

‘Been there... Done that!’

# Presented by:



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Royal Victoria Hospital



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Headwaters Health Care Centre



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Collingwood General & Marine Hospital

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C  
?

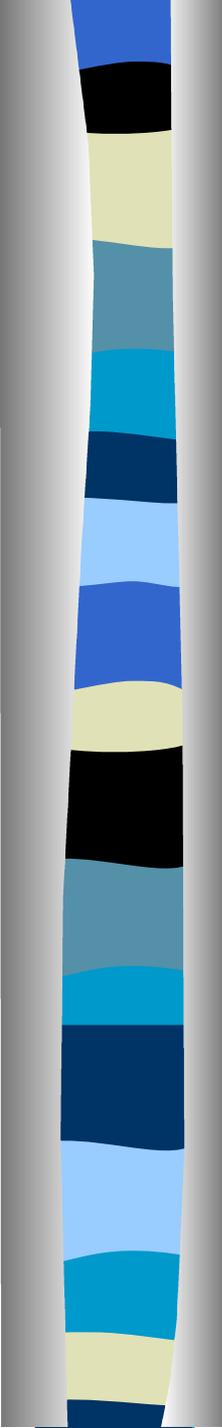
What letter does it begin with?

What colour is it?

What is smaller than it?

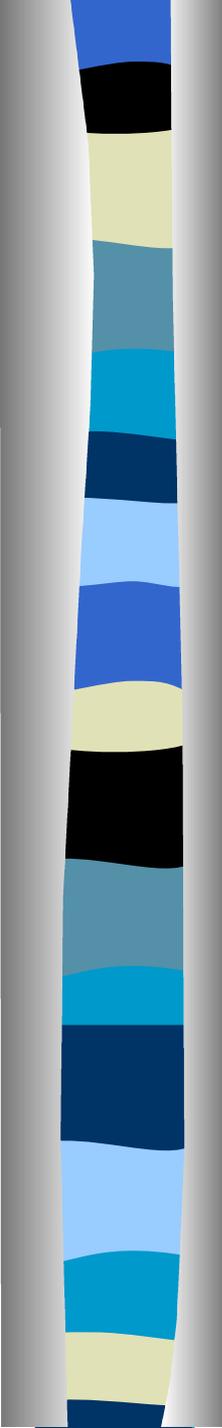
What is bigger than it?

What is it made of?



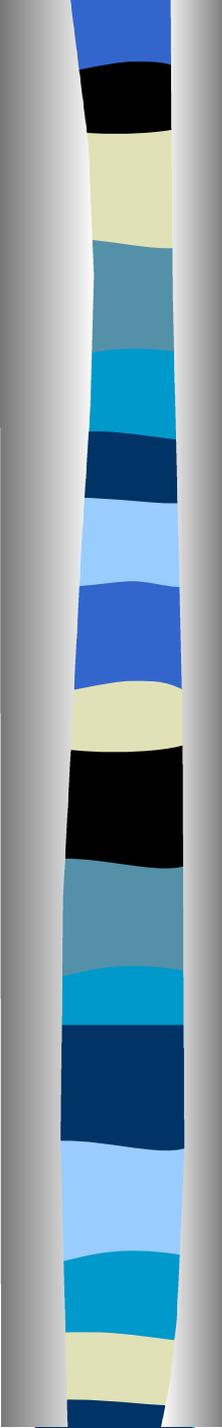
# What is HOBIC ?

- Health Outcomes for Better Information Care
- It measures patient's progress from admission to discharge
- It is a measurement tool designed to display patient care and the impact nursing has on patient outcomes
- It is data base that will store and tabulate information about a patient, a unit, a facility or region.



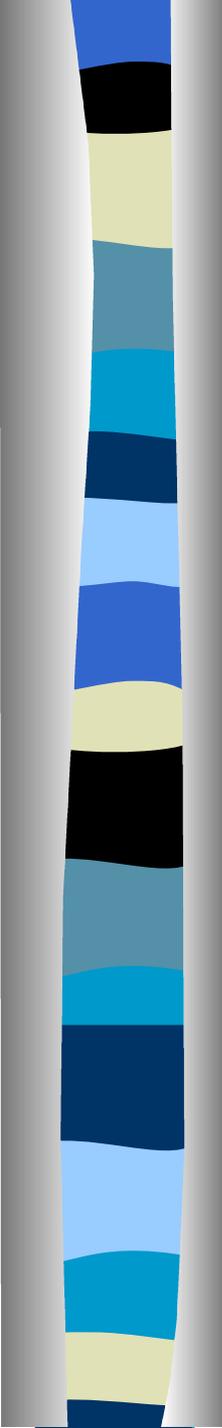
# HOBIC Measures

- Functional Status
  - Activities of Daily Living,
  - Bladder Continence
- Symptom Management
  - Pain, Nausea, Fatigue, and Dyspnea
- Safety Outcomes
  - Patient Falls, Pressure Ulcers
- Acute and Homecare: Therapeutic Self-care – readiness for discharge



