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The theme of this issue of *Nursing Excellence* — interprofessional collaboration — was identified in August, well before the arrival of Hurricane Irma. And then the storm hit South Florida, giving rise to extraordinary scenarios of teamwork across the Baptist Health system and making the focus of this issue especially fitting.

During the hurricane, our nurses worked long shifts alongside other staff members to care for patients coming to our Emergency Departments and keep the patients and families in our hospitals safe and comfortable. After the storm, our selfless team members jumped in wherever they were needed. Nurses worked efficiently to handle the increased patient flow and responded quickly to help reopen Mariners Hospital and establish the mobile disaster hospital on the grounds of Fishermen’s Community Hospital. You can read more about the post-hurricane efforts in the Florida Keys on page 7.

The two nurses featured on the cover of this issue, Frankie Powell, RN, and Julie Brandt, RN, Homestead Hospital Perinatal Patient Care supervisors, along with the nurses pictured on this page are among the many Baptist Health employees to be commended for their teamwork. These nurses were recognized as “Hurricane Heroes” on Baptist Health’s Facebook page for going above and beyond to help our staff and patients recover after the storm.

This issue of *Nursing Excellence* is full of examples of collaborative healthcare in action. Interprofessional teams work together to implement models of care that incorporate care coordination and transition management across the continuum. They also effectively engage patients and families in their healthcare, as evidenced by the initiatives at Miami Cancer Institute, described on page 8.

Nurses, because of their roles, education and the respect they have earned, are well positioned to contribute to and direct collaborative efforts that lead to excellence in patient care and outcomes. The Profile of Success story on page 11 showcases the talents of Lizbeth Torres, BSN, RN, CMSRN, who led the development of the Home in 16 Hours initiative. You also will read about effective collaborative care initiatives such as interdisciplinary rounds at West Kendall Baptist Hospital and enhanced safety rounds at our Ambulatory Surgery Centers. In addition, the Triad Case Management Model is described on page 9. South Miami Hospital was the first Baptist Health facility to pilot this model, which delivers evidence-based care to improve the discharge experience for patients and families.
The patient experience is an integral part of the delivery of quality care. A positive patient experience translates to better clinical outcomes and lower readmission rates. Baptist Hospital values the relationship with patients and families and constantly seeks opportunities to improve the patient experience.

Baptist Hospital recently initiated a new evidence-based program called Enhanced Recovery After Surgery (ERAS). This program, in conjunction with the Comprehensive Joint Replacement (CJR) program, has improved the patient experience and outcomes. ERAS is a multimodal perioperative care pathway designed to achieve early recovery. It reexamines traditional methods of care and replaces them with evidence-based practices. ERAS has been shown to reduce care time and postoperative complications.

The surgeon initiates the ERAS pathway by preparing the patient for the surgical experience during an office visit. The patient also attends a preoperative education class taught by a bedside orthopedic nurse, social worker and physical therapist, who review the care plan that will be implemented during the patient’s hospital stay. Eliminating the directive to fast for up to 12 hours before surgery is another preoperative modification that has positively impacted the patient experience. The ERAS program allows patients to eat a light meal up to six hours prior to surgery and consume a carbohydrate beverage up to two hours before surgery, which allows for individualized intravenous fluid therapy during the procedure. The anesthesia team, in conjunction with the surgeon, utilizes specific pain management techniques that enhance the patient’s postoperative pain management.

After surgery, the ERAS program promotes early ambulation, nutrition and multimodal pain management. CJR patients begin “rapid rehab” mobility by ambulating with assistance within four hours of leaving the post-anesthesia care unit. The implementation of the ERAS/CJR program has positively impacted length of stay by preparing patients for a successful discharge to home.

