Should You Have an ACU?

Accountable Care Unit Implementation in Family Medicine Residencies

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Objectives

- Describe the features of an Accountable Care Unit
  - compare and contrast it to traditional teaching services
- Describe the stakeholders in an ACU
  - assess your setting for ACU implementation
- Discuss how alignment of ACU principles align with
  - patient-centered care
  - Family Medicine residency milestones

Traditional Teaching Rounds

- Various approaches
  - Bedside
  - Table
  - Work
  - Family Centered
- Various locations
  - Program and hospital dependent

The Clinical Microsystems Model

- Clinical Microsystems
  - small, interdependent groups
  - regularly work caring for specific groups
- Essential building blocks
  - Within larger systems
  - Do the "real…work"
  - Patient-centered
  - Need to adapt to thrive

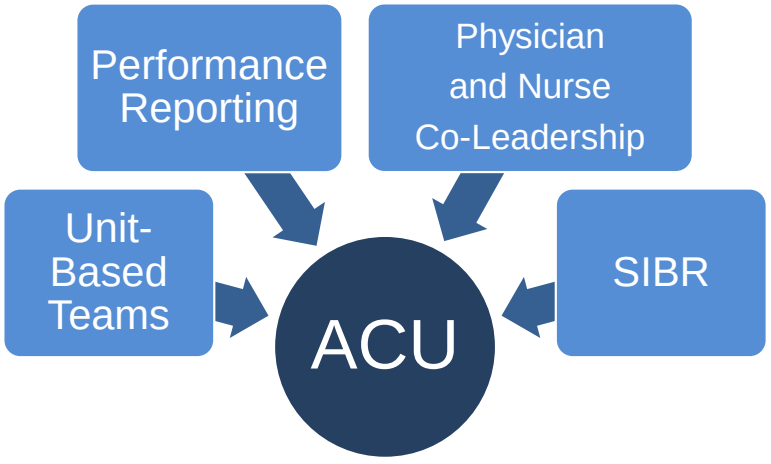
www.ihi.org/resources/Pages/OtherWebsites/ClinicalMicrosystems.aspx
www.clinicalmicrosystems.org

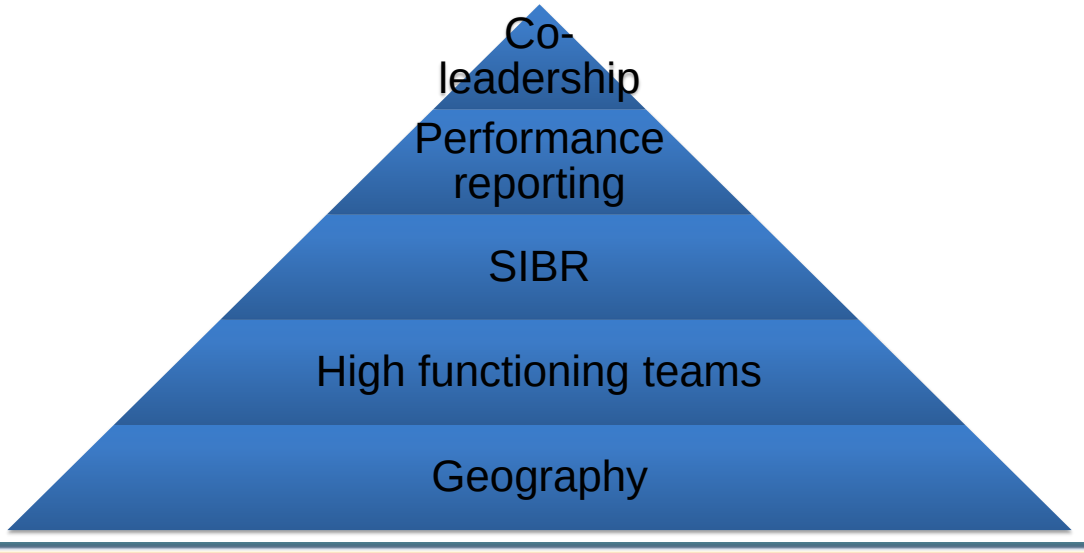
So, what is an ACU?

