

EZ MEDICINE QUALITY COUNCIL-SCIC

EZMQC-Strategic Clinical Improvement Committee -Quarterly Newsletter

December 2019

IHI National Forum on Quality Improvement in Health Care-December 2019



Poster Presentations:

1. Title: Determining Key Intervention Components to Reduce Laboratory Test Ordering Overuse in General Internal Medicine Wards -Congrats, Dr Kassam, P Mathura and Y Suranyi
2. Title: Building Physician Capability and Capacity with Clinical Quality Improvement in an Academic Health Zone-Congrats, EZMQC-SCIC Team
3. Ensuring Adequate Nutritional Intake While Reducing Oral Nutritional Supplement Wastage – Congrats Dr A. Tapardel and Team

Congratulations: Choosing Wisely Grant Recipients !



Congratulations on the successful grant award for the scale and spread of an EZMQC-SCIC QI project!

The Effectiveness of a Sequenced Multi-component Intervention: Reducing Urea Utilization and Laboratory Test Order Frequency in Alberta

QI Basic Training EPIQ Workshop

Dates:

Location: ECHA room: TBD

December 4, 2019- 0800hrs - 1200hrs

January 22, 2020- 1230hr - 1630hrs

March 10, 2020- 0800hrs - 1200hrs

May 21, 2020 - 12:30hrs - 1630hrs

To register for a class please email

UA Physician 'Lifelong Learning'
<lll@ualberta.ca>

or for further information please email:

pgaccred <pgaccred@ualberta.ca>

Connect Care Update



Connect Care– Is Live!

Nov 3, 2019 marked an historic day in Alberta health care history!

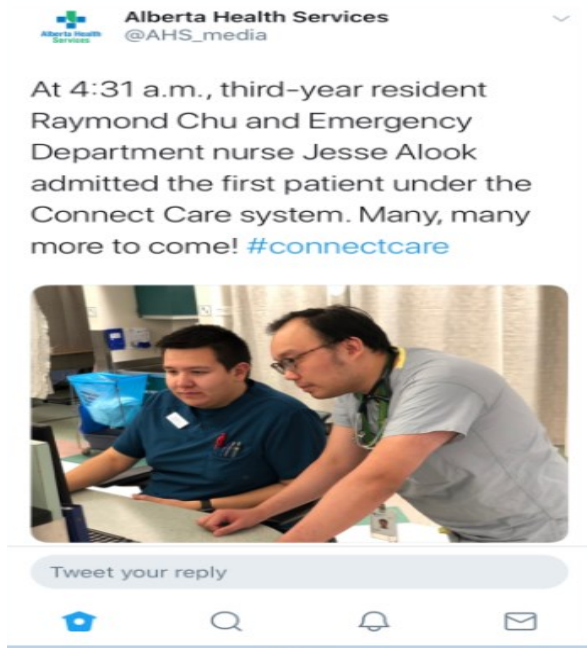
Connect Care will change the way we deliver care in the province of Alberta.

Despite the initial tribulations of the wave 1 launch so much positive feedback has been coming through including:

- Having the ability to have patient information at ones finger tips
- Notes are legible and coherent
- Routine orders can be entered from anywhere
- In system-dictation is easily accessible and fast
- Mobility is a game changer

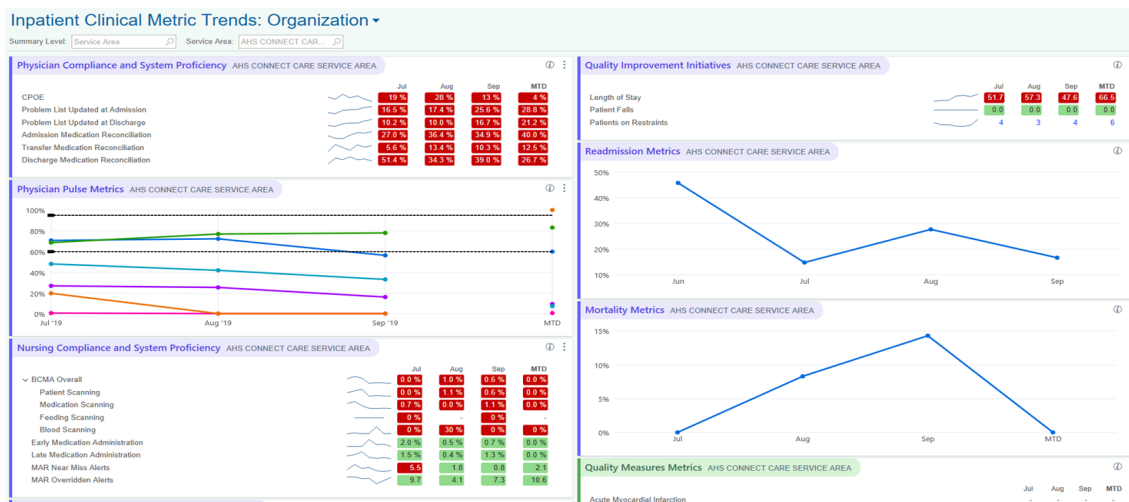
As we move forward from learning the basics to system optimization workflows will be continually adapted to maximize efficiency, patient and user experience.

