



AT THE FOREFRONT

UChicago
Medicine

Interprofessional learning at the point of care: Salvage, sustain & re-package post COVID

Vineet Arora, MD, MAPP, Associate CMO Clinical Learning Environment UCM

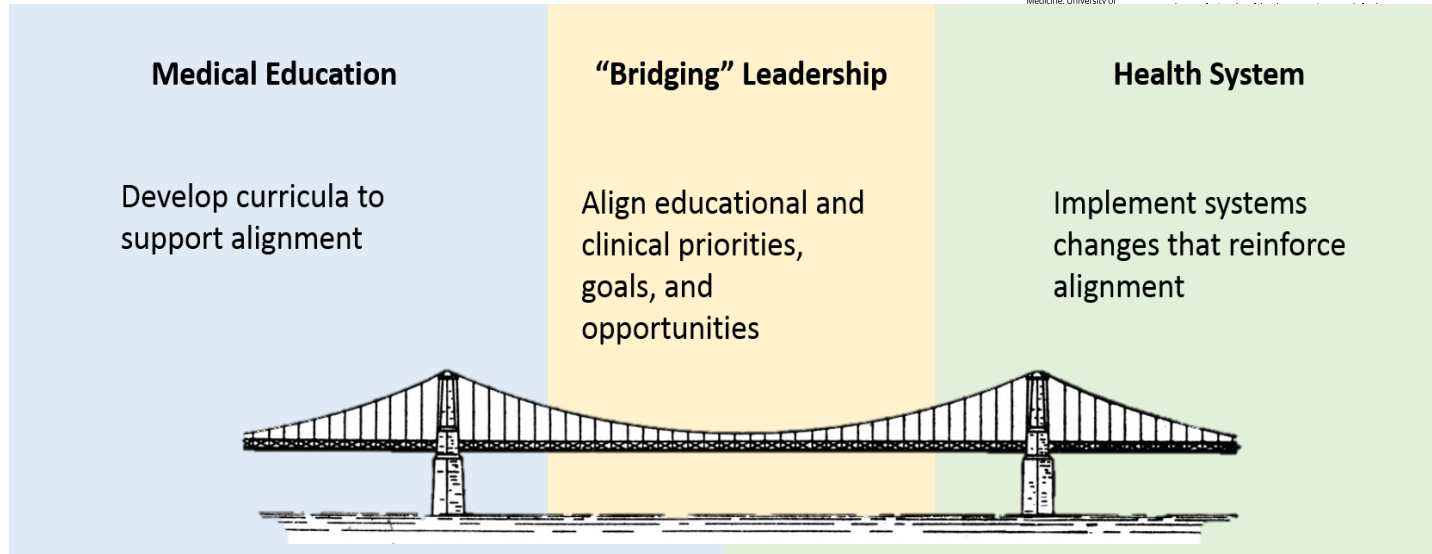


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Question 1

Bridging Leadership



VIEWPOINT

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VA Los Angeles Healthcare System, Los Angeles, California; and Department of Medicine, David Geffen School of Medicine, University of California-Los Angeles.

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Department of Medicine, University of

Merging the Health System and Education Silos to Better Educate Future Physicians

The Affordable Care Act (ACA) is shifting physician reimbursement from volume to value. Academic medical centers (AMCs) are responsible for educating future physicians so that they will acquire the skills to practice value-based care. However, the linkages between the leaders of health systems and leaders of residency education may be tenuous, primarily because these leaders exist in separate silos in AMCs.

Even though the American College of Physicians, Institute for Healthcare Improvement, Veteran Affairs Centers of Excellence, and others have created curricula to teach residents principles of value-based

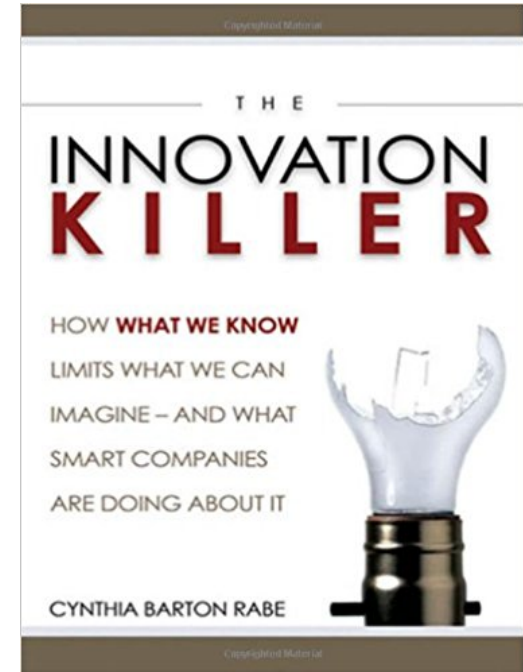
based care and population health by incorporating relative costs and quality of relevant therapeutic options, care coordination, and strategies to promote health of specific patient populations.

