

QUALITY IMPROVEMENT STORY BOARD



Background:

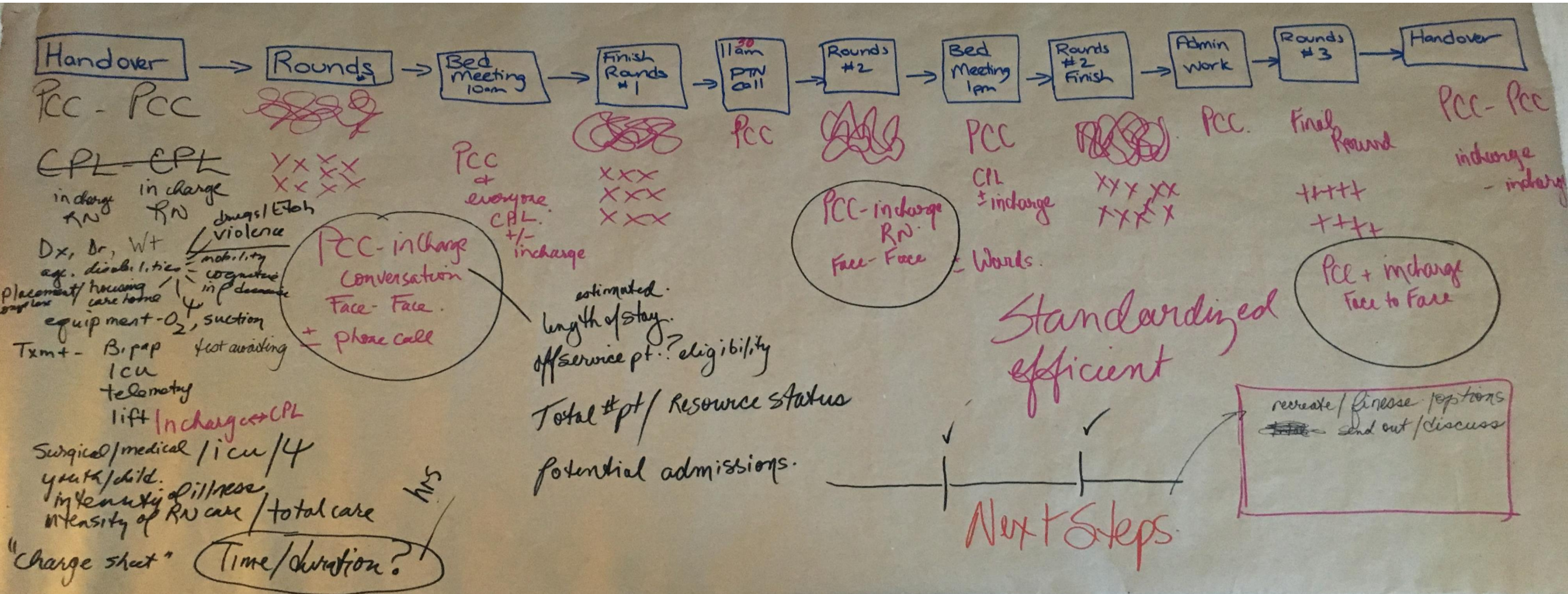
Patients admitted to the hospital through the emergency department are placed on wards according to nursing needs, medical acuity and resource requirements. Adverse events have occurred when there is a mismatch between requirements and resources. Transfer of patient information can be variable, incomplete or insufficient. Currently there is no standardized content.

Objective:

By Sept 2018, we will achieve a 90% compliance and satisfaction with a standardized communication tool used to transfer admitted patient information between ER Charge Nurse and Patient Care Coordinator.

Current State:

December 2017: a Process Map was created that reflected the daily journey of the PCC and a list of critical information that was required to optimally and safely assign a patient to a bed in the hospital was compiled. Attendance: PCC's and Charge RN



Original communication tool.

INFO	TELEASSESS	TEST	MISC	HISTORY
12 Depression/Elon abuse	Assess low sleep all night Seen by V - stayed on risperidone Stigm confused Fever 39.5 - started on ceftriaxone BP 100 - 60 - pulse given B/LH - clearly disoriented weighing attacks		SW Physio Native Lia. D/C Plan	SW Physio Native Lia. D/C Plan
ed1 Pneumonia - Raymond	HE PNEUMONIA 24hr LEFT CREAK D8 ONE #1		SW Physio Native Lia. D/C Plan	SW Physio Native Lia. D/C Plan
ed2 Acute Renal Injury (Dehydration) - Kellogg	DNA - p+ palliative P508 throughout night trans of kidney in improvement 1st result - family made p+ palliative * need palliative advice		SW Physio Native Lia. D/C Plan	SW Physio Native Lia. D/C Plan
ed3 ACS / SOB - Raymond			SW Physio Native Lia. D/C Plan	SW Physio Native Lia. D/C Plan
yn			SW Physio Native Lia. D/C Plan	SW Physio Native Lia. D/C Plan
ed4 Depression	Agitated anxiety Paracetamol 5mg + Ativan 2mg GAD P/O/LP		SW Physio Native Lia. D/C Plan	SW Physio Native Lia. D/C Plan

- Jan 4, 2018 : Meeting with a group of PCC's & RNs to discuss a potential trial of a change to their communication tool
- Jan 15, 2018 : PDSA cycle - 1st Prototype
- March 2018 : PDSA cycles #1-#6
- April 2018 : Survey to PCC's to evaluate feedback on the tool
- May 2018 : Survey to Charge RN's to evaluate feedback on tool

Solution:

• Needed more space in the assessment section

• A place for an explanation of the infection control issue was added.

• Bariatric was moved from an issue to a requirement.

