



# Engaging Providers with Data

## Turning Data into Action!

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BC PATIENT SAFETY  
& QUALITY COUNCIL  
Working Together. Accelerating Improvement.

# Disclosure

We have nothing to disclose



# Overview

- Setting the context
- Rapid fire
  - Langley Memorial Hospital
  - Royal Columbia Hospital
  - Ridge Meadows Hospital
  - Abbotsford Regional Hospital
- Discussion



# Setting the Context

- Common challenge across sites
  - Gaining traction with data
  - Translating data into improvement activities
- No silver bullet
- Examples of turning data into action
  - Successful approaches




# ENGAGING PROVIDERS WITH DATA

Strategies that turn data into action!

Our Secret to Success...

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**RELATIONSHIPS**



# STAFF HUDDLES

# Huddle Tips

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**Be Visible**

**Be Available**

**Don't give up!**





# MEETINGS

# Meeting Tips

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Purposeful invites

Give people a voice

Give people a platform to effect change  
that is meaningful to their work



# **STAFF INVOLVEMENT**

# Tips for Staff Involvement

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Time to use those relationships!

Ask for possible solutions

Engage appropriate providers



Thank you!

**ENGAGING PROVIDERS WITH  
DATA:  
THE ROYAL COLUMBIAN  
HOSPITAL EXPERIENCE**

**Alana Gavsie RN, BSN**

# BACKGROUND: ENHANCED RECOVERY AFTER SURGERY (ERAS)



Colorectal



Hepatobiliary (HPB)



Vascular



Neurosurgery

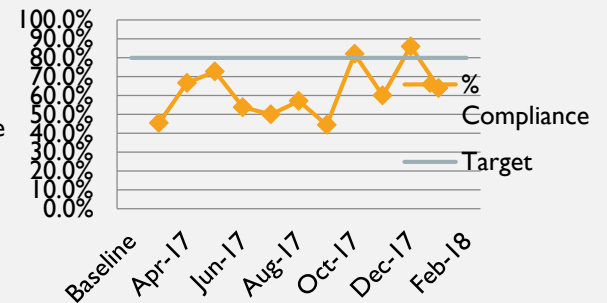
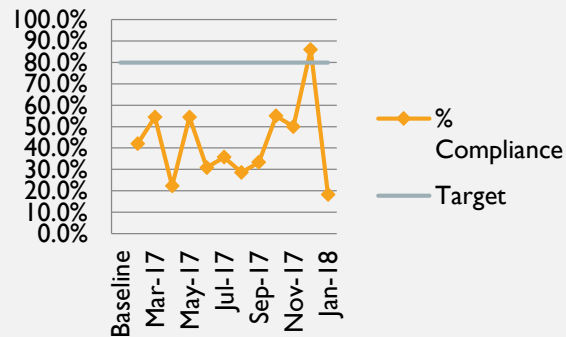
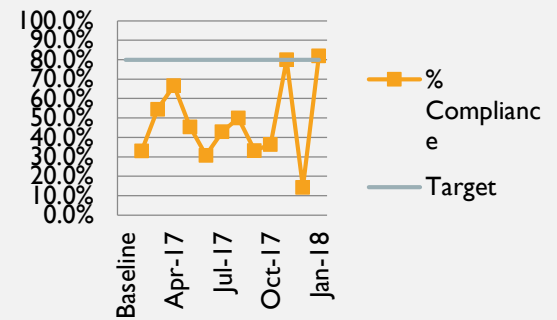
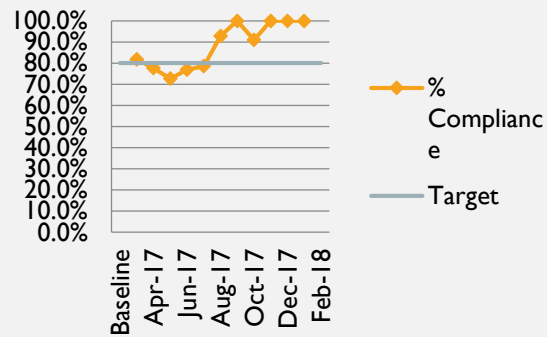
# CHALLENGES



Photo Credit:  
<https://www.chartwellinc.com/chartwell-report-identifies-strategies-to-improve-collections-for-utilities-and-customers/pulling-customers-out-of-data-overload/>



# HOW WE WERE DOING IT



# OPPORTUNITY FOR IMPROVEMENT



# VISUAL TRANSFORMATION

## RCH Colorectal ERAS Update - OR/PACU October 2017 - January 2018 Elective NSQIP Cases

### Lowest Intra-op Temperature



43.6%

- only 17/39 Cases remained normothermic > 36 degrees Celsius for entire OR.
- This is a big improvement since pre-operative warming initiative was started!
- Keep up the good work to ensure we prevent hypothermia in the OR.