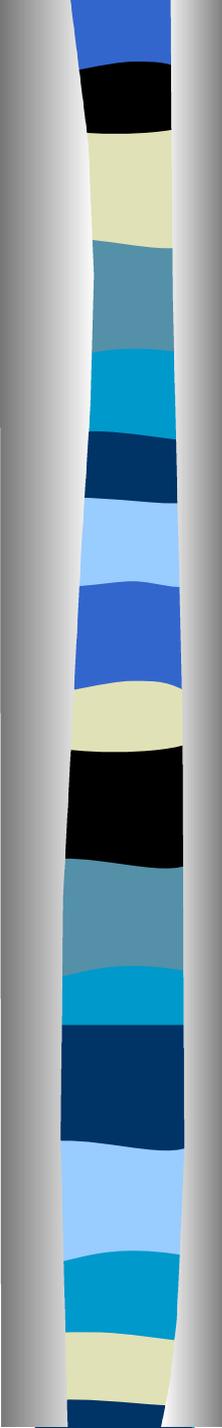
# Where will it be used?

- Home care
- Long Term Care Facility
- Complex Continuing Care
- Acute Care
- Does not include Rehab, OB or ER at this point



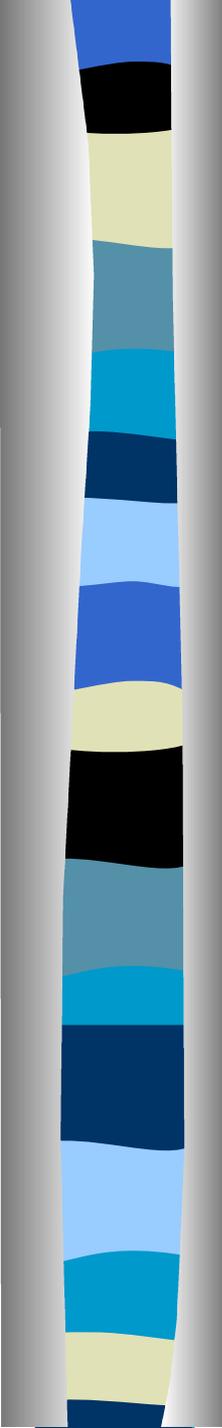
# Unique Relationship

- Regional clinical information technology partnership
- Partnership is comprised of an independent group of hospitals
- Developed to collaborate on information technologies



# Regional Collaboration

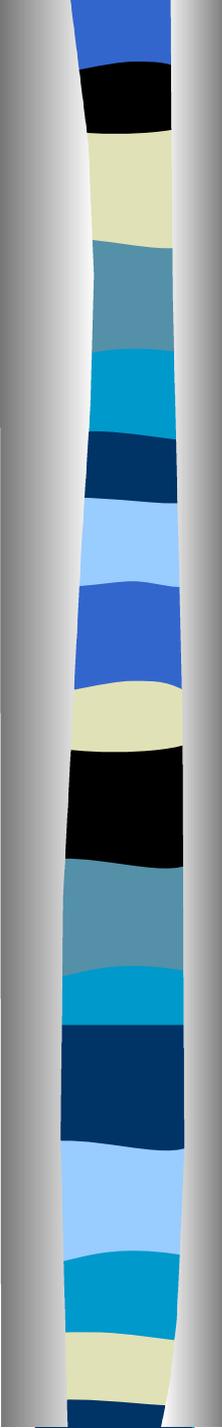
- Our regional group includes:
  - Barrie, Royal Victoria Hospital
  - Collingwood General & Marine Hospital
  - Orangeville and Shelburne, Headwaters Health Care Centre
  - Penatanguishene and Midland, North Simcoe Hospital Alliance



# LHIN

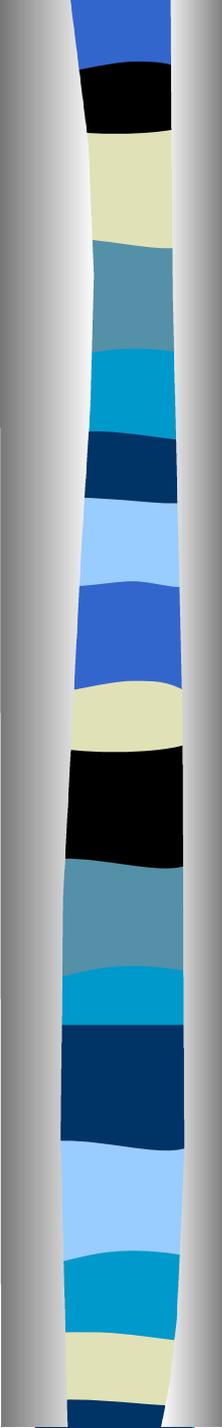
## Local Health Integration Networks

- HOBIC was introduced into North Simcoe Muskoka LHIN
- Hospital Information System partnership crosses LHIN boundaries – Headwaters from Central West LHIN participated
- Our regional working group volunteered to become pioneers for the implementation of the collection of nursing sensitive outcomes



