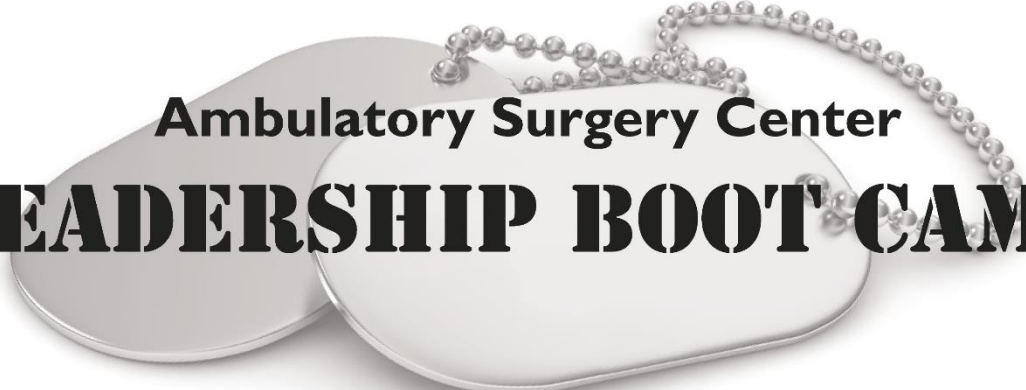


SECOND ANNUAL

Ambulatory Surgery Center
LEADERSHIP BOOT CAMP



QI FOCUS STUDY

LINDA CALISE BSN, RN CNOR



What gets measured.....Gets improved

BY PETER DRUCKER

QI FOCUS STUDY

- ▶ WHAT IS IT?
- ▶ Its meaningful, its important, requires thought. Pick a problem
- ▶ its usually something the staff is complaining about.
- ▶ Its an improvement that needs to be made for safety,efficiency and improve communication.
- ▶ It can be anything that relates to the patient experience or the Center.
- ▶ Working together as a team
- ▶ It's a process not a short outcome.

A common quality improvement approach:

F = Find a problem

O = Organize a team

C = Clarify the problem

U = Understand a problem

S = Select an intervention

P = Plan

D = Do

S = Study

A = Act

AAAHC QI Study

Step 1 : A statement of the purpose of the QI activity that includes a description of the known or suspected problem, and explains why it is significant to the organization.

Step 2: Identification of the performance goal against which the organization will compare its current performance in the area of study.

Step 3: Description of the data that will be collected in order to determine the organization's current performance in the area of study.

Step 4: Evidence of data collection (Describe the data YOU collected).

Step 5: Data analysis that describes findings about the frequency, severity, and source(s) of the problem(s).

Step 6: A comparison of the organization's current performance in the area of study against the previously identified performance goal.

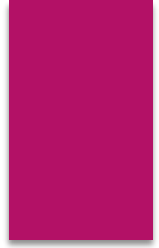
Step 7: Implementation of corrective action(s) to resolve identified problem(s).

Step 8: Re-measurement to objectively determine whether the corrective actions have achieved and sustained demonstrable improvement.

Step 9: If the initial corrective action(s) did not achieve and/or sustain the desired improved performance, implementation of additional corrective action(s) and continued re-measurement until the problem is resolved.

Step 10: Communication of the findings of the quality improvement activities to the governing body and throughout the organization, as appropriate, and incorporation of such findings into the organization's educational activities ("closing the QI loop").

EXAMPLE



STEP 1

1 Statement of Purpose

- ▶ **The purpose of this study is to increase** nurse satisfaction by monitoring and improving the nurse hand-off communication. Nurses in different departments expressed discontent and inconsistencies at times with the nurse hand-off communication. Nurses expressed concern over distractions and lack of retention when getting and receiving hand-off communication.
- ▶ A hand-off communication is an accurate, clear, and specific summary of the patient passed from one healthcare provider to another. It is a comprehensive report on the patient's condition, with a focus on the patient's safety. There are many different methods of hands-off communication, one of the most common being an SBAR report. In an SBAR report, the Situation, Background, Assessment, and Recommendation are communicated from one provider to another. (Amato-Vealey, Barba, & Vealey, 2008, pg. 763). What is most important is that no matter what method used, seamless transition of patient care occurs from one provider to the other.