Bridging leaders can also take responsibility for ensuring that the clinical learning environment creates an "imprinting" of these principles. This is critical because many institutions are at the crossroads of adopting new models of care while receiving a high proportion of fee-for-service payments, which incentivize doing more rather than providing high-value care. Therefore, exposing residents to new alternative care models is impor-

rently, the internal medicine and family medicine programs at the University of Washington, Mason Seward Medical Center, and Group

Key to Innovation: Zero Gravity Thinkers

- Psychological distance: maintain an open mind.
- Diverse interests: a wide range of interests, experiences, and influences
- Expertise in intersectoral areas: strength in a relevant area may lead to "intersection points" at which solutions are often found



Context: COVID-19 at UChicago Medicine

- Clinicians began physically distancing from inpatients and each other
- Hospital Incident Command System (HICS) began distributing messaging on updated policies, often multiple times a day, via email and hospital intranet
 - Often with vital information, like PPE education
- Clinicians found it difficult to learn using this method
- Expressed anxiety about not knowing how to don / doff PPE or be up to date on protocols



Contact Precautions

Visitors - Report to Nurses' Station Before Entering Room



GOWNS
REQUIRED



GLOVES
REQUIRED



HAND
HYGIENE
REQUIRED

MASKS: NOT required UNLESS performing procedures that may potentially generate aerosols of infective material (i.e. dressing changes) or if potential splattering may occur.

ARTICLES: Reusable equipment should be disinfected with a germicidal wipe or spray before being removed from the isolation room, cubicle or OR.

Special Respiratory Precautions

No Visitors Allowed



MASKS
REQUIRED



EYE
PROTECTION
REQUIRED



HAND
HYGIENE
REQUIRED

ROOM: Door to patient room should remain closed.

TRANSPORT: Patient should NOT leave the room unless absolutely necessary and should wear a surgical mask.

Steps for Donning

Personal Protective Equipment (PPE)



Outside Room

1. Do Hand Hygiene.



In Anteroom or Hallway

2. Place Face Mask on.
Secure ties at middle of head and neck.



3. Place Eye Protection on (goggles or face shield).



4. Put on Gown:
Cover torso from neck to knees, arms to end of wrists, wrap around the back.
Fasten in back of neck and waist.



5. Put on Gloves to Wrist.



6. Check PPE.

7. Enter Patient Room

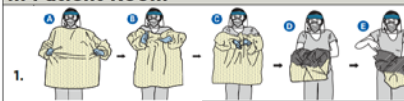
Written steps follow UCM video. Images show broad step only. Follow exact text.
Health Literacy and Plain Language Translation by Diversity, Inclusion and Equity Department 5-23-2020

Steps for Doffing

Personal Protective Equipment (PPE)



In Patient Room



1. Remove Gown and Goggles.
Throw both away in room.

2. Do Hand Hygiene.

3. Exit Patient Room.

In Anteroom or Hallway

4. Eye Protection: "Re-Remove goggles or face shield."
If dirty: clean with PPE (orange and purple v).

5. Do Hand Hygiene.

6. Mask: Extended use recommended.
Remove if needed.

7. Do Hand Hygiene.

Written steps follow UCM video. Images show broad step only. Follow exact text.
Health Literacy and Plain Language Translation by Diversity, Inclusion and Equity Department 5-23-2020

PPE Education

*Signage is not the same

*Role differences in trustworthiness and how informative each sign is

DON

PUI
Entering patient room



Outside patient room

1. Hand hygiene.



2. Put on procedure mask.
Cover chin, mouth, nose.



3. Put on gown; tie waist & neck strings.



4. Put on eye protection.



5. Put on gloves.
Cover glove wrists with gown sleeves.



6. Pause to check your PPE.

Enter patient room—do NOT touch your PPE!



DOFF

PUI
Exiting patient room



Take OFF before exiting patient room

1. Take off gown.



2. Peel off gloves.



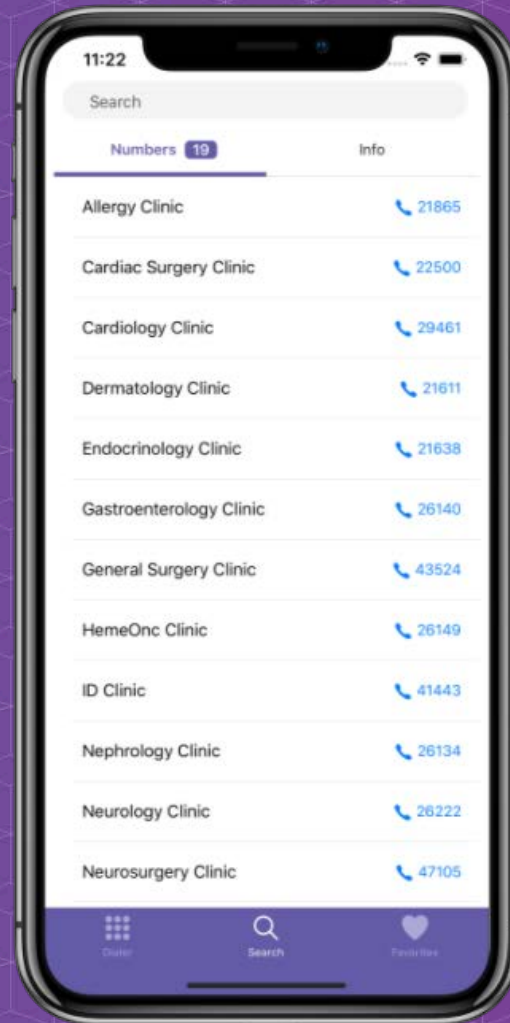
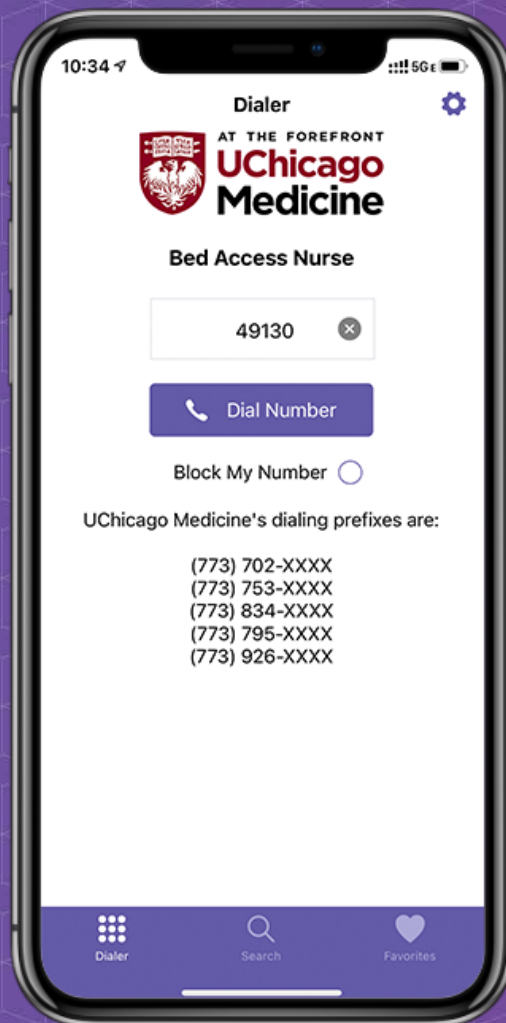
3. Hand hygiene.



