



USF-TGH Quality Improvement Quick Guide 2018



TABLE OF CONTENTS

Welcome	3
Contact Information.....	4
Project Team Contact Information	5
Sepsis Key Driver Diagram	7
Kauffman Hall Recommendations for Length of Stay/Sepsis initiative	8
Reporting Expectations	10
REPORT OF PROJECT PROGRESS (Template)	11
PROCESS AND REQUIREMENTS FOR EPIC IT REQUESTS	13
ADDITIONAL TRAINING OPPORTUNITIES.....	14
Webinar Links	14
COMMUNICATION WITH PROJECT TEAMS.....	14
Meeting Agenda Example.....	15
Thank You.....	16

WELCOME

Welcome to the first collaborative quality improvement initiative for University of South Florida Morsani College of Medicine and Tampa General Hospital!

As the clinical leaders of your departments' initiative, you are contributing to the mission of USF Health and TGH. We are excited that you are not only envisioning the future of healthcare, but making efforts to continuously improve the healthcare we provide our patients. Your commitment to these values is critical in our efforts to improve health outcomes, and in using innovative approaches to do this.

Our role as co-sponsor of this GME-TGH QI initiative is to provide you support so that your team can be successful in accomplishing your project's aim. This Quality Improvement Quick Guide can provide you with a basic understanding of our initiative's scope, contact information, and links to important resources. This guide also clarifies expectations from USF, TGH, and your teams.

We hope our joint GME-TGH QI initiative provides you with a meaningful experience in QI, and that this project is both challenging and enjoyable. We thank you for your participation and look forward to watching your accomplishments!

Maya Balakrishnan & Laura Haubner



CONTACT INFORMATION

Name	Role	E-mail	Phone #
Maya Balakrishnan	Director of Quality & Safety, USF GME Project sponsor	mbalakri@health.usf.edu	904-534-1315
Laura Haubner	Chief Quality Officer, TGH Project sponsor	lhaubner@tgh.org	813-844-8567
DeLaura Shorter	USF GME Project Administrator	ddshorter@health.usf.edu	813-250-2515
Erik Edwards	Quality Improvement Analyst, TGH	eedwards@tgh.org	813-844-5980
Yuanyuan Lu	GME biostatistician	yuanyuanlu@health.usf.edu	--
Nicole Justice	Manager of Quality and Regulatory Standards, TGH IT	nicjustice@tgh.org	813-844-3834
Michael Tyler	Smartsheet representative	Michael.tyler@smartsheet.com	--
Michele Berkovich	Logicstream representative	Michele@logic-stream.net	--

PROJECT TEAM CONTACT INFORMATION

SEPSIS PROJECTS

TEAM: EMERGENCY MEDICINE

Name	Role	E-mail
Jason Wilson	Project lead - Faculty	tampaerdoc@gmail.com
Alicia Nassar	Data lead	anassar@health.usf.edu
Reyah Pineda-Occasion	Administrative lead	reyahpineda@tgh.org

TEAM: INTERNAL MEDICINE & PULMONARY CRITICAL CARE

Name	Role	E-mail
Andrew Myers	Project lead – Faculty IM	awm@health.usf.edu
Seetha Lakshmi	Project lead – Faculty ID	seetha@health.usf.edu
Jamie Weber	Project lead - Resident	jweber2@health.usf.edu
Revati Reddy	Data lead	rreddy1@health.usf.edu
Austin Follett	Administrative lead	jfollett@health.usf.edu

TEAM: PEDIATRICS

Name	Role	E-mail
Melinda Murphy	Project lead – Faculty Pediatrics	mshiver@health.usf.edu
Mavel Gutierrez	Project lead – Faculty ID	mavelgutierrez@health.usf.edu
Alexandra Howard	Project lead - Resident	ahoward6@health.usf.edu
Matt Baron	Data lead	matthewbaron@health.usf.edu
Janet Elozory	Administrative lead	jelozory@tgh.org

TEAM: RADIOLOGY

Name	Role	E-mail
Rajendra Kedar	Project lead - Faculty	rajkekar@gmail.com
Chris Declue	Project lead - Resident	cdeclue@health.usf.edu
Cristian Ramirez	Data lead	cristianramirez@health.usf.edu

OTHER INFECTION-RELATED PROJECTS

TEAM: INFECTIOUS DISEASE

TOPIC: CLABSI

Name	Role	E-mail
Charurut Somboonwit	Project lead - Faculty	csomboon@health.usf.edu
Mindy Sampson	Project lead - Resident	mindysampson@health.usf.edu
Chaz Rhone	Data lead	crhone@tgh.org
Peggy Thompson	Administrative lead	pthompson@tgh.org

