I know that working better as a team will help. How about a **debriefing** after I look at all her labs and this X-ray and we’ll discuss her care plan. Call me when Mrs.A's daughter comes.

Dr.DoRIGHT walks off the unit- --decide how to end..

NARRATOR: In our dramatization of the best of all possible worlds- (hey it’s our demonstration) The physician took the lead and in an appropriate way spoke to the x-ray technician. But any of the team members could have taken the initiative. In reality one of the nurses may have worked with the x-ray tech for many years and know him very well. She may know that he coach’s his son’s little league team and they have a game at 5 pm. There is always more to the story.

We hope you recognized that this process is a true culture change.