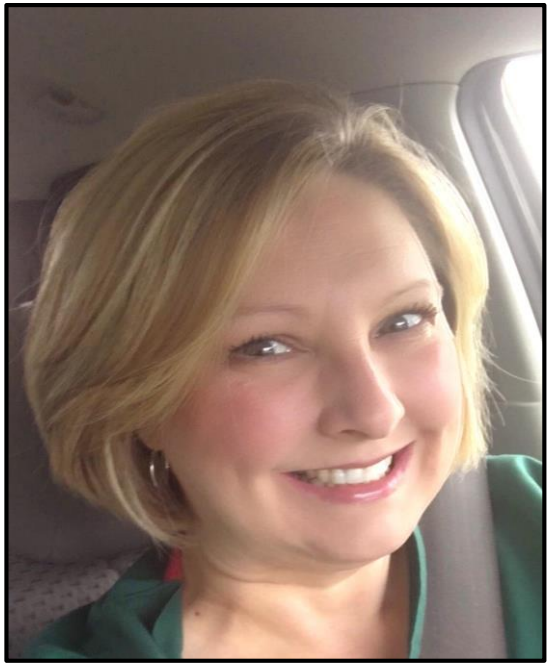
Quality Improvement Work in an Acute Care Setting

July 2019

Phoebe Putney Memorial Hospital



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I do not have any financial arrangements or affiliations with a commercial entity.


finish

Intelligence alone is not enough for success; it must be joined with continuous work. Like the tortoise, resolve to persevere.

Objectives

- Describe the Components of a Quality Improvement (QI) Project
- Explain the Process for Initiating a QI Project
- Describe the Purpose of Each QI Tool Reviewed
- Summarize Our Shared Challenges
- Reflect on Clinical Pearls

Components of a QI Project

- **Project Title**
- **Identify Team Members**
- **What does the literature say about the problem?**
- **Why should we improve this process in our unit?**
- **What is the setting? Who is your target population?**
- **Smart Aim**
- **Driver Diagram**
- PDSA Cycles
  - Tests of change
- Measures
  - Outcome, Process, Balancing
- Data Presentation
  - Data Tables, Run Charts, Control Charts, etc.
- References

First Hurdle

- Build the Team
- Schedule the Kick-Off Meeting
- Name the Initiative
  - BE CLEAR.
    - QI Team: Managing Obstetric Hemorrhage & Mitigating Risk for Obstetric Hemorrhage
    - QI Team: Managing Maternal Hypertension
- Great First Meeting!

QI Project: Obstetric Hemorrhage

TEAM

- CHAMPIONS
  - Perinatal Nurse Educator & Quality Specialist
- CLINICAL LEAD
  - Obstetrician
- SENIOR LEADERSHIP SUPPORT
  - WCS AVP & Division Director
- STAFF NURSES
  - Team Leader and 1 Staff Nurse
- TECHNICAL EXPERTS
  - Data Coordinator

    Someone who works with the EMR & Can Build Reports
  - Quality Nurse Specialist
  - Nurse Manager
  - Division Educator

