



Learning Session

16-July 2019

Presenter(s):

Kate Remick, MD

Krystle Bartley, MA

Diana Fendya, MSN (R), RN

Meredith Rodriguez, PhD

NEDARC Representatives

ACKNOWLEDGEMENTS

The HRSA, MCHB EIIC is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U07MC29829. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

ACKNOWLEDGEMENTS

This continuing nursing education activity was approved by the Emergency Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation for 1.5 contact hours.

LEARNING SESSION DISCLOSURES

Note Faculty/Speakers and Planners for this learning session:

- Kate Remick, MD
- Krystle Bartley, MA
- Diana Fendya, MSN (R), RN
- Meredith Rodriguez, PhD
- NEDARC Representative(s)

have no conflicts of interest. Additionally, no commercial support has been received for this activity.

Should participants detect any bias in this presentation please note such on the evaluation or reach out to Diana Fendya, nurse planner for continuing education.

TO OBTAIN NURSING CEs

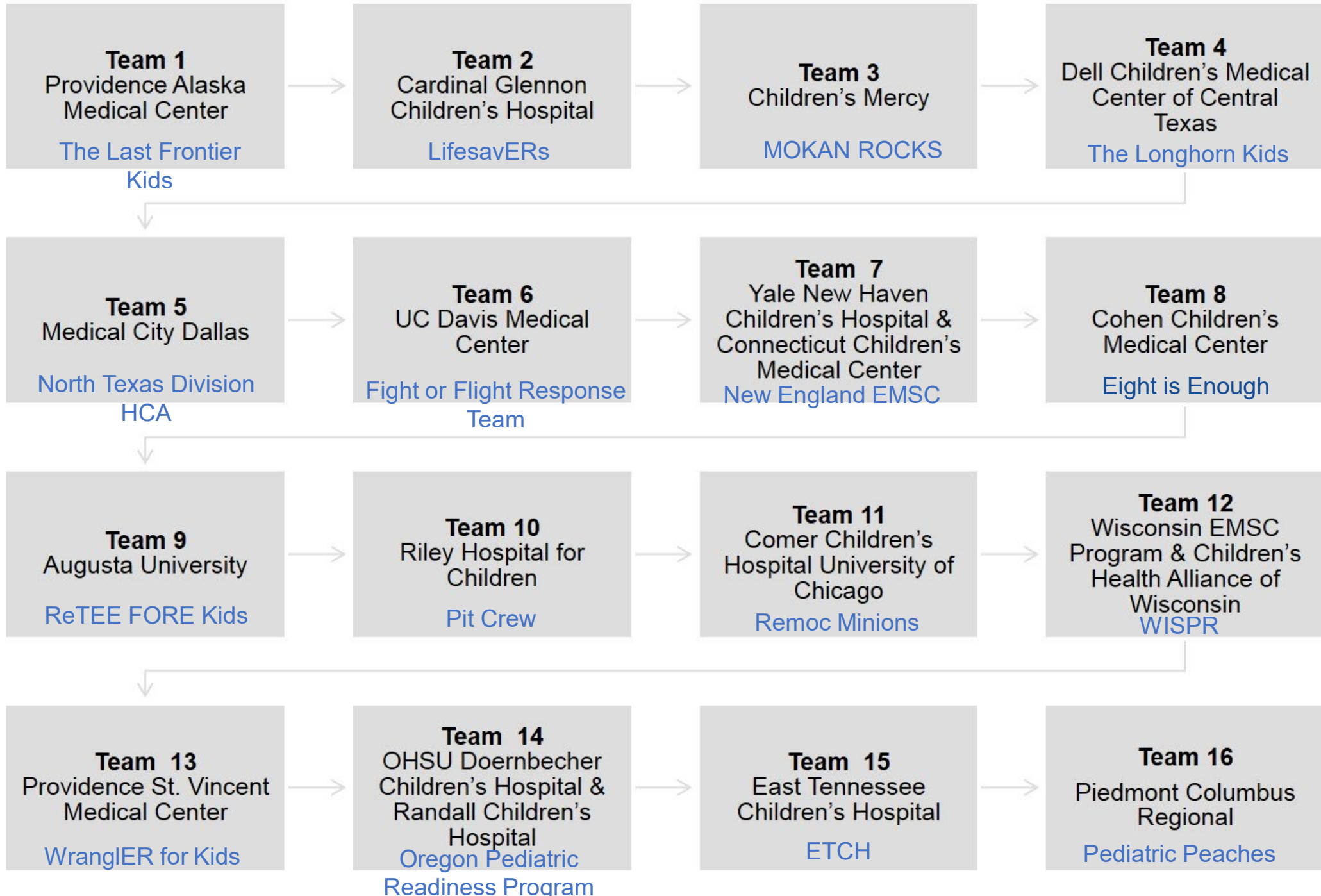
- Sign into the webinar: name, email address and name of your facility.
- At the completion of the presentation a link will be provided which will take you to a short evaluation form which you will need to complete.
- The evaluation must be completed within 2 weeks:
<https://tch-redcap.texaschildrens.org/REDCap/surveys/?s=C3CHENDRY8>
- Within 48 hours of receiving your evaluation, your certificate will be sent to you electronically.