- A system of inpatient care
  - Build around a clinical microsystem
  - Utilizes and enhances familiar components
  - Focused on developing high performing teams
- Definition
  - "a geographic area consistently responsible for the clinical, service, and cost outcomes it produces"

Stein J. The 1Unit™ Guide. 2015. 1Unit LLC

Core Components of an ACU





Poll Question

Our inpatient service presently has (select all that apply)

- A home unit location
- Physician leadership of a ward
- Performance measurement and reporting
- A structured rounding system

Unit-Based Teams and Co-Location

- Allows for teamwork
- Predictable functions
- Reduced low value activities

8 West Accountable Care Unit Covenant

- As an Accountable Care Unit we continually strive to maintain a culture of respect, accountability, trust, and teamwork. We promise to provide exceptional care for our patients and their families. This shared covenant will serve as a promise and reminder of all that we value as an Accountable Care Team.
- We commit to continually devoting ourselves to compassionate care, practiced with clinical excellence, each and every day.
- We promise to put the needs of our patients and their families first in all that we do.
- We promise to provide high quality, professional care, treating each person we encounter with the love and compassion we would want for our own family and ourselves.
- We promise to respect and dignify each other, our patients and their families.
- We commit to open, honest and respectful communication in each interaction.
- We commit to teamwork, understanding that we can accomplish much more by working together and maintaining a positive work environment that contributes to team success and stimulates morale.
- We promise to give and receive constructive feedback in a positive manner to build up ourselves and our teammates and ensure the best care possible for our patients.
- We believe in each team member owning and being accountable for their practice with the knowledge that every patient is our patient.
- We value life-long learning and developing as professionals, coaching each other along the way.
- We promise to recognize each other's good work, in ways large and small, to encourage individual achievement.
- We share the Vision of the Palmetto Health USC Medical Group
- "To be known for clinical excellence and remembered for compassionate care."
- We promise to continually strive to live up to the ideals stated in this Covenant, taking the next best step in care for our patients and each other.

Performance Reporting

- A hallmark of accountability
- Measurement and reporting
- Improvement processes

What do we track?

- Length of stay
  - Improving discharge efficiency
- Harm events
- Composite quality index
- Rounding quality and ACU location metrics
- Patient satisfaction

Some highlights

- FY 16 Physician communication on CAPS – 99%
- Reduction in harm events
- Reduced length of stay compared to same unit providers
- Improvements in medication utilization (ex. opioids)

Quality (Harm Index)															
Metric	Goal	FY15 YTD	FY 16	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept
CLABSI 693 days since last CLABSI (12.24.2013)		0	0	0	0	0									
CAUTI		2	0	0	0	0									
Pressure Ulcers		8	2	1	0	1									
Hypoglycemia		56	38	12	13	13									
Falls		22	6	1	4	1									
Code Blue		3	2	0	0	2									
ARC		0	0	0	0	0									
RRT		135	29	13	11	5									