4. Exit patient room.

Exit patient room and continue doffing outside of patient room

moblMD makes hospital
communication from a mobile
device easy



"Inpatient Telemedicine"

17:36 4065

Numbers 3 Info 1

Patient Room Phone
Call patient directly 60465

CCD 4 East Secretary
CTICU Beds 4-044 - 071 68967

CCD 4 East Charge RN
CTICU Beds 4-044 - 071 61700

Dialer Search Favorites

Protocols at the Point of Care

17:37 COVID - PPE Donning & Doffing

This content was last reviewed by Hospital Incident Command on 3/22/2020.

Please see the steps below for putting on and taking off PPE


Donning PPE

Step 1

Hand hygiene **outside the room**

Step 2

Place face mask (secure ties at middle of face and neck) **in anteroom or hallway**



Step 3

Place eye protection (goggles or face shield) **in anteroom or hallway**

Dialer Search Favorites

17:37 Search

Numbers 222 Info 9

COVID - Common Questions for HCW

COVID - Numbers & Pagers

COVID - Furlough & Universal Masking

COVID - Admissions, Ambulatory, and Other Encounters

COVID - Isolation & PPE

COVID - Testing, PUI, Exposure

COVID - PPE Donning & Doffing

COVID - ECMO & MCS

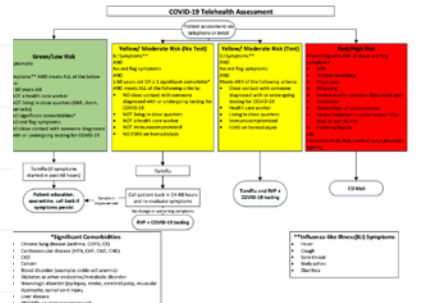
COVID - ICU Nutrition Support

Dialer Search Favorites

COVID - Admissions, Ambulatory, and Other Encounters

telehealth

The telehealth assessment algorithm is below



Pathways

Pathways are being updated continuously. On the left side of both Inpatient and Ambulatory charts the AgileMD pathways can be accessed by clicking on the "Pathway: xxxx" – as well as multiple other points of access:

Inpatients: Use the chunky button on the top right-hand side of the tabs to access. Should select Inpatient COVID-19 pathway. Enroll patient in pathway and follow steps – orders should be placed from within the pathway. If



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Question 2

Interprofessional Collaboration

Interprofessional collaboration is associated with:



Reduced
medication errors



Improved
patient and nurse
satisfaction



Decreased
inpatient mortality



Shorter
length of stay

Patients not always

localized



Absence of a nursing

school



AT THE FOREFRONT

UChicago Medicine

Improving GME-Nursing Interprofessional Team Experiences

Aim: to engage residents, nurses, & other staff in institutional performance improvement aligned with UCM via two levels:



Unit-level: unit-based teams, composed of Resident-Nurse champions, who work to identify & implement practice changes that improve both care & learning



Institution-level: institutional performance improvement “mini Kaizen” events to engage residents & staff on improving issues for which they are stakeholders & process owners.

MD/APP-in-Room Communication Workflow



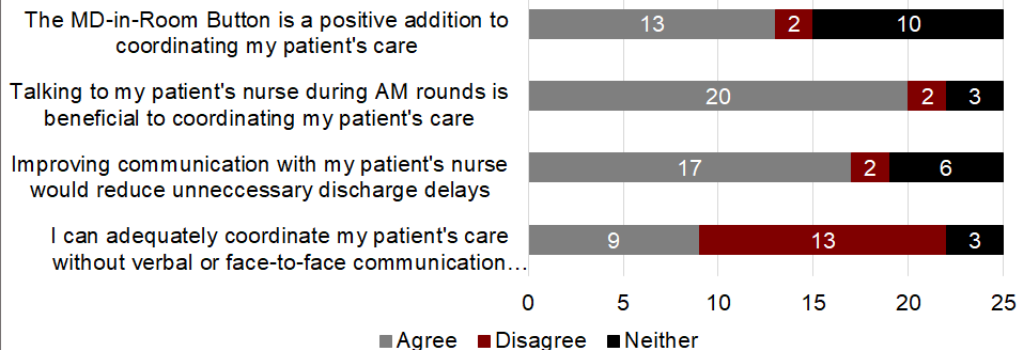
- Teams press button when entering Patient Room

