



Nicklaus
Children's
Hospital

Optimization of Operations: A Playbook for Standardization of Operations Across Multiple Locations

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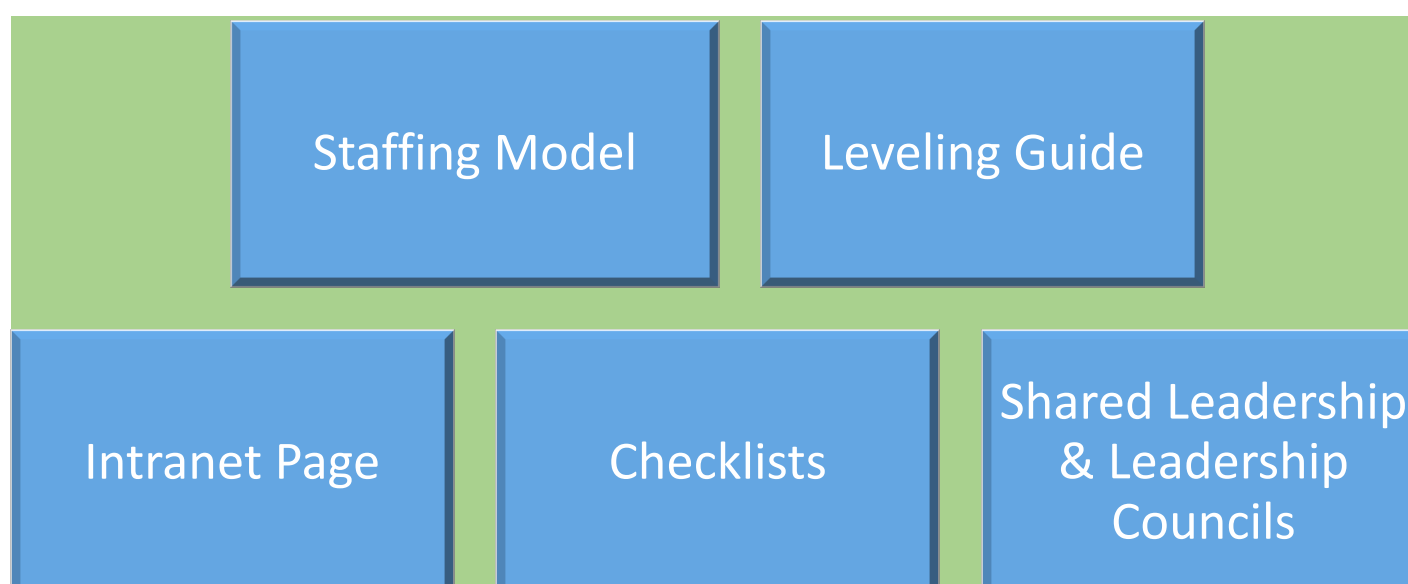
Background

- Pediatric Hospital System with 11 outpatient sites
- 9 Urgent Care Centers (UCCs)
 - Rapid expansion
 - In 2015, over 118,000 visits
 - Three counties (Miami- Dade, Broward, Palm Beach)
- Quality operations needed to ensure safe practice standards

