



Quality Improvement Initiative (QII) PDSA Worksheet

Facility Name: _____

CCN: _____ Date: _____

Plan/Goal Setting: Describe the Problem to be Solved

State the problem.

ex. who, what when, where, and how long

Incidences of physician complaints to DON about the quality of information shared during change of condition calls have increased over the last three months. Readmissions/ED visits rising also increased during this period.

PIP Category

Readmissions/ED Visits

What exactly will be done?

e.g., initial intervention(s), expected outcome for each intervention, goal(s), and expected overall outcome goal rate in a percentage format

Utilize this section to plan your facility-specific tests (e.g., SBAR notepads by telephones), for adding units (departments), and how you will communicate the initiative to staff and provide SBAR training.

Planning Checklist:

- *Engage nursing and physician leadership and secure commitment to active, high-visibility participation.*
- *Identify the unit most likely to actively engage and become initiative champions.*
- *Identify SBAR tools your team will use (derived from your EHR, Interact® or facility-developed template).*
- *Create educational materials (consider initial training, notepads, stickers, and awards for best SBARs).*
- *Identify or create a methodology for competency assessment.*
- *Identify key milestones and recognition strategy (e.g., on-the-spot recognition/awards, recognition for best SBAR of the week or Physician identified best SBAR).*

What do we want to accomplish/ what idea do you want to test?

Identify the goal and estimated timeframe for resolution

*Accomplish: Reduce readmissions and improve physician satisfaction with nurse/physician communication.
Test Idea: Embedding SBAR as the standard for communicating all changes in condition communication between nurses and physicians will reduce readmissions/ED visits and improve physician satisfaction with nurse/physician communication.*

What is our goal to reach for compliance (100% compliance with observed elements)?

Examples:

1. *100% of the change in condition calls to physicians will utilize the SBAR format within 90 days.*
2. *100% of facility RNs will demonstrate competency in utilizing SBAR within 90 days.*

DO: Intervention/Improvements:			STUDY Results	Act
Sample Action Steps	Start Date	Person Responsible	Analyze Impact of Action in Reaching Goal	Outcome Decisions and Date
<p>Meet with Nursing and Physician leadership to plan and secure engagement.</p> <p>Tips: <i>Include in Agenda:</i></p> <ul style="list-style-type: none"> • Review the problem statement, goal, and aim. • Select the SBAR tool for test. • Select 1st Unit. • Establish timeline. <ul style="list-style-type: none"> o Education o Initial test(s) 		Admin/DON	Obtaining consensus will positively impact the ability to achieve goal. The medical director will work with all attending physicians to (1) ask for SBAR and encourage sharing both positive and constructive feedback and (2) inform their on-call teams of the initiative.	<input type="checkbox"/> Adopt and spread actions to all appropriate work units and or shifts <input type="checkbox"/> Adapt and detail changes in new action steps <input type="checkbox"/> Abandon and develop new action steps
<p>Educate team on initiative.</p> <p>Tips: <i>Include in education action steps:</i></p> <ul style="list-style-type: none"> • Overall high-level education of all staff. • Focused education on SBAR tool for staff on 1st Unit for test. • Educate physician staff on preferred approach when receiving change of condition calls, process if SBAR is not used, and recognition of great SBARs. 		DON/Nurse Educator/ Medical Director	<p>Example of findings and adapting:</p> <p>One physician with a lot of patients in identified unit is resistant to participation, stating not their role to coach nursing staff. Team huddles and selects an alternate unit with a supportive physician.</p>	<input type="checkbox"/> Adopt and spread actions to all appropriate work units and or shifts <input type="checkbox"/> Adapt and detail changes in new action steps <input type="checkbox"/> Abandon and develop new action steps
<p>Start test on 1st Unit.</p> <p>Tips:</p> <ul style="list-style-type: none"> • Start with one nurse, one shift. • Determine subsequent cycles, e.g., expand to additional shift, expand to the second unit. • Gather feedback after each cycle. 		Unit Manager(s)	<p>Examples of feedback and adapting:</p> <p>Physician feedback on initial cycles is that nurses seemed hesitant to share recommendations (R). DON and Nurse Educator collaborate to strengthen education in this section.</p>	<input type="checkbox"/> Adopt and spread actions to all appropriate work units and or shifts <input checked="" type="checkbox"/> Adapt and detail changes in new action steps <input type="checkbox"/> Abandon and develop new action steps
<p>Adopt and spread actions to all appropriate work units and or shifts.</p> <p>Tips:</p> <ul style="list-style-type: none"> • Recognize quality SBARs. • Monitor readmission trends. • Obtain ongoing physician feedback. • Embed into orientation and ongoing competency assessment processes. 		DON, Unit Managers, Staff Educator, Medical Director	Staff appreciation of recognition from physicians and nursing leaders is helping build nurse confidence and enthusiasm for the initiative.	<input checked="" type="checkbox"/> Adopt and spread actions to all appropriate work units and or shifts <input type="checkbox"/> Adapt and detail changes in new action steps <input type="checkbox"/> Abandon and develop new action steps

Communication/Notes:

This material was prepared by Alliant Health Solutions, a Quality Innovation Network – Quality Improvement Organization (QIN – QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 12SOW-AHS-QIN-QIO-TO1-NH-4095-07/14/23