- Text alert sent to nurse phone

- Nurse/providers meet at bedside or in hallway for touch-base

Results from the first unit (CCD 3) - resident experience

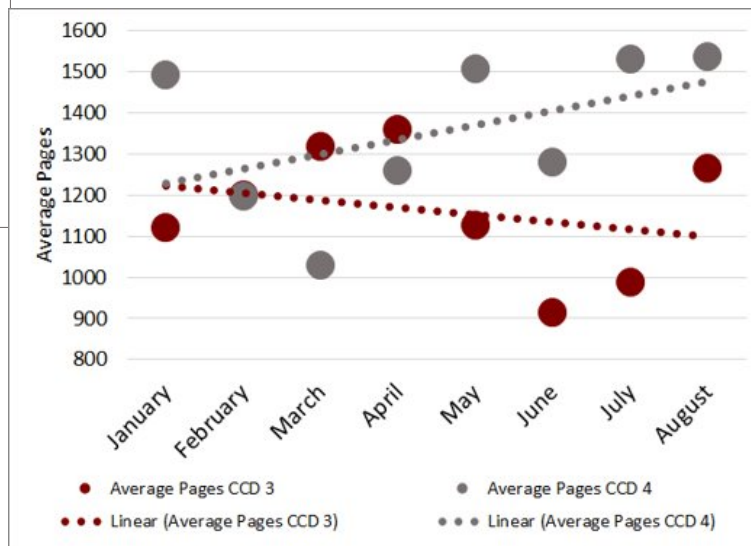
Post Implementation Survey of Residents



-Decreased paging volume

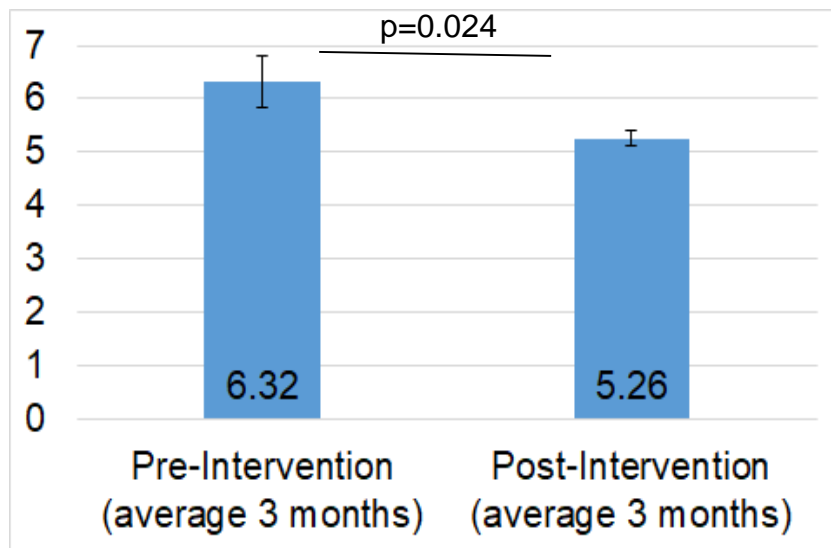
- Acute Care Surgery 15%
- Minimally Invasive Surgery 14%
- Surgical Oncology 41.7%

-Improved resident satisfaction

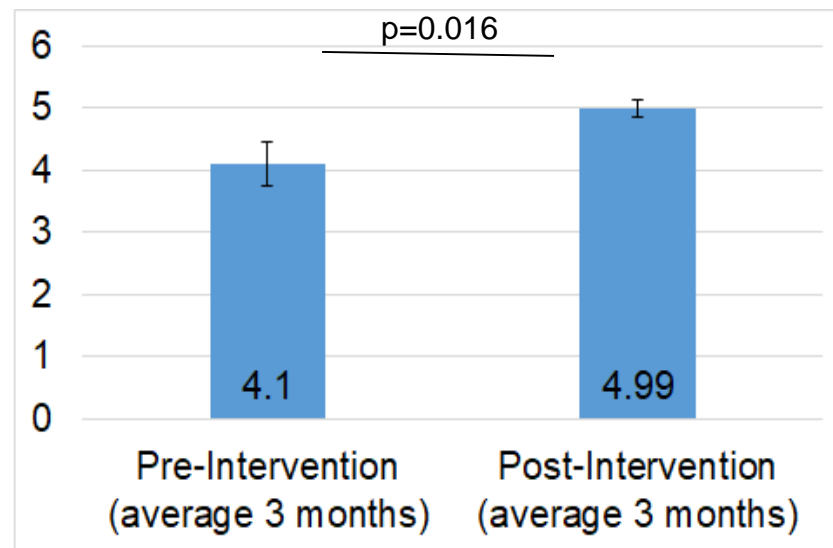


Results from the first unit (CCD 3) - clinical efficiency

Length of Stay (LOS)



Bed Turnover Rate (BTR)



Salvaging & Re-imagining: Socially Distanced Touch Base

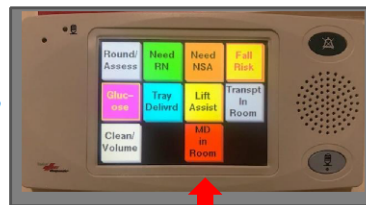
- While teamwork is even more critical during the pandemic, harder to have a physical touch base due to:
 - Social distancing in hospital
 - Larger “teams” not rounding at bedside
 - Harder to recognize people with PPE
- Relaunched July 2020 and tracking touch-bases hospital wide this year