Still not at our 80% Goal



### Goal Directed Fluid Therapy



72%

- 28/39 Cases received intraop fluids either based on a monitor or < 8cc/kg/hr.
- These numbers are a huge increase from previous! Let's continue working towards our goal.

Steady Improvement towards our GOAL!



### Prophylactic Antiemetic



46%

- Only 18/39 Cases received regularly scheduled antiemetic for the first 24 hours post op.
- "The most common reason is patients on PCA or Epidural having an APS order for Ondansetron PRN vs. Surgeon's order to have it regularly x 24 hours. Pharmacy & Ward processing APS order."

Lots of room for improvement!



Questions?? Contact Alana Gavsie NSQIP SCR or Linda Nelson ERAS CNS

## RCH Colorectal ERAS 3 South

October 2017 - January 2018  
Elective NSQIP Cases

IV D/C'd or TKVO  
Within 24 hours



- Only 22/32 or 56% of Cases had their IV's Capped or turned down to TKVO within 24 hours post op.
- Room for improvement in this ERAS measure

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Prophylactic Antiemetic  
Regularly x 24 hours



- Only 18/32 or 46% of patients received regular Ondansetron x 24 hours post op to prevent nausea and vomiting.
- The most common reason is APS patient's where Epidural/PCA orders for PRN Ondansetron are being followed over regular order by surgeon.

Questions?? Contact Alana Gavsie NSQIP SCR or Linda Nelson ERAS CNS

Post Op Urinary  
Retention



- 38/32 or 97.4% of patients did not require re-insertion of a foley catheter after removal and were not sent home with an in-dwelling Foley.
- These numbers have improved since initiation of pre-op Flomax.

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Royal Columbian Hospital

## Vascular ERAS

Pre-Admission Clinic/Surgical Daycare  
November 1st - January 31st 2018 ELECTIVE NSQIP Cases

April 2018  
UPDATE!



31/34 Cases **91.2%**  
We are consistently meeting our target of > 80 compliance! Keep up the good work!

CHG Skin Prep AM Prior to Surgery  
down from last report



**47%** 16/34 Cases  
This is an area that we need to improve upon going forward

Clear Fluids AM Prior to Surgery  
down from last report



We have had STEADY improvement in this variable over the year!  
**97%** 33/34 Cases

Brushing Teeth AM Prior to Surgery  
up from last report




**90%** 9/10 Cases  
Of Diabetics had a documented glucometer check on the pre op checklist

Glucometer Check Prior to Surgery if Diabetic  
up from last report

Questions?? Contact Alana Gavsie NSQIP SCR or Linda Nelson ERAS CNS

## FRONTLINE ENGAGEMENT



TEAMWORK  
MAKES THE  
DREAM WORK

THANK YOU!



# Engaging in Data: There is No Such Thing As An Overnight Success!

Ridge Meadows Hospital

Heather Symons, RN, BN  
Surgical Clinical Reviewer - ACS  
NSQIP



# NSQIP @ RMH



# NSQIP @ RMH

- Reports
- Quality Improvement
  - Unit level
  - Leadership level
- Team Support
- Cheerleaders / recognition
- Pt Complaints / Pt Experience
- Facilitator for frontline staff pursuing own quality improvement projects





# Actions with no Traction!

- Relying on one person to keep the quality work flowing
  - Must be a team effort
  - Not feel like asks are coming from the top down