For more information, please see www.bytesblog.ca and manual.connect-care.ca



Connect Care Dashboards and Improvement Science

- Starter kit with 25 different dashboards
- Dashboards are currently being loaded with data
- Dashboards can be customizable and there are courses to assist your learning-Basic reporting user and reporting power user
- Having data at your finger tips, will assist in the identification of areas for QI opportunity!



Featured Quality Improvement Projects

End PJ Paralysis Project

Physician lead: Dr Frances Carr

As defined by AHS, PJ Paralysis refers to ‘the negative physical and psychological effects experienced by patients who spend lengthy periods of time inactive, and in their pajamas while in hospital’. PJ paralysis is a common problem amongst hospitalized patients, which has been associated with multiple complications including muscle loss, functional decline, and pressure sores. Despite a general awareness of this problem, currently only 0-16.6% of inpatients on the Acute Care of the Elderly (ACE) Unit at the University of Alberta get dressed in their own clothing, and only 1/3 of all patients are sat up for meals.

Therefore, we launched a quality improvement initiative from July till the end of October 2019, which involved both educating staff and patients about ending PJ Paralysis, and implemented as a ward standard the expectation that all patients should be dressed in their own clothing by mid-day, out of bed for all 3 meals, and to mobilize to all activities. Weekly PDSA cycles were conducted using data collected on a detailed patient record sheet located in the patient’s room which could be completed by anyone. Outcome, process and balancing measure data was from a variety of sources, which included pre and post intervention data, patient record sheets, nursing notes, and patient and staff questionnaires. Dining room attendance was also evaluated over 1 month.

Due to recent study completion, the results are not available. The plan is to continue to audit the study’s intervention weekly for two months, with the patient record sheets remaining in the patient’s room. Future plans for this study will be based on the study results, but will likely include conducting a second cycle at the beginning of 2020.



Improving Prescribing and Delivery of Oxygen Among Hospitalized Adult Inpatients

Resident lead: Dr Caity Collins

Oxygen is one of the most accessible and commonly administered drugs in use on internal medicine units, and liberal use of oxygen is associated with increased risk of death in hospitalized patients compared to conservative use. It was determined that the internal medicine units in the University of Alberta Hospital may be over using oxygen, to validate this a chart audit was completed.

Audits determined several areas of improvement including (1) a lack of standardized oxygen prescription orders that included clear orders to wean. (2) A lack of centralized documentation of oxygen therapy to trigger oxygen weaning. (3) Lack of easy identification of patients on oxygen therapy. (4) An outdated oxygen policy document. (5) Variability in nursing and physician knowledge regarding oxygen policy and oxygen therapy.

PDSA cycle 1, intervention include education sessions for nurses and incoming residents/clerks, visual cues to wean oxygen placed in strategic locations, daily reminders to reassess patients on oxygen using the unit communication form ‘The Doctor’s Board’, and introduction of a weaning algorithm. Results from 10 patient charts found that the percentage of patients on oxygen with written weaning orders increased from 10% to 30%. These patients spent less than one day on oxygen before weaning orders were written compared to the previous 3.8 days. Patients now on average spent only 4 days on oxygen compared to 9.4 days. This PDSA also identified 2 cases of inappropriate weaning. They were when patients are prescribed a certain volume of home oxygen and when the patient was palliative at end of life.

Our next steps with this project will be to insert a weaning option into Connect Care when available, and do a retrospective chart review of patients who were indicated as requiring reassessment on the Doctor’s Board.

2020 EZMQC-SCIC Meetings:

Save the date! March 19, 2020

Contact Us

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