Let's Work Together **ignite**

Use MD/APP-in-Room Button to Touch Base on Patients

①
Physicians
/APPs



Push the MD/APP-in-Room button in patient rooms when rounding (touch the clock to activate the console)

②
Nurses



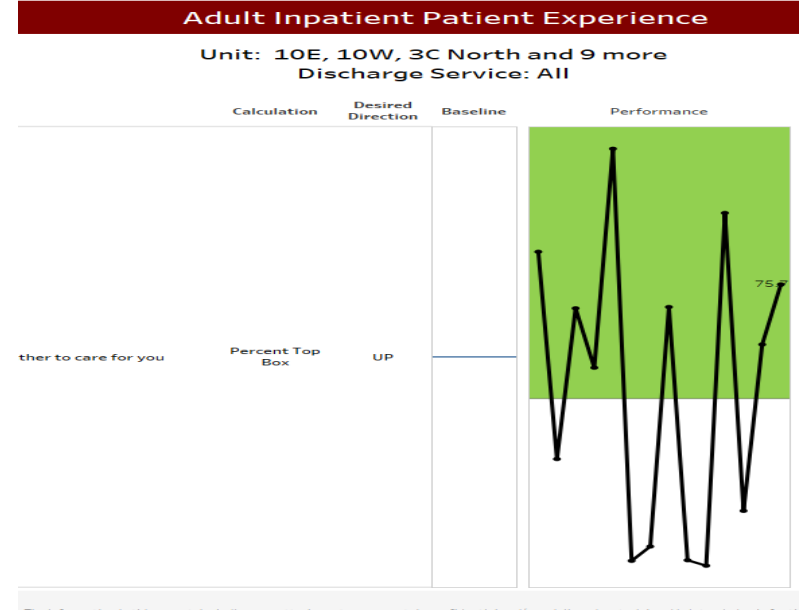
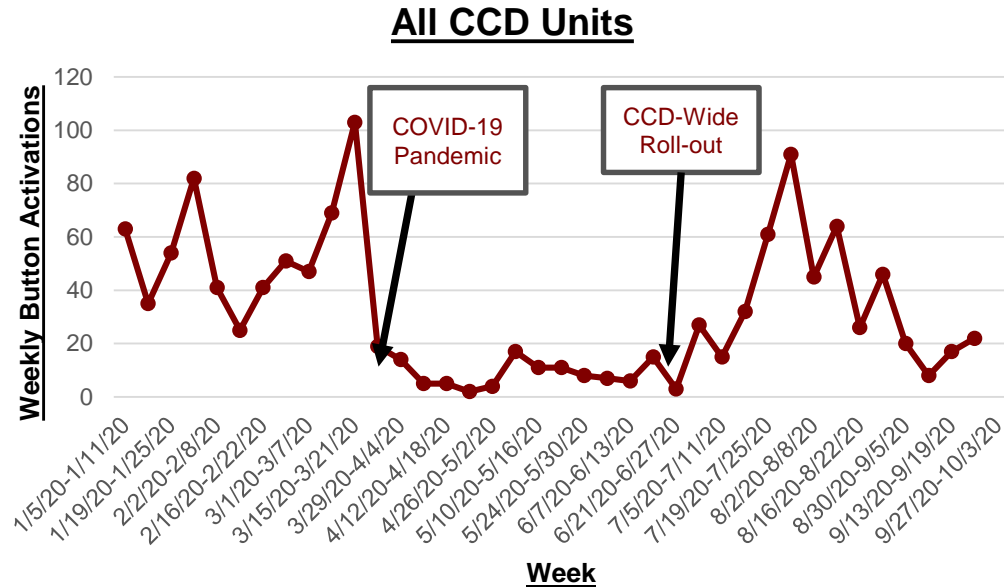
See the alert on your phone, come to room hallway **when possible**

③
Together



Meet at a safe distance in the hallway or at bedside to touch base on the patient

Process and Outcome Metrics

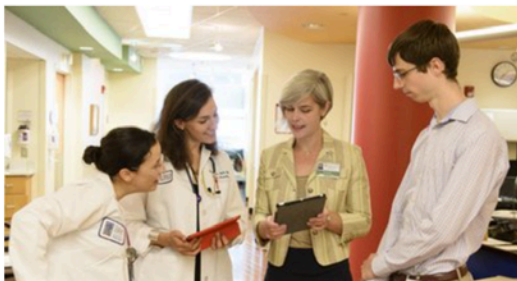


Embedded librarians support faculty, students where they work

Posted on Oct 25, 2016, by Rachel Rosenberg

Many faculty and students know that they can get help from librarians through online [Ask a Librarian](#) services, or inside Crerar, D'Angelo, Eckhart, Mansueto, Regenstein, and SSA libraries. Increasingly, librarians are also providing customized on-site research and teaching services. From hospitals to classrooms, and legal clinics to a business incubator, University of Chicago librarians are using their expertise to support faculty, students, residents, and entrepreneurs where they work.

Librarians at the Hospital



Librarian Debra Werner joins the internal medicine team at UChicago Medicine's Bernard Mitchell Hospital for patient rounds once a week, to provide research support as faculty, residents, and medical students develop a treatment plan for patients. Her iPad at the ready, she obtains rapid answers to patient-related clinical questions ranging from the side effects of pharmaceuticals to the evidence for selecting one treatment option over another for a specific patient.