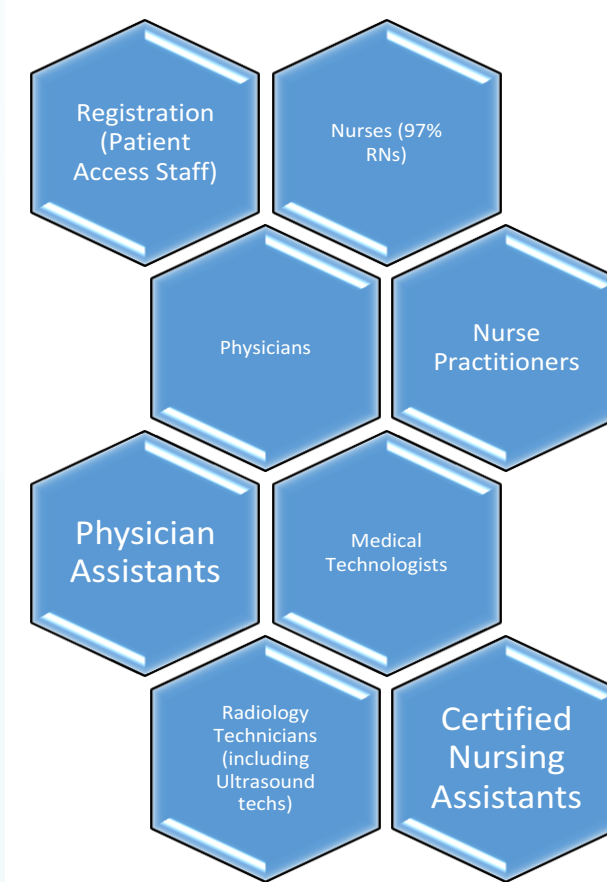
Purpose

- Need for consistency across centers due to:
 - Increasing numbers
 - Rapid expansion
- Standardization of service and practice
- Various tools needed to ensure standardization

Tools for Standardization of Operations



Staff Model - Per UCC



UCC Leadership Team

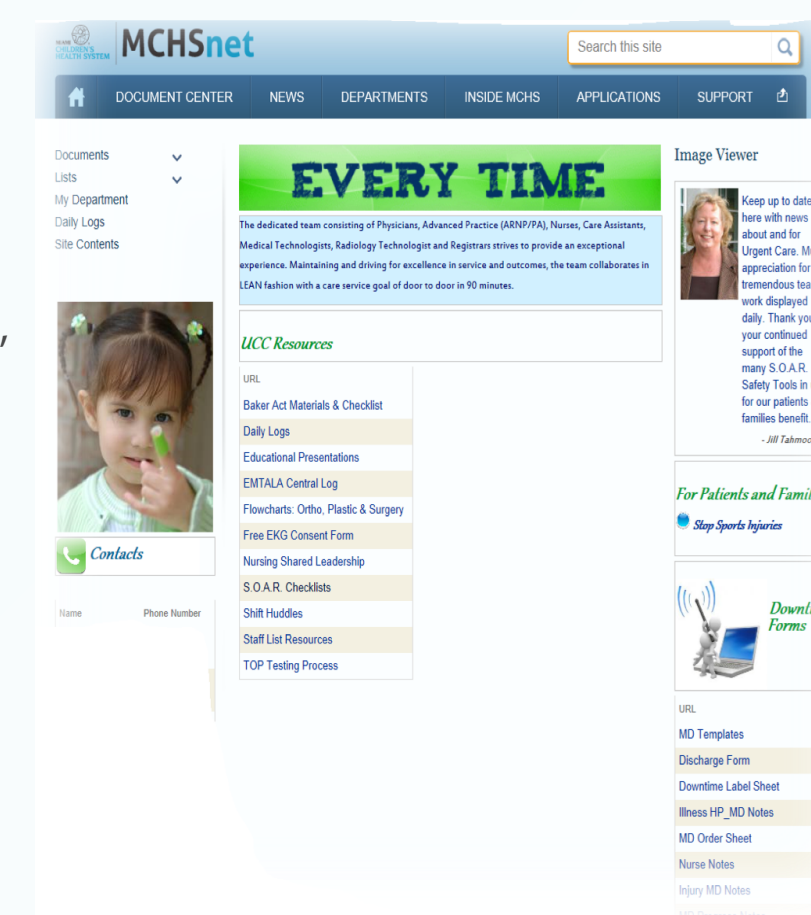
Vice President, Directors (medical, finance, operations and nursing), Managers (nursing, lab, radiology), clinical specialists

Productivity

- Target Nursing productivity Statistic: 1.18 Nursing Hours per unit of service NHPUOS.
- Target physician productivity: 0.5 Medical Provider Hours per unit of service (MDHPUOS)
- Supervisors empowered to adjust staffing during shifts to reflect this.
- Result = similar staffing ratio across network

UCC Intranet Page

- Department Web Page – for all UCCs
- Houses UCC related resources
- Daily Logs
 - Activity Summary
 - Updated daily by charge nurses
 - Total number of patients seen, admissions, transfers, 9-1-1 transfers, Nursing & Provider Hours, etc.
 - Hours per unit of service can be tracked daily & in real time if needed
 - Left without being seen log
 - Patient Transfer Log
 - Daily Medication Pxyxis Report Log
- Procedure Checklists
- Educational Resources
- Baker Act Resources
- Archived shift huddles
- Downtime Forms
- Important contact numbers and cost center numbers



