

Improvement Insider *I*²

CMH&C Department of Quality & Safety Newsletter

Volume 15, Issue 1

November, 2009

Discharge Planning Quality Improvement Project

Improve the discharge process through consistent, thoughtful, and efficient discharge planning that decreases length of stay without altering the readmission rate.

A team was formed in September 2008 to improve the efficiency of patient discharges from the hospital with the expectation that it would improve access for new admissions. Using fishbone and conceptual flow diagrams, the team assessed the current process and identified opportunities for improvement resulting in:

Two target goals:

- (1) Decrease the mean discharge time by 2 hours and,
- (2) Discharge greater than 50% of all patients before noon each day.

- Alerting the family 24 hours prior to the anticipated discharge.
- Securing transportation.
- Completing prescriptions
- Ordering durable medical equipment

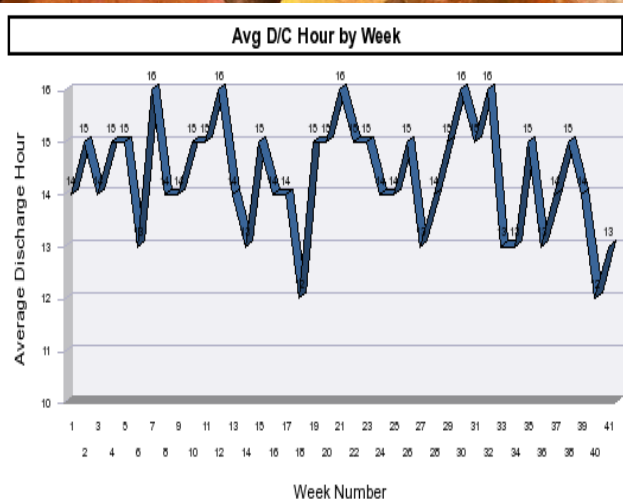
Despite the effort and hard work involved in this planning, only minimal progress was seen after two months leading to the conclusion that a discharge checklist was not optimally incorporated.

In September 2009, another pilot began on 6 Henson with the General Pediatrics Red Team. The discharge checklist was modified to match the flow of a patient stay. And, the multi-disciplinary team-based education was enhanced with the responsibility for discharges.

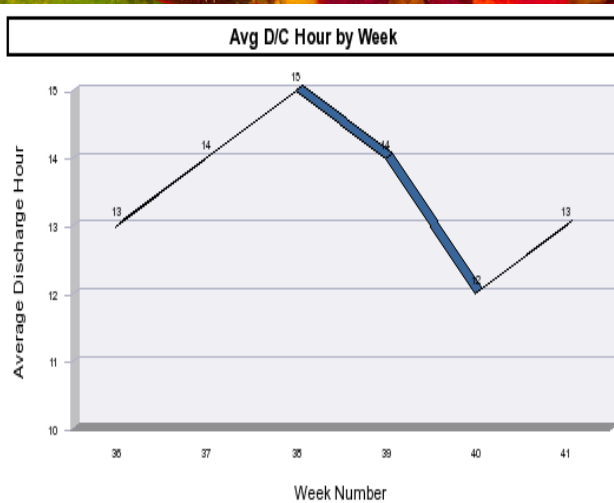
A discharge checklist in PHRED was piloted in May 2009 on the General Pediatric Purple Team. The goal was drive the process and improve discharge efficiency using a discharge checklist that included items that were known to commonly result in delays such as:

- Predicting a discharge date

Mean D/C Time 01/01/09–10/11/09



Mean D/C Time for Pilot 08/31/09–10/11/09



Quality & Safety Projects Poster Presentation October 22, 2009

This October, in honor of Healthcare Quality Week, all staff were encouraged to present current Quality & Safety Improvement Projects in the first Quality & Safety Poster Fair. 22 Posters were submitted and presented from 1400-1600 in the Community Room!

The first and second place poster

winners will receive their prizes at the November 6th Operations Council Meeting.

