



Nursing Executive Center

**EXCERPT**

# The **Market Force** Course

12 Tools for Translating Market Forces into Frontline Terms

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**The Market Force Course is available through the Nursing Executive Center.**

Not a member of the Nursing Executive Center? [Schedule time](#) to speak with an expert about membership options for your organization.

# Tool #11: A “Doomsday” Exercise

## Facilitator Guide

### Overview

This guide prepares leaders to facilitate an interactive exercise for frontline staff on the impact of hospital-acquired conditions by reviewing a fictional “doomsday” scenario. The goal is to demonstrate the cost of common adverse events and help frontline staff understand how adverse events often require leaders to make difficult budgetary trade-offs.

### Who should attend?

Frontline caregivers who work together on a given unit or care setting. Attendees may include nurses, physicians, respiratory therapists, patient care assistants, technicians, medical assistants, etc. We recommend limiting attendance to approximately 25 participants.

### What’s required?

The first time you prepare for this session, you should allocate 2-3 hours to prepare the laminated poster and removable cost items. Since these items are reusable, preparation for additional sessions will require only 10-15 minutes (to review the scenario and print handouts). You should allocate one hour for each workshop.

#### Materials:

- Digital camera
- Laminator and laminating sheets
- Velcro dots (purchased at a craft store)
- Scissors
- Pencils (one per participant)

#### Handouts:

- “Doomsday” Scenario Fictional Case Study found on page 83 of this toolkit
- “Doomsday” Worksheet, found on page 84 of this toolkit
- “Doomsday” Exercise Cost List, found on page 85 of this toolkit

#### Setup

- Take a digital photo of an empty unit and/or administrative office (see the Sample “Doomsday” Laminated Unit Poster on the following page). Have the photo enlarged to fit on a 3 ft. by 5 ft. poster paper and laminated.
- Take digital photos of the items listed in the table of the Doomsday Exercise Cost List. An editable version can be found by visiting [advisory.com/nec/marketforcestoolkit](http://advisory.com/nec/marketforcestoolkit). Print photos of each item on card stock. Cut images out and laminate them. Apply Velcro dots to the back of each image. Affix each item to the laminated poster in advance of the session. (Select images of items included in the cost list can be found by visiting [advisory.com/nec/marketforcestoolkit](http://advisory.com/nec/marketforcestoolkit).)
- Familiarize yourself with the “Doomsday” scenario.
- Distribute the “Doomsday” Scenario Fictional Case Study, “Doomsday” Worksheet, and pencils.

### Recommended agenda (see following pages for facilitation details)

- Introduce the goal of the session: 5 minutes
- Review the “Doomsday” scenario: 15 minutes
- Reveal the actual cost of specific adverse events: 15 minutes
- Make difficult trade-offs: 10 minutes
- Discussion: 15 minutes

### Available Online

To access this tool online please visit [advisory.com/nec/marketforcestoolkit](http://advisory.com/nec/marketforcestoolkit)

## Sample “Doomsday” Laminated Unit Poster

The following image is a sample “doomsday” laminated unit poster with moveable Velcro pieces, shared by MedStar Montgomery Medical Center. You may choose to combine a unit photo with an administrative office (as shown here), or simply take a photo of an empty unit for your “doomsday” exercise magnetic board. We recommend printing the photo on 3 ft. by 5 ft. poster paper and laminating it to enable repeated use.



Source: MedStar Montgomery Medical Center, Olney, MD.

# Tool #11: A “Doomsday” Exercise

## How to Run the Workshop

### 1 Introduce the goal of the session (5 minutes)

Key points to include:

- The goal of this exercise is to understand the impact of hospital-acquired conditions on our patients and the financial health of our organization.
- The case we are about to review is a fictional scenario. You’ll note that it’s an extreme example. While the events in the example wouldn’t normally happen to a single patient, the events happen to different patients in our hospital on a regular basis.

### 2 Review the “Doomsday” Scenario (15 minutes)

Review the “Doomsday” Scenario Fictional Case Study with the group. As the facilitator, you can either read the case study aloud or have participants take turns reading different sections of the scenario.

- Note that the cost of each event may not match the cost for your specific organization. The values provided are meant to represent the costs incurred by common hospital-acquired conditions. These values are for teaching purposes only.
- Instruct participants to follow along as the group reviews the case. Each time an event occurs in the case study (indicated by bold formatting and a number), participants should estimate how much they think the event costs their hospital. Ask them to write their estimate in the boxes corresponding with the numbers in the scenario on the worksheet provided. Do not stop to discuss each adverse event. Rather, ask participants to write down their estimates silently.

### 3 Reveal the actual cost of adverse events (15 minutes)

**Ask participants:** Does anyone want to guess what they think a \_\_\_\_\_ costs?

After hearing responses from one or two participants, reveal the actual cost of the event to the group. Estimated costs are shown in the box below. Ask participants to write the correct cost values in their worksheet. Repeat this step for each of the six events in the scenario.