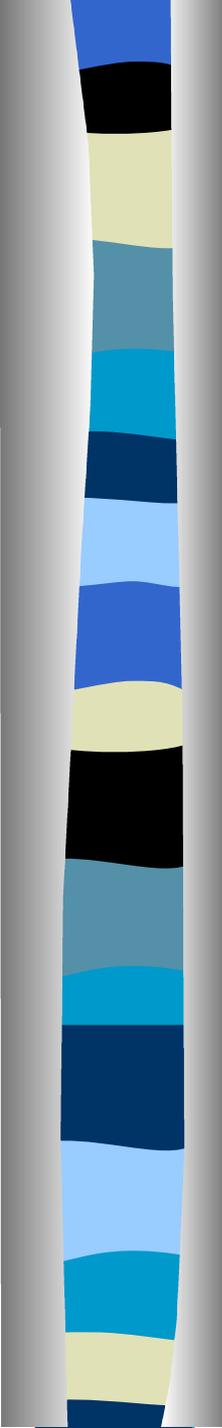
# Early Adopter

- Our Regional strength
  - Established synergistic group
  - Shared vision
  - Effective and efficient utilization of IT resources through out rural area
  - An existing inpatient nursing electronic documentation system
  - Able to have input at the ground level for the dissemination of HOBIC through out the province and nationally
- Senior Administration Leadership
  - Supported the ‘pioneer’ role of the region in the HOBIC implementation
  - Provided the support required to initiate the collection of HOBIC measures



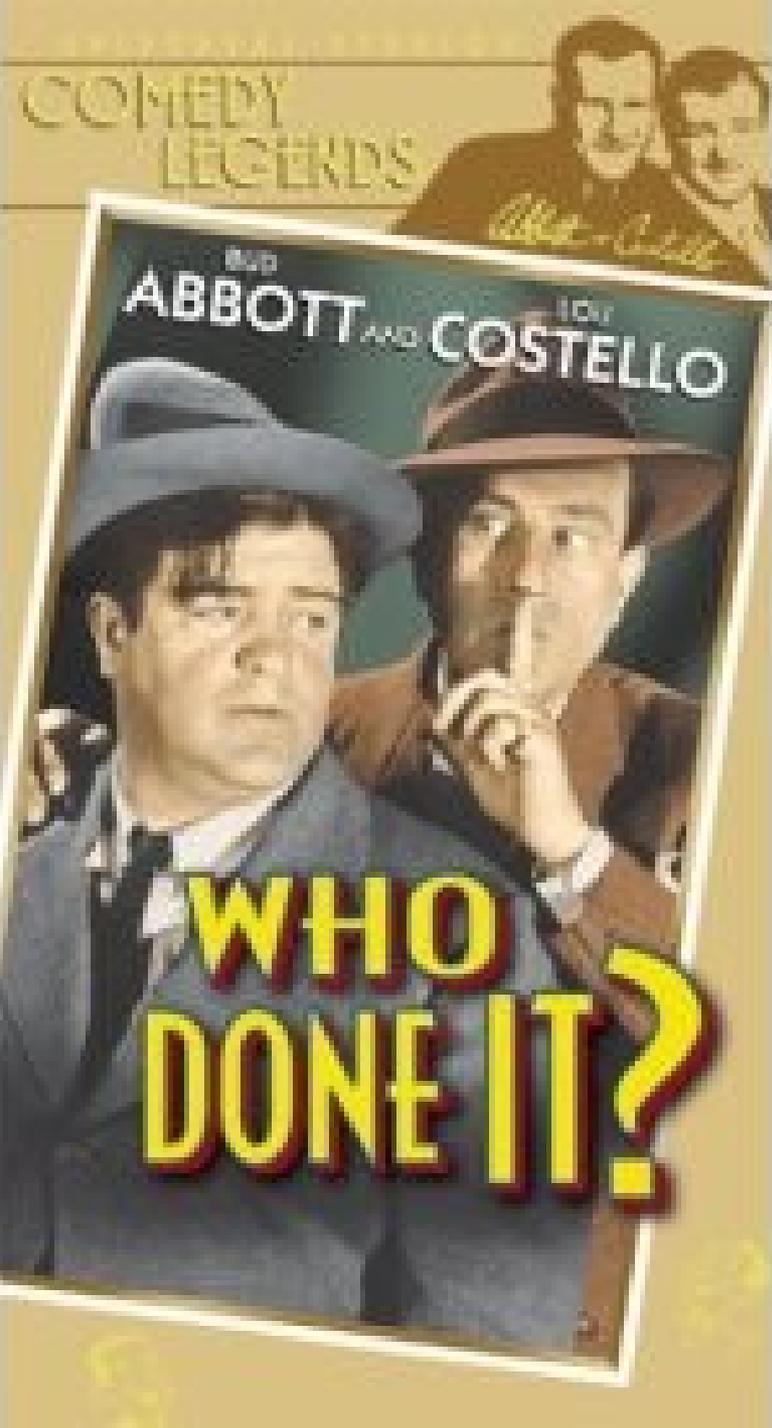
# Partnership Opportunities

- New MOH Projects that require integration.
- Cost and Workload Sharing
- Brain Storming to develop the best possible solution for the end users