Improving the Patient Experience With Enhanced Recovery After Surgery

Baptist Hospital’s Interdisciplinary Orthopedic Collaborative team was instrumental in the successful implementation of the ERAS program for CJR patients. The team consists of nurses, nurse practitioners, surgeons and physicians, case managers, social workers, physician assistants, physical therapists and other healthcare practitioners. The Orthopedic Collaborative is chaired by Christina Aragon-Santiago, BSN, RN, ONC, patient care manager of the 3-Main Orthopedic Unit. Working in partnership with the surgical team, Ms. Aragon-Santiago ensured that team members were prepared for their roles when caring for patients in the ERAS program. In February, the group successfully applied the ERAS care pathway on the first patient.

“The evidence-based changes made to the care pathway have enabled our 3-Main orthopedic nurses to provide care that results in improved long-term outcomes and decreased length of stay and postoperative complications,” Ms. Aragon-Santiago said.

“Communication and teamwork are key as we work together to put patients first and improve postoperative outcomes.”

The Interdisciplinary Orthopedic Collaborative team includes (L to R) Karen Hernandez, ARNP, Ivan Espaillat, MD, Christina Aragon-Santiago, BSN, RN, ONC, Viviana Bermudez, LCSW, Keila Matos, PT, Raymond Urquiza, OTR/L, Paula Hernandez, BSN, RN, ONC, and Ailin Sierra, RN.
Baptist Outpatient Services’ newest sites—Baptist Health Surgery Center at South Palm, Northpoint Surgical Center, Baptist Health Endoscopy Center South and Baptist Eye Surgery Center—are accredited by the Accreditation Association for Ambulatory Health Care (AAAHC), which measures the performance of ambulatory surgery centers and accredits those that provide safe, high-quality patient care. To align our services and maintain standardized processes across the system, we have initiated the process to obtain AAAHC accreditation at all our ambulatory surgery centers.

Assisted by Baptist Outpatient Services’ Accreditation and Performance Improvement team, Baptist Endoscopy Center at Coral Springs was the first entity to convert to AAAHC certification. Our nursing team consistently strives for nursing excellence, and collaborated with the multidisciplinary team to support the conversion process. The team, which included members from Leadership, Nursing, Risk Management, Infection Control, Quality Management, Life Safety and Credentialing, met regularly to review standards and conduct safety rounds with the nursing staff to ensure compliance with accreditation standards.

The entire multidisciplinary team was present on the day of the AAAHC survey. The surveyor was impressed with the site, citing the exemplary care provided by our nurses and the high standards demonstrated by the entire team.

With one conversion completed with no recommendations, we continue to prepare our remaining ambulatory surgery centers to undergo equally successful surveys during the coming year.

The Accreditation and Performance Improvement team along with members of Nursing Administration (left) collaborated with the healthcare staff at Baptist Endoscopy Center at Coral Springs (right) to enhance safety rounds and improve accreditation readiness.

Enhancing Safety Rounds to Improve Accreditation Readiness

Ambulatory Surgery Centers at Baptist Outpatient Services have enhanced safety rounds to maintain continuous accreditation readiness. Previously, safety rounds focused on numerical scores and included a checklist to review site findings. The Accreditation and Performance Improvement team introduced an Accreditation Readiness Tool Survey along with a form that no longer utilized a scoring system. The new process emphasized the collaborative efforts of nurses and the multidisciplinary team, consisting of members from Risk Management, Infection Control, Quality Education, Leadership and Performance Improvement.

During rounds, the Accreditation and Performance Improvement team utilize a patient tracer tool and chart audit tool. Together, these two tools provide a standardized method of reviewing patient care and documentation. The new RFI response tool incorporates the style used by the accrediting bodies and summarizes the findings that need to be addressed. Findings are presented in collaboration with the interdisciplinary team and site leadership and are corrected on the spot or by the next meeting. The new safety round process has resulted in improved standardization of best practices.
Healthcare teamwork grounded in interprofessional collaboration is fundamental to the delivery of high-quality, safe healthcare for our patients. In 2012, the Institute of Medicine concluded that patient outcomes and healthcare value is dependent upon the removal of professional silos and the development of teamwork at multiple levels, including patients, their families and the community.