MEMBERSHIP

- Subject Matter Experts
- Advisory Committee
- NEDARC
- EIC
- HRSA



AGENDA

16-JULY 2019 LEARNING SESSION



State of the Collaborative – 10”
Meredith Rodriguez



Team Updates – 25”

Diana Fendya

- WrangLER for Kids
- Mokan Rocks
- WISPR
- Last Frontier Kids

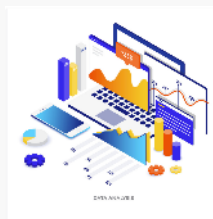
- Angela Graves
- Olivia Kaullen
- Erica Kane
- Heather Anderson



Housekeeping – 5”
Krystle Bartley



Aggregate Performance – 5”
Kate Remick



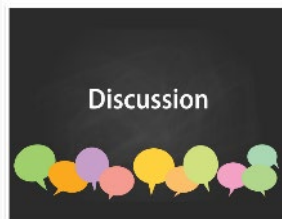
Run Chart Interpretations – 15”

Eddie Zamora

Harshan Nagulapally



PDSA Cycle Timeline – 5”
Krystle Bartley



Bundle Feedback – 20”

- All Participating Teams
- Subject Matter Experts
- PRQC Admin Team



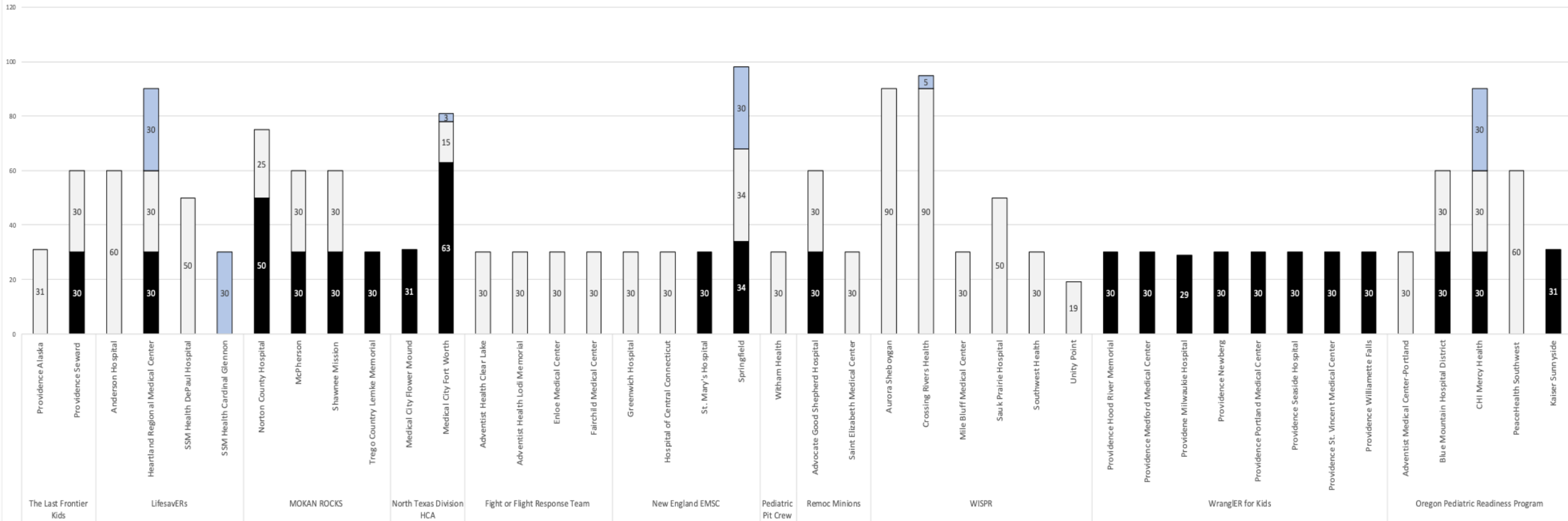
STATE OF THE COLLABORATIVE

Data Leaderboard

Leaderboard

(July 15, 2019)

■ Weight in Kg □ Abnormal Vital Signs ■ Interfacility Transfer



Welcome!