• Medications were added as a requirement because some medications are barriers to admittance on certain floors.

• The line was removed from infection control.

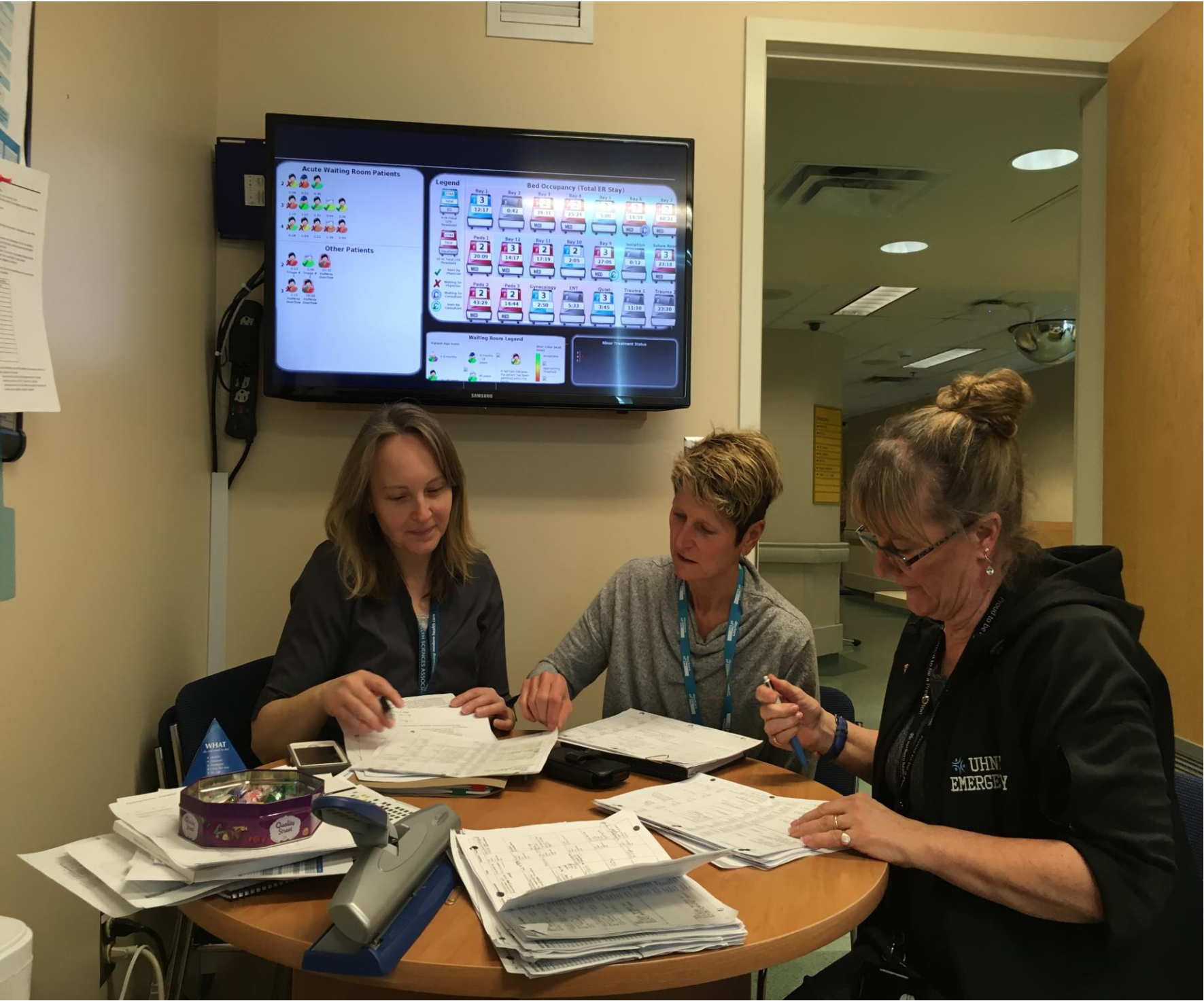
• High nursing needs was moved to an issue rather than a requirement.

• Medications was removed because staff found it confusing.

• A line was put back for the description of the infection control issue

• Other was replaced with 1:1 need

• Infusion meds was added as a requirement. This was why the med was added previously but people were confused and thought they had to list all meds, so this time it was labeled "infusion med" for clarity.



Results:

- Patient Care Coordinator (PCC) Results:
- 3/4 PCCs identified improvements in the accuracy of patient information and a decrease in the variability in the transfer of information.
 - “Having the patient’s issues and requirements on the in charge sheet made a huge difference”.
 - “Has reduced barriers to information flow”
 - “I use the charge sheets regularly. I photocopy the sheets at the beginning of the shift and use them throughout, updating as I go”.
- Charge Nurse Results:
- 6/6 Charge RNs identified improvements in the accuracy of patient information and a decrease in the variability in the transfer of information.
 - “It does seem to highlight the important information”
 - “I find it cues me to answer certain info that I may have forgotten to consider”

Next steps / Sustaining the Gains:

- The paper form still has issues to be worked out because staff are erasing information when patients change. Stickers were created to paste over top, to address this but it remains an issue to be resolved. An electronic version would be ideal and the team is working towards this next step.
- The staff have identified the need to consider an electronic format “ Could the report be generated electronically so it can be generated in real time? Patients change rapidly in ER”
- There continues to be comments about “unnecessary” information on the form which presents an ongoing opportunity to re-evaluate the content of the tool.

Patient/Customer:

The direct customers of this project were the Patient Care Coordinators (PCCs) and the Charge Nurses in the Emergency Department. The information flow between these two roles was explored in an effort to improve the system of getting patients to the right bed in the hospital.