QUALITY IMPROVEMENT PROJECT
TEAM MEMBERS

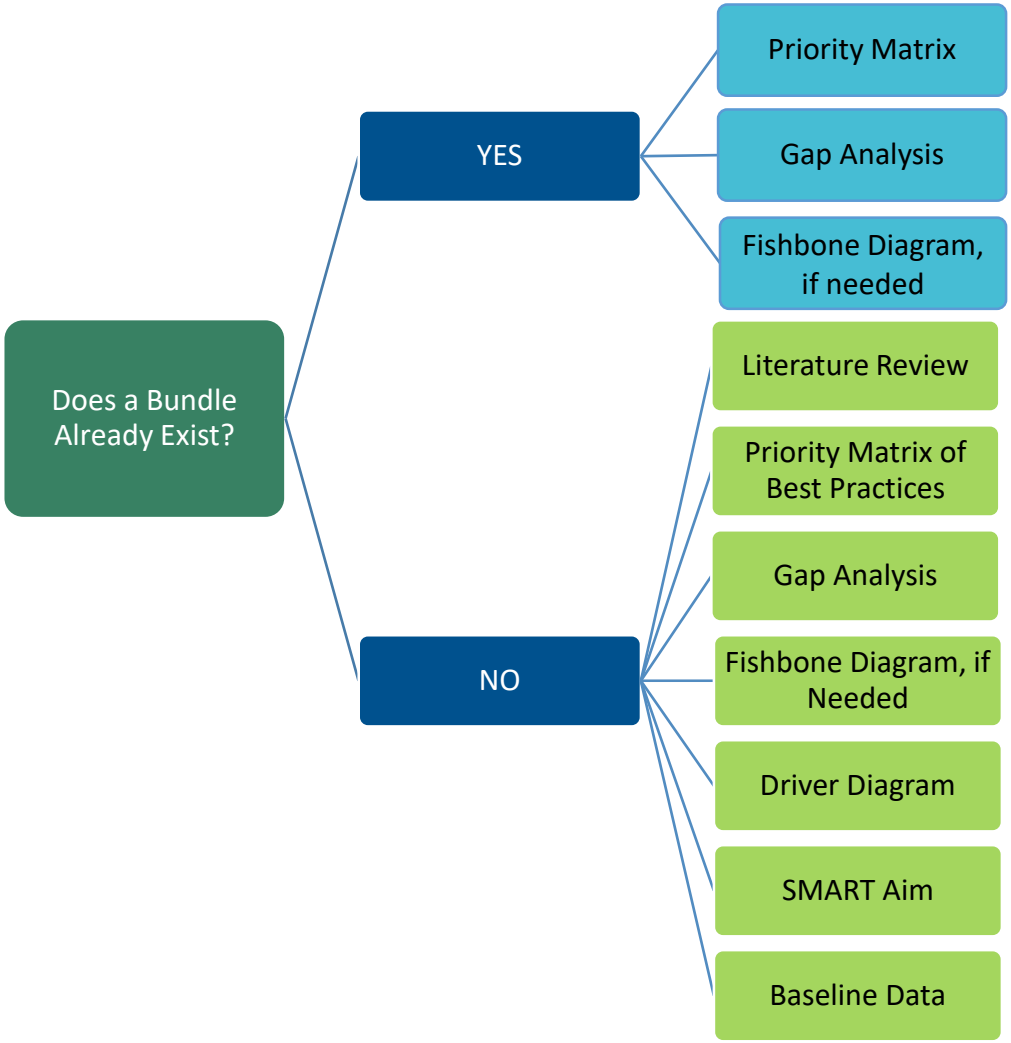
TITLE OF PROJECT: _____

DATE: _____

ROLE	TEAM MEMBER NAME	CONTACT INFORMATION
Champion/Driver		
Clinical Leader		
CNM/NP/NNP		
Staff Nurses/RT		
Technical Experts	Dana Snow, W&C Services Data Coordinator	
	Jenny Lawson, W&C Services Quality Nurse Specialist	X22887 jlawson@phoebehealth.com
	Margaret Funk, NICU Team Leader & Quality Coordinator	
Unit Manager		
Senior Leader		
Other Team Members (ad hoc)		