The following sites have newly-executed DUAs:

Sweetwater Hospital Association

St. Elizabeth O'Fallon

SSM Health – St. Joseph Hospital – Wentzville

SSM Health – St. Joseph Health Center

Cohen Children's Medical Center

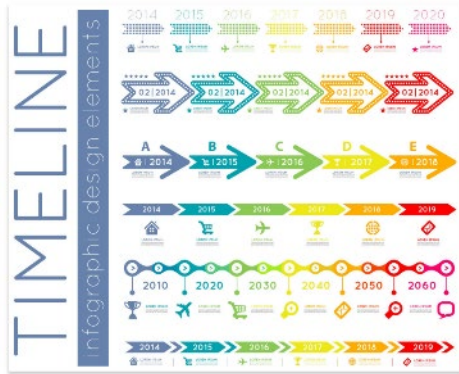
Long Island Jewish Valley Stream

REDCap QI/Data Steward Survey:

<https://tch-redcap.texaschildrens.org/REDCap/surveys/?s=CXELJK8ECF>



AGGREGATE PERFORMANCE



PDSA CYCLE TIMELINES

PDSA Cycle Timeline



Our Mantra

*Start Pacing Yourself
for the Marathon*

PDSA Cycle Timeline



Mile Marker 1: Start with Baseline Data

- Goal: Must be submitted by July 12

Mile Marker 2: Begin Collecting & Entering Data for 1st PDSA

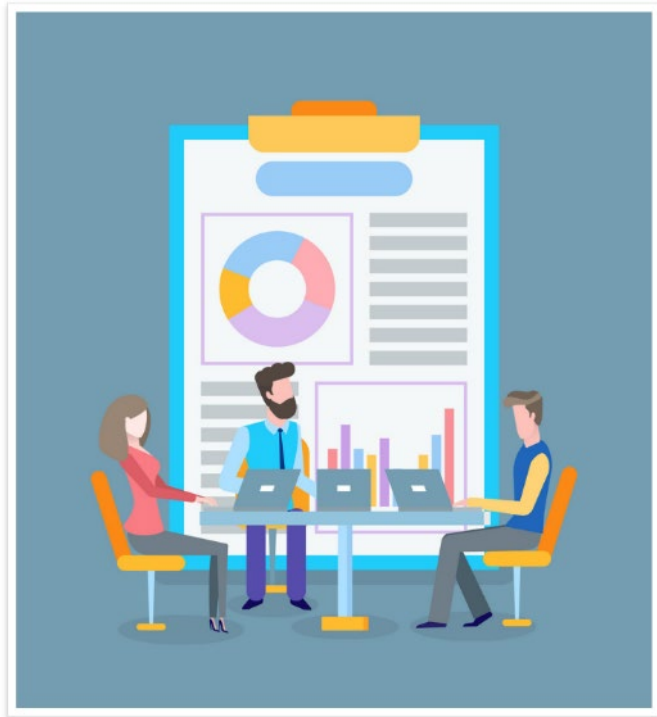
- Goal: July 16 to Labor Day (September 2)

Mile Marker 3: Begin Collecting & Entering Data for 2nd PDSA

- Goal: Labor Day to Halloween

Mile Marker 4: Begin Collecting & Entering Data for 3rd PDSA

- Goal: Halloween to MLK (January 2, 2020)



TEAM UPDATES

Team 13: Wrangler for Kids

Team 3: MOKAN ROCKS

Team 12: WISPR

Team 1: Last Frontier Kids



PRQC Learning Session July 2019

WranglER 4 Kids

Providence St Vincent Medical Center (Training Site)

Providence Newberg Medical Center

Providence Seaside Hospital

Providence Portland Medical Center

Providence Willamette Falls Medical Center

Providence Hood River Memorial Hospital

Providence Medford Medical Center

Providence Milwaukie



Sampling Strategy: 30 charts from each ED randomly selected by a report created by our ED Quality department.

Our report was able to pull all information by key variables except the specific medications.

Approximately 1.5-2 hours was required to input the baseline data per ED.

Each chart had to be checked manually for medications and doses.

