

Critical Care Session

*Prepared and Presented
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*Day 1
17 August 2010
1415-1600*

Teams

- Hillerød Hospital
- Kolding Sygehus
- Næstved Sygehus
- Regionshospitalet Horsens
- Sygehus Thy-Mors

In 5 minutes:

- Introduce your team
- What are you most proud of?
- What are you worried about?

Management

- Review data
- Patient safety on top of agenda
- Patient safety walk-arounds
- Supporting staff and remove barriers

Intensive care

- VAP-bundle
- PVC-bundle
- CLI-bundle
- Pressure ulcer
- Sepsis-bundle
- Handhygiejne
- Bladder katheter
- SBAR and Safety briefings package

General Ward

- PVC-bundle
- CHF-bundle
- CLI-bundle
- Handhygiejne
- Pressure ulcer
- Rapid Response System
- AMI-bundle
- SBAR and Safety briefings
- Sepsis-bundle
- Bladder katheter

Medicins management

- Medication reconciliation
- High risk medicins

Surgery

- Surgery package including Safe Surgery Checklist
- SBAR and Safety briefings

Outcome

Primary Drivers

Secondary Drivers

Improve Critical Care Outcomes
(Reduce mortality, infections and other adverse events)

Provide appropriate, reliable and timely care to critically ill patients using evidence-based therapies

Integrate patient and family into care so they receive the care they want

Develop an infrastructure that promotes quality care

Create a highly effective and collaborative multidisciplinary team and safety culture

- Reduce complications from ventilators (eliminate VAP)
- Optimal glucose control
- Prevent healthcare associated infections:
 - Prevent CVK infections
 - Prevent bladder catheter infections
 - Prevent PVK
- Prevent pressure ulcers
- Proper sepsis recognition and treatment

- Involve patient/family in daily goal setting process
- Promote open communication among team and family
- Ensure clarification of care wishes and end of life care planning

- Ensure appropriate infrastructure and leadership to provide consistent, reliable, evidence based care
- Improve ICU throughput
- Ensure competent staff with knowledge in improvement work

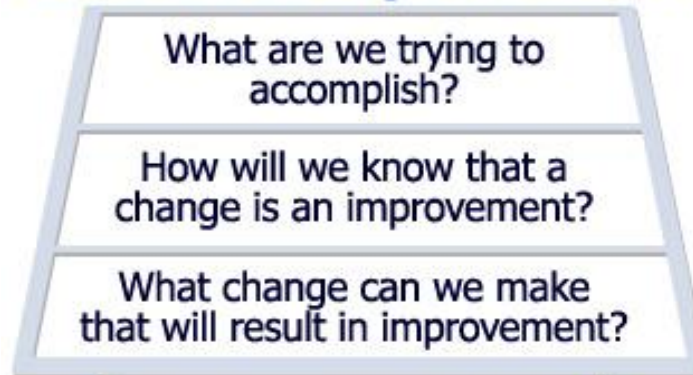
- Reliable care planning, communication and collaboration of a multi disciplinary team

A Model for Learning and Change

When you
combine
the 3
questions
with the...

PDSA cycle,
you get...

