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Title: A Unit based Multi-disciplinary Quality Improvement Committee Model for Improving Patient Care and Safety

Abstract:

Statement of the Problem: Despite a common interest to improve care for patients, providers, nurses and auxiliary staff on a medical ward tend to work in silos that rarely communicate. This often results in replication of clinical projects, issues with communication and difficulty in initiating rapid culture change for adoption of new quality and safety practices.

QI Approach: In early 2014, a core leadership team comprised of a nurse manager, medical director and a hospitalist with training in QI methodologies met to discuss a preliminary unit-based dashboard and committee mission. A modified Patient Safety Culture Survey was sent out to all staff to determine current perceptions as well floor demographics. A multidisciplinary committee made up of charge nurses, service line directors, quality analysts, case managers, advance practice providers and hospitalists was then formed and met on a monthly basis to discuss the dashboard and survey results as well as next steps and current initiatives. Given time constraints, the committee’s role was primarily for reporting out. For identified issues, the committee designated small working committees that would then report up to the committee with their results.

Outcomes: As a result of the work of this committee, the UCH quality department developed a new unit-based length of stay report. This report is now in use throughout UCH. After work on improving communication between nurses and providers, we have seen a reduction in Average Length of Stay from 6.16 in FY14 to 5.65 in FY15. Falls have also dropped from 4.01 in FY14 to 2.88 in FY15 after initiation of the BMAT falls program.

Next steps: The committee is currently working on quantifying reasons for late discharges through chart review. Work on reducing hyperglycemic events is ongoing, as are initiatives to improve MD-RN communication, which was identified as an issue during our Patient Safety Culture Survey.