

Communication brilliance during turbulent times

A Chicago pediatric hospital disrupts the status quo to meet patient and family expectations.

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ABOUT

Ann & Robert H. Lurie Children's Hospital (Lurie Children's) is a pediatric specialty hospital located in downtown Chicago, Illinois. For four years, Lurie Children's emergency department (ED) has remained one of the top-performing organizations among children's hospitals across the country in the global categories of "Overall Rating of Facility" and "Would Recommend." This high achievement is due to Lurie Children's staff's ability to effectively communicate with not only one another, but also with their patients and their families.

Ann and Robert H. Lurie Children's Hospital

- 288-bed hospital
- Over 57,900 ED visits annually
- More than 1,200 physicians
- More than 4,800 employees

Opportunity

As patient and family expectations grow, so does the need for a quick response to their requests. Lurie Children's came to the realization that in deciding that they needed to create a better overall experience for their families. The organization wanted to increase patients' loyalty, and knew that the ED was a good place to start. Though Lurie Children's had always been a high performer in their ED, they also realized that they had room for improvement so, they turned their focus toward improving communication both internally with their staff and externally with their patients.

Approach

In order for Lurie Children's to continue to succeed and be a leader in the healthcare marketplace, they implemented two new types of huddles to improve communication among staff, patients and their families.

THREE-HOUR TIME-POINT HUDDLES

The three-hour huddle initiative at Lurie Children's came from a monthly multidisciplinary committee meeting between leadership and front-line staff. Now, when a child is admitted into the ED, an electronic medical record (EMR) is started. The EMR tracks the child through the board notes, and uses an icon to show how long the child has been in the ED. If the child has been in the ED for three hours or more, a mandatory five-minute huddle is scheduled between the doctors and nurses working with the patient. The team discusses what is pending (e.g., test results) and what they can do to help move the child on to the next status (e.g., discharge or admit).

Next, expectations are reset with the family about wait time on outstanding matters (e.g., pending lab results). This huddle helps build trust between care teams and patients' families, while preventing those families from feeling forgotten.

PHYSICIAN-LED EMERGENCY DEPARTMENT HUDDLES

At Lurie Children's, rounds are made by nurses and physicians on all patients prior to 3:00 p.m. and 11:00 p.m. (change of shift). After rounding, 10- to 15-minute huddles occur in the ED. These meetings were originally started by an attending physician as a research project and used as a sign-out process between attending physicians. When the group grew in residents, the attending physician used it as an opportunity to teach. More participants (e.g., charge nurses and front-line nurses) have continued to join the huddles during the change of shift, effectively maintaining consistent communication among the whole team around the status of all patients on the floor.

Our mission is to empower our staff. We have a great staff that takes really great care of our patients. Experienced staff and physicians take on a job of being "role models" to create the exceptional culture within our ED.

—Janis Quinn, Pediatric Nurse Practitioner, Pediatric Emergency Department

Lurie Children's continues to be a leader in the healthcare marketplace by finding opportunities to include members from every part of the organization to allow for the best collaboration. Additionally, they place a persistent emphasis on organizational initiatives.

PATIENT EXPERIENCE TEAM

The ED has the most attended and well-established patient experience team at Lurie Children's. This committee is multidisciplinary—it includes faculty physicians, nursing leadership and nursing staff, clerical staff, process-improvement staff, patient-relations coordinators, child-life workers, and hospital-wide patient and family experience staff—and meets monthly. Including members from every part of the organization in the meeting allows for collaboration between staff and a trickle-down of information to the rest of the hospital. The primary responsibility of each member of the patient experience team is to review data and create change throughout their particular departments by being role models for other staff members, creating new projects, rounding on patients and families, or reminding staff to stay focused on current initiatives. All projects go through Lurie Children's Family Advisory Board for feedback. Successful examples include a Welcome Sheet (Appendix A) and a medication side-effects guide (Appendix B), the latter being the result of a joint effort by the Family Advisory Board and patient experience team to provide families with information in everyday terms that also includes a stamp signifying "Reviewed and Approved by Families."

Rounding on patients and families in the ED is also conducted by Patient Family Experience Staff. They round for 30 minutes to an hour each week, using questions developed during monthly meetings. Prior to rounds, staff can bring forward any service-recovery opportunities, and the committee member who is making rounds either handles the concern or involves patient relations. This allows time for service recovery and opportunities for teach-back with patients and families; and because it incorporates a standard set of questions, it allows the team to evaluate and trend data consistently.