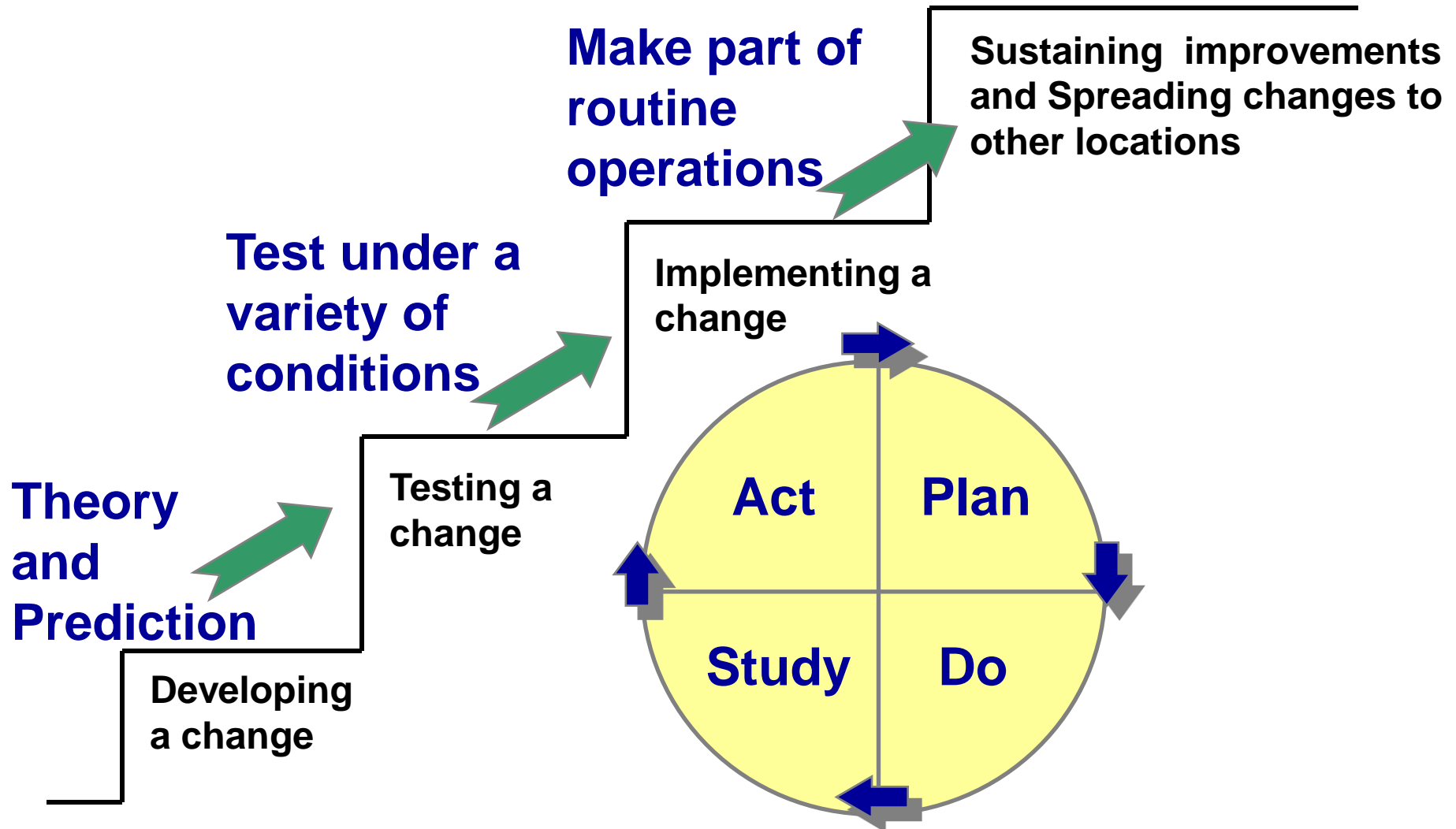
Model for Improvement



...the Model
for
Improvement.

The Improvement Guide, API, 1996

The Sequence for Improvement

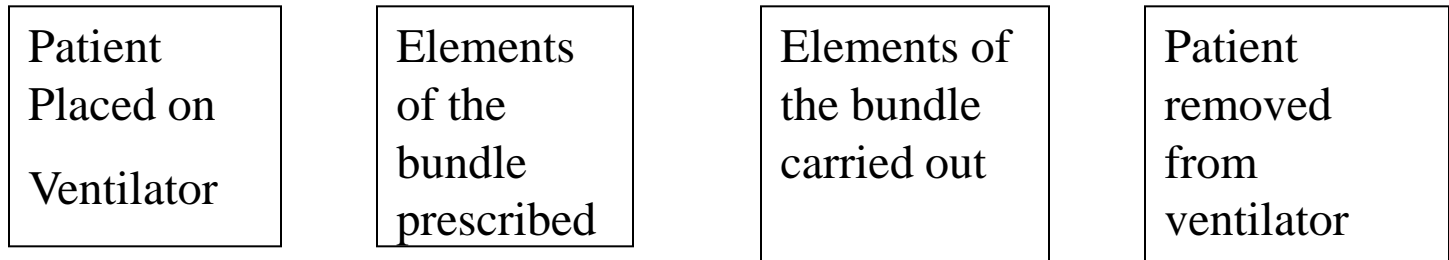


The “Set Up” for Reliability

- Select a topic whose outcome you want to improve; articulate the outcome goal
- Determine a high volume segment for initial design testing
- Build a high level flow chart for that segment
- Determine where the defects occur in the current system
- Determine where your design work will begin with by identifying where the commonest defects occur
- Verbalize the reliability (hint: it is always 95%)

Topic: Ventilator Care Bundle

Segment: Medical Intensive Care Unit for patients cared for by the intensivist team



↓
Of the elements of the bundle, the head of the bed elevation is most commonly not accomplished

↓
Our aim is to with a reliability of 95% or achieve keeping the head of the bed elevated.

Report Out Formula For Your Team

- Identify the topic area whose processes you have chosen to make more reliable
- Describe the segment on which you will test your design
- Describe your high level flow chart (5 boxes max)
- In which box do most of your defects occur
- Describe generally the process you make more reliable
- State your reliability goal for the process in the segment

Put it Together

You have a first segment, with an articulated process goal, a clear outcome goal connected to the process with some good medical evidence. In addition you have now set up a theoretical design using the prevent, identify, mitigate and with the knowledge of failures how to redesign

- Now you need to design your first test of change
and
- Determine the tempo of change you will “dance to”

Design the First Test of Change

Describe the change

Determine

- Who
- What
- When
- Where
- With What/How