Second Hurdle

FOCUS



GAP ANALYSIS EXERCISE

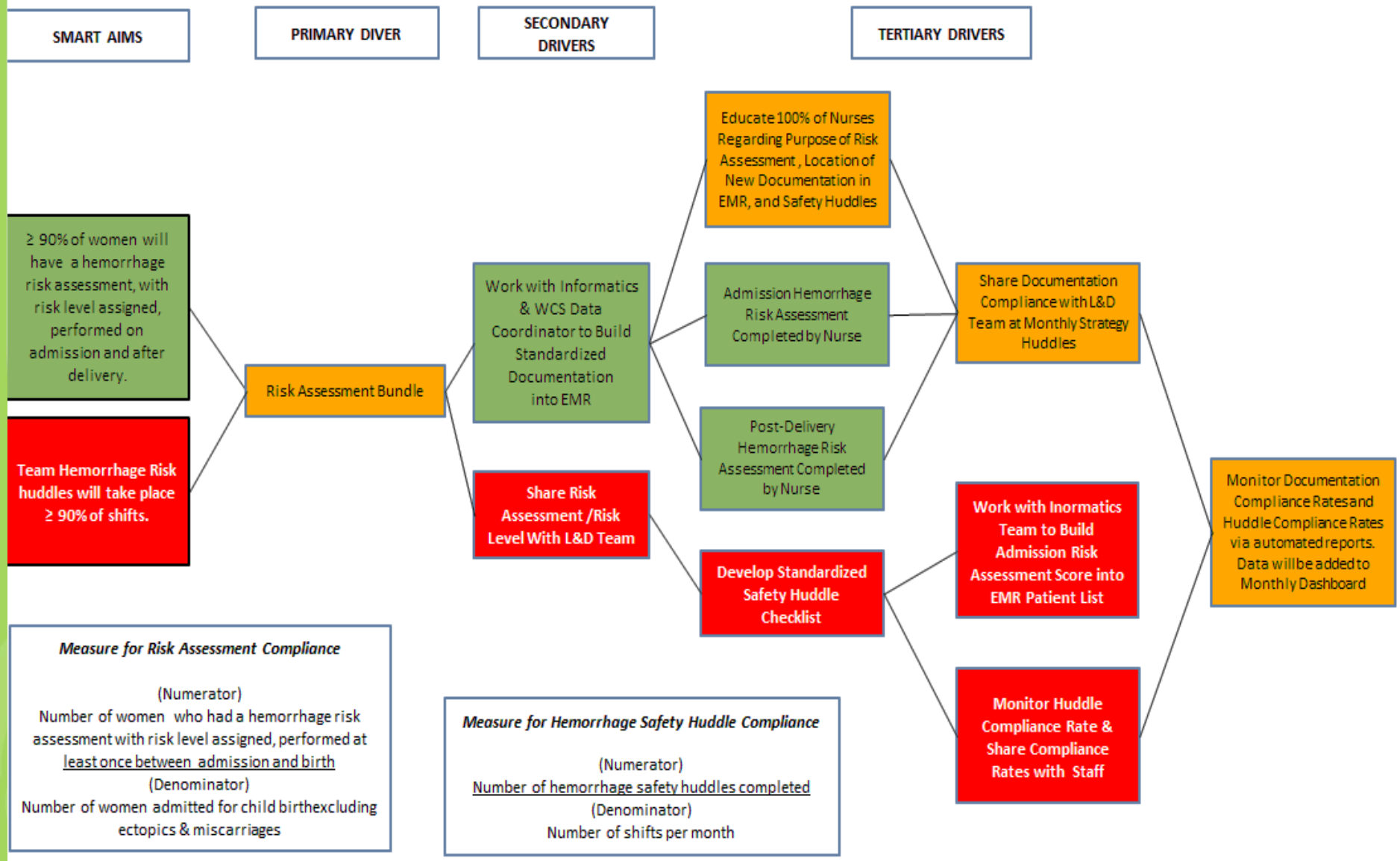
PROJECT: Obstetric Hemorrhage
NAME: Jenny Lawson
DATE: 06.28.2019

BEST PRACTICE	BEST PRACTICE STRATEGIES	HOW DOES YOUR PRACTICE DIFFER FROM BEST PRACTICE?	BARRIERS TO BEST PRACTICE IMPLEMENTATION	WILL IMPLEMENT PRACTICE, YES OR NO?	RATIONALE
Assessment of hemorrhage risk (prenatal, on admission, and at other appropriate times) Priority Matrix Score: 19	Standardize Documentation	Documentation is not being completed consistently	Partner with Informatics to Further Optimize EMR Nurse Clinical Nurse Specialist Position is Vacant	Yes	Standardization of documentation will result in ability to conduct safety huddles, and will also support data abstraction
Measurement of cumulative blood loss (formal, as quantitative as possible) Priority Matrix Score: 18	Standardize Process	Staff turnover has resulted in fewer nurses understanding how to quantify blood loss	Standardize QBL Dry Weight Resource Provide scales in each delivery area Nurse Clinical Nurse Specialist Position is Vacant Provide QBL process education/training to nursing, certified surgical technicians, and providers	Yes	Nurses and surgical techs cannot be held accountable for a skill they have not been trained to perform.
Unit education on protocols, unit-based drills (with post-drill debriefs) Priority Matrix Score: 17	Schedule Quarterly Drills	We do not have quarterly drills at this time.	Nurses and CSTs have not been trained on process of blood loss quantification.	Yes	Drills support seamless performance of low incident events. Debriefs are evidence based practices that promote patient safety