Shared Leadership & Leadership Councils

Shared Leadership Council

- Monthly meetings for all UCCs
- Video conference. Sometimes phone conference added
- Nursing teams –supervisors , staff nurses & management team. All nurses welcome
- Outpatient lab managers, risk manager, radiology manager, pharmacy supervisor also part of this council
- Nursing directors serve as information channels to and from medical director
- Nurses serve as arteries & veins to hospital wide councils. They disseminate information from monthly meetings which pertain to UCCs and keep the hospital councils informed of UCC activities and decisions.
- Decision making body for the UCC nursing teams.

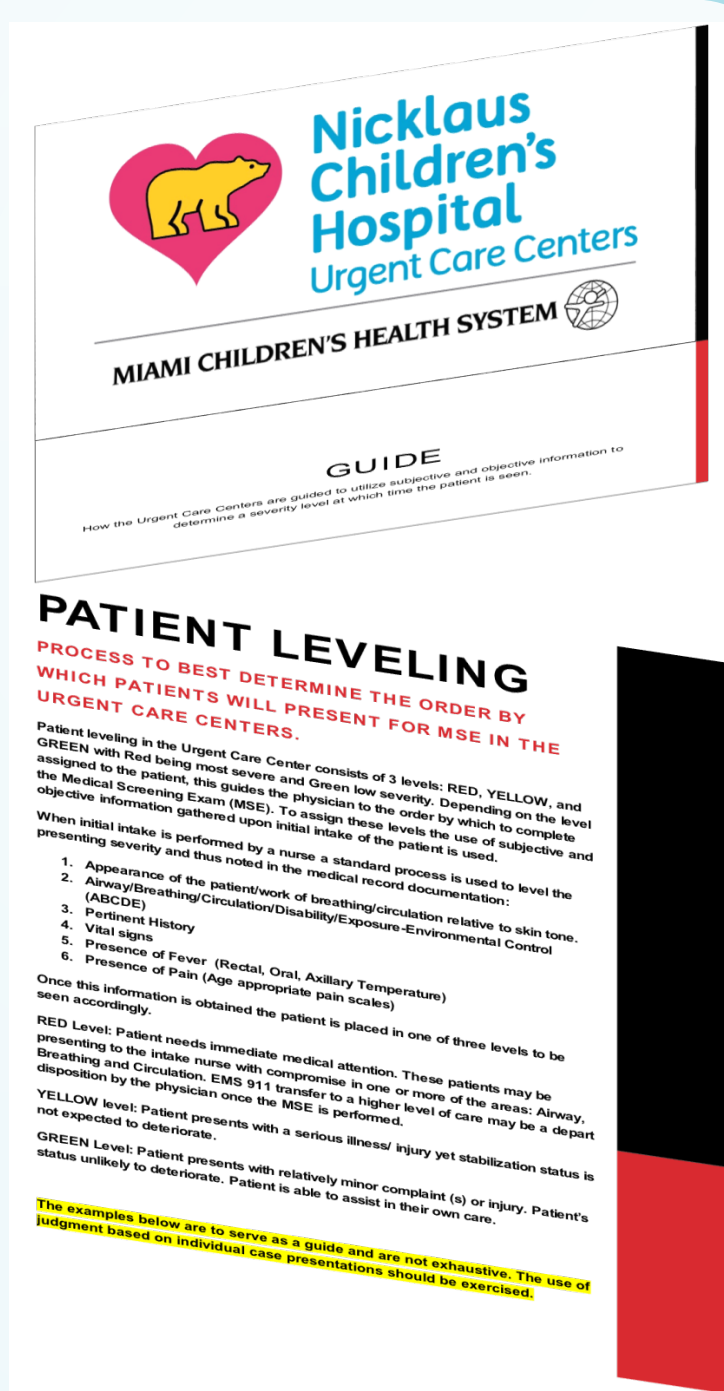


UCC Leadership Council

- Quarterly meetings
- Members:
 - Vice president, regional directors, medical directors, nursing directors, director of business operations, nurse managers, risk manager, laboratory managers, radiology manager, clinical specialists
- Agenda items: strategies, growth, initiatives, position, resources, human capital, quality / service, departmental reports
- High level decisions for entire UCC network