Co-Leadership

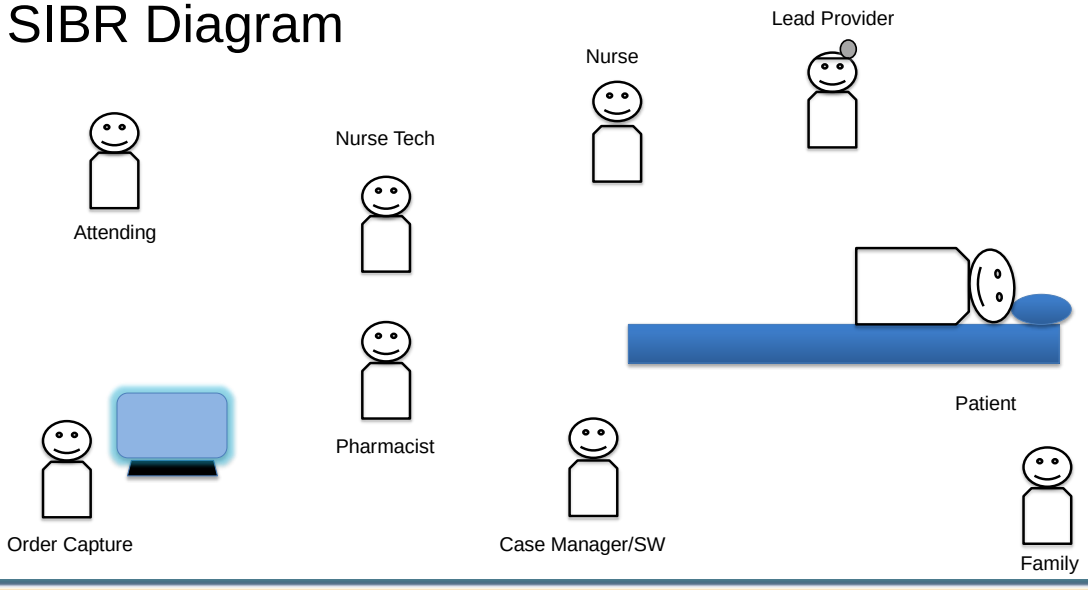
- Leadership dyad
  - Nurse Manager
  - Medical Director

Structure Interdisciplinary Beside Rounding

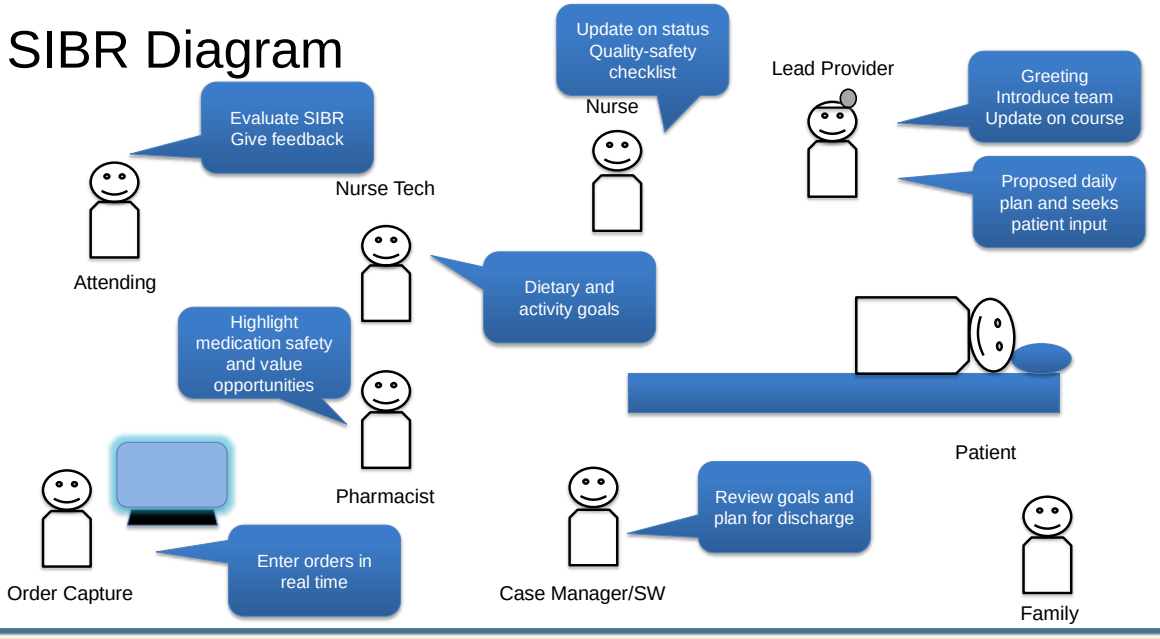
- The centerpiece of the ACU experience
  - Occurs at bedside
  - Happens on time and at the same time daily
  - Organized (Rounds Manager)
  - Standardized communication protocol

- SIBR on all patients every day
- Begin and finish on time
- All SIBR team members are in the room
- Physician and nurse are present to begin
- Ends only when plan for the day is given
- Do work in real time

SIBR Diagram



SIBR Diagram



Our posted SIBR rules

- SIBR everyday
- Start and end on time
- SIBR starts only when MD and Nurse and in the room
- Come to SIBR prepared
- Enter orders in “real time”

Family Medicine Values Alignment

- Patient-centered, family oriented
- Team oriented
- Interdisciplinary
- Quality and safety focused
- Innovative
- Sense of community

Does It Work?