Findings

Wins

- Almost all of our Baseline data for Bundle #1 is complete
- Findings were better than expected
- All Data Stewards, except one new hire have log-ins



Opportunities

- Loss of momentum/enthusiasm
- Multiple ED Leadership and Champion changes
- Need to add how weight was obtained in report for our next round of data (stated vs actual)



Questions?





MOKAN ROCKS (MO, KS READINESS ON CALL FOR KIDS)

July 16th Learning Session Update

DATA

- Experience collecting baseline data



- Process for Data Submission



- 13 y/o and 18 y/o




- Focused in on data collection and entry over 1-3 days



- Reviewing charts individually- sometimes this is just simpler!



DECISION-MAKING PROCESS FOR PDSA CYCLES

- Input data  Meet with Leadership

Re  with Staff

- Some expected results/ some a surprise



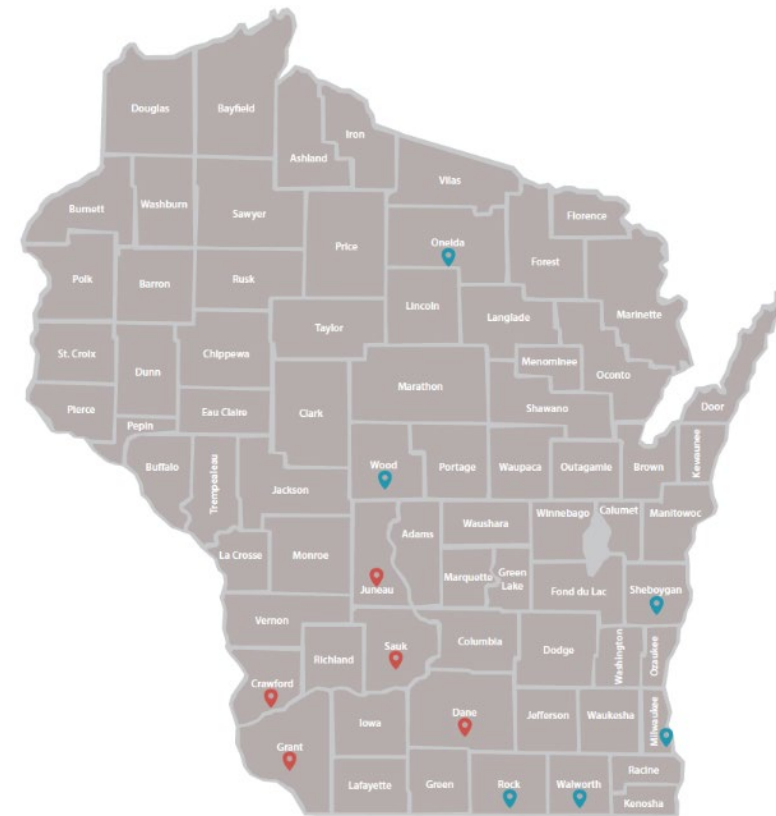
YAY FOR IMPROVEMENTS!