Dr. Vineet Arora, Associate Professor and Assistant Dean for Scholarship and Discovery, as well as a member of the Board of the Library, is one of the attending physicians who brings Werner on rounds. "I think that a

librarian helps to promote greater awareness of the importance of clinical questions and evidence in patient care," she explained. "It also helps us to understand when there is no data—and you realize that some of medicine is informed by your intuition or gestalt and not by evidence."

WORKSHOPS & EVENTS

[View full calendar »](#)

PRINT

[Libra \(newsletter\)](#)

MEDIA CONTACT

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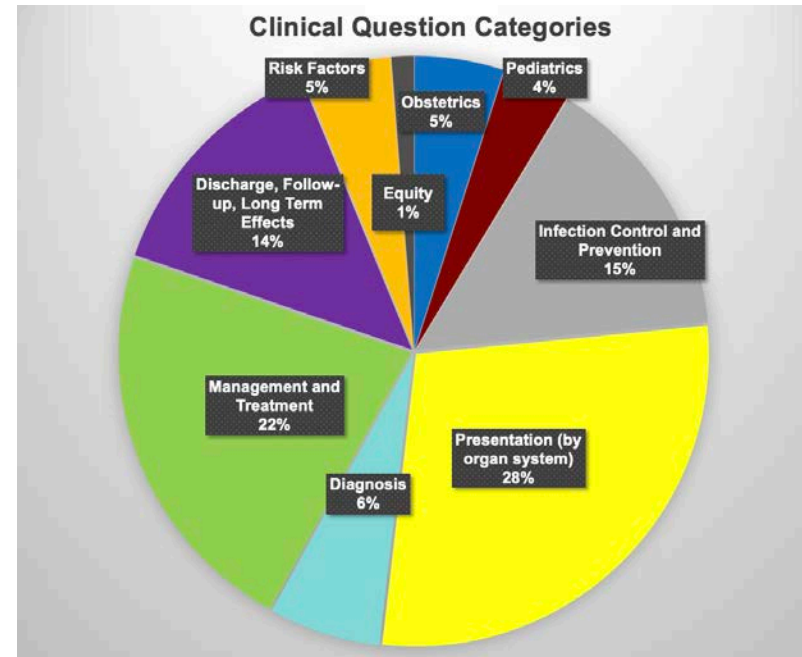
COVID-19 Educational Support Team: Librarians, physicians, and medical students collaborate to synthesize COVID-19 research for clinicians

Problem: Information at point of care in COVID units evolving rapidly. Clinicians lack time to conduct thorough review of literature.

Redeployed Embedded librarians with MS4 students (elective credit)

Intervention Design

- COVID-19 web guide
- literature reviews on reliable resources for COVID-19
- Answered clinical questions from frontline clinicians



COVID-19 Educational Support Team: Librarians, physicians, and medical students collaborate to synthesize COVID-19 research for clinicians

Impact:

Number of clinicians assisted: 22

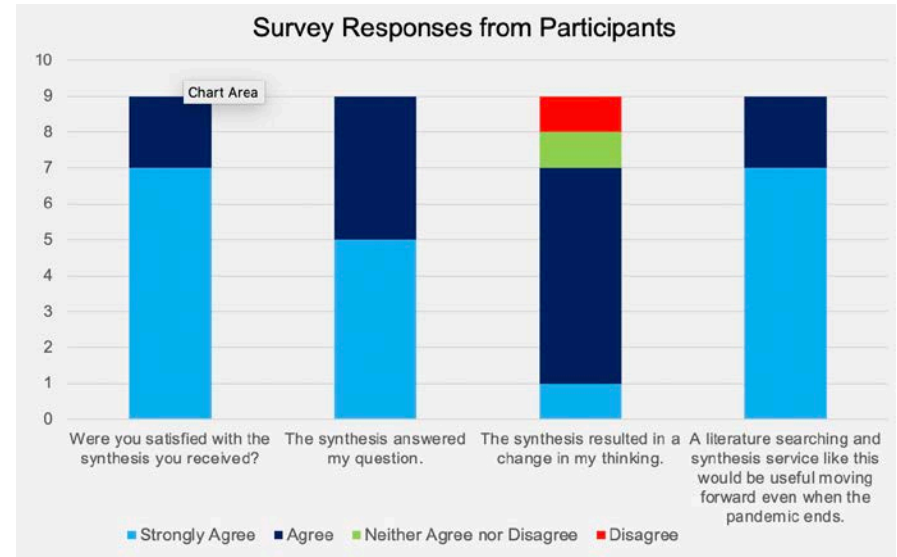
Numbers of questions asked/answered: 90/80

Number of articles summarized: 325

Feedback:

“This service was incredibly helpful in facilitating data-driven clinical practice.”

“The synthesis conducted by this team laid the foundation for why our survey on PPE practices is needed and will hopefully help us frame a publishable manuscript once the survey analysis is complete.”