PRIORITY MATRIX: MATERNAL HTN PROJECT

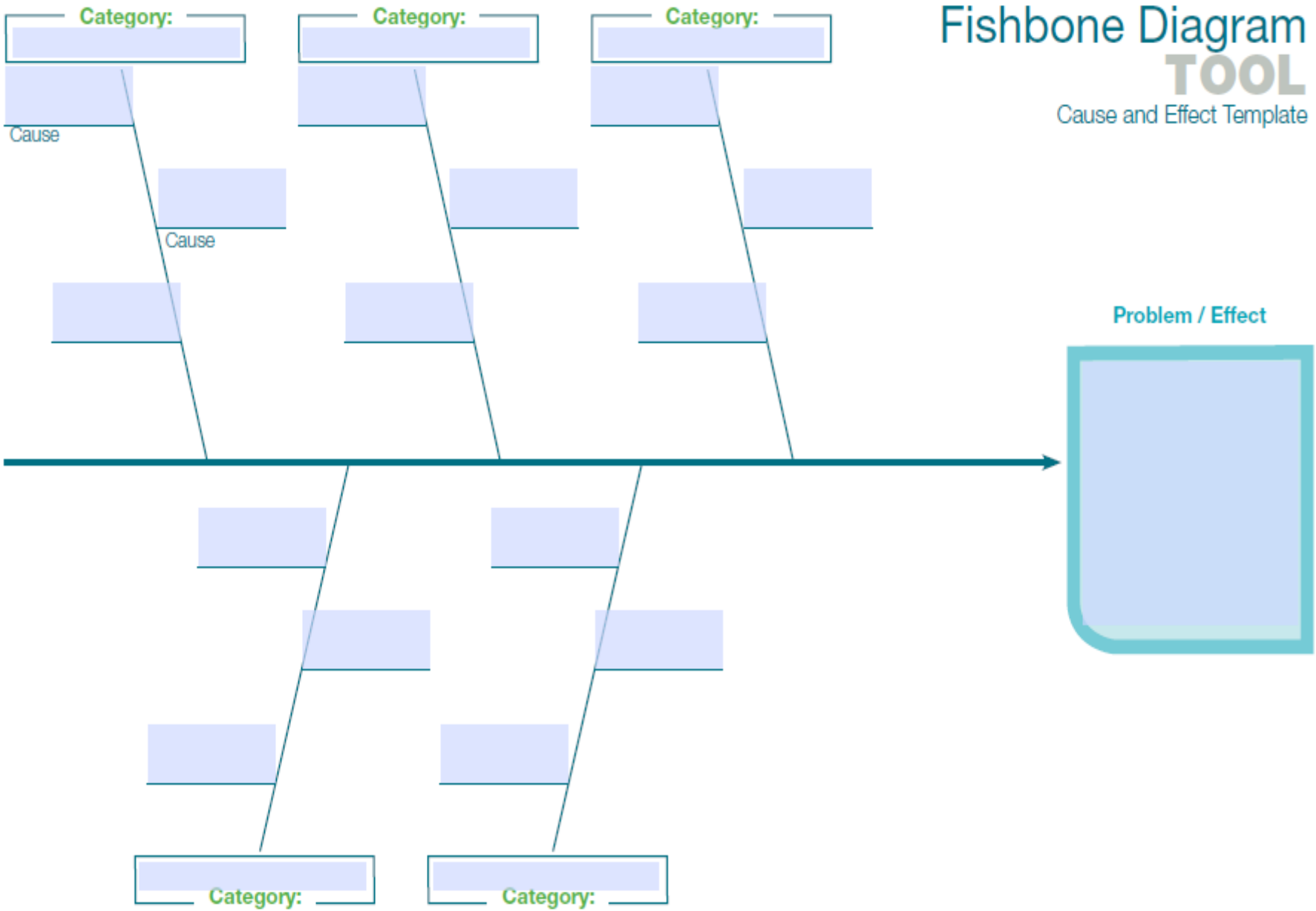
FACTOR or POTENTIALLY BETTER PRACTICE	IMPACT OR IMPORTANCE	WITHIN SPAN OF CONTROL	EASE TO IMPLEMENT	COST EFFECTIVENESS	S
Assessment of hemorrhage risk (prenatal, on admission, and at other appropriate times)	4	4	4	4	
Measurement of cumulative blood loss (formal, as quantitative as possible)	4	4	4	4	
Unit education on protocols, unit-based drills (with post-drill debriefs)	4	4	3	3	
Monitor outcomes and process metrics in perinatal quality improvement (QI)	4	4	4	4	
Establish a culture of huddles for high risk patients and post-event debriefs to identify successes and opportunities	4	4	2	4	
Multidisciplinary review of serious hemorrhages for systems issues	4	4	2	4	
Support program for patients, families, and staff for all significant hemorrhages	4	3	2	3	