At Doctors Hospital, interprofessional collaborative practice is essential to delivering quality care that leads to better patient outcomes and high patient satisfaction. In 2015, we developed an Interprofessional Collaborative Council that includes leaders from all disciplines who share ideas and new practices. Our interprofessional partners bring to the table changes and challenges in their areas that affect patient care, and they often turn to nurses for assistance in identifying successful solutions and outcomes. Together, the team addresses complex issues in today’s ever-changing healthcare environment.

Our Resource Council includes nurses from non-patient care units and interprofessional team members such as Pastoral Care, Physical Therapy, Radiology and Pharmacy. This team has designated the patient and family as the center of the team, and they often focus on initiatives related to patient safety. Our individual Unit Practice Councils also are composed of members from other departments who play an important role in identifying issues related to patient care.

Our nurses understand that healthcare organizations are multifaceted, and we welcome and facilitate the participation of professionals from all areas of our hospital. As nurses, it is essential that we value and respect diverse relationships and communicate effectively to promote positive working relations.

We are confident that the efforts of our interprofessional collaborative practice will yield an environment where care is better coordinated, costs are reduced and, most importantly, the quality of care for our patients and families is improved.

Teamwork Leads to Alternate Treatment Modality

Doctors Hospital ICU clinical nurses joined forces with physicians and the Cardiopulmonary Services team to address the comfort needs of patients who suffer with acute respiratory distress syndrome (ARDS) requiring mechanical ventilation. Treatment of ARDS typically includes patient placement on a RotoProne bed that provides intermittent proning to improve oxygenation and aeration of the lungs. The prone position requires the use of sedatives, paralytics and a one-to-one nurse-to-patient ratio. In addition, family members often have difficulty seeing their loved ones in this condition.

At the suggestion of James Collins, MBA, RRT, director of Cardiopulmonary Services, the interdisciplinary team implemented bi-level ventilation as an early alternative to treat patients with ARDS. The new treatment modality, which alternates the pressure that controls the time spent during inhalation and exhalation, was launched after thorough review and proper education. Bi-level ventilation improved the level of care for patients with ARDS.

The collaborative efforts of (L to R) Adin Prieto, RRT, Ali Garcia, RN, pulmonologist Ruben Penaranda, MD, Michael Williford, RN, and Flora Chakmakis, RRT, have enhanced patient- and family-centered care.
If you ask staff and leaders to identify areas that need improvement, communication always tops the list. Communication problems usually are included on post-incident analyses. We know that there are ramifications if key players are not aware of important details.

To combat common communication problems, Homestead Hospital has implemented interdisciplinary huddles. These brief meetings provide key staff members with an overview of the hospital’s status. Huddles take place daily at 0830 and 0400 and last 30 minutes or less. The house supervisors facilitate the meetings and attendance is mandatory for every department leader or the designee. Huddles are attended by representatives from many departments, including Pharmacy, Environmental, Security, Food Service, Physical Therapy, Imaging, Performance Improvement, Case Management, Admitting/Registration, Cardiology, Engineering, Supply Chain, Human Resources, Infection Control, Laboratory, Magnet, Pastoral Care, Patient and Guest Services, Risk Management, patient care units and the executive staff.

Each unit provides a summary of staffing and general unit updates. The team also identifies challenges from the previous shift and issues requiring follow-up. Quick problem resolution occurs as a result of these huddles. Leaders have learned about the inner workings of other areas in the hospital and are now able to recognize when other units are overloaded. As a result, team members from one department will pitch in to help another area, and that’s when true collaboration occurs.

The huddles were especially helpful during Hurricane Irma. All department leaders received the same information at the same time and important details were passed on to staff members. Since Hurricane Irma was the first large hurricane we have experienced in the new hospital, the staff faced many first-time issues. Our daily huddles enhanced our communication and improved the team’s performance as we weathered the storm. They continue to be a valuable everyday collaboration tool.