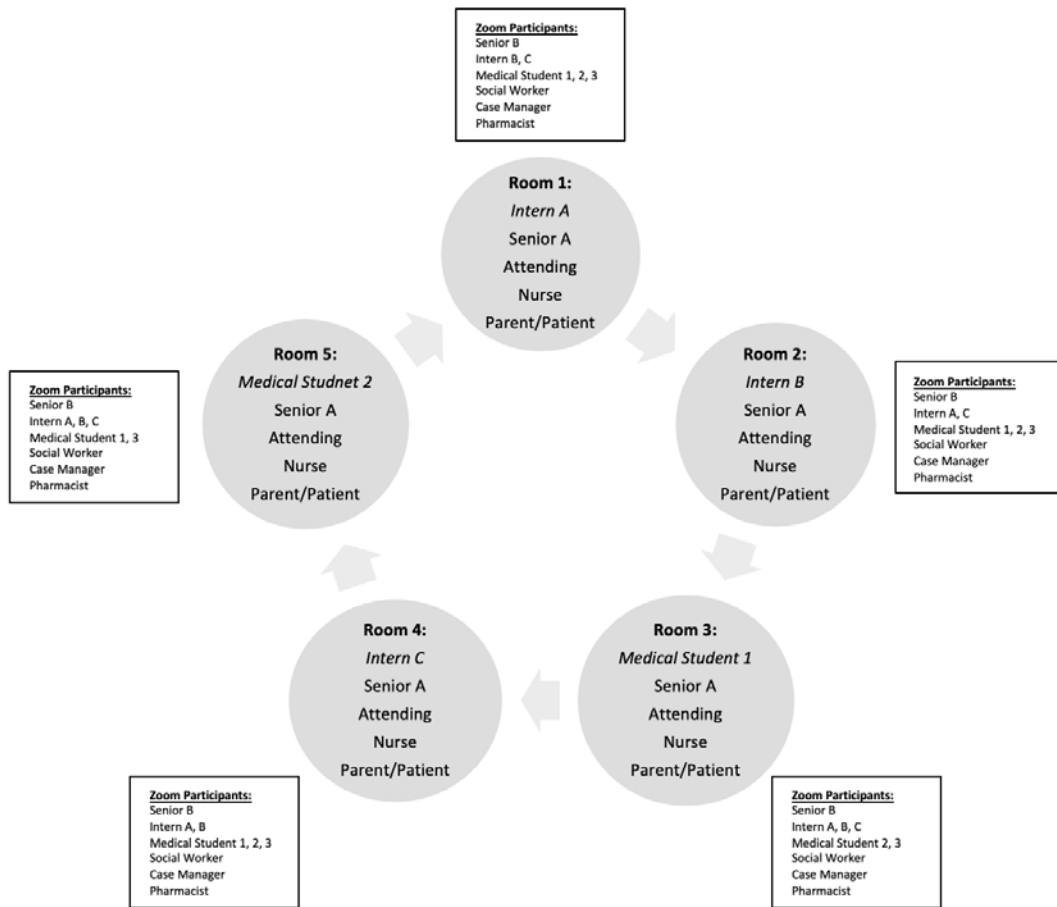


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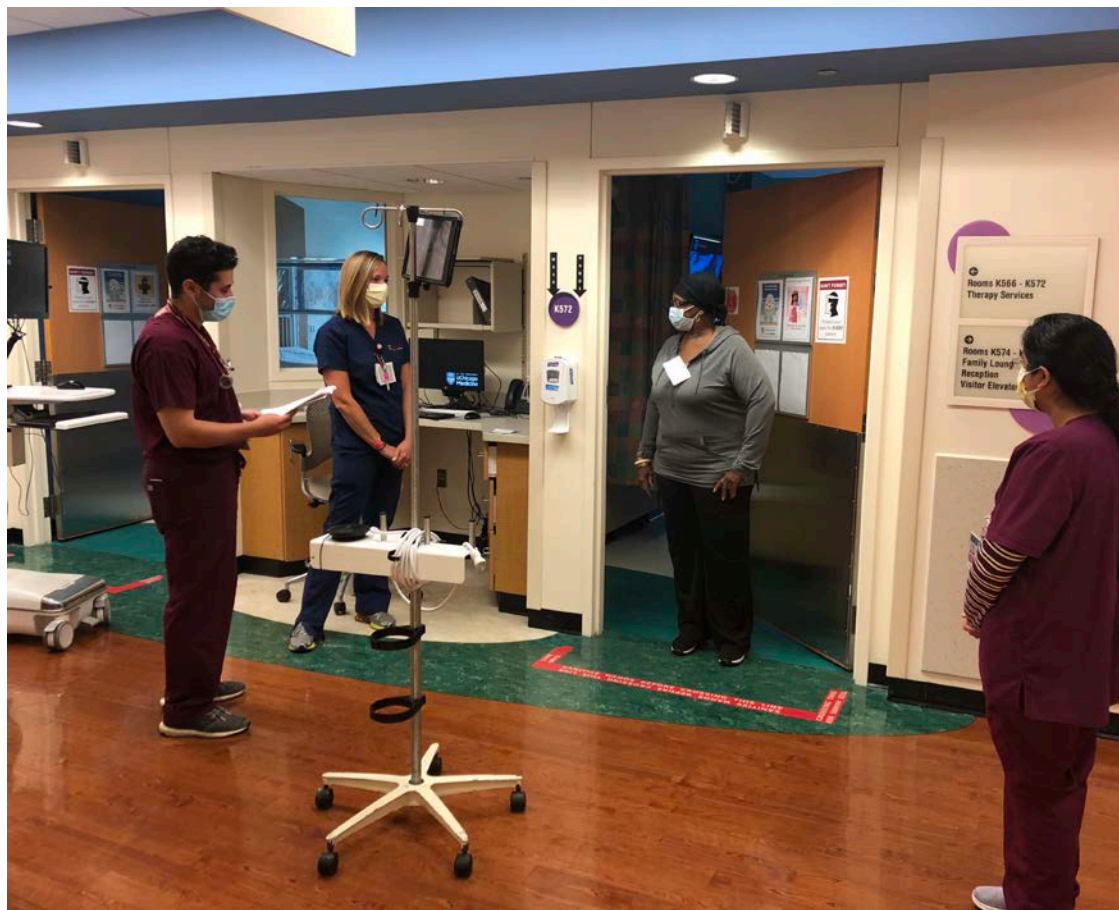
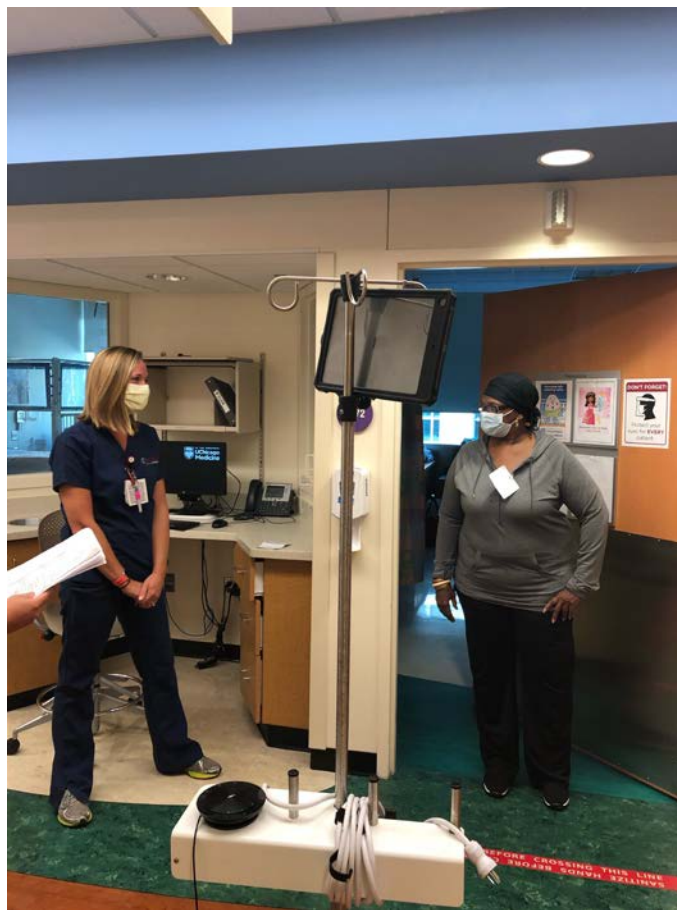
Question 3