First Place Poster Winner

Teaching Flu a Lesson

G. Weddle, RN, MSN, CPNP-AC; D. Lynch, M.D.; K. Hulse, RN, BSN, CPHQ; N. Spears, RN, BSN, CPN; G. Hoff, Ph.D., F.A.C.E.; J. Cai, M.D

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Discharge Planning QI Project

Data from the revised pilot included:

Measures:

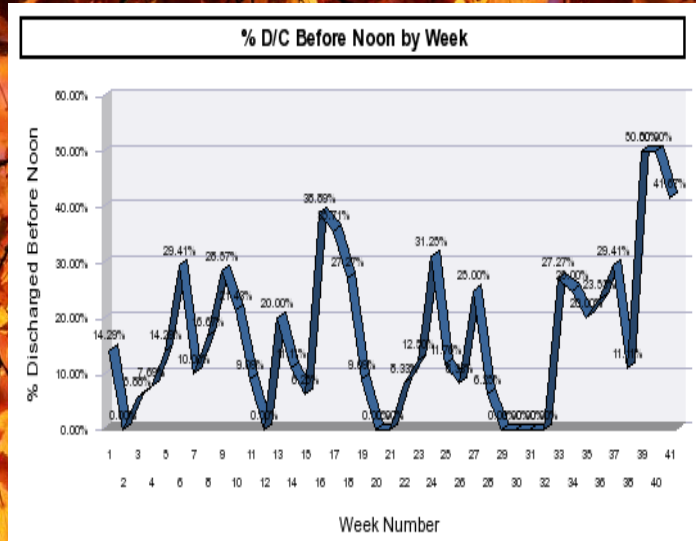
- 1) Discharge time
 - 15:36 ~ Mean time for all general pediatric D/C (Baseline)
 - 13:27 ~ Mean time for Red Team on 6 Henson pilot
- 2) Percentage discharged before noon
 - 12% ~ for all general teams (Baseline)
 - 40% ~ for Red Team on 6 Henson pilot
- 3) A qualitative measure was used for greater than a 2 hour delay between when the D/C orders were written in PHRED until the patient was actually discharged. Documented reasons included:

Education

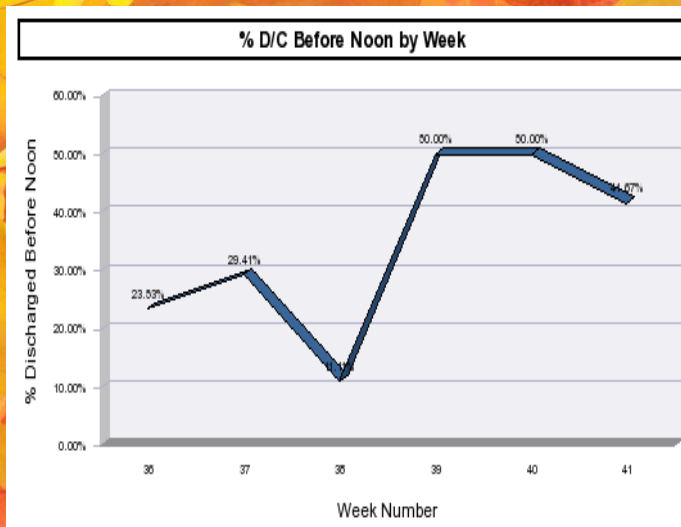
Transportation



% of D/C before noon 01/01/09—10/11/09



% D/C before noon for Pilot 08/31/09—10/11/09



Future plans include disseminating this data to other services, education for other teams and units to improve efficiency throughout the hospital.

Thanks to Lory Harte, PharmD, Inpatient Services QI Coordinator for contributing information on the Hospital Inpatient project.



Quality & Safety Projects Poster Presentation October 22, 2009

Second Place Poster Winner:

Communication Regarding Orders/Care for Hemophilia Patients from Heme/Onc Clinic to SDS to OR to PACU RNs

K. Glatt RN, BSN, CPAN & M. Yourdon RN, BSN, CPAN

Other Poster Titles and Presenters:

Decreasing Blood Culture Contaminations in the ED and UCC

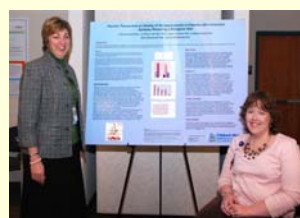
L. Fitzmaurice, MD, FAAP, FACEP; T. Hartman, MHA; G. Stephens, RN, BSN; S. Doyle, RN, MBA, CPN; J. Robertson, RN; N. Tait, BSN, RN, CPN; M. Schaal, RN, BSN, CPN

Moving Through the Clinic: Improving Access to Care

A. Nau, RN, BSN, CNN; L. Jones, RN, MHA, CNN; L. Hughes, B. Kalberg, R. VanDeVoorde III, MD; D. Blowey, MD & the LEAN Project Group

Parents' Perspective on Quality of Life Improvement in Patients with Intractable Epilepsy Receiving a Ketogenic Diet