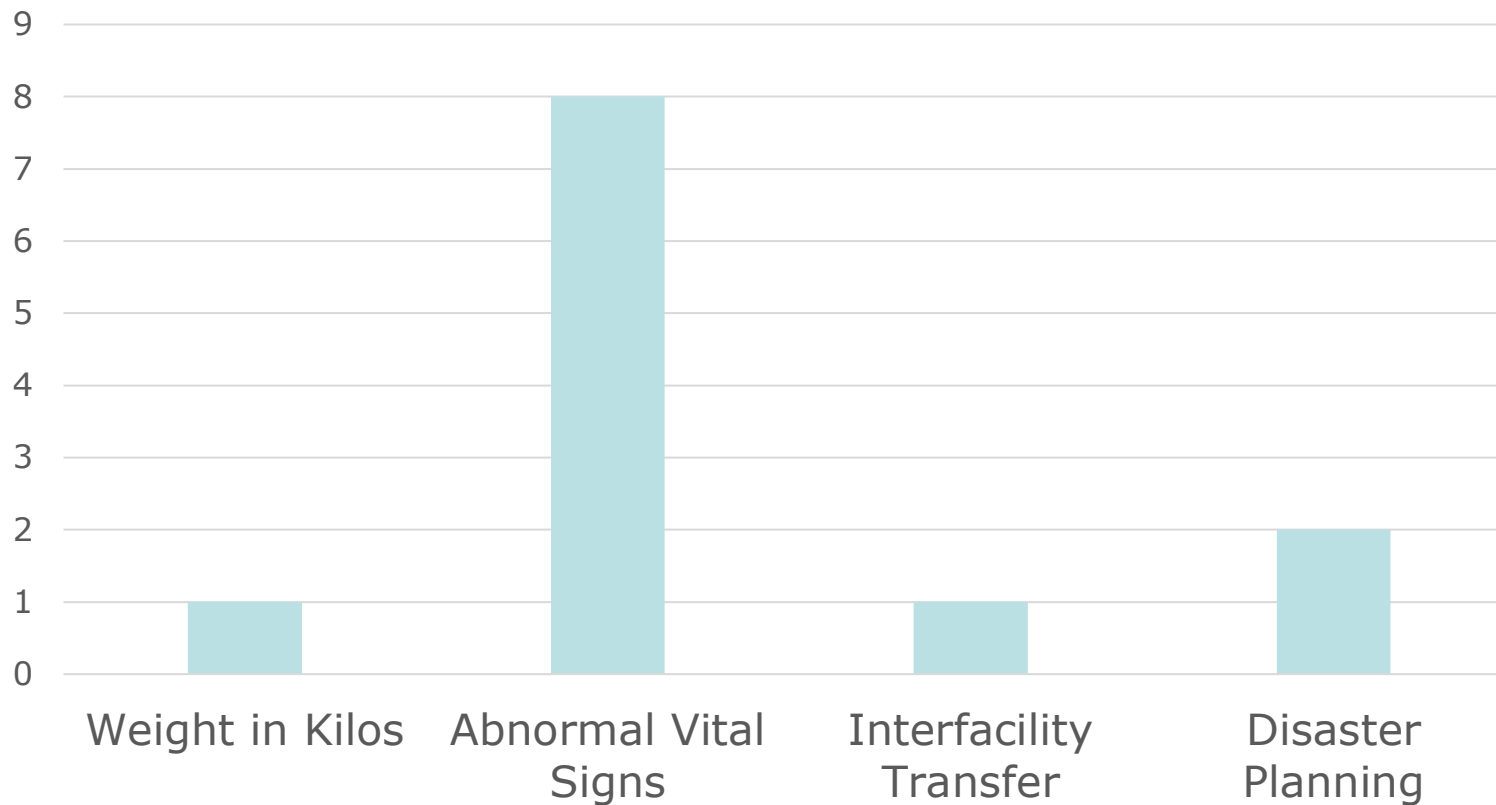
- Weight in kg- already documenting but now they have scales that LOCK!
- Finding barriers
- Creating policies

Team 12 – WISPR

- 14 original affiliate hospitals
- 11 active affiliate hospitals
- Mix of rural and urban
- 25 – 505 beds
- Peds volume: Low (<1,800), medium, (1,800-4,999) and medium high (5,000-9,999)



Bundle Selection



WISPR Data Entry and PDSA Cycles

- 7 affiliate hospitals entering data
 - Total of **299** pediatric charts entered
 - 1 disaster planning drill completed
- Of these, 3 affiliate hospitals actively running PDSA cycles
 - Crossing Rivers Health
 - Aurora Sheboygan Memorial
 - Southwest Health

Aurora Sheboygan Memorial

- Pediatric Champion: Dawn Tasche
- Bundle selection: Abnormal vital signs
- Data collection experience
 - It takes time!
 - Develop a system for organization and time management
- Data submission process
 - Print 30 paper-based data collection forms and fill out all 30 and include the MRN from the chart
 - Enter all of the paper-based data collection forms into the online data entry system, and record the generated ID number
 - Typically, complete paper-based data collection forms in one day, and online entry another day

Aurora Sheboygan Memorial

- Decision making process for PDSA cycles
 - Initial general audit to learn weaknesses
 - Reviewed charts for transferred and admitted pediatrics
 - Developed tool to identify abnormal vital signs and begun educating staff
 - Tools and education are tweaked based off of the results of each PDSA cycle
- Assistance needed from subject matter experts
 - Online learning sessions and fireside chats are very helpful
 - Data entry system would be more efficient if we could type in a time rather than clicking through all of the numbers to enter a time

Crossing Rivers Health

- Pediatric Champion: Heidi Kirschbaum
- Bundle selection: Abnormal vital signs and Interfacility transfer
- Data collection experience
 - Already had a report in Epic, which included all patients 14 years and younger.
 - Collect data on all admissions and transfers and then the rest are discharged patients.

Data submission process

- Use Epic report exported to Excel spreadsheet to gather information and then while reviewing each chart, enter the information into the data base. Do not use the paper forms but track the ID number on the Excel spreadsheet. Can usually complete 30 records in about 2 hours if uninterrupted!!
- Would help to have a better way to record the time. Also the questions about does the patient have abnormal vitals signs, do you have a process for reporting, etc. are very repetitive and not intuitive.