TEAM: NEONATOLOGY

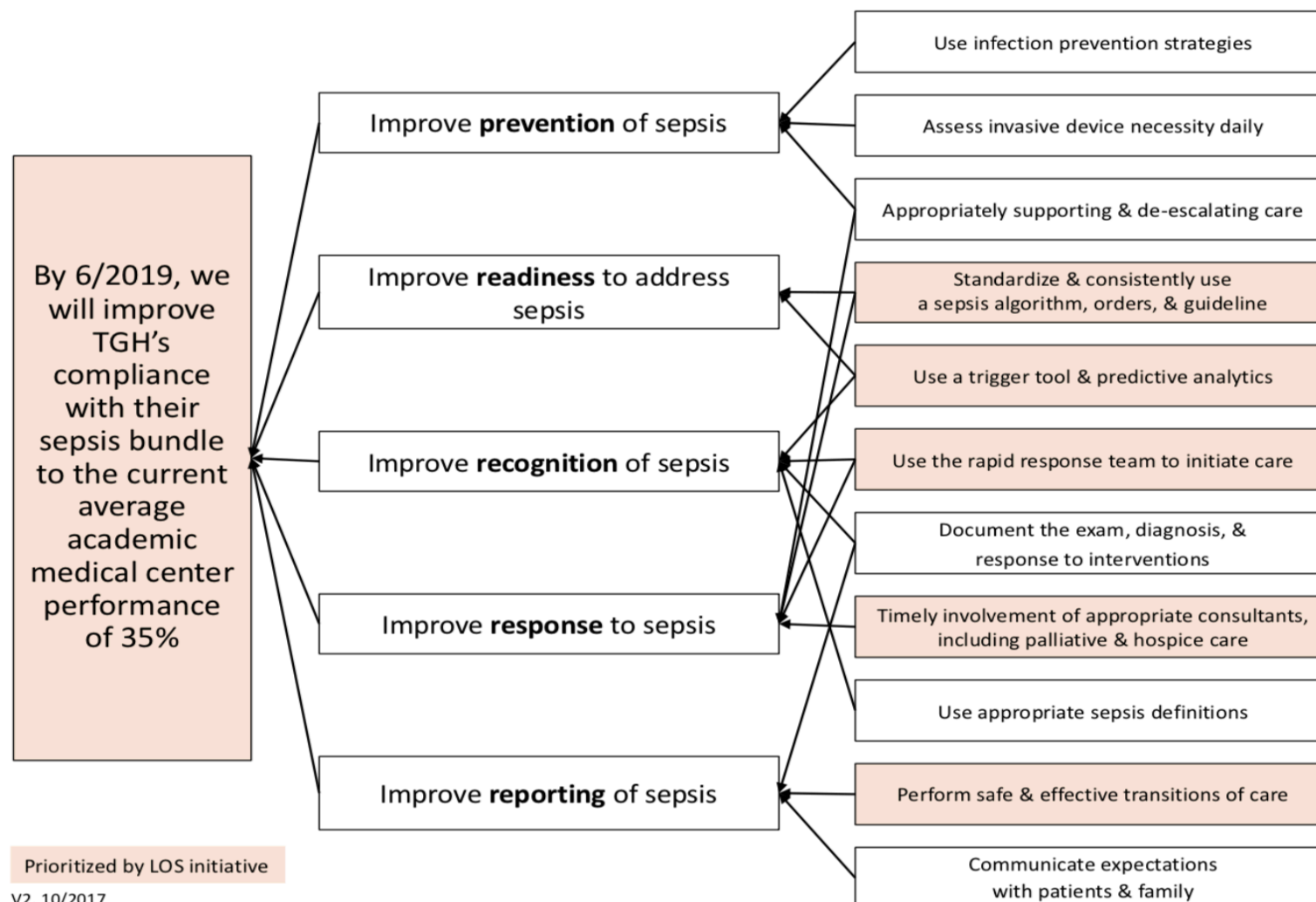
TOPIC: ACCIDENTAL EXTUBATION

Name	Role	E-mail
Jaime Flores-Torres	Project lead - Faculty	jflorest@health.usf.edu
Jocelyne Tadros	Project lead - Resident	jtadros@health.usf.edu
Shawna Le	Data lead	shawnale@health.usf.edu
Shonda Liggett	Administrative lead	sliggett@tgh.org

SEPSIS KEY DRIVER DIAGRAM

PROBLEM STATEMENT: Compliance with sepsis-related guidelines at TGH is sub-optimal leading to increased patient mortality and cost. The Vizient database comparison of academic medical centers reports TGH's compliance with the SEP-1 bundle was below average in performance and Sepsis Mortality Index was in the lowest quartile (Academic Year 2016).