## Previous QI teams

- CUSP
- 3W ACTION TEAM



# Finding Success

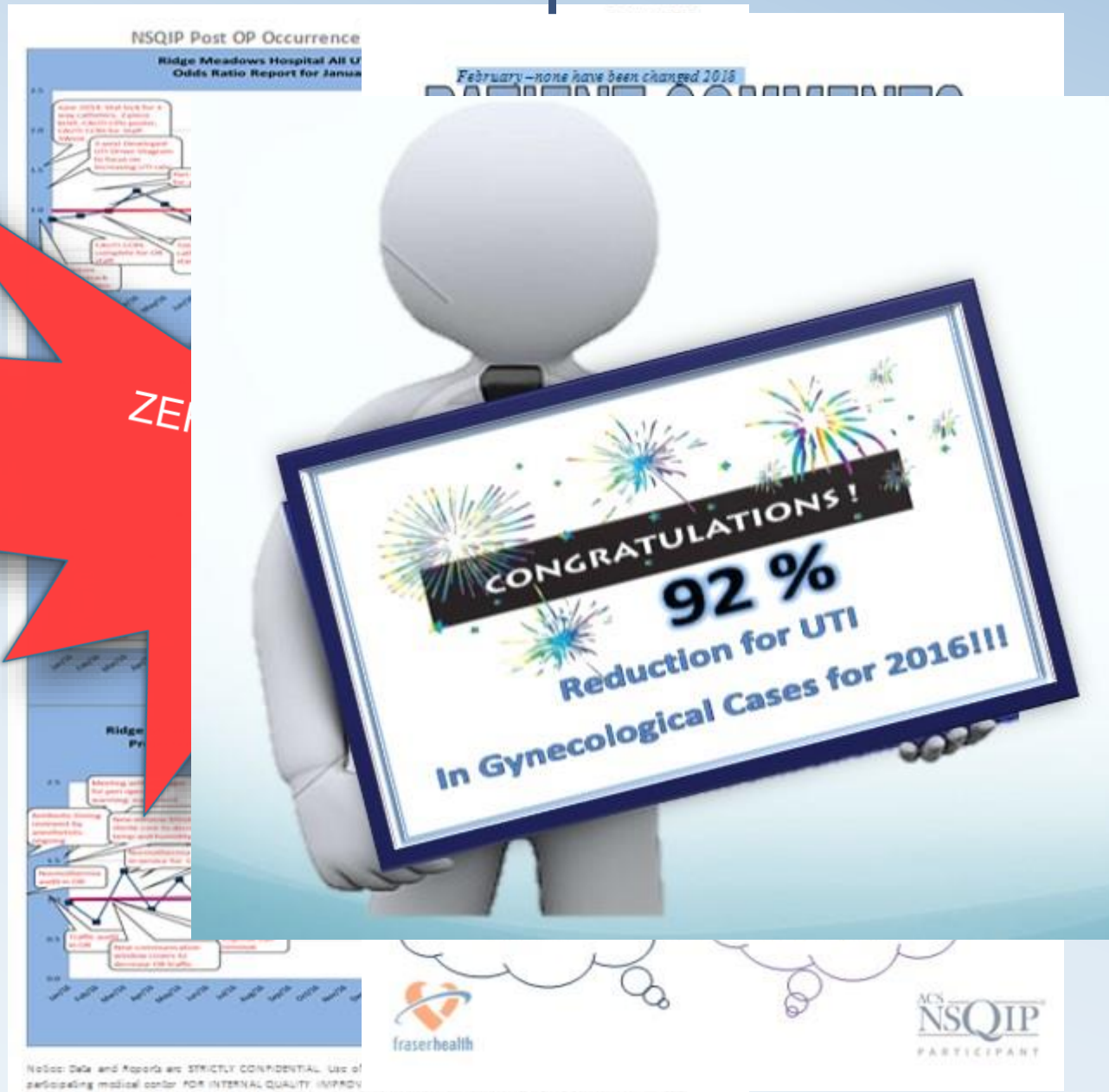


- Find your people!
- Get invited to staff meetings
  - Have frontline show their QI work
  - Crowd source ideas for improvement
  - Use that time to connect and make meaningful connections
- Celebrate Success
  - Use Countdowns or improvement percentages
- Post data with the QI Actions so you can see the results
- Create Newsletters for projects
- Staff orientation to NSQIP and data

WHAT  
can I do  
for YOU?



