A PUBLICATION FOR BAYSTATE HEALTH TEAM MEMBERS

### **Stories and Wins from the Front Lines**Daily Management System Marks One Year

In December 2021 Baystate Health began the Daily Management System (DMS) journey.

DMS is the foundation upon which we build towards achieving our organizational priority of becoming a high reliability health system. Every day, tiered huddles take place where teams throughout the system review performance measures, surface operational issues, discuss readiness, identify issues requiring escalations, and empower each other through meaningful problem solving. DMS has shown itself to be a system of accountability, communication and support for front line staff and their leadership. It is a tool for leaders to effectively manage and develop their teams, for staff to question workarounds, and for senior leaders to learn about the challenges and successes of each unique area. DMS brings the challenges to the most knowledgeable, empowers those closest to the work to provide recommendations for implementation and to implement the resolutions.

### How are we doing?

To date, **Tier 1 Huddles** are occurring in 38 areas for multiple shifts. These include Medical, Surgical, Capacity Management, Cardiac, Critical Care, and Women's inpatient nursing units, Pharmacy, Social Work, Case Management, EVS, Patient Transport, Nutrition, Food Services, Equipment Depot, Infection Control, Healthcare Quality, Patient Safety, and Operations Excellence. Tier 1 Huddles continue to be where prevention and correction occurs, where problems are identified for

resolution or escalation, and where Tier 1 leaders engage and develop their staff.



Wesson 4, BMC, Tier 1 Huddle

Tier 1 huddle leaders bring information to their department's **Tier 2 Huddle**, of which there are nine currently launched at Baystate Medical Center. Tier 2 Huddles, led by department leaders, are where best practices are shared and standards are reviewed for gap identification, created, and reinforced.



Inpatient Medical Units, BMC, Tier 2 Huddle

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From there, information continues to flow to one of the four **Tier 3 Huddles** at Baystate Health. Tier 3 is each hospital's situational awareness huddle, which continues to promote cross-functional accountability and problem solving of issues with multi-departmental impact.



Baystate Noble Hospital Tier 3 Huddle

After Tier 3, senior leaders participate in weekly **Leader Rounding** throughout the organization. Leader Rounding is a structured yet informal and psychologically safe mechanism for front line staff to interact with leaders, with a focus on safety and quality so that leaders can better provide support to those closest to the work.



Devon Forrett, RN Resident; Doug Salvador, SVP/CQO, BH; Joanne Miller, CNO, BMC/CNE, BH; and Hillary Flanders, RN, Daly 6A, BMC, Leader Rounding

Tier 4 is the organization's executive huddle, where system-wide strategic operations and initiatives are discussed and escalations from Tier 3 are brought for assistance. As communication, issues, good catches, and recognitions flow throughout the DMS tiered huddles, we are seeing breakdowns in operational silos and interprofessional collaboration that has led to impactful issue resolution and problem solving.





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#### **Stories & Wins from DMS**

Over this past year, there have been many stories illustrating how your work through DMS has led to improved safety and quality outcomes for our patients. Here are just a few of them.

At the **Pharmacy Inpatient Clinical Tier 1 Huddle**, a concern was raised regarding a Heparin infusion ordered for a patient in the Emergency Department with no aPTT titration protocol order in place. This was identified as a significant Safety and Process issue and immediately escalated to the **Pharmacy Tier 2 Huddle**.

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At the Tier 2 Huddle it was determined that there was a standard in place that needed to be followed. The team researched best practices and brought it back to stakeholders to initiate collaboration and implement the standard into current workflow. This resulted in the prioritization of patients in the ED on heparin infusions during communications between patient placement, hospitalists, and ED admitting providers, automatic a PTT lab orders to the current Heparin power plan, and a nursing driven adjustment protocol.



Pharmacy Operations Tier 1 Huddle

The Pharmacy Inpatient Clinical Tier 1 Huddle also discovered a concern with the titration range of a morphine infusion for a patient on comfort care. This led to escalation of this Safety issue to the Pharmacy Tier 2 Huddle where the question is consistently asked: is there a standard, and are we following it? The need for revision of the care standard was uncovered, and the issue was escalated to the BMC Tier 3 Huddle where an interdisciplinary team was formed. This led to the approval of a reviewed protocol that was added to the comfort measure power plan.