STEP 2

2 Performance Goal

- ▶ **The performance goal for this study is to measure and increase nurse satisfaction. Our goal is to be between 98%-100%. The study will begin June 1, 2021 and end on September 30, 2021.**

STEP 3

3 Data Collection

- ▶ On June 1st, Data was collected via a hand-off communication survey and submitted for the quarter. Data survey's to be collected use the Likert scale model to include questions regarding satisfaction with hand-off communication. The questions are as follows:
- ▶ Overall, how satisfied or dissatisfied are you with the hand-off communication reporting?
- ▶ How satisfied are you with the details in the hand-off report for providing safe patient care?
- ▶ How satisfied are you with the hand-off consistency from members of other departments?
- ▶ How satisfied are you with facilitating communication between nurses by providing a structured time for transitioning the patient's care ?
- ▶ How satisfied are you with nurses listening carefully to you while giving report?
- ▶ How satisfied are you with the retention of the Hand-off communication?
- ▶ How satisfied are you with nurses respect and courtesy during hand-off communication?
- ▶ How satisfied are you with the Anesthesiologist's hand-off communication?

STEP 4

4 Evidence of Data Collection

- ▶ Satisfaction surveys are completed for hand-off communication at the facility.
- ▶ EX:
- ▶ Overall, how satisfied or dissatisfied are you with the hand-off communication reporting?
- ▶ Very satisfied
- ▶ Somewhat satisfied
- ▶ Neither satisfied nor dissatisfied
- ▶ Somewhat dissatisfied
- ▶ Very dissatisfied

- ▶ Overall, how satisfied or dissatisfied are you with the hand-off communication reporting?
- ▶ Very satisfied
- ▶ Somewhat satisfied
- ▶ Neither satisfied nor dissatisfied
- ▶ Somewhat dissatisfied

STEP 5

5 Data Analysis

There were 16 surveys during the study period. All questions on the survey had a satisfaction rate of 70%.

Question	Responses																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
1	2	3	4	5	5	5	4	5	4	5	4	4	3	1	3	4		3.875
2	4	5	4	5	5	5	5	4	5	5	4	4	3	1	3	4		3.875
3	2	5	4	4	4	5	5	4	4	4	3	4	3	1	3	4		3.4375
4	2	5	4	5	5	5	5	4	4	4	3	4	3	1	3	4		3.9375
5	4	5	4	5	5	5	4	5	4	4	3	4	3	1	3	4		3.9375
6	4	5	4	5	5	5	4	5	4	4	3	4	3	1	3	4		3.75
7	4	5	4	5	5	5	5	4	4	4	3	4	3	1	3	4		4.0625
8	4	5	4	5	5	5	4	5	4	4	3	4	3	1	3	4		4
%	2.75	5	4	4.5	4.625	4.875	4.625	4.75	4.25	4.5	4.75	4.625	3.75	2.25	2.875	4.125		3.859375

STEP 6

6 Comparison to Goal

- ▶ Goal is not achieved stop here and educate staff



STEP 7

7 Corrective Action

- ▶ Meeting held to give copy of Nurse Handoff Policy, Power-point presentation for education Monitoring will continue to be done on a daily basis for a week

NURSE HANDOFF POLICY

Caregivers give each other the opportunity to ask questions, answer questions and read-back or repeat-back information, as needed.

Information provided during hand-off communication includes, at a minimum:

- Patient name and age
- Patient's physician
- Date of admission
- Diagnosis
- Procedure performed or to be performed as applicable

- Summary of the patient's current physical and mental health condition including:
 - Current medications and when they were last given
 - IVs present: heplock and/or IV solution, rate of infusion
 - Most recent vital signs
 - Input and output, when applicable

NURSE HANDOFF POLICY

- Input and output, when applicable
 - Oxygen settings when applicable
 - Wound dressings, drains, etc,
 - Emotional status
 - Pain assessment and management
-
- Allergies
 - Recent or anticipated changes in the patient's condition
 - Pertinent past medical and surgical history
 - Results of recent clinical laboratory and diagnostic tests
 - Treatment, care and services that need to be completed (to-do list)
 - Any other information which is important to the patient's care, i.e., primary language if other than English, hearing, speech issues, and fall risk status.
-

NURSE HANDOFF COMMUNICATION

Please refer to our Policy on Nurse- Handoff Communication. (see attached)

Please use the checklist from the admission sheet. If you have a complaint or a question, please be respectful of your co-workers, (RN's, Doctor's, Rep's etc...) and mindful of our conversation in front of patients.

