SYNTTEGRATION: A New Approach to Planning the Future of Women’s Health

Clinical departments at HUP are re-imagining what health care can and should look like. Some changes, such as properly spaced seats and readily available hand sanitizer in the waiting area, are new in response to new safety needs of the COVID-19 pandemic. But for Women’s Health, which will undergo significant changes at HUP West once the Pavilion (HUP East) opens, big plans were already underway, and continue, to change health care delivery for the better.

Here’s how they’re doing it.

We were looking for people who were willing to speak up and think creatively about the future.

A Unique Approach to Solving Problems

“What must we do starting now and over the next two years to design and create the ideal experiences and environments to advance high-value patient and family-centered women’s health care at HUP?”

That was the question that a group of 27 participants — representing a wide variety of stakeholders in Women’s Health at HUP — were brought together to answer last fall. They listened to what each considered his or her most important issues surrounding the question and together narrowed a long list into a set of strategies and actions that would lead them to their goal…all within two days. This is Syntegration.

In reimagining Women’s Health, everything is being examined, from the actual physical layout — making sure there’s close proximity among all of the units on one floor — to the kind of technology necessary to design and create the ideal experiences and environments to advance high-value patient and family-centered care. Syntegration, the group combined similar ideas and narrowed the suggestions down to eight specific topic areas. This set the agenda to be discussed in three rounds of meetings held over the next day and a half.

For each of the meetings, each participant was assigned a role, and different groups of people were brought together in one space or retaining the right staff. Typically, in making these kinds of plans, a small group collects feedback from stakeholders and then decides the best direction to take; the individual groups rarely talk with each other about things that are important to them. In Syntegration, stakeholders actually talk with one another — thousands of person-to-person interactions called collisions — to help them come up with the final plans of action, based on what they all consider important.

“This brought stakeholders together with different perspectives — you hear their ideas directly, what’s on top of their minds,” said Deborah Driscoll, MD, SVP for the Clinical Practices of the University of Pennsylvania and former chair of OB/GYN.

Also, unlike the traditional process using consultants, results do not take months to develop. “It’s a rigorous time frame within days. “It’s a rigorous time frame representing ‘statements of importance,’ that is, what each participant felt was crucial to consider in moving ahead. For example, making sure all services are in one space or retaining the right staff. Working with Syntegrity facilitators, the group combined similar ideas and narrowed the suggestions down to eight specific topic areas. This set the agenda to be discussed in three rounds of meetings held over the next day and a half.

For each of the meetings, each participant was assigned a role, and different groups of people were brought together in one of the three roles. “Members” drove the conversation at each round. “Critics” were not part of the actual discussion but provided feedback as to how they thought the conversation was proceeding. “It was not criticism of the thoughts or ideas, but of the conversation itself. What is missing from the conversation?” said Jessica Lazzeri, MSN, clinical director of Women’s Health. “Observers” listened and took notes. At the end of the three meetings, participants narrowed the ideas down to three specific recommendations to help each of the eight topics move forward.

Hundreds of statements of importance from participants were grouped into eight specific topic areas for discussion.

What Comes Next?

In the final part, using fake money, each person “invested” in the recommendations they considered priorities to help Women’s Health reach its goal over the course of the next two years. This resulted in a list of 10 projects.

While Driscoll had expected to see the use of technology, innovation, etc. in delivering better care on the list, “what also emerged was a focus on disparities in health care, integrating behavioral health, and using data to inform our decisions,” she said. “I hadn’t expected that. That’s what’s unique about this process.”

Following the workshop, a team was created for each topic, tasked with bringing “all the things we envisioned to fruition over the next two years,” Cunningham said. In the wake of the pandemic, the work of the Syntegrity teams was put on hold, but Lazzeri said that plans to decide the best way to move forward are being discussed. In the meantime, the response to the COVID-19 pandemic has itself prompted other changes and plans for the future of Women’s Health.

The mental and behavioral impact of COVID-19 has made behavioral health resources in the new Women’s Health especially crucial. “We have already started collaborating with Psychiatry to develop a systemic, integrated approach that allows us to provide greater access and a shared approach to the mental health needs of our patients,” said Sindhu Srinivas, MD, director of Obstetrical Services at HUP.

Samuel Pary, MD, interim chair of OB/GYN, said that COVID-19 has made telemedicine a definite part of medicine’s future. As a result, in planning Women’s Health’s expanded space in HUP West, “there will need to be dedicated space in a quiet area and dedicated computers,” he said. While not every OB/GYN condition can be seen via telemedicine, many readily lend themselves to a virtual visit, including postpartum visits or a discussion of contraception options.
NARCAN NASAL SPRAY CAN SAVE LIVES

Although news stories about COVID-19 have pushed the opioid epidemic from people’s minds, the crisis is still simmering in the communities we serve. In fact, for those addicted to opioids, the impact is far greater.

“Individuals struggling with substance use disorder already suffer from social isolation, now amplified by required social distancing,” said Bonnie Milas, MD, of Anesthesiology & Critical Care Medicine. “The current need for social distancing limits their access to medication, recovery care, and social supports, thereby increasing the chance of relapse or suffering a drug overdose.”

As a result, “COVID-19 has made it even more important to carry Naranac nasal spray.”