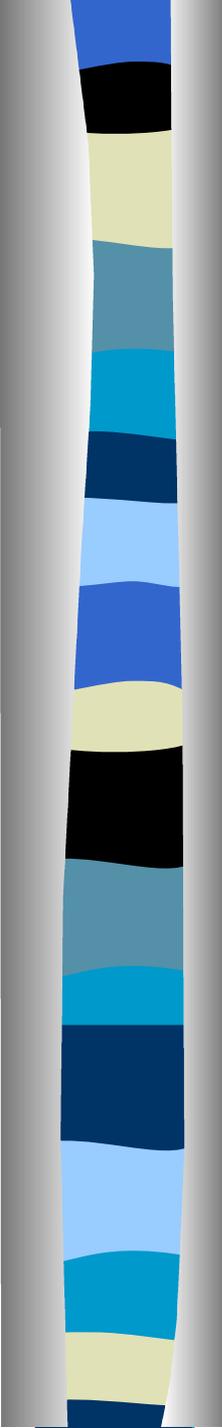


# Nursing Opportunities

- HOBIC gave us the incentive to make further improvements to our admission assessment
- Enhanced communication between all healthcare providers using a standardized language
- Care Plan Development
- To view what they do as nurses that will make a difference in future patient care



Now...How did we do it?

- 
- Used a common dictionary build in Meditech PCS Module
  - Used these dictionary elements in each of our respective documentation structures
  - Structure of the NPR reports
  - Organizations had unique documentation requirements

# Acute Measures

HEALTH OUTCOMES for BETTER INFO & CARE	
Health Outcomes for Better Information & Care	Use HOBIC measurement criteria described in the Protocol
Questions answered by?	<input type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Other
Pain-Last 24 hours	
Pain Symptoms	<input type="checkbox"/> No pain <input type="checkbox"/> Present none x24hrs <input type="checkbox"/> Present in past 24 hrs
Highest pain intensity last 24 hrs	<input type="text"/> (Scale 0-10)
Pain Location and Intensity - Occurrence #1	
→ Pain Location Body Site Modifier <small>Select all that apply</small>	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> Proximal <input type="checkbox"/> Distal <input type="checkbox"/> Volar <input type="checkbox"/> Dorsal <input type="checkbox"/> Joint <input type="checkbox"/> Bone <input type="checkbox"/> Soft Tissue
→ Pain Location Body Site	<input type="checkbox"/> Head <input type="checkbox"/> Toe <input type="checkbox"/> Foot <input type="checkbox"/> Hand <input type="checkbox"/> Leg <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Shoulder <input type="checkbox"/> Calf <input type="checkbox"/> Neck <input type="checkbox"/> Hip <input type="checkbox"/> Ankle <input type="checkbox"/> Face <input type="checkbox"/> Sacrum <input type="checkbox"/> Pelvic <input type="checkbox"/> Ear <input type="checkbox"/> Frontal <input type="checkbox"/> Occipital <input type="checkbox"/> Abdomen <input type="checkbox"/> Knee <input type="checkbox"/> Thigh <input type="checkbox"/> Finger <input type="checkbox"/> Parietal <input type="checkbox"/> Cheek <input type="checkbox"/> Arm <input type="checkbox"/> Eye <input type="checkbox"/> Jaw <input type="checkbox"/> Generalized <input type="checkbox"/> Temporal <input type="checkbox"/> Breast <input type="checkbox"/> Other
Current pain intensity?	<input type="text"/> (Scale 0-10)
Symptoms- Last 24 hours	
Fatigue	<input type="checkbox"/> None/no fatigue <input type="checkbox"/> Minimal/can complete <input type="checkbox"/> Moderate/can start <input type="checkbox"/> Severe/can't start some <input type="checkbox"/> No ability/can't start
Dyspnea	<input type="checkbox"/> No symptoms <input type="checkbox"/> With Moderate activity <input type="checkbox"/> With Normal activity <input type="checkbox"/> Present at rest
Nausea	<input type="checkbox"/> No nausea <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Incapacitating
Nutrition- Last 24 hours	
Nourishment despite method	<input type="checkbox"/> Independent <input type="checkbox"/> Set-up <input type="checkbox"/> Supervision <input type="checkbox"/> Limited assistance <input type="checkbox"/> Extensive assistance <input type="checkbox"/> Maximal assistance <input type="checkbox"/> Total dependence <input type="checkbox"/> Activity did not occur
Personal Care- Last 24 hours	
Full bath/shower	<input type="checkbox"/> Independent <input type="checkbox"/> Set-up <input type="checkbox"/> Supervision <input type="checkbox"/> Limited assistance <input type="checkbox"/> Extensive assistance <input type="checkbox"/> Maximal assistance <input type="checkbox"/> Total dependence <input type="checkbox"/> Activity did not occur
Personal Hygiene	<input type="checkbox"/> Independent <input type="checkbox"/> Set-up <input type="checkbox"/> Supervision <input type="checkbox"/> Limited assistance <input type="checkbox"/> Extensive assistance <input type="checkbox"/> Maximal assistance <input type="checkbox"/> Total dependence <input type="checkbox"/> Activity did not occur
Cleaning after elimination	<input type="checkbox"/> Independent <input type="checkbox"/> Set-up <input type="checkbox"/> Supervision <input type="checkbox"/> Limited assistance <input type="checkbox"/> Extensive assistance <input type="checkbox"/> Maximal assistance <input type="checkbox"/> Total dependence <input type="checkbox"/> Activity did not occur
Bladder continence in last 24h	<input type="checkbox"/> Continent/no catheter <input type="checkbox"/> Control with device <input type="checkbox"/> Infrequent incontinence <input type="checkbox"/> Frequently incontinent <input type="checkbox"/> Incontinent <input type="checkbox"/> No urine output
Mobility- Last 24 hours	
Indoor walking	<input type="checkbox"/> Independent <input type="checkbox"/> Set-up <input type="checkbox"/> Supervision <input type="checkbox"/> Limited assistance <input type="checkbox"/> Extensive assistance <input type="checkbox"/> Maximal assistance <input type="checkbox"/> Total dependence <input type="checkbox"/> Activity did not occur
Self positioning in bed	<input type="checkbox"/> Independent <input type="checkbox"/> Set-up <input type="checkbox"/> Supervision <input type="checkbox"/> Limited assistance <input type="checkbox"/> Extensive assistance <input type="checkbox"/> Maximal assistance <input type="checkbox"/> Total dependence <input type="checkbox"/> Activity did not occur
Toilet Transfer	<input type="checkbox"/> Independent <input type="checkbox"/> Set-up <input type="checkbox"/> Supervision <input type="checkbox"/> Limited assistance <input type="checkbox"/> Extensive assistance <input type="checkbox"/> Maximal assistance <input type="checkbox"/> Total dependence <input type="checkbox"/> Activity did not occur