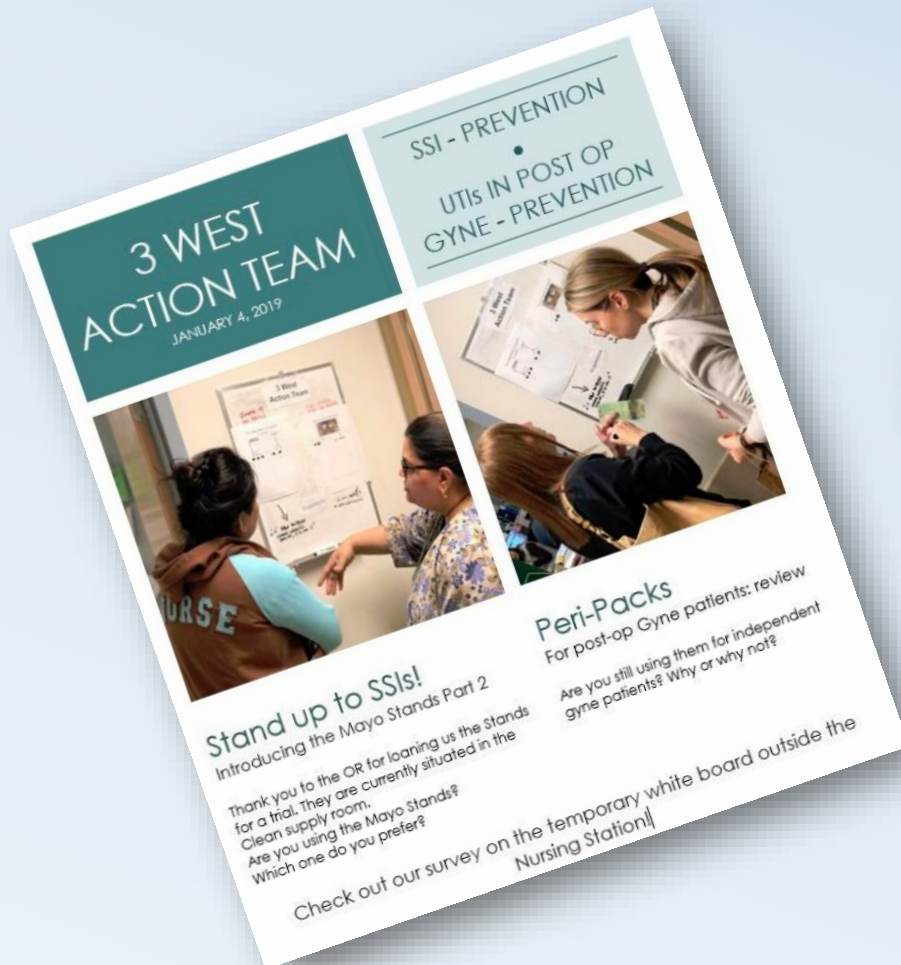
# Examples



# Spread the Word- Quality Improvement is Cool!

## Teams

### RMH Surgical Quality & Leadership Team (SQLT)



**3W QI Action Team**



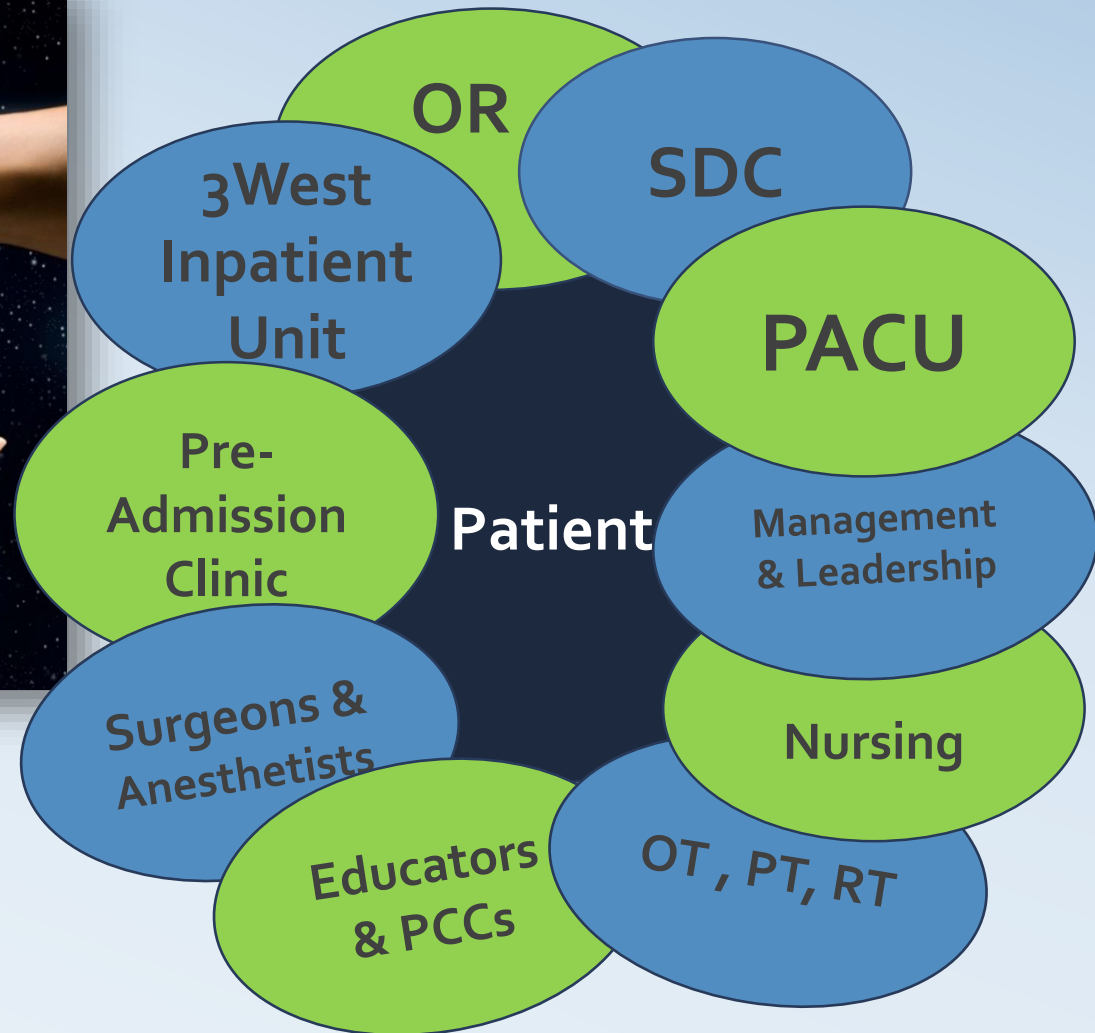
# RMH Surgifest 2018



**SURGIFEST 2018**  
A DAY OF QUALITY IMPROVEMENT & EDUCATION



