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<th>Core Interventions</th>
<th>Operationalization</th>
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| **Relationship-Based Care** | Tactics to hardwire the philosophy of relationship-based care *(e.g. patient/family included in patient rounds and plan of care)*:  
  - Patient and family will be included in plan of care  
  - Provide pre-op tours of unit for interested patients/families  
  - Daily Nursing Director rounds  
  - Reinforce/continue daily ITD rounds  
  - Staff will participate in development and roll-out of innovations including Healthstream education  
  - Warm hand-offs for patients transferred to outside facility |
| **Attending Nurse Role (ARN)** | ARN assignment: 36  
  # ARNs day/eve: 1  
  Shifts covered: day  
  Days of week: Mon-Fri  
  Primary functions:  
  - Start discussion of estimated discharge date, disposition on admission  
  - Collaborate with CSICU ARN and resource nurse re: care coordination to enhance patient/family experience  
  - Participate in daily interdisciplinary rounds and weekly rounds for patients with LOS > 1 week |
| **SBAR Handover Rounding Guideline** | SBAR Handover Rounding Guidelines will be used for:  
  - Shift to shift report  
  - Transfer of patients  
  - Patient issues |
| **Key Pre-Admission/Admission Data** | Upon admission, estimated discharge date and discharge disposition will be documented.  
  - Discuss discharge planning in interdisciplinary rounds  
  - Estimated discharge date will be documented on in-room white board |
| **Innovation Unit Patient and Family Notebook for Patients and Families** | Nurse to review packet with the patient upon admission. ARN to encourage its daily use by patient, family and care team.  
  - Whenever possible, material will be reviewed with patients pre-operatively |
| **Domains of Practice** | Maximize scope of service for all of the health care disciplines.  
  - Unit staff nurses are responsible for daily care of patients.  
  - ARN is responsible to manage trajectory of patient and care coordination with the team.  
  - Will incorporate different disciplines into plan of care as patient needs warrant |
| **Interdisciplinary Team Rounds** | Time of rounds: 10:30am  
  Role groups to participate:  
  - ARN, PA/NP, Nurses, PT/OT |
| **White Boards** | Electronic  
  - Strategically place on unit to facilitate patient placement, discharge planning, throughput, etc.  
  In Room  
  - Update daily with nurse name and patient goal(s). |
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<th>Innovation Unit Profiles – Phase II</th>
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| **Voalte Communication**           | Facilitates timely two-way communication.  
• Will utilize as soon as available |
| **Toughbook utilization by ARNs**   | Uses:  
• SBAR Handover Rounding Guidelines  
• Discharge readiness tools |
| **Implement Discharge Follow-up Phone Calls** | Studer software to be installed. Patients called 24-48 hrs post-discharge.  
• ARN makes the calls |
| **Quiet Hours**                    | Efforts to minimize/reduce noise and interruptions in patient's environment.  
• Quiet Hours: 1:30PM – 3PM, 12AM-5AM |
| **Discharge Readiness Tool**       | In development at PHS level |

| Unit-Based Interventions | Operationalization |