AIM STATEMENT: By 6/2019, we will improve compliance with the TGH Sepsis Bundle to the current ave. academic medical center performance of 35%.



Prioritized by LOS initiative

V2. 10/2017

	Kauffman Hall Recommendations for Length of Stay initiative focused on Sepsis	GME primary driver	Teams addressing this
1	Standardize handoffs <ul style="list-style-type: none"> Perform safe and effective transitions of care 	Reporting	<ul style="list-style-type: none"> Emergency Medicine Internal Medicine & Pulm/Critical Care Pediatrics Radiology
2	Empower staff on the floor to initiate care <ul style="list-style-type: none"> Use the Rapid Response Team to initiate care 	Recognition, Response	<ul style="list-style-type: none"> Internal Medicine & Pulm/Critical Care
3	Analyze cost and quality variability by physician groups <ul style="list-style-type: none"> Assess invasive device necessity daily Standardize and consistently use an algorithm, orders, and guideline 	Prevention ¹ Readiness, Response	<ul style="list-style-type: none"> CLABSI Emergency Medicine Internal Medicine & Pulm/Critical care Pediatrics CLABSI Radiology
4	Assess if there is a correlation between consultative involvement and length of stay <ul style="list-style-type: none"> Timely involvement of appropriate consultants 	Response	<ul style="list-style-type: none"> Internal Medicine & Pulmonary/Critical care Pediatrics
5	Delay in rapid response initiation or involvement in sepsis management <ul style="list-style-type: none"> Document exam, diagnosis, and response to interventions 	Recognition, Reporting	<ul style="list-style-type: none"> Emergency Medicine Internal Medicine & Pulm/Critical care Pediatrics CLABSI Radiology
6	Utilize palliative care (as appropriate)	Response	Not addressed at this time
7	Enhance or refine identification for early recognition of sepsis patients <ul style="list-style-type: none"> Use of trigger tool and predictive analytics 	Readiness, Recognition	<ul style="list-style-type: none"> Emergency Medicine Internal Medicine & Pulm/Critical Care

	Kauffman Hall Recommendations for Length of Stay initiative focused on Sepsis	GME primary driver	Teams addressing this
	<ul style="list-style-type: none"> • Use appropriate sepsis definitions 	Recognition	<ul style="list-style-type: none"> • Pediatrics • Emergency Medicine • Internal Medicine & Pulm/Critical Care • Pediatrics • CLABSI • Radiology
¹ Note that all Sepsis teams have a representative from TGH Infection prevention as a stakeholder.			

REPORTING EXPECTATIONS

Each project team is expected to communicate their project's progress within their teams, to their stakeholders (i.e., involved units or service lines; at noon conferences, CPITs, or division meetings), GME, and TGH. **If a team representative is unable to be present in person for the assigned TGH meeting (i.e., TGH Sepsis Committee, Infection Prevention Committee), please complete the attached report template and submit to Maya Balakrishnan (mbalakri@health.usf.edu) and Laura Haubner (via Erik Edwards eedwards@tgh.org) the Monday prior to the scheduled date.**

Meeting	Contact for meeting invitation	Presentation frequency	Emergency Medicine	Internal Medicine & Pulmonary Critical	Pediatrics	CLABSI	Radiology	Neonatology
GME-TGH QI project update <i>Monday April 23rd 4p</i> <i>Monday June 11th 4p</i> <i>Monday September 17th 4p</i> <i>Monday December 10th 4p</i>	DeLaura Shorter ddshorter@health.usf.edu	Quarterly	X	X	X	X	X	X
USF Chief's meeting	DeLaura Shorter ddshorter@health.usf.edu	Biannual	X	X	X	X	X	X
TGH Sepsis committee <i>4th Thursday every month</i> <i>0930-1030</i>	Kathy Quinn kaquinn@tgh.org	Monthly	X	X	X		X	
Infection Prevention Committee	Peggy Thompson pthompson@tgh.org	No set schedule, at least monthly				X		
NICU Best Practice <i>1st Wednesday every month</i> <i>1330-1500</i>	Karen Fugate kfugate@tgh.org	Monthly						X

Each team will be required to submit their current PDSA form and their selected top 3-5 metrics to GME and TGH by the last day of every month. The main outcome measure (i.e., from your aim statement) and 1 balancing measure are required. Select 2-3 process measures related to your current PDSA cycle to report additionally. Teams can communicate this information via Smartsheet or email Erik Edwards (eedwards@tgh.org) directly.

