

Date: April 14, 2016

QUALITY IMPROVEMENT PROJECT CHARTER

PROBLEM AND BACKGROUND

What is the core quality issue that you are trying to improve, and what are the factors involved?

We attempted to address a perceived lack of organization and coordination during medical resuscitations. Some of the major factors included inadequate nursing numbers, unclear nursing roles, inadequate information from EMS (including arrival time) for appropriate team preparedness.

RATIONALE AND BENEFITS

Why is this an important problem to tackle, and what are the expected benefits?

It is crucial to provide efficient, coordinated, multi-disciplinary care to the sickest of patients that arrive in the Emergency Department. The best care is delivered in an organized and controlled environment. This can be achieved by creating a designated code team whose roles have been clearly defined and communicated and ensuring timely communication from EMS to allow adequate time for preparation prior to patient arrival.

The anticipated benefits include timely and coordinated response to patients requiring resuscitation resulting in improved patient care. This is more likely to occur when roles are clear, time is given to prepare for ill patient and uncertainty is decreased regarding patient complaint or condition prior to arrival.

AIM STATEMENT AND DELIVERABLES

What are the goal and objectives of this project?

The project aim was to improve health care provider response to each resuscitation and to clarify understanding of individual roles. This result would translate into improved preparation and organization during a resuscitation and optimized patient care. The objectives were to create a code team, clearly define the roles of team members, create a communication tool to allow the code team to prepare for patient arrival and to create an EMS data gathering tool to inform the code team of patient condition and need for special equipment/staff.

SCOPE

What are the things (people, tasks, processes) that this project WILL and WILL NOT touch on?

The scope of this project was limited to improving response and coordination of code team members, specific roles of each member and methods to improve preparation for patient arrival.

Areas that were identified as needing further evaluation but were not within the scope of the project were to create a resuscitation debriefing tool, post resuscitation ordersets, reorganization/stocking of TWH resuscitation room, improve communication regarding deteriorating patients already in the ED.

MEASURES

What are the outcomes, processes and balancing measures that you are planning to look at?

We administered a before and after mixed-method survey to nurse and physician staff to evaluate perception of health care provider response, understanding of specific roles and adequacy of preparation for resuscitations.

Date: April 14, 2016

Baseline survey results indicated 16 of 52 (30.8%) of nurses had a clear understanding of their role in resuscitations. After implementation of the Code Resus project measures the proportion increased to 35/55 (63.6%, $p < 0.001$).

With regard to adequacy of healthcare responders during a resuscitation baseline results indicated that 17/39 (43.6%) physicians and 23/53 (43.4%) nurses thought an appropriate number respond. The post-implementation survey indicated 34/41 (82.9%) physicians ($p < 0.001$) and 36/56 (64.3%) nurses ($p = 0.029$) felt the appropriate number of healthcare providers attend.

CHANGE IDEAS

What are you going to be attempting or changing, if already known?

We attempted to change the communication process regarding the arrival of a critical patient, the information received from EMS and the culture of the healthcare provider response to resuscitations.

PROJECT LEADER, TEAM MEMBERS AND RESPONSIBILITIES

Who is the point person accountable for the project's progression, who are the other members, who will do what?

Project Lead: Shandi Hansen

Edward Xie: Survey creation and evaluation, creation of EMS record, Resus room organization

Soojin Yi: Liason with nursing staff regarding code team creation

Dawn Lim: Project concept creation and assist with project development, EMS record development

Deb Davies/Kevin Beane: Implementation at TGH

Barb McGovern/Nicole Harada: Implementation at TWH

RESOURCES

What resources will you require – human, financial, equipment, authorizations and permissions, etc?

The majority of resources needed for this project were human with regard to education and dissemination.

TIMELINES AND MILESTONES

When do you anticipate STARTING to work on this project, IMPLEMENTING this project, and COMPLETING it?

Project Start: First Meeting April 2014

Project development: Fall 2015/Winter 2015

Pre-Implementation Survey: March 2015

Project Implementation: April 2015

Post-Implementation Survey: January 2016