# Acute Measures - cont'd

Falls	<input type="checkbox"/> No fall in last 90 days <input type="checkbox"/> One fall in last 30 days <input type="checkbox"/> Fell in last 31-90 days <input type="checkbox"/> >2 falls in last 30 days
Pressure Ulcer(s) - Occurrence #1	
→ Location Modifier Select all that apply	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> Proximal <input type="checkbox"/> Distal <input type="checkbox"/> Ventral <input type="checkbox"/> Dorsal <input type="checkbox"/> Plantar
→ Ulcer Location	<input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Coccyx <input type="checkbox"/> Hip <input type="checkbox"/> Back <input type="checkbox"/> Buttock <input type="checkbox"/> Heel <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Toe <input type="checkbox"/> Sacrum <input type="checkbox"/> Other _____
Pressure Ulcer Stage	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> X
Functional Score	
Functional Score	<input type="text"/>
Therapeutic Self-Care Indicators	
Therapeutic Self-Care -- Present Health Condition	Each of the following questions is about an aspect of your care related to your present health condition. Indicate how much you are able to do each care related activity, by choosing the number between 0-5 that is most appropriate. "0" represents NOT AT ALL and "5" represents VERY MUCH SO.
Do you know what medications you have to take?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Do you understand the purpose of your meds?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Can you take your meds as prescribed?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Can you recognize health changes caused by your condition?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Do you understand these changes?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Do you understand and know how to control these changes?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Can you carry out tx/activities taught to manage changes?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Can you maintain your general health	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Do you know who to call for help with ADL's?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Do you know whom to contact in case of a medical emergency?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Can you perform your ADL's?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Can you adjust your activities to your health changes?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Explanation if not completed	<input type="text"/>