Our multidisciplinary Stroke Team is committed to providing high-quality care and lifesaving treatment.
Although Hurricane Irma has changed the way Baptist Health is delivering acute patient care in the Middle Keys, it has not changed our determination to provide the community with high-quality healthcare. The incredible staffs at Mariners Hospital and Fishermen’s Community Hospital and other Baptist Health entities are to be commended for their collaborative efforts in the days and weeks following the storm.

On Monday, September 11, immediately following the hurricane, a Mariners Hospital emergency physician and nurses provided patients with minor care and prescription refills in the hospital parking lot. The Mariners Hospital Emergency Department opened the next day with the help of two nurses from Homestead Hospital. Later in the week, the hospital reopened its doors for inpatient care.

Fishermen’s Community Hospital sustained serious damage in the storm and a mobile disaster hospital was established to provide urgent and emergent care to the community. Dawn Hire, MSN, RN, NE-BC, and Melanie O’Neill, MSN, RN, Mariners Hospital Nursing Services directors, coordinated the opening of the acute patient care areas. They assessed the available supplies, equipment and staff and trained the Fishermen’s nursing team to use Mariners Hospital downtime forms.

Nursing care in the mobile disaster hospital is provided by both Mariners Hospital and Fishermen’s Community Hospital nurses and nurse leaders. Nurses from Fishermen’s rotate to Mariners to gain experience in our acute care areas and receive training on our policies, procedures and forms. They also attended Cerner training sessions provided by Clinical Informatics, as Fishermen’s Hospital had not yet converted to the electronic health record system.

Since all departments at both hospitals have been impacted by the opening of the mobile disaster hospital, multidisciplinary collaboration has been essential to providing the very best care to the Keys community. With the support of Baptist Health, the Mariners and Fishermen’s Community Hospital teams have weathered the storm and displayed unity and teamwork in the face of adversity.

Due to extensive damage from Hurricane Irma, Fishermen’s Community Hospital is operating out of a mobile disaster hospital to provide care to the Middle Keys community. Provided by the North Carolina Department of Health and Human Services, the hospital includes a five-bed emergency department, a six-bed medical-surgical unit, diagnostic equipment and a laboratory and pharmacy. Nurses from Fishermen’s and Mariners Hospitals joined forces with the interdisciplinary team to set up each area for patient care. Mariners nurses conducted in-service on the procedures utilized at their hospital since Fishermen’s nurses no longer had access to their downtime forms. The two nursing teams also collaborated to develop a procedure book, forms, filing system and sign-off book.

In this new, unique environment, medical-surgical nurses are practicing urgent care and emergency care, within their scope of practice. Every day, Fishermen’s Community Hospital nurses provide compassionate care to patients and families. The team continues to put patients first, even though many nurses lost their homes in the storm. “This is the most exciting and rewarding work I have ever done,” commented Pat Nagy, RN, ICU.
The implementation of shared governance councils within an organization has been known to change the culture and environment and improve employee engagement and retention, quality of care and patient satisfaction. To help further define the Miami Cancer Institute culture, we held our first multidisciplinary Shared Governance Council Retreat in August.

The one-day retreat was supported by the executive and leadership teams, who have directed departments with 10 or more employees to have a shared governance council. A total of 48 employees and leaders, representing 22 committees from various departments, came together to learn about shared governance, performance improvement, evidence-based practice (EBP) and building effective teams.

We opened the meeting with a review of the Institute’s mission, vision, expectations and the importance of shared governance. Speakers were Marguerite Rowell, MSN, MBA, MSM/HM, ONC, SCRN, assistant vice president of Nursing; Barry Hallman, Value-Based Care and Quality Improvement; and Aida Barragan, Talent Management and Development.

Tools, resources and information presented during the second cohort of the Center for Transdisciplinary Evidence-based Practice program, hosted by Memorial Sloan Kettering Cancer Center in June, were utilized at the retreat. We also presented the various models of performance improvement and EBP, including Baptist Health’s model entitled Clinical Excellence Through Evidence-based Practice. The group learned about the six steps to EBP, elements of good clinical questions (PICOT), setting measurable goals and outcomes, benchmarking, data collection, evaluating progress and disseminating project results. Attendees left the program energized and prepared to begin their council and choose their first EBP project.