It all starts at the top. There is open communication between all levels of staff. We do not look at issues or questions as if through the narrow lens of someone who did something wrong. We continuously work as a team to improve, and perform any service recovery as a team.

—**Martha Gottlieb**, Director, Patient-Family Experience

NEWSLETTERS

Another factor in Lurie Children's ED success is its constant focus on new and existing initiatives. The "Tip of the Month" project is one way it has maintained this focus. Each Tip of the Month, sent as an email to ED staff and discussed during monthly unit meetings, includes routine reminders and current patient experience scores, along with other innovative information for hospital staff.

A quarterly newsletter is also sent out via email to all ED staff. This newsletter covers trends in patient experience data, reminders for the upcoming months, notifications of seasonal illnesses for the next quarter (e.g., respiratory illnesses during the winter quarter), and updates on current projects.

Outcome

FOLLOW-THROUGH

After Lurie Children's implemented these initiatives its Coordination of Care Dimension score improved by 5.2 points within one year. This rate of improvement is higher than the standard 2 to 3 points a year. They have also been performing above the 75th percentile rank for four consecutive years in the "Overall Rating of Facility" and "Would Recommend" categories.

Lurie Children's leadership realizes that coordination of care between the organization's ED and its inpatient units is a critical factor in their success. Wanting to ensure safe transitions and complete evaluations at every step, the ED will not let a patient leave until all vitals are checked and everything that was planned for them is completed. Even then, ED staff will close the loop by reviewing all outstanding items with the patient and their family. This way, everyone knows they are in good hands and ready to move on to the next step.

Working side-by-side and utilizing technology has also enabled more effective communication among the staff at Lurie Children's. Doctors and nurses no longer have to search to find one another, even when they're not close by: the hospital encourages the use of calling and texting between them to maintain communication. The ED also uses an EMR tracking board, titled "What's Next," to keep abreast of patient updates.

Hospital organizations are always looking for the silver bullet, the one solution that will ensure success. The reality is that there is no such single solution. Success—at least consistent success—implies ongoing hard work: learning, experimenting, adjusting and adapting, looking for ways to improve. And it requires the consistent execution of every detail in a multi-point plan, not just the use of one tool or technique. This kind of ongoing, global attention to detail is the reason Lurie Children's ED has continued to be successful for multiple years. And despite their success, they're always striving to do better. Perhaps most important in this regard, the organization has created an environment where its staff feel safe coming forward and sharing any issues at hand: in the event of a problem, they feel empowered to say what went wrong and discuss how they can fix it together. It is this openness to change that allows them to provide the best experience for their patients and families, and to embody their mission, "All, for your one."

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Welcome to the Ken and Anne Griffin Emergency Care Center



Please do not allow your child to eat or drink anything without asking the nurse or doctor. Doing this may alter or delay treatment that is being planned for your child. Please ask your nurse or doctor/provider if you have any questions.

On behalf of staff at Lurie Children's, we welcome you and express our commitment to provide your child with the best and most compassionate care during his/her stay in the Emergency Department (ED). We hope you will find the following information helpful.

Staff of the Emergency Department:

In the Emergency Department, we work as a TEAM. This includes paramedics, nursing assistants, nurses, nurse practitioners and doctors. There will be many faces entering your child's room. You will have an assigned nurse, but different nurses may come into the room to complete orders from the doctors/providers, or answer the call light. Below is an explanation of the different types of doctors/providers:

Resident/Intern	Nurse Practitioner	Fellow	Attending
Doctor still in training who will be working with the attending	Advance practice nurse (a licensed provider) who will work with the attending	Completed their residency (training) in pediatrics, now in training to specialize/focus in pediatric emergency medicine	The "head" or "boss" doctor who has completed all of their training and oversees the entire ER medical team

Lurie Children's is a teaching hospital. This means we train new doctors/staff how to appropriately take care of children. We ask for your patience during your visit.

Reasons for waiting...