Please look at documents during hand-off

Please lend a hand when there is only one available person in the PACU hooking up the patient.

Please mention about Band-Aid, bruises, Foley, packing, when to remove dressing, medications, any special concerns, glasses.

Please state your name if you are the one receiving report.

Please state if the patient is driving home.

HANDOFF DO'S AND DON'TS

- Use a standardized format. (SBAR-Situation, Background, Assessment, Recommendation).
- Conduct handoff in a private setting to maintain patient confidentiality.
- Report in person, if possible, so you can clarify points and answer questions.
- Provide current information.
- Be concise; don't ramble or speculate.
- Don't report irrelevant information.
- Don't make critical or other inappropriate comments about the patient's family or health care provider.
- Don't share information with anyone who doesn't need to know.

Respect

Consideration

Patient privacy

Mindful

Brief

Kind

Communication

Service

Concise

Professional

Teamwork

Friendly

Courteous

Acknowledgement

Timely

Consistent

Discretion

Focus

Aware

Calm

STEP 8 CONTINUE THE STUDY HERE

8 Re-Measurement

- ▶ There were 16 surveys re-done. All questions had a satisfaction rate of 98.9%. Re-measurement showed an increase of 18% improvement.

Question	Response 1	Response 2	Response 3	Response 4	Response 5	Response 6	Response 7	Response 8	Response 9	Response 10	Response 11	Response 12	Response 13	Response 14	Response 15	Response 16	
1	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4.5625
2	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4.5625
3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4.4375
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4.4375
5	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4.625
6	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4.5
7	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4.5625
8	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4.625
%	3.625	4.125	4.25	4	4	3.75	4.625	4	4	4	4.75	3.625	4	4	4	4	4.546875

STEP 9

9 Additional Corrective Action and Re-Measurement

▶ N/A

-no additional re-measurement or corrective action because we met our goal. If we didn't we would have to do more education, meetings, one on ones to try again.

STEP 10

- ▶ **# 10 Communication**
- ▶ **Report given to appropriate committees as dated below.**
- ▶ **Determine whether other educational activities (e.g. power points, checklist) are required to increase Nurse satisfaction.**

Reported to:

QAPI Committee 08/20/2021

Operating Board

Staff In-service 08/20/2021

Other Education 08/20/2021

Comments:

Date:

Date Project Started: 06/01/2021 Date Project Closed: 09/30/2021

Staff Involvement:

Clinical Director

Quality Manager

RN's

Cite resources here

QUALITY ASSESSMENT/PERFORMANCE IMPROVEMENT
FOCUS STUDY WORKSHEET

TOPIC: Nurse Hand-Off Communication

TYPE OF STUDY: Clinical

1 Statement of Purpose

The purpose of this study is to increase nurse satisfaction by monitoring and improving the nurse hand-off communication. Nurses in different departments expressed discontent and inconsistencies at times with the nurse hand-off communication. Nurses expressed concern over distractions and lack of retention when getting and receiving hand-off communication.

A hand-off communication is an accurate, clear, and specific summary of the patient passed from one healthcare provider to another. It is a comprehensive report on the patient's condition, with a focus on the patient's safety. There are many different methods of hands-off communication, one of the most common being an SBAR report. In an SBAR report, the Situation, Background, Assessment, and Recommendation are communicated from one provider to another. (Amato-Vealey, Barba, & Vealey, 2008, pg. 763). What is most important is that no matter what method used, seamless transition of patient care occurs from one provider to the other.

2 Performance Goal

The performance goal for this study is to measure and increase nurse satisfaction. Our goal is to be between 98%-100%. The study will begin June 1, 2018 and end on September 30, 2018.