Crossing Rivers Health

- Decision making process for PDSA cycles
 - We had already been collecting data on pediatric patients having a full set of vital signs (including blood pressure on all those 3 yrs. and older) for 2018 and already had an established pediatric committee.
 - Goals are decided on by the Pediatric Committee and then developed ways to accomplish each goal with support of the team.
- Assistance needed from subject matter experts
 - Enjoyed fireside chat which explained the “why” behind each data collection and also gave us resources to help us reach goals.
 - Would like to share this with staff and our committee.



The Last Frontier Kids: Providence Alaska

KAREN RICHARDSON, RN – ASST. CLINICAL MANAGER, EMERGENCY DEPT.

DR. RICHARD NAVITSKY, MD – MEDICAL DIR. CHILDREN'S EMERGENCY CARE

DR. CLIFFORD ELLINGSON, MD – PEDIATRIC EMERGENCY PHYSICIAN

HEATHER ANDERSEN, RN – QI SPECIALIST, THE CHILDREN'S HOSPITAL

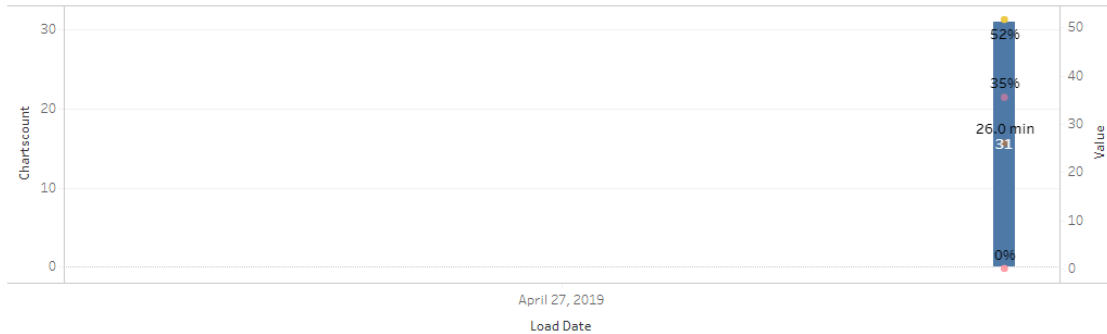


Status update

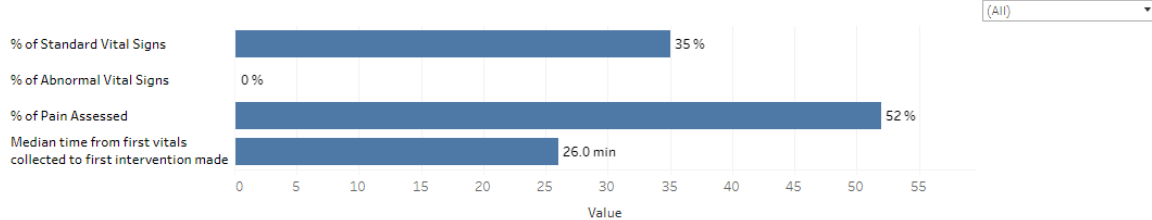
Providence Alaska Medical Center

- Baseline data entered
- PDSA #1 complete – data entry pending

PDSA Metrics for : Abnormal Vital Signs



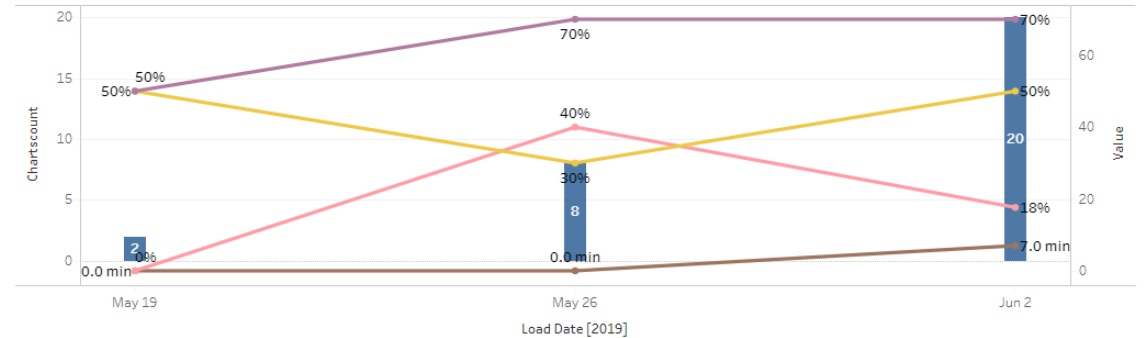
Current Quality Metrics : Abnormal Vital Signs