- Systematic Review
  - Questionable impact on quality
  - Very heterogeneous systematic review
    - Broad definition of interdisciplinary team care
    - Studies on ACU type systems did show results
      - Pannick S, et al. JAMA Intern Med 2015; 175(8):1288-98.
- Individual Studies
  - Mortality reduction after unit redesign
    - Methvin A, et al. SHM Annual Meeting 2012, abstract 97658
  - Reduced adverse events
    - O'Leary KJ, et al. Arch Intern Med 2011; 171(7): 678-84.
- Regionalization reduces pages
    - Carlile N, et al. BMJ Qual Saf 2016;0: 1-6

“Soft” Benefits

- Morale
- Reduced pages and calls (really!)
- Pattern recognition
- Develop professional relationships over time
- Improved efficiencies

Who are the stakeholders?

- Hospital
- Physicians
- Nursing
- Other health professionals
- Patients
- Families

Poll Question
Evaluate your setting

- Rate your potential for ACU implementation
  1) Are you kidding?
  2) This would be difficult
  3) We might be able to do this
  4) When can we start?

SIBR Video

Family Medicine Milestones

PC-1 Cares for acutely ill or injured patients in urgent and emergent situations and in all settings					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Gathers essential information about the patient (history, exam, diagnostic testing, psychosocial context) Generates differential diagnoses Recognizes role of clinical protocols and guidelines in acute situations	Consistently recognizes common situations that require urgent or emergent medical care Stabilizes the acutely ill patient utilizing appropriate clinical protocols and guidelines Generates appropriate differential diagnoses for any presenting complaint Develops appropriate diagnostic and therapeutic management plans for acute conditions	Consistently recognizes complex situations requiring urgent or emergent medical care Appropriately prioritizes the response to the acutely ill patient Develops appropriate diagnostic and therapeutic management plans for less common acute conditions Addresses the psychosocial implications of acute illness on patients and families Arranges appropriate transitions of care	Coordinates care of acutely ill patient with consultants and community services Demonstrates awareness of personal limitations regarding procedures, knowledge, and experience in the care of acutely ill patients	Provides and coordinates care for acutely ill patients within local and regional systems of care
☐	☐	☐	☐	☐	☐
Comments:					

acgme.org/acgmeweb/Portals/0/PDFs/Milestones/FamilyMedicineMilestones.pdf

SBP-1 Provides cost-conscious medical care					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Understands that health care resources and costs impact patients and the health care system	Knows and considers costs and risks/benefits of different treatment options in common situations	Coordinates individual patient care in a way that is sensitive to resource use, efficiency, and effectiveness	Partners with patients to consistently use resources efficiently and cost effectively in even the most complex and challenging cases	Role models and promotes efficient and cost-effective use of resources in the care of patients in all settings
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Comments:					

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SBP-2 Emphasizes patient safety					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Understands that medical errors affect patient health and safety, and that their occurrence varies across settings and between providers Understands that effective team-based care plays a role in patient safety	Recognizes medical errors when they occur, including those that do not have adverse outcomes Understands the mechanisms that cause medical errors Understands and follows protocols to promote patient safety and prevent medical errors Participates in effective and safe hand-offs and transitions of care	Uses current methods of analysis to identify individual and system causes of medical errors common to family medicine Develops individual improvement plan and participates in system improvement plans that promote patient safety and prevent medical errors	Consistently engages in self-directed and practice improvement activities that seek to identify and address medical errors and patient safety in daily practice Fosters adherence to patient care protocols amongst team members that enhance patient safety and prevent medical errors	Role models self-directed and system improvement activities that seek to continuously anticipate, identify and prevent medical errors to improve patient safety in all practice settings, including the development, use, and promotion of patient care protocols and other tools
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Comments:					