3 Data Collection

On June 1st, data was collected via a hand-off communication survey and submitted for the quarter. Data survey's to be collected use the Likert scale model to include questions regarding satisfaction with hand-off communication. The questions are as follows:

- 1) Overall, how satisfied or dissatisfied are you with the hand-off communication reporting?
- 2) How satisfied are you with the details in the hand-off report for providing safe patient care?
- 3) How satisfied are you with the hand-off consistency from members of other departments?
- 4) How satisfied are you with facilitating communication between nurses by providing a structured time for transitioning the patient's care ?
- 5) How satisfied are you with nurses listening carefully to you while giving report ?
- 6) How satisfied are you with the retention of the Hand-off communication?
- 7) How satisfied are you with nurses respect and courtesy during hand-off communication?
- 8) How satisfied are you with the Anesthesiologist's hand-off communication?

4 Evidence of Data Collection

Satisfaction surveys are completed for hand-off communication at the facility.

- 1) Overall, how satisfied or dissatisfied are you with the hand-off communication reporting?
 - Very satisfied
 - Somewhat satisfied
 - Neither satisfied nor dissatisfied
 - Somewhat dissatisfied
 - Very dissatisfied
- 2) Overall, how satisfied or dissatisfied are you with the hand-off communication reporting?
 - Very satisfied
 - Somewhat satisfied
 - Neither satisfied nor dissatisfied
 - Somewhat dissatisfied
 - Very dissatisfied
- 3) How satisfied are you with the details in the hand-off report for providing safe patient care?
 - Very satisfied
 - Somewhat satisfied
 - Neither satisfied nor dissatisfied
 - Somewhat dissatisfied
 - Very dissatisfied
- 4) How satisfied are you with the hand-off consistency from members of other departments?
 - Very satisfied
 - Somewhat satisfied
 - Neither satisfied nor dissatisfied
 - Somewhat dissatisfied
 - Very dissatisfied
- 5) How satisfied are you with facilitating communication between nurses by providing a structured time for transitioning the patient's care ?
 - Very satisfied
 - Somewhat satisfied
 - Neither satisfied nor dissatisfied
 - Somewhat dissatisfied
 - Very dissatisfied
- 6) How satisfied are you with nurses listening carefully to you while giving report?
 - Very satisfied
 - Somewhat satisfied
 - Neither satisfied nor dissatisfied
 - Somewhat dissatisfied
 - Very dissatisfied

Surgery Center

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

8) How satisfied are you with the Anesthesiologist's hand-off communication?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

5 Data Analysis

There were 16 surveys during the study period. All questions on the survey had a satisfaction rate of 70%.

Question	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
1	2	5	4	4	5	5	4	5	4	5	4	4	3	1	3	4	3.875
2	4	5	4	5	5	5	5	2	3	5	4	4	3	1	3	4	3.875
3	2	5	4	4	4	5	5	2	2	4	3	4	3	1	3	4	3.4375
4	2	5	4	5	5	5	5	4	4	4	4	3	4	3	2	4	3.9375
5	4	5	4	5	5	5	4	5	2	4	3	4	2	3	3	5	3.9375
6	2	5	4	4	4	5	5	3	3	4	4	3	4	3	3	4	3.75
7	4	5	4	5	5	5	4	4	4	3	4	3	4	1	3	4	4.0625
8	2	5	4	4	4	4	4	5	4	5	4	4	3	5	3	4	4
%	2.75	5	4	4.5	4.625	4.875	4.625	3.75	3.25	4.5	3.75	3.625	3.25	2.25	2.875	4.125	3.859375

6 Comparison to Goal

Goal is not achieved

7 Corrective Action

Meeting held to give copy of Nurse Handoff Policy, Power-point presentation for education Monitoring will continue to be done on a daily basis for a week

8 Re-Measurement

There were 16 surveys re-done. All questions had a satisfaction rate of 98.9%. Re-measurement showed an increase of 18% improvement.