MATERNAL HEMORRHAGE PROJECT DRIVER DIAGRAM: RISK ASSESSMENT

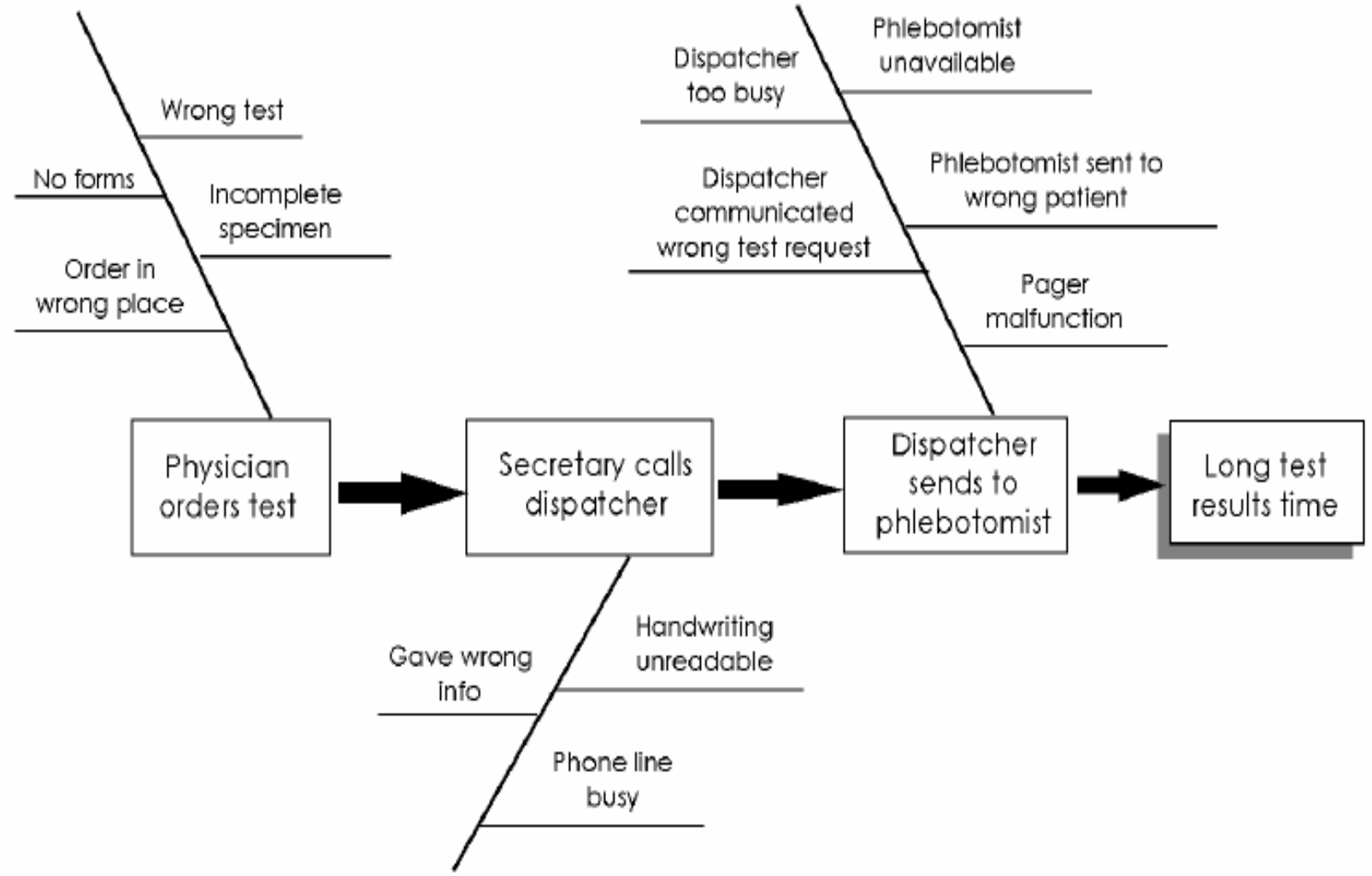


Fishbone Diagram TOOL

Cause and Effect Template



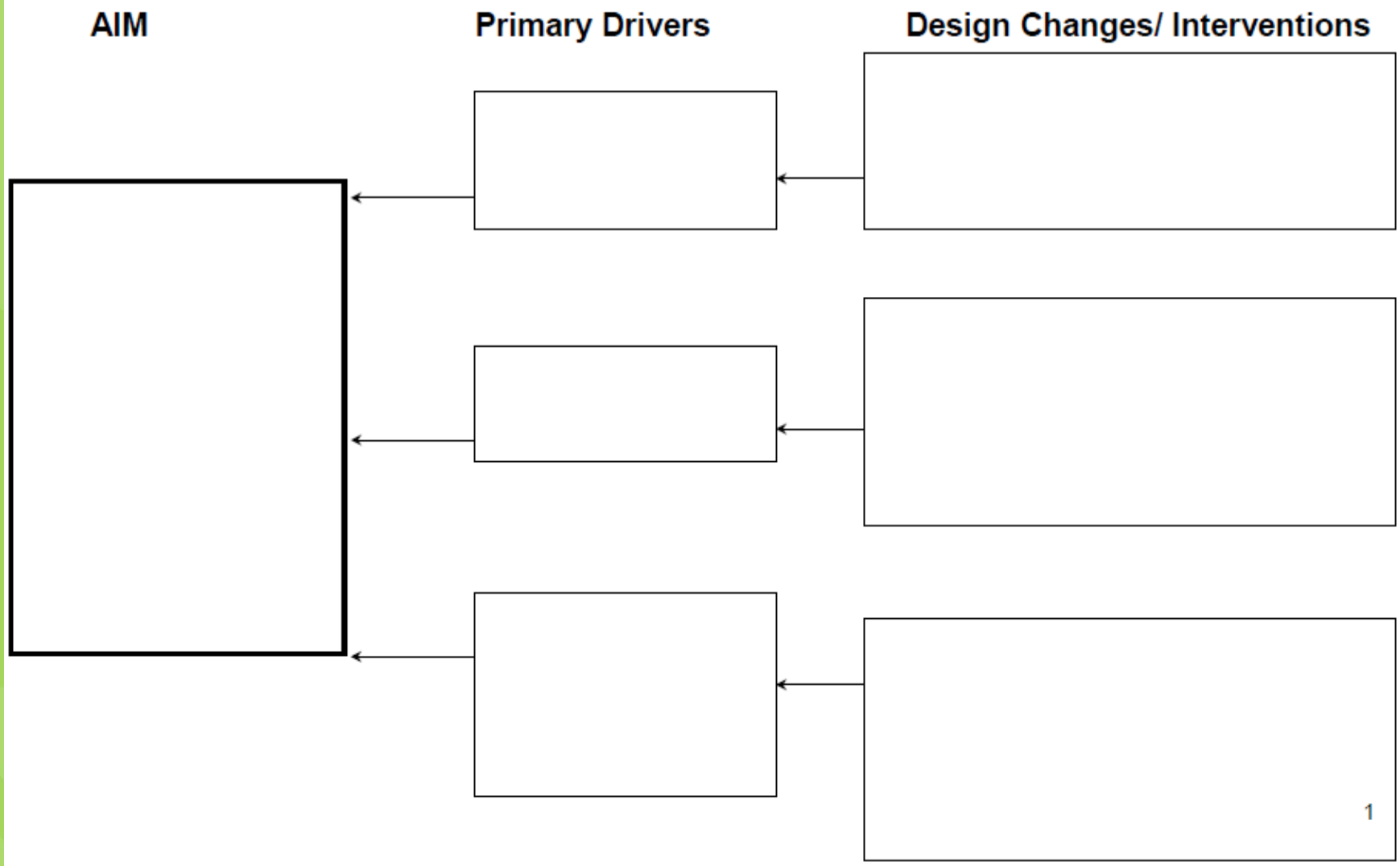
Cause and Effect Diagram: Process-Type



Challenges We All Face

- Focus
- Engagement
- Time
- Resources

Driver Diagram Draft



SMART Aim Fill-In-The-Blank

We will:	Improve/ Increase / Decrease / Other Indication of Positive Change (be specific)
the:	Percentage Rate / Number or Amount / Quality Defined As (be specific)
of:	Clinical Problem / Family-Centered Issue / Team Issue / Other Issue (be specific)
in:	Patient Population / Family Population / Staff Scenario / Other (be specific)
from:	Baseline Percentage Rate / Number or Amount / Quality Defined As (be specific)
to:	Target Value Percentage or Rate / Number or Amount / Quality Defined As (be specific)
by:	Target dates for achieving overall Project/SMART Aim and milestone interim achievements toward the Project Aim