Family-Centered Rounds in Pediatrics: Case Study





Equipment

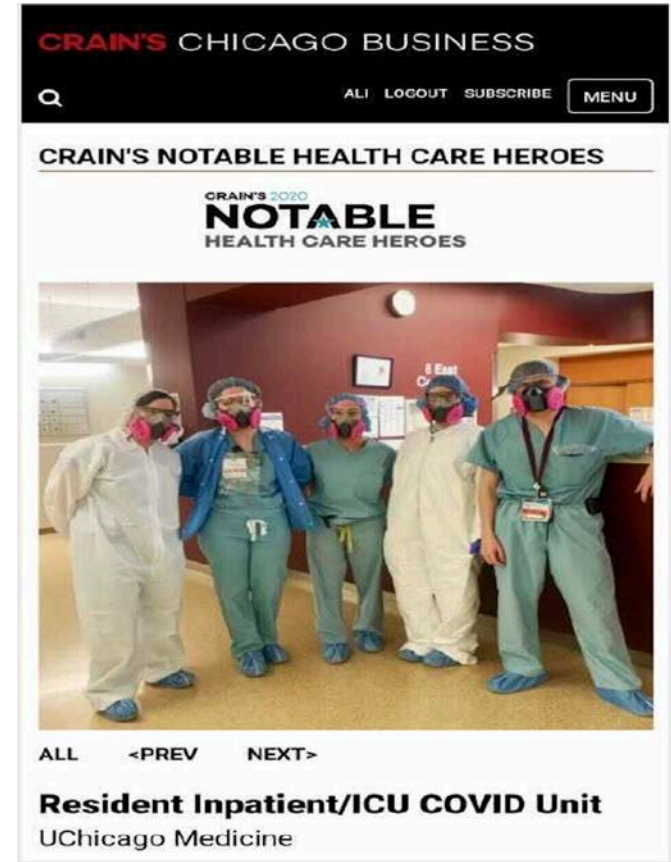


Leapfrog Feedback

Question	"Zoom Rounds" (n=59)	"LEAPFROG Rounds" (n=59)	p-value
Nurse awareness of plan of care by appropriate time*	2.6	3.1	0.02
Education during rounds	2.2	2.9	0.03
Educational sessions after rounds	2.6	3.6	0.03
Communication amongst physician team^	3.1	3.7	0.04
Communication between nurses and residents	2.3	2.8	0.01
Communication between medical team and patients/families	2.1	2.7	0.01
Quality of pediatric hospital medicine rotation^	2.7	4.1	< 0.01

Resident-led COVID Unit

- 86 resident volunteers cared for 649 COVID patients (65% all COVID patients at UCM)
- Reverse mentoring role for faculty
- Team training with nurses and respiratory therapists on noninvasive ventilation
- Adapted workflows for positivity rates
- Buddy system for morale
- No exposures
- Out of 46 respiratory isolation units across teaching hospitals, only 2-3 had residents



Thank You to Our IGNITE Teams!

Project Sponsors – Vineet Arora, Ajanta Patel, Anita Blanchard, Emily Chase

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