# LTC/CCC Measures

Pain - over last 7 days	
Pain Symptom	<input type="checkbox"/> No pain <input type="checkbox"/> Pain less than daily <input type="checkbox"/> Pain daily
Highest pain intensity in the last 7 days	<input type="text" value=""/> (scale 0-10) 0 - No pain      10 - Worst pain
Pain - Occurrence #1	
→ Pain Location Body Site Modifier <small>Select all that apply</small>	Medial
→ Pain Location Body Site	Chest
Current pain intensity?	<input type="text" value=""/> (Scale 0-10)
Symptoms - over the last 3 days	
Fatigue	<input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unable to perform ADL
Dyspnea	<input type="checkbox"/> No symptoms <input type="checkbox"/> With moderate activity <input type="checkbox"/> With normal activity <input type="checkbox"/> Present at rest
Nausea	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Incapacitating
Personal Care - over the last 7 days	
Bathing ability	<input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Limited Assistance <input type="checkbox"/> Extensive Assistance <input type="checkbox"/> Total Dependence <input type="checkbox"/> Activity Did Not Occur
Personal hygiene	<input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Limited Assistance <input type="checkbox"/> Extensive Assistance <input type="checkbox"/> Total Dependence <input type="checkbox"/> Activity Did Not Occur
Dressing ability	<input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Limited Assistance <input type="checkbox"/> Extensive Assistance <input type="checkbox"/> Total Dependence <input type="checkbox"/> Activity Did Not Occur
Toilet use	<input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Limited Assistance <input type="checkbox"/> Extensive Assistance <input type="checkbox"/> Total Dependence <input type="checkbox"/> Activity Did Not Occur
Nutrition - over the last 7 days	
Eating ability	<input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Limited Assistance <input type="checkbox"/> Extensive Assistance <input type="checkbox"/> Total Dependence <input type="checkbox"/> Activity Did Not Occur
Elimination - over the last 14 days	
Bladder Continence	<input type="checkbox"/> Continent <input type="checkbox"/> Usually continent <input type="checkbox"/> Occasionally incontinent <input type="checkbox"/> Frequently incontinent <input type="checkbox"/> Incontinent
Mobility - over the last 7 days	
Walk in room	<input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Limited Assistance <input type="checkbox"/> Extensive Assistance <input type="checkbox"/> Total Dependence <input type="checkbox"/> Activity Did Not Occur
Walk in corridor	<input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Limited Assistance <input type="checkbox"/> Extensive Assistance <input type="checkbox"/> Total Dependence <input type="checkbox"/> Activity Did Not Occur
Locomotion on unit	<input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Limited Assistance <input type="checkbox"/> Extensive Assistance <input type="checkbox"/> Total Dependence <input type="checkbox"/> Activity Did Not Occur
Locomotion off unit	<input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Limited Assistance <input type="checkbox"/> Extensive Assistance <input type="checkbox"/> Total Dependence <input type="checkbox"/> Activity Did Not Occur
Bed Mobility	<input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Limited Assistance <input type="checkbox"/> Extensive Assistance <input type="checkbox"/> Total Dependence <input type="checkbox"/> Activity Did Not Occur
Transfer	<input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Limited Assistance <input type="checkbox"/> Extensive Assistance <input type="checkbox"/> Total Dependence <input type="checkbox"/> Activity Did Not Occur
History of falls.	<input type="checkbox"/> No falls <input type="checkbox"/> Past 30days <input type="checkbox"/> Past 31-180days <input type="checkbox"/> Past 30days & 31-180days
Pressure Ulcers - Occurrence #1	
→ Location Modifier <small>Select all that apply</small>	Right
→ Ulcer Location	Elbow
Pressure Ulcer Stage	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> X
Pressure Ulcers - Occurrence #2	
→ Location Modifier <small>Select all that apply</small>	

# Documentation Example

## Standard of Care

Glo,Heart Mon

DOB: 28/10/1955 51 F AC001067/08 / N000000662 / ROVTV0002836  
Medical F Wing 626-1 ADM IN

Interventions

Document Stamp: 28 Sep 2007 10:36 by Gloria A Johnson \*Real Time

✓	Intervention	Text/Ord	Status	Src	Frequency	History	Sch
	Medical - Legal Assessment		A	PS	ONADM		103
	Admission Height and Weight		A	PS	ONADM		103
	Acute Admission Assessment - HOBIC	☞	A	PS	ONADM		103
	Infection Control Screening		A	PS	ONADM		103
	ADM Physical & PMH - HOBIC - Acute		A	PS	ONADM		103
	Acute - ADM Fall Safety Assess - HOBIC	☞	A	PS	ONADM		103
	Acute - Pain ADM Assessment - HOBIC		A	PS	ONADM		103
	Admission - Therapeutic Self Care HOBIC		A	PS	ONADM		103
	Acute Care - Assess Diet Taken		A	PS	PC		130
	Capture Nursing Workload		A	PS	QSHIFT		140
	Vital Signs - Adult	☞	A	PS	Q8		140
	Medication Administration		A	PS	QSHIFT		140
	Call light within reach at all times		A	PS	QSHIFT		140
	Pulse Oximetry - O2 Assessment		A	PS	Q8		140
	Provide emotional support		A	PS	QSHIFT		140
	Acute Care - Personal Care		A	PS	BID		210
	Sleep Assessment-Nights		A	PS	Q24		29/C



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- Interventions 
- Outcomes 
- MAR 
- Transfusions 
- Special Panel 
- Assign Care Providers
- Notes
- Process Plan
- Schedule
- Open Chart
- Orders
- Allergies
- Historical Meds
- Exit PCS

Document Document Spreadsheet Edit Status Select Status Add Intervention Delete Intervention Undo Document





# Care Plan: Foci, Outcome, Interventions

PcsClient.ROV.ROV.TEST55 - RN Pcs RN

Pcs, Renal4

DOB: 03/04/1927 80 M      HA000673/07 / N000000213 / ROVTV0001242  
 Ht: 162.56 cm / Wt: 70.76 kg      2 East 207.H-4 ADM IN  
 Allergy/ADR: Codeine, Dimenhydrinate, Fish, Peanut, Penicillin, Strawberry

My List

North Simcoe PCS \*\*TEST55\*\*/Facility: HDH/Site: HDH - RN PCS

Process Plans of Care

Selected 1 of 35

Patient: [Redacted]      A/S 80 M      Admit 24/09/07  
 Attending Dr: [BADGE] BADENHORST, GERHARD      Loc: H.2E      Status: ADM IN  
 Overall LOS: [ ] days [ ] hrs      Include Statuses: A, H, S      Suggested Problems: [Y]