***To Be Determined (TBD) may be your answer if you have not determined baseline data, target value, or haven't determined a target date.

Sustainability Worksheet

Leadership				
To what degree is the following true in your unit?	1-Never; 2-Sometimes; 3-Often; 4-Always			
1. QI projects are not the "flavor of the month"	1	2	3	4
2. There is clarity on ongoing performance expectations	1	2	3	4
3. There is regular measuring and monitoring	1	2	3	4
4. Written policies are updated to reflect changes	1	2	3	4
5. Written procedures are updated to reflect changes	1	2	3	4
6. Job descriptions are changed to reflect role changes	1	2	3	4

Human Factors Considerations				
To what degree are the following considered?	1-Never; 2-Sometimes; 3-Often; 4-Always			
1. Fatigue and psychological conditions	1	2	3	4
2. Environmental conditions	1	2	3	4
3. Task design	1	2	3	4
4. Competing demands	1	2	3	4

Process Design Considerations				
To what degree is the following true in your unit?	1-Never; 2-Sometimes; 3-Often; 4-Always			
1. The right way to do things is the easy way	**1**	**2**	**3**	**4**
2. Key processes are standardized	**1**	**2**	**3**	**4**
3. All staff have the right training to fulfill the tasks in key processes	**1**	**2**	**3**	**4**
4. There are contingency plans in place to support key processes in case of supply component interruptions (people, equipment, etc.)	**1**	**2**	**3**	**4**

Total Your Scores for Each Section

High Scores = High Degree of Likelihood that Change is Sustainable

VON Vermont Oxford NETWORK

Quality Improvement Pearls

- It takes two to three years for a project to mature, so celebrate ALL successes.
- You cannot measure a process that does not exist.
- Don’t try to do too much, too fast.
- The Team Champion can make-or-break a project.
- Show up.

Quality Improvement Pearls

- Cancel as few meetings as possible.
- TBD is your best friend in the beginning.
- Enlist staff in data collection. Connect audits to performance, if possible.
- Streamline audits into a Universal Audit tool
- Display your work

Questions?