Currently, the Institute’s shared governance councils are working on multiple department-based projects to impact communication and the quality of care and service. Some of the projects seek to improve intradepartment communication, wait times, department productivity, staff recognition and engagement and reduce the spread of infection.

Partnering With Patients and Families to Improve Care

Research shows that patient and family engagement in collaboration with the healthcare team improves the quality of care. Patients and family members who have been touched by cancer have provided constructive feedback leading to the redesign of Miami Cancer Institute’s adult patient information folder. The folder contains welcoming information to orient patients to our facility, including an overview of services and resources, tools to keep track of appointments and organize test results, helpful tips and a terminology guide. The information folder initially was created in response to feedback received by family members of patients who had been treated at other facilities and struggled to keep everything organized throughout their family’s cancer journey.

Successful patient and family engagement in the revision of the adult patient information folder prompted the creation of a subcommittee composed of pediatric families who would collaborate to develop a new pediatric patient information folder that addresses the special needs of pediatric patients and families.

Family members meet on a regular basis with Institute team members from Social Work, Child Life, Nursing, Administration and Marketing (at left) to ensure that the folder and other initiatives will best serve patients and their families as they battle cancer.
Case Management across Baptist Health has implemented a standardized Triad Case Management Model that delivers evidence-based care to improve the discharge experience as a patient transitions from the acute inpatient setting to home or other post-acute facility. The optimized design provides a unified direction and supports the evidence-based clinical care and value-based care initiatives as we prepare for the rapidly changing future of healthcare.

The new model brings together a nurse case manager, Utilization Review case manager and Social Work case manager so that every aspect of the patient’s care is addressed. The model merges clinical and psychosocial expertise to ensure that the patient is reaching the necessary milestones in the progression of care during hospitalization and the discharge process.

The Triad Model allows for more dialogue between providers, nursing and case management. It also complements the Evidence-based Care Committee’s (EBCC) diagnosis-related group redesign initiatives by having the nurse case manager reinforce the importance of the pathways at the point of care.

South Miami Hospital was the first Baptist Health facility to pilot the Triad Model. Job descriptions for the three classifications of case managers were standardized, and all team members completed a four-hour didactic training and two-hour simulation training.

Triad Model project leads at South Miami Hospital are Nada Wakim, PhD, RN, NE-BC, assistant vice president of Nursing & Case Management; Nicole Young, MSN, RN, director of Care Management; and Carlos Lehem, LCSW, manager of Social Work. Deployment of the model at the corporate level is being led by Milly Selgas, RN, vice president of Case Management and EBCC.

**The Triad Model in Action**

Under the Triad Model, caregivers conduct daily R.A.P.I.D. (Review, Assess, Plan, Imminent Discharge) rounds to review a patient’s status and identify issues that need to be addressed to ensure a safe patient discharge. “My role is to assess and report on the status of mobility, nutrition, medications, pain, wound and skin, telemetry and oxygen, and then set appropriate patient goals,” said Marilyn Escobar Diaz, RN, CMSRN, case manager.

In her role as case manager, Teri Marranca, RN, monitors the CareC2 Pathway for real-time updates on key metrics that assist the team in providing the right care at the right time. “I review any barriers to discharge and take steps to facilitate the progression of care, which may include scheduling consults with members of the interprofessional team, such as physical therapy,” Ms. Marranca explained.

Utilization Review case manager Ruth Lagunas, RN, verifies authorizations for care and provides concurrent utilization review for medical necessity and length of stay. “I report changes in patient status and the care plan to payers or government agencies and obtain approvals for extending the patient stay,” Ms. Lagunas said.

