Project name: Time to Analgesia

Date: June 2018

QUALITY IMPROVEMENT
PROJECT COMPLETION DOCUMENT

<u>Please include the PROJECT CHARTER and PROJECT UPDATES with submission of this document</u>

IMPACT
Describe the EVALUATION of the outcomes of the project as they relate to the project's aim and deliverables.

1. This QI project has reduced the time-to-analgesia (TTA)
   a. Baseline mean of 129minutes to 61 minutes during our trial phase.
2. We currently see a trend in the right direction on our run chart indicating an overall reduction in TTA.
   a. Baseline mean 129min to post intervention 107minutes. (goal of 60 minutes)
3. We also have seen a trend upwards for increased use of medical directives for analgesia administration as well as the rate of analgesia administered slightly improving.
   a. Rate of medical directive use: 20% baseline to 42% post intervention
   b. Rate of medication use from 44% to 49%.

MILESTONES
Describe the various MILESTONES delineated in your project charter and when/how they were achieved.
1. September 2017
   a. Group meeting; process mapping and root cause analysis
2. November 2017
   a. Chart audits for baseline data
   b. Survey of nurses re: analgesia administration practices
   c. Development of intervention (triage-based nurse-initiated analgesia (NIA)
   d. Patient feedback surveys – important to patients to receive analgesia
3. Jan-Mar 2018
   a. Triage NIA trial – had 3 different triage RNs trying out the process and proving feedback to make improvement before implementation
4. February 2018
   a. Development of medical directive badge card – design, heuristic evaluation and usability testing in Human Factors lab
5. April 2018
   a. Implementation of badge tag with education at morning Safety Huddle
   b. Implementation of NIA at triage for all triage nurses
6. May 2018
   a. Directed feedback to individual triage nurses to understand challenges/process and make changes as necessary

LESSONS
Describe the LESSONS, individual or organizational, learned through this project.

Creating a work-around for an existing issue can often create more work which dissuades already busy health care providers from performing the task, even when they know it improves patient care. Creating the sticker for documentation at triage is a work around to an IT solution of having 'medications administered' as a field in the e-triage system.

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Missing elements from this project (still pending lock boxes for >2mo) can create some process challenges for consistency. For this project it means we do not have a safe, or consistent location to store medications and documentation stickers at triage.

RECOMMENDATIONS
Describe the IMPLICATIONS of this project for patient care or for future projects.

This project has worked to improve the time-to-analgesia (TTA) for patients with musculoskeletal pain (back, upper extremity and lower extremity pain/injury), improve the use of medical directives, and increase the percentage of patients that receive analgesia during their visit.

Efforts continue to improve the TTA, we have seen an increase in the percentage of medical directive analgesia being administered, as well as an improvement to the rate of analgesia being administered.

Further work is needed to continue to improve this. Including an IT solution to seamlessly integrate medication administration at triage. Ongoing feedback from key stakeholders is needed to iteratively improve this process for both the health care providers and the patients.

DISSEMINATION
Describe the completed or planned steps for DISSEMINATION of this project's findings (e.g., presentations, posters, manuscripts, etc).

Accepted for oral presentation at ICRE 2018.
Plan to write up as a manuscript (started)
Submit to future conferences (C-QIPS, CAEP 2019)