Type	Description	Stat	Pri	Start/Target	Day/Freq	Lev	LOS	Protocol
I	IV Therapy	A		05.13.21				IV THERAPY
I	Emotional Support	A		QS				
I	Discharge	A						
I	Discharge Assessment - Acute	A						N.HOBICAC
F	Genitourinary	A						
LO	GU Assessment within DP	A		28/10/07				
I	GU Assessment	A		QS				N.GUVOID
F	Pain	A						
LO	Report pain at tolerable level	A		28/10/07				
I	Pain Assessment-Ongoing	A		BID				PAINSCALE
I	Assess patient anxiety	A						
F	Fatigue -	A						
LO	Patient able to manage fatigue	A		30/09/07				
I	Encourage appropriate food sele...	A						
I	Plan activ. during high energy ...	A		09				
I	Fatigue Assessment	A		02D				

My List    Locations    Find Patient    Acknowledge    Select Status Board    Remove From List    Print

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Assign Care Providers  
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Orders  
Allergies  
Historical Meds  
Exit PCS

# Documenting to Outcomes

DOB: 03/04/1927 80 M HA000673/07 / N000000213 / ROVTV0001242  
 Ht: 162.56 cm / Wt: 70.76 kg 2 East 207.H-4 ADM IN  
 Allergy/ADR: Codeine, Dimenhydrinate, Fish, Peanut, Penicillin, Strawberry  
 Document Outcomes



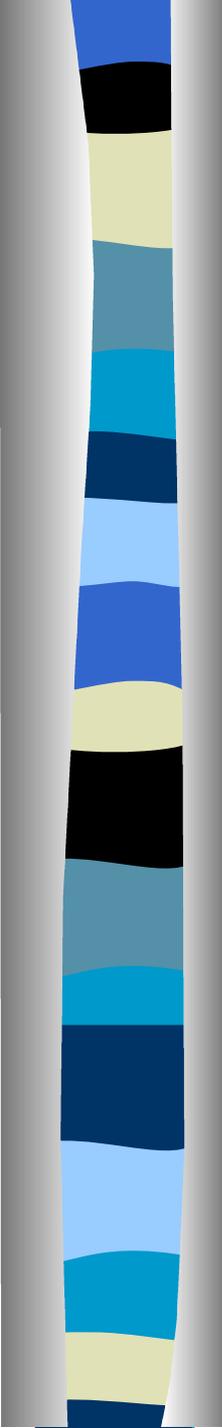
Document Stamp: 26 Sep 2007 16:00 by Rn Pcs \*Real Time\*

Problem	✓	Text	Outcome	Target Date	Status	History	Prtcl	Assoc Data
Gastrointestinal - Nausea Vomiting	<input checked="" type="checkbox"/>	☞	Have no Nausea and Vomiting	28/09	A			
Genitourinary	<input type="checkbox"/>	☞	GU Assessment within DP	28/09	A	2 days		▶
Pain	<input type="checkbox"/>	☞	Report pain at tolerable level	28/09	A	2 days		▶
Fatigue -	<input type="checkbox"/>	☞	Patient able to manage fatigue	30/09	A	15 mins		▶

Last Updated: 26/09/2007 15:59 (1 min ago)

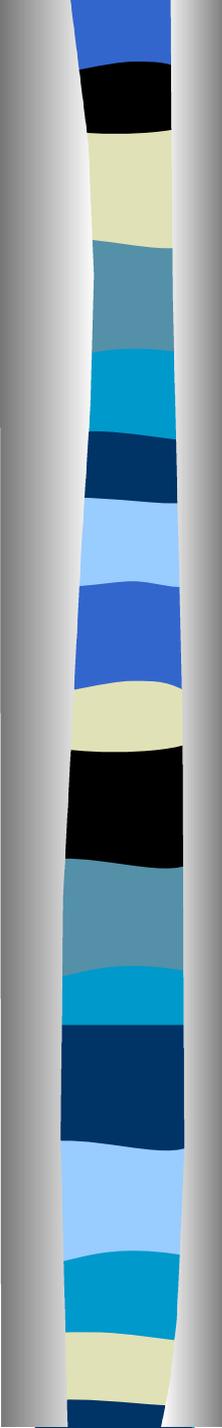
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- Exit PCS





# The Butterfly Unfolds

- A new learning curve for the documentation team
  - Integration
- Development of the data base
  - Report building and testing, testing, testing!
- Transformational process
  - Took several rebuilds to perfect however this should assist with easier future implementation