REPORT OF PROJECT PROGRESS (TEMPLATE)

QI PROJECT: *Enter project title*

Core team members	Role	E-mail
	Project lead - Faculty	
	Project lead - Resident	
	Data lead	
	Administrative lead	

Other team members: List all other team member names

<p><i>Copy and paste picture of your team's key driver diagram here</i></p>	Interventions (PDSA cycles) tested
	<ol style="list-style-type: none"> 1. 2. 3.

Results *list top 3-5 measures for your project*

Measure	Type of measure	Goal	Last month (<i>list dates</i>)	This month (<i>list dates</i>)
	Outcome			
	Balancing			
	Process			
	Process			
	Process			

Current PDSA cycle # *fill in cycle #* (Stage: *state if in Plan, Do, Study, or Act stage of the PDSA*)

Intervention being tested:

Successes during this PDSA cycle	Challenges during this PDSA cycle
•	•

Is there any assistance this committee, TGH, or GME could provide your team?

PROCESS AND REQUIREMENTS FOR EPIC IT REQUESTS

EPIC requests will be submitted to and reviewed by Erik Edwards (eedwards@tgh.org).

Please adhere to the below timelines in order for your team to receive timely completion of your request.

EPIC request	Smartsheet request link	Submission deadline to Erik Edwards	Anticipated go-live date ¹
BPA	BPA request link	1/26/18	5/7/18
Order set	Order set request link	2/9/18	3/30/18
Note templates	Note template request link	2/16/18	3/30/18
EPIC report	EPIC report request link	3/2/18	4/2/18
¹ Anticipated go-live date is an estimate. This date may change based on the complexity of the request.			

Erik Edwards will respond to each request within 5 business days to determine if any revisions or clarifications of the request are needed.

Required attachments for requests include:

1. **Plan-Do-Study-Act (PDSA) form.** The Plan section should be completed in draft form for the initial request. Erik Edwards will contact the team for a finalized Plan section prior to the anticipated go-live date.
2. **Measurement grid.** This should be the most current measurement grid for your project and should include measures evaluating the requested change.
3. **Specifics related to the request** (e.g., list of orders to be included in the requested order set).

Erik Edwards will contact the team 4-6 weeks after the go live date to assess the following:

- Functionality and any further requests of the developed BPA, order set, note template, or EPIC report
- Updated PDSA form with a completed Do, Study and Act section.

ADDITIONAL TRAINING OPPORTUNITIES

GME and TGH are in the process of developing additional training opportunities to provide Project and Data leads additional QI and teamwork training. There will be more information provided regarding this in the coming months.

Webinar links

- [Logicstream introductory webinar](#)
- [Smartsheet introductory webinar 101](#)
- [Smartsheet Introductory webinar 201](#)
- [Smartsheet Premium Apps \(manuals & demo videos\)](#)

COMMUNICATION WITH PROJECT TEAMS

GME and TGH will communicate primarily via Smartsheet and e-mail. On the **1st Monday every month**, expect the following communications:

- List of available office hours for the following 6 weeks
- List of project deliverables due for the month
- Updated GME-TGH project dashboard

Our Quality Improvement Toolkit can be downloaded on the USF GME website → Quality Improvement section → Current QI Projects tab.

Communication tips

- Communicate your project results with your stakeholders to keep them engaged. The RACI template (QI toolkit Section 3 (page 7) or the example in Appendix C) can help you determine the frequency and extent of communication stakeholders should receive.
 - See the QI toolkit Tool 4 (page 53) for an example of an effective e-mail communication.
- Prior to each meeting distribute the meeting's agenda and action items from the previous meeting.
 - See page 15 of this QI Quick Guide for an example of a meeting template.
 - Keep your meeting minutes in a common location for project team members (e.g., in the PDSA Smartsheet as an attachment)
- At the end of every meeting establish the date and time for the next meeting and review action items.

MEETING AGENDA TEMPLATE EXAMPLE

Meeting name:

Date:

Attendees:

Excused:

Handouts/LCD:

Meeting Goals:

Updates since the last meeting

Agenda items/New business

Action items for next meeting:

Action item	Person responsible	Expected due date

Next meeting

Date:

Time:

Location:

Next meeting's goals:



thank you!

*for your commitment and dedication to
enhancing quality care*