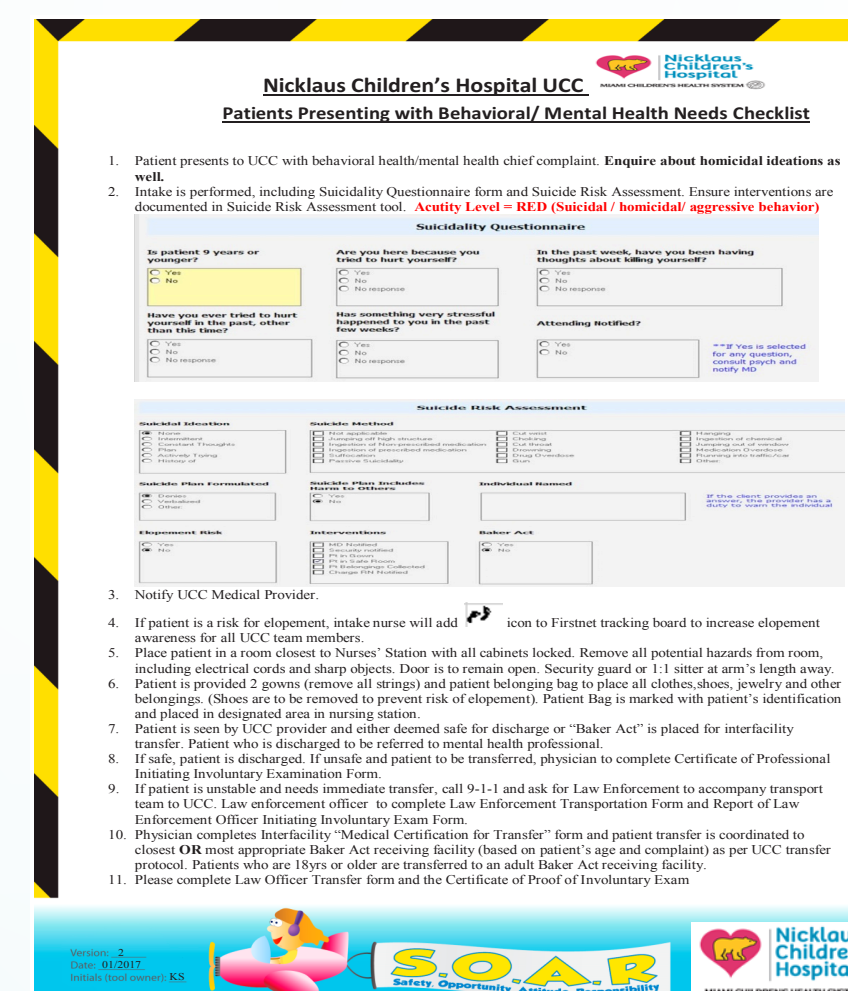
Leveling Guide

- Severity index
 - 3 Levels
 - Based on illness severity & number of resources anticipated
 - **Red** – most severe
 - **Yellow**
 - **Green** – least severe
- Initiated in intake by RN/ LPN/ EMT
- Guide with specific criteria / list of presenting problems / anticipated number of resources for each level
- Normal vital signs embedded in guide
- Patients seen in order of assigned level



Checklists

- Procedural Checklists on the Intranet Page as well as printed on desk stands at each nurses' station for quick reference
- S.O.A.R. (Safety, Opportunity, Attitude, Responsibility) Checklists examples:
 - Transfer procedures
 - Gait training with crutches
 - Fracture referral
 - Downtime procedures
 - Child Abuse & Neglect
 - Open & Close procedures
 - Blood culture collection
 - Specimen Collection
 - Patients who present outside of operating hours or outside of UCC area



Conclusions

- Tools used to standardize operations in all UCCs
- Consistency helps with employees as they float between centers
- Consistency at all centers helps with patient and family satisfaction
- Similar expectations and standards of care for all centers
- UCCs operate as one department with various cost centers

Implications/ Next Steps

- Best practices are piloted and then adopted system wide.
- Potential marketing tool
- Benchmarking operations model against other pediatric urgent care systems