At the BMC Inpatient Medical Units Tier 1 and Tier 2 Huddles it was communicated that there was a need and desire to bridge the gap between Nursing and Laboratory services. Laboratory team members began routinely attending Tier 1 Huddles on the medical units, which led to greater collaboration towards problem solving and escalation of shared issues. Collaboration occurred around improved SRS documentation to allow for better investigation of perceived lab delays and problem-solving, an after-hours escalation process was put in place to address lab delays and to correct errors around priority for COVID testing surveillance.



Social Work, BMC, Tier 1 Huddle

During the **Wesson 3 Tier 1 Huddle** a nurse raised the issue that patient bed alarms were not connected to the overhead call bell system on one section of the unit. This created a major safety concern because if a high falls risk patient were to get out of bed and trigger the bed alarm, it would not be able to be heard unless a staff member was in very close proximity to the patient's room. The issue owner then collaborated with unit management and the Engineering team to provide a quick resolution so that bed alarms could be adequately heard throughout the unit.

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Using the DMS system to recognize, address, and resolve this issue on the Tier 1 level was a great way to keep all team members of Wesson 3 involved and aware of each step of the process.

Team members at the S3 Discharge Unit's Tier 1 **Huddle** raised two significant safety and process issues; 1) patients without a means to pay for their discharge medications, and 2) patients lacking transportation options for after-hours and weekend discharges. They were both escalated to Tier 3 where multidisciplinary teams were formed for resolution. A retail pharmacy billing process was created to ensure patients, without the means to pay at the time of discharge, receive their prescriptions. Not following through with discharge medication instructions places a patient at higher risk for readmission and other complications. For transportation concerns, a process was developed in collaboration with the clinical supervisors to make accessible Lyft rides that an operations assistant can book via AMR online portal.



Capacity Management Tier 1 Huddle

During Leader Rounding on Wesson 4, a nurse raised a safety concern regarding several loose tiles in a patient bathroom that created an increased risk for patient fall or injury. With the assistance of several leaders and patient placement, both patients were moved to another room within several hours and facilities promptly fixed the tiles, and the room was made available to patients again by the next day.



MassMutual 6, BMC, Tier 1 Huddle

At the **BMC Tier 3 Huddle**, an issue was escalated concerning staff member safety and risk of violence, particularly in the Emergency Department. This was escalated to the **BH Tier 4 Huddle** where a long-term strategy solution was initiated. Incremental solutions are now being implemented, most recently evidence by a Springfield Police extra duty officer assigned to the ED and available 24/7. This is part of a larger plan to ensure the ongoing safety and security of Baystate employees, patients, and families.

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Another issue escalated from **BMC Tier 3 Huddle to BH Tier 4,** was delays in Cortext messaging. In the short-term, 10 cellular extensions were installed. Long-term, performing a Wi-Fi analysis to identify and remediate areas where dead spots are located.

Tier 3 Huddles also occur every day at each Baystate community hospital. At the Baystate Noble Tier 3 Huddle, a safety issue was escalated from a nurse who was called to a rapid response on the mental health unit. A patient with a critically low blood glucose level needed a lifesaving medication that was neither stocked in the nurse's rapid response bag or readily available in the unit's Pyxis machine, delaying care for the patient. Due to the nurse's quick thinking, the medication was retrieved from the Emergency Department and the patient was stabilized. To ensure this delay in patient care did not happen again, the Nursing and Pharmacy teams at Baystate Noble collaborated at Tier 3 to ensure that all rapid response bags and Pyxis machines were stocked with medications to treat low blood glucose. This swift escalation and process change has ensured continued safe and quality care of patients in need of the rapid response team at Baystate Noble.

### **DMS Going Forward**

These are only a few of the stories and successes that have come out of our DMS journey thus far and highlight the dedication to safety and quality that our front line staff and leaders reinforce daily. DMS is the vehicle in which we will continue to deliver upon safety, quality, experience, and value and achieve the ideal state of high reliability. As part of a multi-year phased roll-out plan, DMS will be introduced to all clinical and non-clinical areas

within Baystate Health. The **Baystate Operations Excellence** team led by Lisa Demko and Ghassan
Saleh will continue to provide strategic direction
and coaching on the implementation, evolution,
sustainability, and maintenance of the Daily
Management System across Baystate Health.
Thank you for the incredible work on behalf of our
patients.



Nicole Verteramo and Ellen Moriarty, SW7, BMC in front of their DMS board