The Social Work case manager provides psychosocial assessments and assistance with high-risk discharges. “It’s important to assess a patient’s living environment, support and coping mechanisms when reviewing the options for discharge,” said Madeleine Valdivia, LCSW, Social Work case manager. “To ensure a safe transition, I also arrange skilled nursing and rehab placements, home health services, medical equipment delivery and bedside delivery of medications.”

The Triad Model ensures that the plan of care and service provided are patient- and family-centered, high-quality and cost-effective.
Interdisciplinary care is essential in the delivery of safe, high-quality healthcare. Baptist Health and West Kendall Baptist Hospital have implemented many structures and processes that leverage collaboration of the healthcare team and principles of teamwork and communication to improve the patient experience.

Research has shown that adverse drug effects are reduced when an interdisciplinary team provides discharge education. For this reason, pharmacists are responsible for high-risk medication education. They address the individualized needs of patients and ensure medication management results in optimal therapeutic outcomes.

Baptist Health’s Simulation Lab enables entity teams to practice their collaborative and communication skills in a safe and developmental way. During annual competitions held in the lab, high-performing interdisciplinary teams execute drills, analyze the various scenarios and learn from each other. West Kendall Baptist Hospital medical-surgical nurses attend the simulation training course entitled Speak Up to enhance their teamwork and performance. We also practice mock codes in the hospital to build skills and competency among all staff members.

Collaborative efforts of the care team during acute care interdisciplinary discharge rounds help ensure a patient’s safe transition to home. Studies show that when the physician, nurse, social worker, care coordinator, pharmacist, nutritionist and others work together in a coordinated manner, readmission rates and length of stay decrease and patient satisfaction increases. This was evident when West Kendall Baptist Hospital piloted the evidence-based project called BOOST (Better Optimization of Outcomes of Safe Transition). Utilizing BOOST’s comprehensive intervention tools, nurses and other care providers identify patients at high risk of rehospitalization and target specific interventions to mitigate the risks. The program also boosts communication between providers and patients and improves patient safety and satisfaction.

Baptist Health and West Kendall Baptist Hospital embrace the evidence behind interdisciplinary practice to improve the patient experience.

Improving Care With Team-based Medicine

Formalized interdisciplinary rounds enhance our care team’s communication and build a strong foundation for care coordination. Interdisciplinary rounds at West Kendall Baptist Hospital occur throughout the patient stay and are attended by all stakeholders, including the physician, bedside nurse, case manager, social worker, therapist, dietitian and pharmacist. During rounds, the physician facilitates the patient care discussions while the nursing supervisor or resource nurse functions as a team leader to keep the rounds focused and moving smoothly. The bedside nurse is empowered to present a patient’s concerns to the team and advocate for the patient. After rounds, all care team members can share a unified message with the patient and family members to keep them actively involved in the plan of care.

Interdisciplinary rounds can help improve clinical decision-making by giving caregivers access to more patient information, thereby reducing the need for course corrections and ultimately making care more efficient. The team-based approach to care helps decrease average length of stay, reduce preventable readmissions and improve the transition of care. Carol Del Sol, RN, supervisor, Care Coordination, added, “Interdisciplinary rounds also enable care team members to learn something about the other disciplines, which enriches their own practice.”
Five years ago, the average stay at Doctors Hospital following a hip replacement was six days; today, some patients go home the same day, thanks to the Home in 16 Hours project, led by Doctors Hospital Patient Care Supervisor Lizbeth Torres, BSN, RN, CMSRN.

In the hands of experienced, skilled surgeons and a special care team, joint replacement as an outpatient procedure is an emerging option that can benefit healthy patients who meet certain criteria. Ms. Torres conferred with Miami Orthopedics & Sports Medicine Institute orthopedic surgeon Alex van der Ven, MD, about the possibility of offering outpatient hip replacement after Doctors Hospital nurse Teresita Noriega, BSN, RN-BC, learned about it at an orthopedic nursing conference.

“I wanted Doctors Hospital to be the best place for patients to have total joint replacement surgery, and I knew we had the elements required to successfully implement this level of care,” Ms. Torres said.