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SBP-4 Coordinates team-based care					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Understands that quality patient care requires coordination and teamwork, and participates as a respectful and effective team member	Understands the roles and responsibilities of oneself, patients, families, consultants, and interprofessional team members needed to optimize care, and accepts responsibility for coordination of care	Engages the appropriate care team to provide accountable, team-based, coordinated care centered on individual patient needs Assumes responsibility for seamless transitions of care Sustains a relationship as a personal physician to his or her own patients	Accepts responsibility for the coordination of care, and directs appropriate teams to optimize the health of patients	Role models leadership, integration, and optimization of care teams to provide quality, individualized patient care
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Comments:					

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PBLI–3 Improves systems in which the physician provides care					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Recognizes inefficiencies, inequities, variation, and quality gaps in health care delivery	Compares care provided by self and practice to external standards and identifies areas for improvement	Uses a systematic improvement method (e.g., Plan-Do-Study- Act [PDSA] cycle) to address an identified area of improvement Uses an organized method, such as a registry, to assess and manage population health	Establishes protocols for continuous review and comparison of practice procedures and outcomes and implementing changes to address areas needing improvement	Role models continuous quality improvement of personal practice, as well as larger health systems or complex projects, using advanced methodologies and skill sets
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Comments:					

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PROF-1 Completes a process of professionalization					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Defines professionalism Knows the basic principles of medical ethics Recognizes that conflicting personal and professional values exist Demonstrates honesty, integrity, and respect to patients and team members	Recognizes own conflicting personal and professional values Knows institutional and governmental regulations for the practice of medicine	Recognizes that physicians have an obligation to self-discipline and to self-regulate Engages in self-initiated pursuit of excellence	Embraces the professional responsibilities of being a family physician	Demonstrates leadership and mentorship in applying shared standards and ethical principles, including the priority of responsiveness to patient needs above self-interest across the health care team Develops institutional and organizational strategies to protect and maintain these principles
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Comments:					

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C -2 Communicates effectively with patients, families, and the public					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Recognizes that respectful communication is important to quality care Identifies physical, cultural, psychological, and social barriers to communication Uses the medical interview to establish rapport and facilitate patient-centered information exchange	Matches modality of communication to patient needs, health literacy, and context Organizes information to be shared with patients and families Participates in end-of-life discussions and delivery of bad news	Negotiates a visit agenda with the patient, and uses active and reflective listening to guide the visit Engages patients' perspectives in shared decision making Recognizes non-verbal cues and uses non-verbal communication skills in patient encounters	Educates and counsels patients and families in disease management and health promotion skills Effectively communicates difficult information, such as end-of-life discussions, delivery of bad news, acknowledgement of errors, and during episodes of crisis Maintains a focus on patient-centeredness and integrates all aspects of patient care to meet patients' needs	Role models effective communication with patients, families, and the public Engages community partners to educate the public
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Comments:					

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C -3 Develops relationships and effectively communicates with physicians, other health professionals, and health care teams					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Understands the importance of the health care team and shows respect for the skills and contributions of others	Demonstrates consultative exchange that includes clear expectations and timely, appropriate exchange of information Presents and documents patient data in a clear, concise, and organized manner	Effectively uses Electronic Health Record (EHR) to exchange information among the health care team Communicates collaboratively with the health care team by listening attentively, sharing information, and giving and receiving constructive feedback	Sustains collaborative working relationships during complex and challenging situations, including transitions of care Effectively negotiates and manages conflict among members of the health care team in the best interest of the patient	Role models effective collaboration with other providers that emphasizes efficient patient-centered care
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Comments:					