# Bringing the WORLDS Together

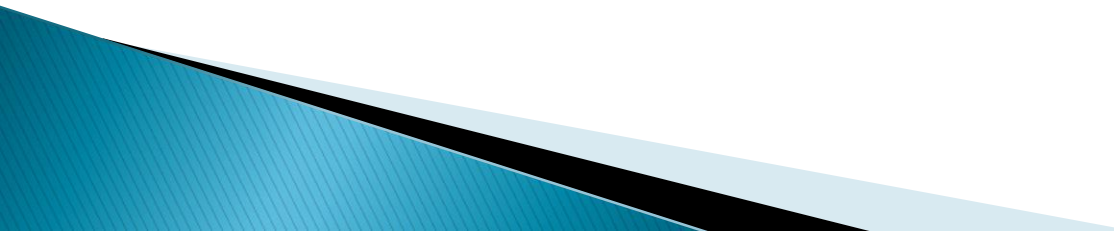


# ARH NSQIP Communication and Collaboration Strategy

Laura Funnelle  
February 2018



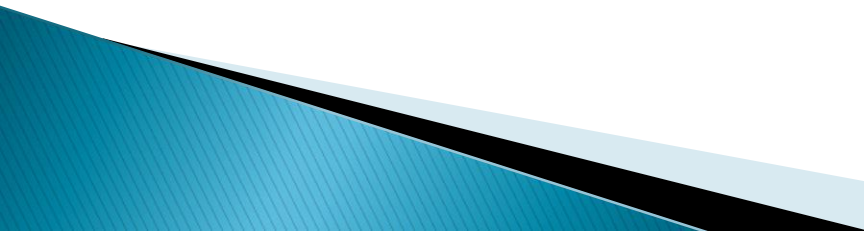
# How do we communicate our data?

