

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?

Reduction in the time to receiving analgesia in the emergency department.

- Patients wait too long to receive analgesia in the ED.
- Utilization of medical directives and order sets have historically been low.
- Nursing staff anecdotally unclear on medical directives, when to use them, or what they are.

RATIONALE AND BENEFITS

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

Up to 80% of visits to the emergency department are for a pain-related issue, and often interventions are not initiated early. Patients suffering for longer periods of time results in poor patient satisfaction, longer length of stay, and interruptions to frontline staff (e.g., patients/families at desk asking for analgesia).

- Reduced time to analgesia may improve patient satisfaction.
- Reduce length of stay (for those with pain related issues that can be discharged after pain managed – e.g., headache/migraines, MSK injury).
- Reduced interruption at the desk (staff can stay focused on current task).
- Reduced workload to RNs; meeting the need of the patient initially may reduce the downstream workload.

AIM STATEMENT AND DELIVERABLES

What are the goal and objectives of this project?

Our aim is to reduce the time-to-analgesia (TTA) by 30% by May 30th, 2018.

SCOPE

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

The scope of this project involves the process of when a patient receives analgesia (pharmaceutical or adjunctive) from time of triage until the time of initial analgesia administration.

- Empowering nurses to utilize medical directives and order sets.
- Easier access, making interventions/products available at point of care.
- **No changes will be made to order sets or medical directives**, only educating and empowering to utilize what is already in place.

MEASURES

What are the outcome, process and balancing measures that you are planning on looking at?

- Outcome Measure
 - Time from triage to administration of analgesia (time-to-analgesia, TTA)
 - Percentage of patients receiving analgesia
- Process Measures
 - Pain score completed (initial and post analgesia)
 - ED length of stay (LOS)
- Balancing Measures
 - Adverse reactions or inappropriate treatment (i.e., allergic reactions, medication interaction)

- Increased time spent triaging

CHANGE IDEAS

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

Examining the process for nurses and where/when are the missed opportunities to intervene with analgesia

- Education on appropriate and proper medical directive use:
 - Posting medical directives at point of care areas.
 - Review of medical directives at huddles daily.
 - Re-distribution of medical directives in weekly e-mail update.
- Education around utilization of order sets:
 - Review of order sets and when they can and should be used.
 - Triage nurse to put onto chart and hand-off to primary nurse.
- Easily accessible interventions (slings, ice packs, warm packs, medication at point of care):
 - Relocation of supplies to point of care locations.
 - New supplies that are time saving (pre-made ice pack vs. making an ice bag).

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?

Victoria Woolner, nurse practitioner (NP) - Project Lead
Dr. Sam Sabbah, Assistant Medical Director, ED – Executive Sponsor
Dr. Lucas Chartier, Director of Quality and Innovation, ED – QI Advisor
Stephen Casey, Advanced Practice Nurse Educator, TGH ED
Jackie De Leon, NP
Sahand Ensafi, physician assistant (PA)
Reena Ahluwalia, RN; Kevin Beane, RN; Troy Belisario, RN; Hilary Lum, RN

RESOURCES

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

MD/NP/PA/RN involvement to participate in planning and implementation
Purchasing of new ice packs/heat packs (approval already obtained by relevant authority in the ED)
MD/NP/PA agreement on better use of medical directives and order sets

No additional financial resources are planned to be required for this QI project.

TIMELINES AND MILESTONES

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

Start September 2017- assessing cause, discussion with stakeholders
October 2017 – baseline data collection, direct observation of patients journey, select chart audits (for pain score, and time to analgesia information only)

This project will not review or collect any patient demographics or personal health information

November 2017 to April 2018 – tests of change – will evolve based on baseline data, and root cause of problem – evolution of final change to be implemented

May 2018 – Completion of project