We know that it is difficult to wait to see the doctor when you are worried and your child is not feeling well. Some of the reasons for delays in seeing the doctor once you are in the room can include:

- Another child requires IMMEDIATE treatment
- Other children are currently being seen by the doctors/providers

Lurie Children's is a Level I Trauma Center. The ED sees patients first by how sick they are, then by the time they arrived. This makes it difficult to estimate how long it will be before you see the doctor/provider, but usually someone will see you within an hour after you are sent back to the room. In the meantime, the nurse will monitor your child and may start treatment, if necessary, while you are waiting.

Other reasons for delays/waiting after you have seen the doctor/provider include:

- Lab/imaging results — Take approximately 45–60 minutes
- Transfer to inpatient room — Approximately 45–60 minutes from the time the bed is ordered
- Consult with specialty service (i.e., Orthopedics, Neurology) — It is difficult to estimate an approximate wait time. We will keep you informed of any delays
- Need a plan from the specialty service
- Doctor/provider is writing discharge instructions and the nurse will be in as soon as he/she can

If you have concerns about how your child looks while you are in the Emergency Department, please notify/alert staff IMMEDIATELY.

It is important for us to know that your visit in our department met your needs and expectations. If you receive a survey in the mail, please take a few minutes to reflect on your visit and return the survey. The survey allows our staff to get feedback on the quality of their work and our facilities, and also identifies what we can do better to serve you. **If we did not meet your expectations or you have a positive comment/experience you would like to report, please call Patient Relations at 312.227.4940.**



 Ann & Robert H. Lurie
Children's Hospital of Chicago



Medication	Purpose	Common Side Effects	While in the ER...	Other important info	Additional AT HOME info
Tylenol (Acetaminophen) <ul style="list-style-type: none"> Liquid Suppository 	Used to ease pain and fever	<ul style="list-style-type: none"> Upset stomach 	<ul style="list-style-type: none"> Staff will evaluate your child's pain or fever 30-60 min after it is given Make staff aware if your child has any problems with his/her liver It can be given rectally in suppository form if your child is vomiting 	<ul style="list-style-type: none"> This medication can be bought over the counter at any pharmacy If you would like to know the correct dose for your child, please ask the staff to print it on your discharge papers 	<ul style="list-style-type: none"> This medication can be given for pain as well as fever. It can be given every 4 hours as needed. Remember to ask your pediatrician for updated doses with every weight change. A prescription is needed for rectal Tylenol if you prefer to give in that form
Motrin (Ibuprofen/Advil) <ul style="list-style-type: none"> Liquid/Pill 	Used to ease pain and fever Also used to help with swelling	<ul style="list-style-type: none"> Upset stomach Nausea, vomiting, diarrhea Heartburn 	<ul style="list-style-type: none"> Staff will evaluate your child's pain or fever 30-60 min after it is given Make staff aware if your child is on blood thinner medications or has kidney problems (Motrin can increase bleeding). 	<ul style="list-style-type: none"> This medication can be bought over the counter at any pharmacy If you would like to know the correct dose for your child, please ask the staff to print it on your discharge papers 	<ul style="list-style-type: none"> This medication can be given for pain as well as fever. It can be given every 6 hours as needed. It is best used for muscular pain (i.e. ear, throat, head, sprains, etc.) Remember to ask your pediatrician for updated doses with every weight change.
Lidocaine (J-Tip, LMX, LET) <ul style="list-style-type: none"> Cream Liquid on Cotton Injected with air 	Medication applied to skin to help ease pain during procedures	<ul style="list-style-type: none"> Skin irritation Change of skin color, where medication was applied 	<ul style="list-style-type: none"> J-Tip will be used for IV's for children over 6mo of age LET/LMX (medication on cotton or cream) needs to stay on skin for at least 20-30 min. 	<ul style="list-style-type: none"> Doctors may also use this medication with an injection (needle through the skin), to provide <i>additional</i> numbing. In most cases, the other methods(cotton, etc.) are enough 	<ul style="list-style-type: none"> Area where the medication is applied may remain numb even after the procedure is finished (<i>length of time will vary</i>)



**It is possible for side effects to be experienced with any medication. However, not all children experience side effects with these medicines.*

If you have any questions regarding your medications, call your pediatrician or primary care physician at any time (after hours you can call the same phone number you use to make appointments to speak with the on-call doctor.

****If your child is having any difficulties breathing, swelling around the mouth, or any other issues that make you concerned, call 9-1-1 or return to the ER immediately.***

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better understand the people they care for and
design experiences that inspire loyalty.**

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