Performance Measures

**439** How Can Health Systems Advance Patient-Reported Outcome Measurement?
D.C. Lavallee; E. Austin; P.D. Franklin

In view of the expanding use of patient-reported outcome (PRO) measures across a wide range of health conditions, evidence for successful systemwide implementation strategies to collect PROs is needed. The implementation program for PRO measurement instituted systemwide at Cincinnati Children’s Hospital Medical Center demonstrates how to balance the need to create sustainable measurement strategies with the unique needs of patients and the clinical teams providing care.

**441** Systemwide Implementation of Patient-Reported Outcomes in Routine Clinical Care at a Children’s Hospital
W.E. Gerhardt; C.A. Mara; I. Kudel; E.M. Morgan; P.J. Schoettker; J. Napora; M.T. Britto; E.A. Alessandri

Patient-reported outcomes (PROs) are a direct source of information on outcomes such as health-related quality of life, functioning, and symptom burden. Cincinnati Children’s Hospital Medical Center’s standardized PRO implementation program entailed committed clinical leaders and teams, instruments to measure the outcomes of interest, threshold scores to trigger clinical interventions, training of providers and staff, and measurement and monitoring of PRO use. The program achieved an overall combined completion rate of 75% for the 68 instruments in use.

**454** Improving Access to Care by Admission Process Redesign in a Veterans Affairs Skilled Nursing Facility
A.W. Baughman; G. Cain; M.D. Ruopp; C. Concepcion; C. Oliveira; R. O’Toole; S. Saunders; S.K. Jindal; M. Ferreira; S.R. Simon

Inefficient and inappropriate nursing home screening processes can delay care transitions from hospitals and result in inappropriate and delayed transfers. A 112-bed skilled nursing facility conducted a quality improvement project to develop a new screening process, resulting in a new hybrid model that included an Admissions Team composed of a unit nurse manager, a social worker, and administrative staff. The time from bed request to patient transfer improved from a median of 3.3 days to 2.3 days. This redesign strategy provides a model for other facilities interested in improving screening processes and access to care.

Organizational Leadership

**463** A Road Map for Advancing the Practice of Respect in Health Care: The Results of an Interdisciplinary Modified Delphi Consensus Study
L. Sokol-Hessner; P.H. Focarelli; C.L. Annas; S.M. Brown; L. Fernandez; S.D. Roche; B. Sarnoff Lee; K.E. Sands; the Practice of Respect Delphi Study Group

Efforts by most health care organizations to reduce harm to patients focus on physical harm, but nonphysical patient harm, such as disrespect and harm to dignity, are prevalent and important. To address this, a guide to help health care professionals and organizations improve the practice of respect was developed using a modified Delphi process. Participants identified 25 strategies associated with six high-level recommendations. The resulting consensus statement provides a road map for organizations’ systemwide implementation of a reliable practice of respect.

Methods, Tools, & Strategies

**477** Use of an Emergency Manual During an Intraoperative Cardiac Arrest by an Interprofessional Team: A Positive-Exemplar Case Study of a New Patient Safety Tool
S. Berekne; Merrell; D.M. Gaba; A.V. Agarwala; J.B. Cooper; A.L. Nevedal; S.M. Asch; S.K. Howard; S.N. Goldhaber-Fiebert

Emergency manuals (EMs) have been shown to improve team performance in safety-critical industries, but their use in clinical settings is nascent. In a case study at a tertiary care hospital of managing intraoperative cardiac arrest, six clinicians used an EM. Use of the EM enabled effective team functioning, reduced individual stress, improved delivery of care, and improved teamwork and communication. Positive-exemplar case studies, as a converse of root cause analyses for negative events, can be used to identify effective applications of safety innovations.

Communication and Teamwork

**485** “Workin’ on Our Night Moves”: How Residents Prepare for Shift Handoffs
L.G. Militello; N.A. Rattray; M.E. Flanagan; Z. Franks; S. Rehman; H.S. Gordon; P. Barach; R.M. Frankel

Poor-quality shift handoffs have been associated with serious patient consequences, leading to efforts to increase
system safety and resilience through communication standardization. Thirty-five residents at three US Department of Veterans Affairs medical centers participated in semi-structured interviews, in which a recent handoff was used as a prompt to discuss goals, strategies, and information needs. Thematic analysis of interview data identified six cognitive tasks during handoff preparation—from communicating status and care plan for each patient to ensuring accurate and current documentation. These six tasks point to strategies for cognitive support via improved technology, organizational interventions, and enhanced training.

COMMENTARY

Respiratory Rate: The Forgotten Vital Sign—Make It Count!

P.C. Loughlin; F. Sebat; J.G. Kellett

Changes in respiratory rate are often the earliest sign of sepsis, systemic inflammatory response syndrome, and other conditions that require rapid intervention. Despite strong evidence that respiratory rate abnormalities are an early predictor of preventable patient deterioration, it remains the most inaccurately measured and recorded vital sign. Significant improvements are needed in the way respiratory rates are acquired, recorded, and acted upon when indicated.

RESEARCH LETTER

Choosing Wisely to Mobilize Patients in Reducing Falls and Injury

H.J. Cho; A.S. Dunn; Y. Sakai; S. Israilov; A. Raja; J. Race; R.M. Leipzig

Reduced function and ambulation in hospitalized patients increases their risk of falls and related injury. Fall prevention measures at many organizations have focused on safety measures such as bed and chair alarms that can limit mobility and for which there is little evidence of effectiveness. An ongoing project to promote mobility as a strategy to prevent debility and falls developed and implemented at Mount Sinai Hospital was associated with a significant decline in the rate of fall-related injury and a nonsignificant reduction in falls.