Question	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
1	4	4	4	4	4	5	4	5	5	5	5	4	5	5	5	5	4.625
2	4	4	4	4	4	5	4	4	5	5	5	4	5	5	5	5	4.5625
3	2	4	5	4	5	5	3	4	5	5	5	4	5	5	5	5	4.4375
4	2	4	5	4	5	5	3	3	5	5	5	3	5	5	5	5	4.4375
5	5	4	4	4	4	5	4	5	5	5	5	3	5	5	5	5	4.625
6	3	4	4	4	4	5	4	4	5	5	5	4	5	5	5	5	4.5
7	4	4	4	4	4	5	4	5	5	5	5	3	5	5	5	5	4.5625
8	5	5	4	4	4	5	4	5	5	5	5	3	4	5	5	5	4.625
%	3.625	4.125	4.25	4	4	5	3.75	4.625	5	5	5	4.75	3.625	5	5	5	4.546875

Results of the study will be tabulated and analyzed at quarterly Meeting.

9 Additional Corrective Action and Re-Measurement N/A

10 Communication

Report given to appropriate committees as dated below.

Determine whether other educational activities (e.g. power points, checklist) are required to increase Nurse satisfaction.

Reported to:

Date:

QAPI Committee

08/20/2018

Operating Board

Staff In-service

08/20/2018

Other Education

08/20/2018

Comments:

Date Project Started: 06/01/18

Date Project Closed: 09/30/2018

Staff Involvement:

Clinical Director

Quality Manager

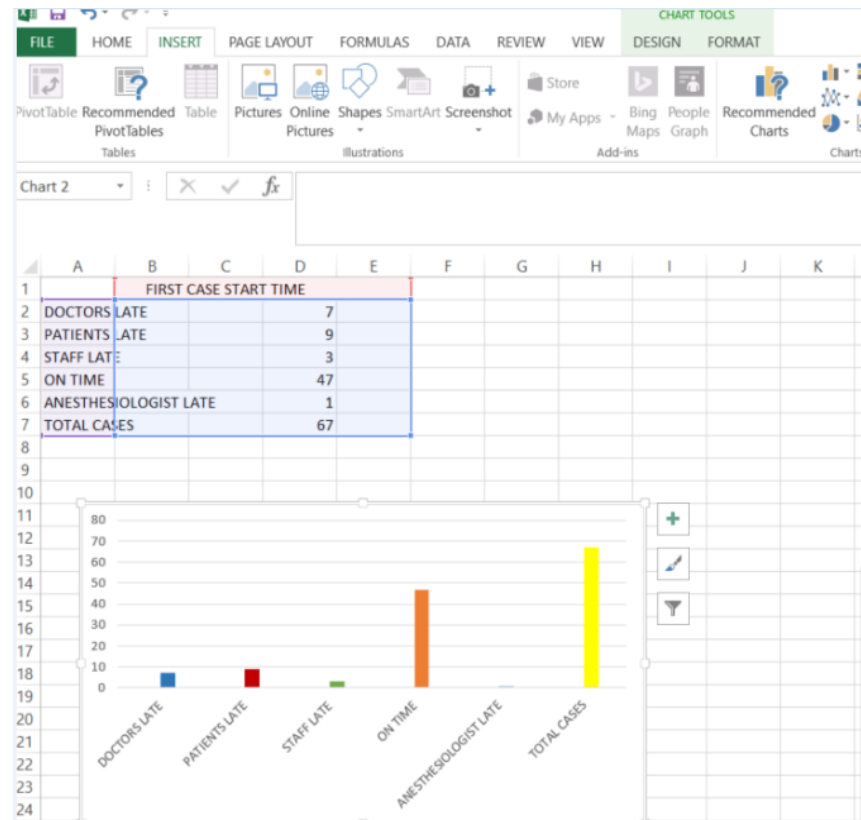
RN's

Friesen MA, White SV, Byers JF. Handoffs: Implications for Nurses. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 34. Available from:

<https://www.ncbi.nlm.nih.gov/books/NBK2649/>

2009 National Patient Safety Goals. The Joint Commission. <http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals>. Accessed September 2, 2008. 6. Powell SM, Hill RK. My copilot is a nurse—using mato-Vealey, E., Barba, M., & Vealey, R. (2008). Hand-Off Communication: A Requisite For Perioperative.

EXCEL SHEET



THANK YOU!!

- ▶ CONTACT INFO:
- ▶ Linda Calise
- ▶ 917-432-4767
- ▶ Lindacalise1@aol.com

