IMPLEMENTATION OF THE VANDERBILT ANTICIPATORY CARE TEAM MODEL

Pam Jones, DNP, NEA-BC, April N. Kapu, DNP, ACNP-BC and Nanyce Feitritzer, DNP, RN

SCHOOL OF NURSING
VANDERBILT UNIVERSITY

ective, quality and safe health care, organizations are seeking new and innovative means to efficiently and e delivery of evidence based care. The Vanderbilt Anticipatory Care Team (vACT) project was developed costs associated with system inefficiencies that can lead to prolonged hospital length of stay, ital related complications and adverse events. Much of the system inefficiencies can be attributed to lack of standardization of care within and across health care teams.

esign and implementation of the inpatient proof of concept for vACT project, specifically targeting the ment and empowerment of the team, team construct, communication and effectiveness, utilization of an ator of routine and enhanced care and technology development to identify at risk patients.

ee main types of inpatient provider-led health care teams: primary or patient care teams, dynamic- t teams. vACT's proposition is that with adequate resources, these teams can be deployed to provide t care, thus becoming anticipatory care teams. It is expected that the anticipatory component will mitigation for patients at risk. Effective communication within and across teams, enhanced technology nt care delivery system are essential to support the anticipatory care team. Key to the development of NP, in collaboration with attending physicians, could be an effective provider to lead the patient care, ed teams.

omponents of this project included: 1. structured interviews to identify key components of empowerment, 2. I designed to assess quality improvement in team based care, specifically cohesion, communication, role analysis of NP led teams to guide prospective NP role development, recruitment and training and 4. patients and guide structured team huddles.
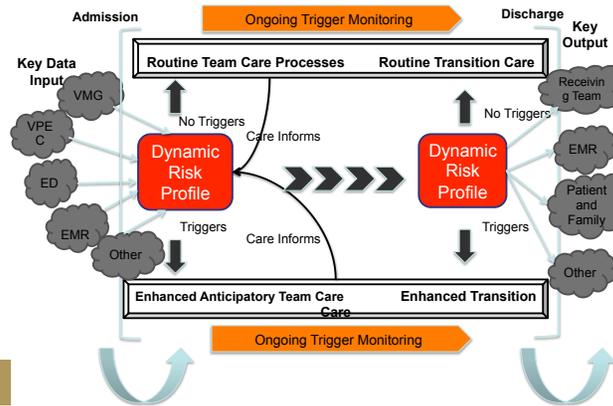
revealed gaps in communication, coordination and opportunities for improvement in hospital acquired Imission rates, pain management and patient satisfaction. After a 30 day implementation, preliminary ne on one feedback indicated high satisfaction from the vACT team members. Post team effectiveness ed to the initial assessment are forthcoming.

t, it our conclusion that with structural support and empowerment of teams, an effective team leader and mmunication within and across teams and technology to evoke situational awareness, teams will nd patient care outcomes will be improved.

within and across teams, enhanced technology and structured support of an efficient care delivery system are essential to support the anticipatory care team. Key to the development of vACT was assessing whether an NP, in collaboration with attending physicians, could be an effective provider to lead the patient care, dynamic-intervention and unit-based teams.

BACKGROUND

Communication failure

Lack of protocol or policy

Failure to operationalize MEWS/PEWS

Readmission rates

PROCESS

Admission — Ongoing Trigger Monitoring — Discharge

Key Data Input — VMG, VPEC, ED, EMR, Other

Routine Team Care Processes — Routine Transition Care

No Triggers — Care Informs — No Triggers

Dynamic Risk Profile — Dynamic Risk Profile

Triggers — Care Informs — Triggers

Enhanced Anticipatory Team Care Care — Enhanced Transition

Ongoing Trigger Monitoring

Key Output — Receiving Team, EMR, Patient and Family, Other

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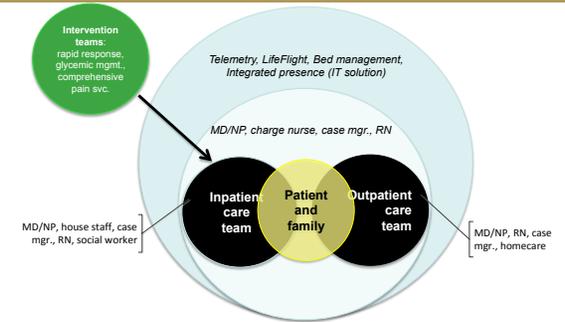increase cation an efficient

METHODS

Methodologies for the main components of this project included:

- Structured interviews to identify key components of empowerment
- Validated team performance tool designed to assess quality improvement in team based care, specifically cohesion, communication, role clarity and goals
- Retrospective analysis of NP led teams to guide prospective NP role development, recruitment and training
- Informatics tool to identify at risk patients and guide structured team huddles

FIGURES

Intervention teams: rapid response, glycemic mgmt., comprehensive pain svc.

Telemetry, LifeFlight, Bed management, Integrated presence (IT solution)

MD/NP, charge nurse, case mgr., RN

Inpatient care team — Patient and family — Outpatient care team

MD/NP, house staff, case mgr., RN, social worker

MD/NP, RN, case mgr., homecare

CONCLUSION

Throughput — Transitions — Patient Experiences — Team Effectiveness — Cost and Quality Effectiveness

Pre-implementation assessments revealed gaps in communication, coordination and opportunities for improvement in hospital acquired complications, length of stay, readmission rates, pain management and patient satisfaction. After a 30 day implementation, preliminary outcomes from observation and one on one feedback indicated high satisfaction from the vACT team members. Post team effectiveness surveys, and outcomes data related to the initial assessment are forthcoming.

Based on preliminary assessment, it our conclusion that with structural support and empowerment of teams, an effective team leader and coordinator of care, enhanced communication within and across teams and technology to evoke situational awareness, teams will experience increased cohesion and patient care outcomes will be improved.