- ▶ CUSP team
  - ▶ Pneumonia/UTI/SSI action team
  - ▶ NSQIP Quality Boards
  - ▶ Surgical Education Day
  - ▶ Staff Appreciation Tea
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# CUSP team

- ▶ Multidisciplinary Quality Improvement team meets monthly
  - ▶ Share occurrence trends
  - ▶ Each unit reports out on areas using PDSA cycles including challenges and successes with ERAS and SSI reduction
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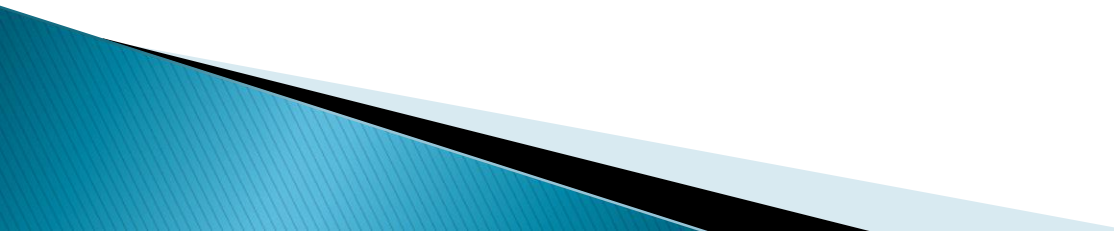
# Pneumonia/UTI/SSI Action Team

- ▶ Each month occurrences are presented to front line teams
  - ▶ Drill down of occurrences to look at Best Practice
    - Pneumonia – HOB elevated, Deep Breathing and Coughing, Incentive Spirometer Mouth Care, CHG pre and post rinse, Mobilization
    - UTI– Why the Foley? How long? Symptoms? Constipation? Peri care
    - SSI – Skin prep, Hair removal, Normothermia, Glucose control, Dressings, Home Care
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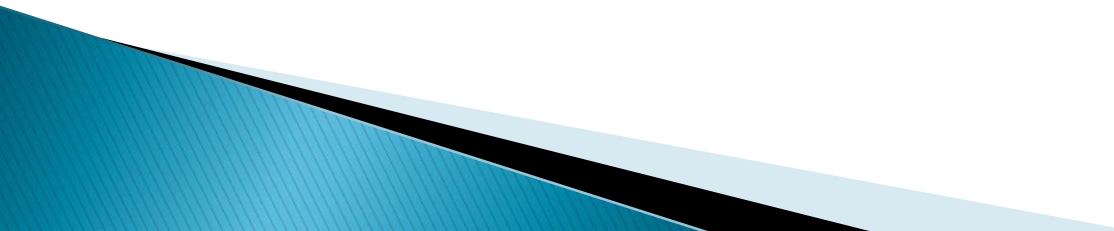
# NSQIP – Quality Improvement Boards

- ▶ Communication boards in each area to showcase trends
- ▶ Highlights Areas that need improvement

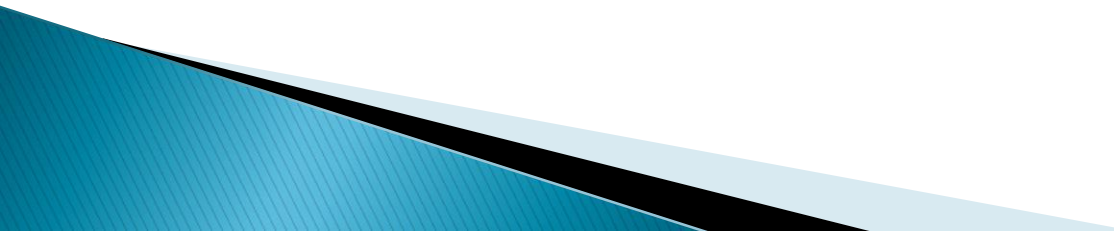
# Surgical Education Day

- ▶ All Day Presentations from Surgeons, Anaesthesia, Patient and NSQIP
  - ▶ 80 participants
  - ▶ Shared Colorectal Case Study and how we abstract information
  - ▶ Allowed us to showcase ERAS –strengths and areas that need improvement
  - ▶ Interaction and questions encouraged
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# Staff Appreciation Tea

- ▶ Surgeons, Anaesthesia, Nursing, Leadership present
  - ▶ Showcased SAR, occurrences per specialty, Overall Trends, Highlights of Action Plans
  - ▶ Allowed 1:1 questions and demonstrated the vast amount of information available
  - ▶ Draw with prizes
  - ▶ Tea, Coffee and lots of treats
- 

# Other continuous communication strategies

- ▶ Staff Meetings
  - ▶ Professional Practice Meetings
  - ▶ Monthly Surgical Leadership Meeting
  - ▶ Monthly Director/Manager Meeting
- 

Thank you



# Discussion

What approaches have worked at  
your site?



# THANK YOU!

## Questions?

