

AQSI Updates

Central Region



48 Program Graduates

AQSI Teams ARE *Interdisciplinary*: Advanced Practice Providers, Directors, Pharmacists, Physicians, Managers, Nurses, Residents, Respiratory Therapists, and Supervisors

Our teams' projects represented **BOTH**



NMH & the VA

Participants represent over **22** DEPARTMENTS



6 out of the **8**

teams have seen **improved** outcome metric(s)

the other 2 teams are awaiting final results



Decreased CT turnaround time in women of child bearing age by **6 min**



Increased family meeting documentation in MICU from **27% to 40%**



Increased the percentage of cirrhotic patients with **up to date liver cancer screening** from **40.7% to 53.6%**



Decreased the duration that patients were on the CIWA-Ar protocol for alcohol withdrawal







100% of the staff surveyed knew how to identify if a patient had a previous security event



45% decrease in Q4 hour vital signs and a **94.7% increase in HCAPS data** around the area around patients' rooms being **quiet at night**





Central Region AQSI Results

Expanded details of team results

Met Outcome Metric	Project Title	Results
	CIWA Later	Currently, there is no protocol at NMH to determine which patients are at high-risk for complicated alcohol withdrawal, leading to over utilization of the CIWA-Ar protocol. The team is working to reduce the use of the CIWA protocol to reduce the demands on nursing staff and unnecessary exposure to benzodiazepines. They implemented the PAWSS screening tool with targeted education to providers. The team is waiting on final data for specific improvements, but the preliminary data trends show a decrease in the duration of active CIWA-Ar orders.
	Team VA	The team increased the percentage of cirrhotic patients with liver cancer screening performed within the last six months from 40.7% to 53.6% at the Jesse Brown VA. This was done through a multitude of interventions including a clinical reminder in CPRS, linking screening results notification to order for the next screening test, and opening up same day ultrasound appointments on liver clinic days.
 <i>In progress</i>	ReDoSe	The team's goal was to improve the administration of second doses of broad-spectrum antibiotics for patients with severe septic and septic shock. This was measured by increasing the percentage of patients who received their second dose of antibiotics <25% late. The team is still waiting for final results of improvements.
	U Preg on the Reg	The team decreased CT turnaround time in women of child bearing age by six minutes. This was done through the standardization of pregnancy screening (including providing a urine cup at time of triage to all women of child bearing age), a adequate stocking of necessary materials, nursing and ED assistant education, and patient education.

Central Region AQSI Results

Expanded details of team results

Met Outcome Metric	Project Title	Results
	Family Matters	Through the creation of a standardized Smart Text, a prompt on the daily rounds Quality Checklist, and featuring family meetings as a central part of the bedside nursing rounding tool, the team was able to increase the documentation of family meetings for patients with a greater than or equal to five day stay in the MICU from 27% to 40%.
 <i>In progress</i>	Thank You for the Interesting Consult	The team is working to improve the collaboration between clinicians on the primary and consulting services. Through the creation of communication guidelines, recognition, and generating buy-in the team is looking to increase the percent rating of high or very high quality collaboration from the baseline of 50%. The team is continuing to work on the project and is awaiting final results.
	Don't Fluster Just Cluster	The team's goal was to improve patients' quality of sleep by assessing the need for Q4 hour vital signs. Through communication with providers, an update to the assignment sheet to identify vital sign frequency, and having the clinical coordinator encourage vital sign frequency change for patient discharging, the team was able to see a 45% decrease in Q4 hour vital signs and a 94.7% increase in HCAPS data regarding the area around patients' rooms being quiet at night.
	Safety Zones	Through a specific dot phrase with a security event template, education to staff, and a safety bundle, the team was able to ensure that 100% of the staff surveyed knew how to identify if a patient had a previous security event. Systematic documents and easily searchable events allow staff members to be proactive in creating care plans for patients.

Central Region Team Members

Project Title	Team Members
CIWA Later	Melissa Bregger , Jasleen Ghuman, Erin Griffith, Maura Steed, Alexander Keppel, Taryn Seifert, Nicole Triggs, Nisha Raiker
Team VA	Erin Cleveland , Andrea Birnbaum, Kelley Wachsberg
ReDoSe	David Kaltman , Jordan Maivelett, Luke Neill, Jamie Treadway, Katrina Karpowitsch
U Preg on the Reg	Dana Loke , Andra Farcas, Justine Ko, Laurie Nosbusch, Valerie McDonald
Family Matters	Katy Secunda , Leah Goldschmidt , Quinn Halverson, Matt Peller, Leigh Ann Wild, Sarah Carnes
Thank You for the Interesting Consult	Elizabeth Walters , Kelly O'Hara , Jordan Gavin, Gabe Heiber, Tarik Yuce, Ronak Patel
Don't Fluster Just Cluster	Sharon Ward , Rebecca Sweeney , Kelsey Sundwall, Jennifer Landon, Lauren Lee, Elisa McEachern, Eleanor Yang, Whitnee Caldwell, Rachel Joseph, Jhanvi Soni
Safety Zones	Paige Wilson , Sarah Cummins , Domenic Farina, Sheila Wade, Josh Lennon