

# Performance Strategies



Improve Performance through Process and Culture Change

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## Eisenhower Empowers Staff to Change Clinical Processes



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EISENHOWER MEDICAL CENTER

### **Re-engineering Paper-Based Care**

Implementing healthcare IT isn't just installing new software; it's also redesigning process and changing culture. That fact was clear to us when [Eisenhower Medical Center](#) implemented McKesson's nursing clinical documentation and medication administration solutions. We changed not just the way we did things, but how we thought and the way we viewed our jobs. For clinical documentation, we were going from a paper-based system to an electronic documentation system, which forced us to re-engineer the way we provided care.

The project had two distinct phases — process and technology. We knew that the easiest part would be the technical deployment of the solutions, for example bar-code scanners and computer terminals. One of the challenges for us lay in redesigning our medication administration workflow so that it integrated with our new clinical documentation system.

To change processes, you first need to understand how you really do things. After that, you enable staff to take the lead in redesigning their own workflow and processes. In order to ensure the best use of time and resources, we used McKesson's [clinical consulting services](#) to design a framework for change and then help manage the redesign process for us.

### **Bridging the Gaps**

The first step was having the consulting services team conduct an assessment of current processes for clinical documentation and the medication use continuum. We wanted to know what we were really doing versus what we thought we were doing.

We assembled teams with multidisciplinary representation from all areas of the hospital. Nurses mapped out actual workflows on the clinical units, which provided insight into processes — both good and bad. With the help of the services team, we diagrammed these findings to give clarity to the data we gathered. We prioritized our weaknesses, which enabled us to focus on the biggest obstacles to ensuring efficient clinical documentation and creating a safe and effective system of medication administration.

The staff members crafting these redesigns continued to work at least half-time at the bedside. Being drawn away into a team often has the effect of promoting acceptance of processes that are less than ideal in real-life care situations. Continuing to work at the bedside was an active reminder that they were re-engineering processes they were going to practice on the floor themselves.

Understanding our workflow enabled us to retrain staff in the new patient care model and processes before they were faced with the day-to-day demands of patient care using the new clinical documentation and medication administration systems.

### **Keys to Empowerment**

In order to achieve success, an organization must engage and empower their staff while providing the resources they need. If any of these factors is lacking, the implementation of change is likely to face rough sledding.

Eisenhower's leadership set the goals that we had to achieve, but then managers stepped back to enable staff to reach the best conclusion with gentle guidance. We also gave staff the time and resources needed to effectively evaluate and change practices.

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## Eisenhower Empowers Staff to Change Clinical Processes (Cont.)

### Changing Minds, Changing Culture

Direct participation in designing their own workflow made it easier for the staff to accept change and understand the challenges we faced in re-engineering processes. In our planning sessions, we communicated that this deployment was not going to be easy, but that it would make our patients safer and enable clinicians to provide better, more satisfying care.

For example, involving our staff fostered an understanding of the patient safety benefits that electronic documentation offered all clinicians. It also helped us to change the cultural mindset that nurses must “take care of the patient first, chart later.” There was a genuine shift in our culture that now saw charting at the bedside as an integral part of serving the best interests of the patient.

### Accountability Ensures Compliance

As the project unfolded, staff members at all levels were held accountable for their roles in effecting change. Attendance at training sessions for 800 employees was scheduled and monitored. Directors were charged with ensuring those under their supervision attended the training sessions.

The success of our clinical technology deployment can be attributed to many factors, but the most important is that we provided leadership support and invested the time and resources to review and optimize our processes upfront.

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### Design Session Recommendations

Design Session	Process Recommendations	Implementation Recommendations
Surgical Services (OR and PACU)	36	11
Emergency Department	39	8
Clinical Nursing Services	84	45
Medication Safety	82	26
Education and Quality Improvement	63	9
<b>TOTAL</b>	<b>304</b>	<b>99</b>

*After an analysis of its existing practices, Eisenhower Medical Center redesigned its processes to improve performance and patient safety. Recommendations were made for 304 process changes and 99 prioritized software implementation changes across various areas and functions of the organization.*

## Learn More

[Fixing the Medication Reconciliation Breakdown](#)

[Effectively Combining People, Processes and Technology](#)

[Patient Safety, Evolving from Compliance to Culture](#)