

2010 PERFORMANCE IMPROVEMENT PLAN
Department Name: Critical Care (ICU/PCU) Manager's Name: Linda Ambacher RN, BSN, MBA

PI Initiative	Create an environment of safety.
Strategic Plan Linkage	Superior Outcomes- Nursing Department Strategic Plan 2008-2012, "Promote professional practice, ensuring excellent patient outcomes"
Rationale for Initiative	Serious injuries, such as laceration, sprains, concussions, bleeding and death occurs for up to 6-10% of inpatients who fall. Falls are the leading cause of traumatic brain injury in persons over 65 years (11% fatal); This is part of a 4 year initiative that started in 2005 when fall rate in PCU and ICU were high.
Measurement with Frequency	Monitor total number of falls per month related to total number of patient days. Quarterly comparison via NDNQI. Evaluate the accuracy/effectiveness of fall risk assessment and compliance with fall prevention program for each fall.
Goal and Benchmark or Comparison	Reduce fall related injuries. To reduce and sustain fall rate below the national benchmark.
Other Departments Involved	

PI Initiative	Create an environment of safety.
Strategic Plan Linkage	Superior Outcomes- Nursing Department Strategic Plan 2008-2012, "Promote professional practice, ensuring excellent patient outcomes"
Rationale for Initiative	Avoid increase patient length of stay. Medication errors can lead to negative patient outcomes, resulting in patient injury, increase length of stay, loss of confidence in healthcare system.
Measurement with Frequency	Monitor total number of medication errors per month. Monitor for trends, patterns, compliance with medication transcription policy.
Goal and Benchmark or Comparison	Reduce and sustain medication error rate below benchmark.
Other Departments Involved	

PI Initiative	Eliminate/minimize occurrence of Hospital Associated Infections.
Strategic Plan Linkage	Superior Outcomes- Reduce number of HAI infections to "0".
Rationale for Initiative	Improve patient outcomes and decrease associated length of stay Decrease hospital cost
Measurement with Frequency	Monitor VAP compliance bundle Monitor Foley catheter usage Monitor Central Line insertion bundle Monitor HAI infection rate
Goal and Benchmark or Comparison	Reduce number of HAI infections to "0". Compliance with all infection control initiatives.
Other Departments Involved	Infection Control

PI Initiative	Improve and sustain patient/employee satisfaction.
Strategic Plan Linkage	Improve patient top box score on the question, "Most likely to recommend" by 6 percent previous year. All complaints addressed within 24 hours. Increase patient admission minimum of 10% over prior year. Have an Engaged Workforce ratio at or higher than 4.20
Rationale for Initiative	Improve patient satisfaction will result in a higher top box score of "likelihood to recommend". Improve community perception of care provided at HRMC.
Measurement with Frequency	Gallup Survey results Monitor RN turnover rates annually H-Caps patient survey results Monitoring top box score, most likely to recommend.
Goal and Benchmark or Comparison	Provide superior patient experience for all those we come in contact with. Improve and sustain patient/employee satisfaction.
Other Departments Involved	

SUBMIT TO ADMINISTRATIVE DIRECTOR & PI DIRECTOR ON OR BEFORE NOV 1, 2009

ADMINISTRATIVE DIRECTOR USE Date Received: _____ Signature: _____
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PI DIRECTOR USE Date Received: _____ Signature: _____
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PERFORMANCE IMPROVEMENT ACTION PLAN

GOAL: To improve inpatient perception of how well their pain is controlled and how well we communicate possible side effects of new medications; Achieve Top Box HSTM 4Q10 percentile rank of ≥ 50

BASELINE DATA: Source: Healthstream [Inpatients]
 Score = Top Box [% of patients responding 'always']
 Population = Patients who said they received a pain medication/new medication during this hospital stay

CATEGORY	QUESTION	Period Ending 06/30/2009	Period Ending 09/30/2009	Period Ending 12/31/2009	Period Ending 03/31/2010	2009 HSTM Research TB Pctile Rank
PAIN MANAGEMENT	How often was your pain well controlled?	82.2	72.3	65.1	53.9	
	How often did the hospital staff do everything they could to help you with your pain?	74.7	81	75	79.6	57
COMMUNICATION ABOUT MEDICATIONS	Before giving you any new medicine, how often did hospital staff tell you what the medicine was?	75.4	68.7	75.3	77.9	66
	Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?	33.3	44.3	42.9	40	

ACTION PLAN:

ACTION STEP Describe specific actions that will be taken as part of the overall action plan.	*OWNER	TARGET COMPLETION DATE
communication about new meds/side effects: staff will give patients print outs from Lexi-com at the time of education with explanation of med and side-effects highlighted. This education can then be reinforced daily.	manager	immediate and on-going
manager will work with materials to get folders for patients that can be given to patient at time of admission (ED or registration) to put all papers and education material in, after initial education the folder can be used for reinforcement and be reviewed at the time of discharge.	manager	30-Jul-10
pain management: In addition to giving pain medication and reassessing pain after giving pain meds, staff will offer additional pain management options: repositioning, dimming lights, blankets, relaxation breathing.	manager	immediate and on-going

MONITORING - Describe how you will monitor completion of action steps: Manager or designee will round on patients and reinforce medication education Manager or designee will round on patients and monitor use of patient information folders Manager or designee will round on patients with pain and evaluate outcomes of pain management interventions HCAPS scores will be monitored for improvement- if no improvement is seen action steps will be reevaluated and adjusted

SUBMITTED BY: Linda Ambacher 6/24/2010
Manager/Director Name Date

APPROVED BY: _____
Admin Director Name Date

*Owner = person who is responsible for ensuring completion of specific action step, either directly, or through delegation
 The Manager/Director is accountable to their Administrative Director for submission and completion of the action plan.

PERFORMANCE IMPROVEMENT ACTION PLAN

HCAHPS QUESTIONS

NURSE COMMUNICATION

- During this hospital stay, how often did nurses treat you with courtesy and respect?
- During this hospital stay, how often did nurses listen carefully to you?
- During this hospital stay, how often did nurses explain things in a way you could understand?

DOCTOR COMMUNICATION

- During this hospital stay, how often did doctors treat you with courtesy and respect?
- During this hospital stay, how often did doctors listen carefully to you?
- During this hospital stay, how often did doctors explain things in a way you could understand?

RESPONSIVENESS OF HOSPITAL STAFF

- During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
- How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

CLEANLINESS

- During this hospital stay, how often were your room and bathroom kept clean?

QUIETNESS

- During this hospital stay, how often was the area around your room quiet at night?

PAIN MANAGEMENT

- During this hospital stay, did you need medicine for pain? [if NO, skip next 2 questions]
- During this hospital stay, how often was your pain well controlled?
- During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

COMMUNICATION ABOUT MEDICATION

- During this hospital stay, were you given any medicine that you had not taken before? [if NO, skip next 2 questions]
- Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
- Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

DISCHARGE INFORMATION

- After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
[if 'another health facility', skip next 2 questions]
- During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital? (Y/N)
- During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (Y/N)

OVERALL SATISFACTION

- Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?

LIKELIHOOD TO RECOMMEND

- Would you recommend this hospital to your friends and family? 1=Definitely no; 2=Probably no; 3=Probably yes; 4=Definitely yes

Responses to 'how often' questions: 1=Never; 2=Sometimes; 3=Usually; 4=Always