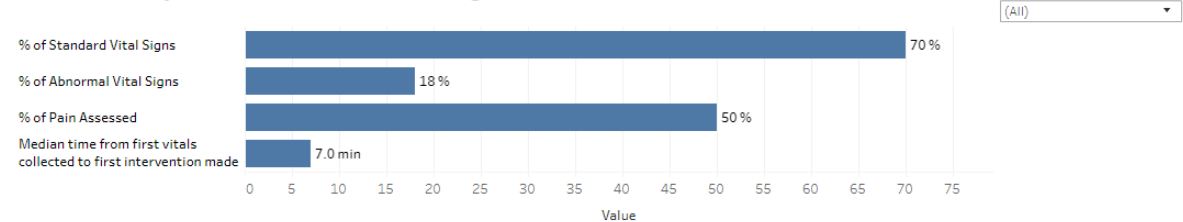
Providence Seward Medical Center

- Baseline data entered
- Need to evaluate and plan PDSA

PDSA Metrics for : Abnormal Vital Signs



Current Quality Metrics : Abnormal Vital Signs



Baseline data – Process and Challenges

- ▶ Ran report with all ED visits <18. Random selection representing different shifts and days of the week.
 - ▶ PAMC – 30 days
 - ▶ PSMC – 12 months
- ▶ Challenges
 - ▶ Different interpretations of the data field definitions
 - ▶ EPIC records both Kg and lbs so unclear how it was initially recorded.
 - ▶ Time consuming
 - ▶ Individual submissions versus batch submissions
 - ▶ Time dials versus direct entry

PAMC PDSA #1 - Plan

- ▶ **Collaborative decision making:**

- ▶ Met with MD champions to review data
- ▶ Identified first area of opportunity and drafted first PDSA

- ▶ **Problem Identification:**

1. Discharge/transfer vital signs were not consistently being recorded within 30 minutes of leaving the ED as per policy.
2. If done, no record of MD notification of abnormal VS.

- ▶ **Significance:**

- ▶ Status changes not recognized
- ▶ Escalations in care or return to care

PAMC PDSA #1 - Plan

- ▶ Just in time communication & education
 - ▶ Designated times in CEC when MD champions were working
 - ▶ Only included caregivers working directly with MD champions
 - ▶ MD-led education, ACM support
 - ▶ SBAR to explain the what, why and how.

<p>Situation</p>	<p>We will be conducting a brief PDSA cycle today on physician notification of abnormal vital signs for the pediatric population.</p>
<p>Background</p>	<p>PAMC is Alaska's sole designated training center for the Emergency Medical Services for Children's Pediatric Readiness Quality Collaborative (EMSC-PRQC). PAMC is participating in a national collaborative with the aim of improving pediatric emergency care.</p> <p>As part of the quality improvement (QI) work with the collaborative, PAMC ED is focusing on improving our recognition of abnormal vital signs and the provider notification process.</p> <p>A PDSA (Plan-Do-Study-Act) is a QI method of trialing small tests of change in a controlled setting that allows evaluation of the effectiveness of those changes.</p> <div data-bbox="1681 442 2344 921" data-label="Diagram"> </div>
<p>Assessment</p>	<p>ED caregiver participation in this brief PDSA cycle is crucial for the assessment of the effectiveness of the first small change.</p>
<p>Request</p>	<p>For the designated time period, June 9th from 1800-0130, please complete the following:</p> <ol style="list-style-type: none"> 1) Full set of vials for all pediatric patients within 30 minutes of discharge or admission. <ol style="list-style-type: none"> a) If admitted: T, HR, RR, BP (regardless of age), SPO2, and pain scale b) If discharged: same as (a) for 3-18 years. If under age 3 years, no BP unless chief complaint warrants. 2) If vital signs turn RED when entered into EPIC, regardless of clinical judgment, <ol style="list-style-type: none"> a) Notify the ER MD immediately. b) Document in comment section name of MD notified and response (i.e. Dr. Navitsky notified, OK to discharge)

PAMC PDSA #1 - Do

For the designated time period, **June 9th from 1800-0130**, please complete the following:

1. **Full set of vials for all pediatric patients within 30 minutes of discharge or admission.**
 - a) If admitted: T, HR, RR, BP (regardless of age), SPO2, and pain scale
 - b) If discharged: same as (a) for 3-18 years. If under age 3 years, no BP unless chief complaint warrants.