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C-4 Utilizes technology to optimize communication					
Has not achieved Level 1	**Level 1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
	Recognizes effects of technology on information exchange and the physician/patient relationship Recognizes the ethical and legal implications of using technology to communicate in health care	Ensures that clinical and administrative documentation is timely, complete, and accurate Maintains key patient-specific databases, such as problem lists, medications, health maintenance, chronic disease registries Uses technology in a manner which enhances communication and does not interfere with the appropriate interaction with the patient	Ensures transitions of care are accurately documented, and optimizes communication across systems and continuums of care	Effectively and ethically uses all forms of communication, such as face-to-face, telephonic, electronic, and social media Uses technology to optimize continuity care of patients and transitions of care	Stays current with technology and adapts systems to improve communication with patients, other providers, and systems
☐	☐	☐	☐	☐	☐
Comments:					

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SIBR Video

Recommended Practice Changes

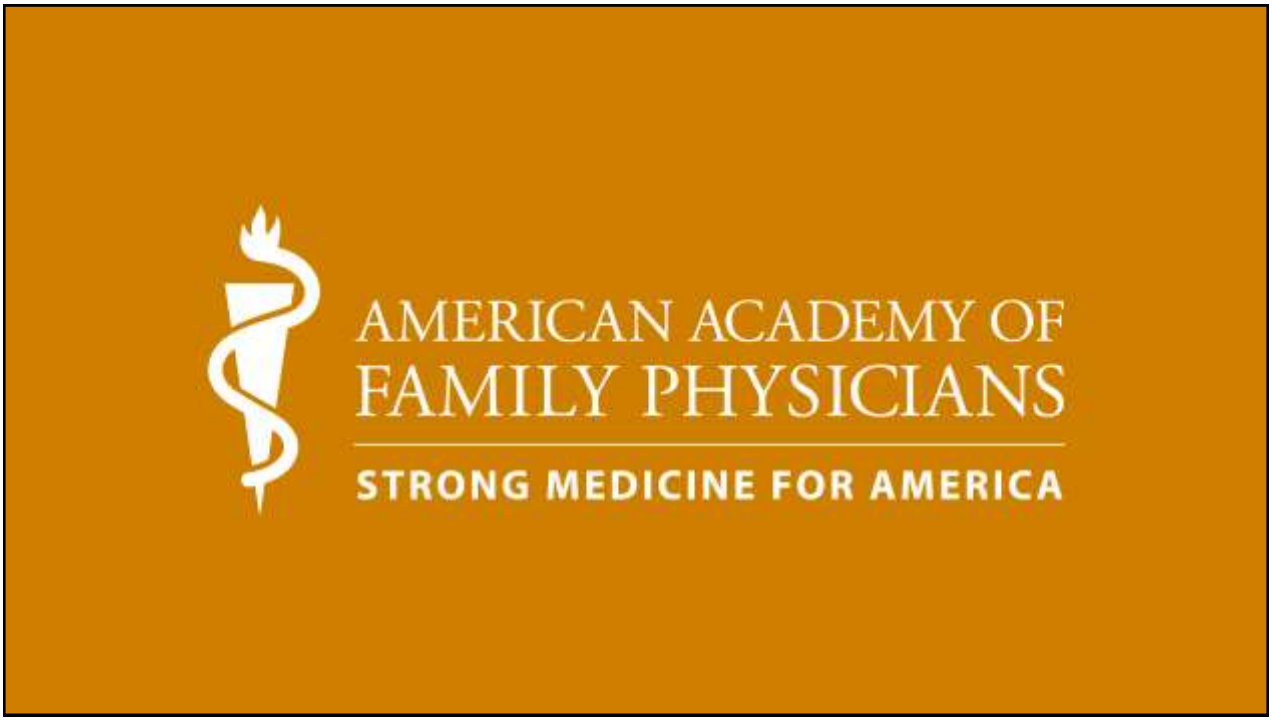
1. Institute multidisciplinary team rounding
2. Institute team level performance measurement
3. Evaluate your program for ACU potential

For more information

- Accountable care units
  - The 1Unit™ Guide, Jason Stein, MD
  - Stein J, et al. Reorganizing a hospital ward as an Accountable Care Unit. J Hosp Med 2015;10(1): 36-40.
- chuck.carter@uscmed.sc.edu

During the break…

- Discuss / think about how you might implement the information you just heard.
- Fill out a session evaluation.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