COST OF “DOOMSDAY” SCENARIO EVENTS						
	1	2	3	4	5	6
<b>Avoidable Event:</b>	Observation Unit Admission	Patient Fall	Central Line Infection	Pressure Ulcer	Urinary Tract Infection	Clostridium Difficile Infection
<b>Cost:</b>	\$3,000	\$10,000	\$54,000	\$3,000	\$44,000	\$7,000

## Tool #11: A “Doomsday” Exercise

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### 4 Make difficult budgetary trade-offs (10 minutes)

Ask participants to turn their attention to the laminated unit poster, populated with removable cost items normally found on the unit (and/or administrative office).

- Explain that as a result of the hospital-acquired conditions that Laura experienced in the “doomsday” scenario, we’ll have to cut the additional costs from the unit’s budget.
- Distribute the “Doomsday” Exercise Cost List and briefly explain that it shows the costs of common items normally included in their unit’s budget.

#### Ask participants: What would you cut?

*Remind participants that this is an exercise, and clarify that you are not asking them to propose actual changes to your unit’s budget.*

- Starting with the first event on the worksheet, ask a participant to volunteer to remove the items from the unit poster they would choose to cut from the budget that equals the cost of the avoidable event.
- Repeat this step for each of the six events.

#### Closing Discussion Prompts

Ask participants to **consider the trade-offs they made**. Invite discussion by asking probing questions:

- Did you find it difficult to choose which items we should cut?
- What are some of the things you can do to prevent hospital-acquired conditions?
- What do you think are our best opportunities to reduce our hospital’s rates of hospital-acquired conditions?
- What are some of the resources available to help us address these opportunities?

## A “Doomsday” Scenario Fictional Case Study

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Listed on this page is a fictional “doomsday” scenario, in which a patient experiences multiple hospital-acquired conditions during her hospital stay. Review the scenario together with your workshop facilitator. Each time a preventable event occurs, estimate what you think this event costs.

- On Tuesday, Laura, a 60-year-old female visits the blood transfusion center as follow-up treatment for ovarian cancer. She experiences a syncopal episode with a near fall. The rapid response team is called. Laura is stabilized and taken to the ED.
- Laura’s port site post-fall tubing is pulled and dressing dislodged with port exposed. The port site is not redressed.
- The care team decides to place Laura **in the observation unit (1)** for further evaluation. Clinicians on the observation unit are not aware of her previous near fall in the infusion center and allow Laura to opt out of using the bed alarm.
- Laura **subsequently falls (2)** during the late evening on evaluation and suffers a crack of the femoral head. She is transferred to an inpatient unit and scheduled for an open reduction internal fixation (ORIF); physicians are unable to operate until her cardiac condition is stable.
- Laura has several other comorbidities to consider. She is very thin, with fragile skin, diabetic, has high blood pressure, and is malnourished. It is difficult to turn Laura to the side due to pain when she is moved. She is maintained on Accumax mattress, rather than the P500 (a special surface to prevent pressure ulcers).
- Day 3: Laura goes to the OR. A Foley catheter is inserted. Laura’s temperature is elevated to 101° post-op. Blood cultures are drawn and later report pseudomonas. Laura has a **central-line associated blood stream infection (CLABSI) (3)**.
- Day 5: Laura is seen during the prevalence survey and has **a pressure ulcer on her sacrum (4)**. There is no documentation on Laura’s chart as to padding during the OR or PACU time. Staff report that she is difficult to turn due to pain and would not stay on her side. The Foley catheter is noted and discontinued at this time.
- Day 8: Laura’s fever spikes again to 103° with chills and slight confusion. Urine and wound cultures are collected. She is placed on broad-spectrum antibiotics. Culture results show klebsiella in urine, a **catheter-associated urinary tract infection (CAUTI) (5)**.
- Day 11: Laura experiences multiple episodes of foul smelling diarrhea. Clostridium difficile (C-diff) of stool is ordered. **C-diff results are positive (6)**.
- Day 13: Laura is transferred to inpatient rehab. The report from the rehab facility says that she has a stage III pressure wound with 50% slough.

# A "Doomsday" Scenario Worksheet

## Laura's 13-Day Length-of-Stay

1



Observation Unit Admission

\$

2



Patient Fall

\$

3



Central Line Infection

\$

4



Pressure Ulcer

\$

5



Urinary Tract Infection

\$

6



Clostridium Difficile Infection

\$

# A “Doomsday” Exercise Cost List

## Medical Surgical Unit Cost List

Item	Estimated Cost for Each
Foot/ankle pumps	\$10,000
Small copier	\$3,500
Office chairs	\$540
Waiting room furniture	\$6,000
Nurses’ station computers	\$1,000
Bedside computers	\$5,000
Stretchers	\$6,000
IV pumps	\$3,000
Large printer	\$1,500 + \$1,000 per year maintenance
Large copier	\$6,000
Cold therapy machines	\$3,800
Bedside commodes	\$100
Vital signs monitor	\$3,500
Recliners	\$1,800
Bladder scanner	\$17,000
Line cart	\$1,400
Isolation cart	\$100
Fax machine	\$250
Doppler	\$600
Thermometer	\$650
Vocera accessories (replacing one per day)	\$525
Full-time RN	\$68,000
Nurse technician	\$30,000