With the support of Nursing Administration and her manager, Juan Mora, MSN, RN, Ms. Torres assembled a multidisciplinary team consisting of nurses, a dietitian, physical and occupational therapists and representatives from the preplanning, ambulatory surgery, operating room, anesthesia and social work departments to create the Home in 16 Hours process. Since the launch of the initiative in January 2016, the team has collaborated to provide efficient, high-quality care to 26 patients who have had outpatient total joint surgery.

“Lizbeth was pivotal in our transition to the Comprehensive Care for Joint Replacement model,” said Dr. van der Ven. “Her leadership empowered our outstanding nursing team to allow for the safe and early transitions of our surgical patients from hospital to home, even on the same day.”

Ms. Torres admits that changing a long-standing care culture was challenging, but the positive consequences of the change, which include decreased length of stay, improved patient outcomes and increased patient satisfaction, have been rewarding. The Home in 16 Hours pathway includes a patient pre-screening session and educational planning class. Orthopedic nurse practitioner Jessica Heligman, MSN, ACNP-BC, and Ms. Torres meet with the patient before the early morning surgery and closely follow the care process throughout the day. After the patient goes home, one of the two nurses contacts the patient to answer any questions or concerns.

“The level of care has not declined; the timeline simply is accelerated,” Ms. Torres explained. “Every team member plays an important role to keep care coordination on track and the patient’s best interests in mind. It is collaboration at its best.”

Fast Facts About Ms. Torres

Hometown: Puerto Rico
Nursing career: 26 years, 15 years with Doctors Hospital
Experience: Critical care, trauma, orthopedics

Education: BSN in 2013, with plans to pursue her MSN
Family: Mother of five boys, two of whom serve in the U.S. military
Telehealth practitioners work in collaboration with hospital teams to prevent medical errors, identify issues for early intervention and avert unnecessary hospitalizations and readmissions, thereby improving the quality of care while utilizing resources more effectively. Telemedicine certainly fosters a team-oriented approach to healthcare, says Leslee Gross, RN, assistant vice president of Operations at Baptist Health. “The impact of Telehealth is far-reaching in our organization,” she noted.

During Hurricane Irma, the Transfer Center, which maintains a real-time inventory of available beds across the entire Baptist Health network, worked with Miami-Dade Fire Rescue to direct patient flow to Baptist Health hospitals and avoid Emergency Department overload. Transfer Center nurses also are known throughout the organization for coordinating invaluable Telestroke consultations. “Telestroke brings everyone together in stroke care,” Ms. Gross said. “The partnership allows accurate and prompt diagnosis of stroke so that vital treatment can quickly begin.”

Experienced critical care nurses and intensivists in Baptist Health’s nationally renowned tele-ICU use evidence-based protocols to assist bedside nurses caring for patients in critical care units, progressive care units and emergency departments. This team-oriented care approach results in more timely interventions and leads to improved patient outcomes.

Nurses in Home Health Services provide a full complement of in-home nursing care and rehabilitative services, enabling patients to leave the hospital earlier and stay healthier. Telehealth nurses also utilize in-home monitors to help patients with certain chronic illnesses manage their disease. Patient satisfaction is a key indicator of how well the telemedicine modality is meeting patient expectations.

The Telehealth care management team is finalizing plans to provide telemedicine coverage to select skilled nursing facilities. The team will assist practitioners as they provide ongoing care to patients who were treated at Baptist Health facilities. Collaboration with the interdisciplinary team and patients’ families will ensure smooth transitions of care and minimize hospital readmissions.

The use of telemedicine steadily increases as it has become a viable modality to patient care. This growth prompted the state legislature to create the Florida Telehealth Advisory Council. During the past year, Ms. Gross has served as a member of this council, working to draft a report that defines telehealth, establishes payment and coverage conditions for payers and encourages synchronous and asynchronous telehealth under the state’s Medicaid program. The advisory council issued its recommendations to the state on October 31.