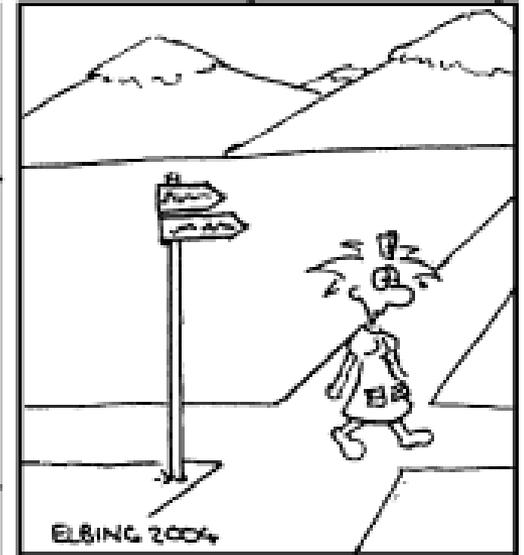
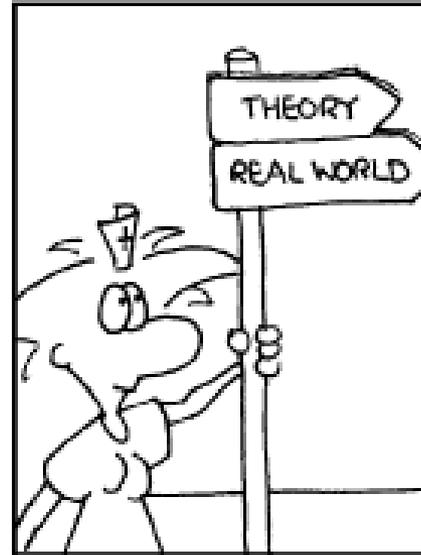
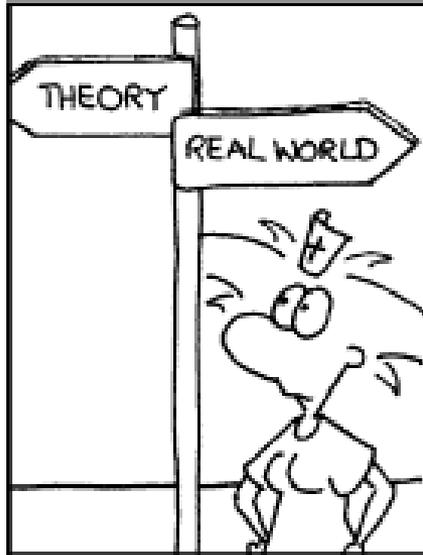


# Communication

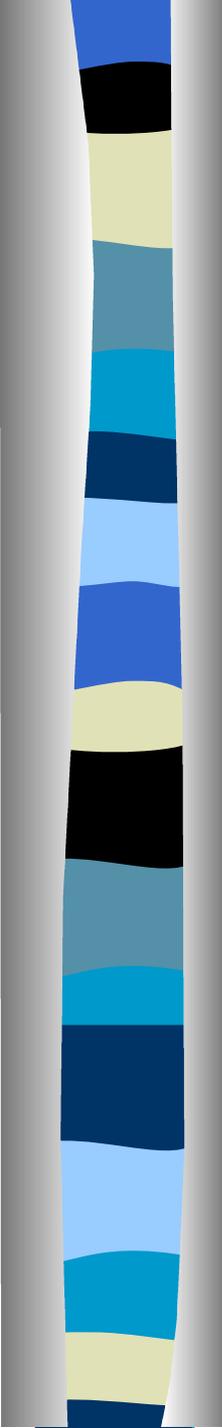
- Communication in the facility
- Regional Group Communication
- Communicating with Technical Team

# Nurstoons

by Carl Elbing

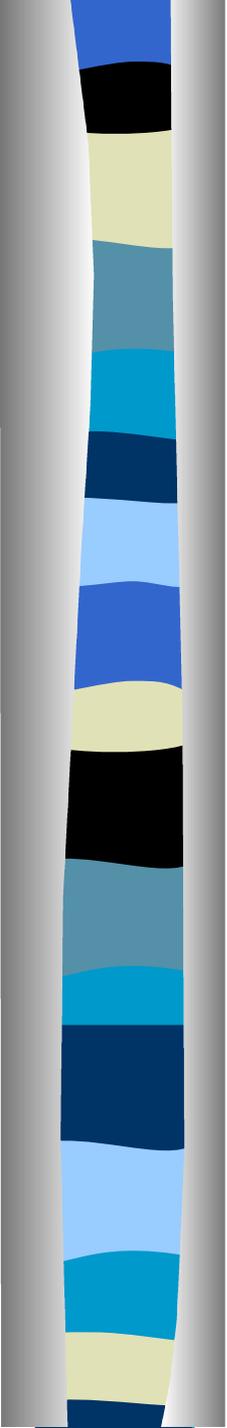


[www.nurstoon.com](http://www.nurstoon.com)



# Challenges

- Communication
- Training
  - Nursing shortage
  - Flexible training times
  - Staff were able to self schedule
- Resources
  - NPR
  - Auditing and Sustainability
  - HOBIC Messaging

A vertical decorative bar on the left side of the slide, composed of various colored segments (blue, black, yellow, teal, light blue, dark blue) arranged in a pattern that tapers towards the top and bottom.

Coming together is a  
beginning.

Keeping together is  
progress.

Working together is  
success.

Henry Ford