It Can Happen Anywhere

Naloxone (Narcan) is the antidote to an opioid overdose. It can not hurt a person, Milas stressed, but it can save lives. Margaret Hudson, BSN, a nurse in HUP’s MICU, knows this firsthand.

Late last year, she was sitting a short distance from a person at a concert who had passed out and fallen to the ground. She found him sweaty, shaking, and taking shallow breaths. Her attempts to revive him brought no response, she yelled for someone to call 911 and took her Narcan nasal spray from her purse and administered a dose. After a couple minutes, “the person jerked awake and started thrashing,” she said. By then, the vendor’s medical staff had arrived on the scene and shortly thereafter an ambulance came.

Two years ago, Philadelphia had more than 900 overdose deaths involving opioids, and chances are the pandemic will worsen the situation. As restrictions are eased, more people will be traveling to work, many on public transportation where drug overdoses routinely occur, Milas said. But any place can be vulnerable, including public restrooms and libraries … and private homes.

What to Do

No matter where you are, if a person suddenly collapses nearby, there are certain steps anyone can take to assess the situation, Milas said. After establishing that the person is unconscious and cannot be roused, alert others nearby to call 911. Look for symptoms of an overdose, including “pinpoint” pupils (which can barely be seen), lips that are blue or bluish gray, and barely breathing or not breathing at all. If you’re uncomfortable taking these steps, “ask if there are any doctors or nurses close by,” she said. And if you’re alone, “call 911 yourself, put the phone on speaker, and follow the dispatcher’s directions.”

Milas said that wearing gloves — or having hand sanitizer available — and a mask will help protect individuals who choose to intervene with Narcan nasal spray. “If the victim has a mask on, remove it and administer the nasal spray in the nose of the victim with your gloves and mask on.”

To use the Narcan inhaler, place two fingers on either side of the plunger, put the inhaler into the person’s nostril and push the pump once to the top. “If you’re nervous about using it, at the very least tell others trying to assist that you have Narcan.”

Pharmacists in Pennsylvania can dispense naloxone without requiring an individual prescription, according to phila.gov. And, once you have it “always carry it with you.”

To view a demonstration of how to administer Narcan nasal spray, click on “Penn Medicine Opioid Stewardship” under What’s Hot on the Intraweb. Then go to “How to Prescribe Naloxone” and scroll down.

HUP’S EXPANDED CAPACITY MANAGEMENT CENTER KEEPS PACE DURING COVID SURGE

With the opening of Penn Medicine’s newly renovated and expanded Capacity Management Center earlier this year, transferring patients into HUP, Penn Presbyterian, and Pennsylvania Hospital became a faster and more efficient process. And, as it turned out, the improvement came just in time to handle the COVID surge.

Indeed, during the height of the pandemic in Philadelphia, many COVID-positive patients were transferred into one of the three city hospitals — from hospitals within the Health System as well as from others in Pennsylvania and outside of the state, including many from North Jersey. “We saved many lives,” said Joseph Moffa, MSN, BS, clinical director of the Penn Medicine Transfer Center and HUP Patient Flow.

COVID changed some standardized procedures. For instance, while previously the Transfer Center only called the attending physician receiving the patient, now the chief of that department and a physician from Infectious Diseases are on the call as well, confirming that the patient needs to be transferred and also the best place to bring the patient. “It helps control capacity and keep the front line staff safe,” Moffa said.

The Center’s renovation brought all the departments needed to successfully complete transfers to one centralized location on Silverstein 3. This includes PennSTAR, Bed Management, EVS, and Transport. The upgrade also added state-of-the-art technology to the transfer process, such as three big screens at each workstation for easier access to multiple patient information dashboards, such as Penn Chart.

Both Moffa and Alexandra Cosan, MSN, associate clinical director of the HUP Capacity Management Center, give their staff kudos for their flexibility in adapting to the frequent process changes while keeping the flow of patients running smoothly. While transfers of non-COVID patients decreased during the pandemic’s peak surge in Philadelphia, the numbers are already starting to rise. The Center is at the ready as HUP continues its work to define a “new normal” after the pandemic.

BOOKS CAN HEAL

To support essential workers, along with small businesses, during the pandemic, Eugenia South, MD, of Emergency Medicine, collaborated with Harriet’s Book Shop, a black-owned small business that supports women authors and artists, to donate books to those working on the front line. After several weeks of South’s giveaways, Jeannine Cook, the owner of Harriet’s Book Shop, had the idea of Essentials for Essentials, a program where people can purchase books for the Emergency Department staff at HUP and Penn Presbyterian Medical Center. “It started when one customer wanted to buy a book for a neighbor who was a nurse, and she wanted to cheer her up,” said Cook. “It gave me the idea that books can heal.”

In April, South began to take book requests from doctors, nurses, technicians, and any other staff who were interested in participating. Quickly receiving 50 book orders, South shared the list with Cook who posted it on her shop’s website, and in just one day, all the requested books were bought. Once the books are purchased, Cook wraps them up in boxes that are then delivered to the hospitals. As part of the program, book donors can leave notes that Cook describes as “prescriptions” for the health care workers, expressing their thanks for service or sharing why that book is meaningful to them.

Learn how you can support our essential staff at https://bessersonforessentials.bigcartel.com/products.

HUP Update

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