2. If vital signs turn **RED** when entered into EPIC, regardless of clinical judgment,
 - a) **Notify the ER MD immediately.**
 - b) **Document in comment section name of MD notified and response** (i.e. Dr. Navitsky notified, OK to discharge)

PAMC PDSA #1: Study and Act

- ▶ Data collection
 - ▶ Not all captured in PRQC data – created spreadsheet for additional info.
- ▶ Analysis of data
- ▶ Determine next steps

PSMC

Next Steps:

- ▶ Evaluate the baseline data
- ▶ Plan first test of change.



RUN CHART INTERPRETATIONS



BUNDLE SPECIFIC FEEDBACK



- Any difficulty implementing a bundle or submitting data?
 - Reminder: Each bundle has a corresponding workbook that provides a description of possible interventions and resources. Key drivers (which are requested in the DES) can be found in the intervention workbooks.
- What was your experience with the 1st PDSA cycle?

Team 2

Training Site:
Cardinal
Glennon

Team 4

Training Site:
Dell Children's

Team 5

Training Site:
Medical City
Dallas

Team 6

Training Site:
UC Davis

Team 7

Training Sites:
Yale & Connecticut
Children's



- Any difficulty implementing a bundle or submitting data?
 - Reminder: Each bundle has a corresponding workbook that provides a description of possible interventions and resources. Key drivers (which are requested in the DES) can be found in the intervention workbooks.
- What was your experience with the 1st PDSA cycle?

Team 8

Training Site:
Cohen

Team 9

Training Site:
Augusta U

Team 10

Training Site:
Riley

Team 11

Training Site:
Comer

Team 14

Training Sites:
OHSU & Randall



- **Any difficulty implementing a bundle or submitting data?**
 - Reminder: Each bundle has a corresponding workbook that provides a description of possible interventions and resources. Key drivers (which are requested in the DES) can be found in the intervention workbooks.

- **What was your experience with the 1st PDSA cycle?**

Team 15
Training Site:
East
Tennessee

Team 16
Training Site:
Piedmont
Columbus

Bundle 1: Weight in Kg

Any Questions or Concerns?

Bundle 2: Abnormal VS

Question:

When should mental/behavioral/social health assessment be completed?

- Two-step triage: ABC's then full vital sign triage in exam room (absolutely)
- Goal – is that mental/social health be assessed prior to discharge/admission

Bundle 3: IFT

Questions:

How is feedback going from receiving sites? Is there a process in place?

Have you identified a specific contact at receiving sites to provide feedback?

- Have you developed a family packet for transfers? What should you put in this?
 - [See toolkit](#)
 - Does it include evaluation piece?
 - Directions, consent, evaluation form, reason for transfer, information regarding hotels, where to report at receiving site
- Role of receiving center in developing packet?
- Is anyone not using packet? Electronic vs. paper?

Bundle 4: Disaster

Announcement:

SMEs will be reaching out to those sites that will be focusing on this bundle.

Let us know if you plan to work on this bundle, but have not formally declared the bundle as your 1st or 2nd choice (source: QI/Data Steward Survey)

Bundle 4: Disaster

Questions:

- Have you started drills? Which domains are you focusing on? Have there been any internal meetings regarding bundle/drills?
 - Advice: Complete site level data (Domain 1: Disaster Coordination) in DES.
 - Advice: Review environmental scan for possible answers!
- Have you developed a paper version of the DES to complete during the drill?
 - Advice: Copies can be found on PRQC Members Only (Disaster Bundle Section)
- Where should we be with bundle 4? How do we enter data? Is this part of our dashboard?
 - Feedback: Two SMEs (Sarita Chung and Brent Kaziny will be contacting participating sites to provide 1:1 assistance.



HOUSEKEEPING

Housekeeping

Reminders

- Requests for CNE credit must be submitted within 2 weeks of sponsored event
- Extension letter can be found on Members Only Section of PRQC Website

Action Items

- Submit Baseline Data
- Mid-Collaborative Survey
- Environmental Scan

Housekeeping

Coming Soon

- PRQC Newsletter will be released end of July

Learning Sessions

- August 27 (More Team Updates)
- October 1
- November 19
- December 3rd

Key Information

CNE Link: <https://tch-redcap.texaschildrens.org/REDCap/surveys/?s=C3CHENDRY8>

Google: EMSC PRQC (Password also)

Email: qeca@texaschildrens.org | dcc_prqcsupport@hsc.utah.edu