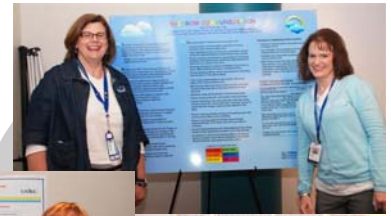
V. Driscoll, RN; J.B. Le Pichon, MD, PhD; L. Thomson, RN; L. Vaughn, RD; G. Womelduff, LPN; & A. Abdelmoity, MD



Quality & Safety Projects Poster Presentation Continued

Improving Patient Care Through Visual Communication-Chemistry Going Green

C. Kelley, Champion; R. Althahabi, Black Belt; T. Nguyen, Green Belt; D. Lambert, Green Belt; E. Murdoch & C. Stanberry

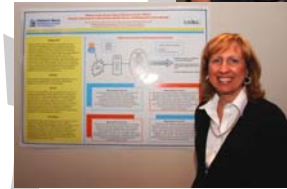


Increase Health Literacy Levels for Parents with Reading/Learning Disabilities

S. Eimer, RN & N. Cain, RN

Improving Patient's Quality of Care who have a Midline IV Cather

E. Snell, RN, BSN & Vascular Access Team



Handwashing Project: Pilot at CMS

S. Chadwick; D. Miller, G. Boos, RN, BSN, CPHQ; L. Harte, PharmD; A. Shore, RN & C. Olson-Burgess, RN, CIC

Care Giver Identification

L. Shroyer, RN, BSN; S. Widener, RN, BSN; 6 Henson TCAB Coordinators & Nursing Staff

Proper Waste Disposal in the Operating Room

L. Peters, NS, Nurse Extern; M. Jones, RN, BSN, CNOR; M. Harber, RN, MSN, CRNFA; J. Crookshank, RN, CNOR & T. Walters-Wilson, RN

Infection Prevention is a Team Sport

Cindy Olson-Burgess, RN, CIC; Yolanda Ballam; Elizabeth Monsees, RN; Dana Quade, RN & Littlejohn

Access to ENT Surgical Care for Children Under 3 Years of Age Who are Experiencing Recurrent Acute Otitis Media

H. Curry, APRN-BC; T. O'Brien, MSN, RN, CPNP; G. Ezell, MSN, RN, CPNP; E. Foster, LPN; J. Buck, RN & C. Jones, Admin. Asst. ENT

Medication Safety in the Operating Room

M. Kopp, RN, CPN, CNOR; D. Coleman, RN, CNOR; D. Deines, RN, CNOR; J. McCollum, RN, CNOR; P. Sweeney, RN, CNOR; S. Tyrer, RN, BSN, CNOR; K. Royal, RN, CNOR; D. Suarez, RN, CNOR; M. Lever, RN, CNOR; S. Ehlers, RN, CPN, CNOR; G. Johnson, RN; C. Hedrick, RN & T. Walters-Wilson, RN

Medication Administration Safety

D. Hicks, RN; D. Delozier, RN; Yva Cha, RN; A. Mahaffie, RN; N. Masters, RN; B. Kibby, CA; R. Mulleedy, RN; S. Wolf, RN & S. Parks, RN

Improve Communication Between Healthcare Professionals in the Neonatal Intensive Care Unit Using SBAR

D. Hubbard, MD, J. Jackson, MD, M. Sheehan, MD, M. Goodwin, RN, NNP; A. Sweeten, RN; J. Klein, RN; M.K. Leick-Rude, RN, CNS; B. Huitt, RN; R. Sayer, RN; G. Boos, RN; E. Keith-Chancy, RN; L. Howard, RN & B. Anderson, RN

Which Cases Cause Moral Distress in the NICU? Factors Associated with Patient Referral to a Collaborative Care Round

C. Swinton, MD; J. Lantos, MD; G. Boos, RN, BSN, CPHQ & F. Okah, MD

Rainbow Communication

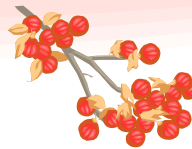
A. Shore, RN; M. Butler, CA; R. Johnson, Admin Asst II; M. Duncan, CA; K. Crouse, RN; A. Calhoun, RN; D. Bopp, RN & C. Williams, RN, CPN

Lawnmower Safety Nurse Driven Campaign

L. Martin RN, BSN, CPAN; L. Richard RN, BSN; C. Vitztum RN, MSN, APN; K. Glatt RN, BSN, CPAN; J. Salazar; K. Latz, MD & D. Ostlie, M

Blood Culture Collection

M. Ginder, RN



Early Assessment Program

Tammy Lightner, RN, BSN

Float Pool Questionnaire

M. Ubben, RN & E. Monaco, RN

