

# Quality Residency Capstone

Mary Lanning Healthcare Kara Jacobsen, RN LSSGB 9/27/2022

# **Team**

- Project Team members
  - Clinic Physician
  - Clinic Manager
  - Clinic RN and MA
  - Epic Lead/Professional Development



# **AIM Statement**

What is your AIM Statement

Establish a baseline for key performance indicators for lab-related surgical cancellations, then create an actionable plan for clinical care providers. The overall result will be improvement in patient safety, patient and staff satisfaction, and increased revenue in our surgical services department.



## Measures

- Establishing Measures
  - Quantity of Surgical Cases cancelled due to potassium (and all labs).
  - Average cost of a cancelled surgical case at MLH in staffing time and delays.
  - Average lost revenue for cases that were not rescheduled.



# Project Charter - Problem Statement

 Same day surgical cancellation of patients due to hypo/hyperkalemia was 5.6% of all cancellations in the Mary Lanning Outpatient Surgery department in 2021.

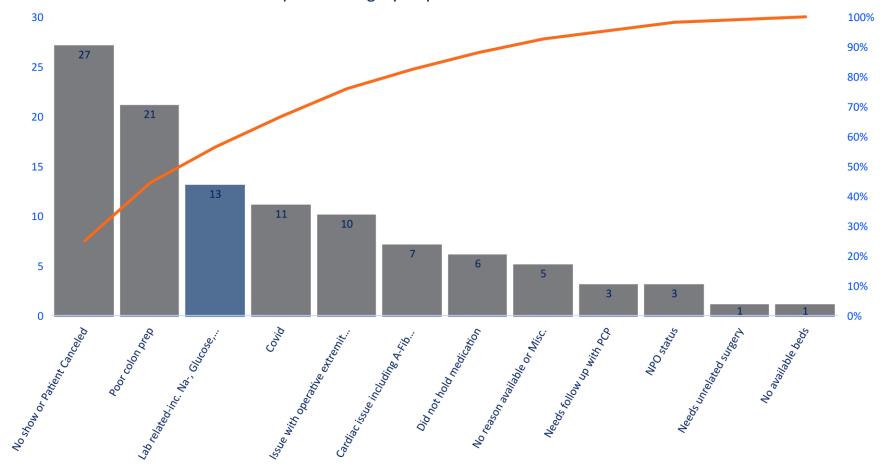


# **Key Performance Indicators**

KPI's	Baseline	Goal	Target Goal Date	Update: 3/2/2022	Update: 3/22/22
# of surgical cases cancelled due to potassium	5.4%, 2021.	TBD	TBD	Percentage of cancellations due to potassium.	5.6%, 2021. 2021 day of procedure all- cause cancellations 108.
Average cost of cancelled case at Mary Lanning Outpatient Surgery	[average cost]; 2021.	NA	NA	Average cost of cancelled cases.	[average cost]; 2021. Potential additional revenue from potassium related cancellations: \$[Total]*.
Bedside nurse staff time spent with day of procedure cancellation patients	241.2 minutes, 2021.	TBD	TBD	Quantified hours of staffing. Quantified staffing cost.	20.4 hours of nurse staffing dedicated to potassium related cancellations, 2021.  Total hours of nurse staffing for all day of procedure cancellations 108.5, 2021.



#### 2021 Outpatient Surgery Day of Procedure Cancellation Rates



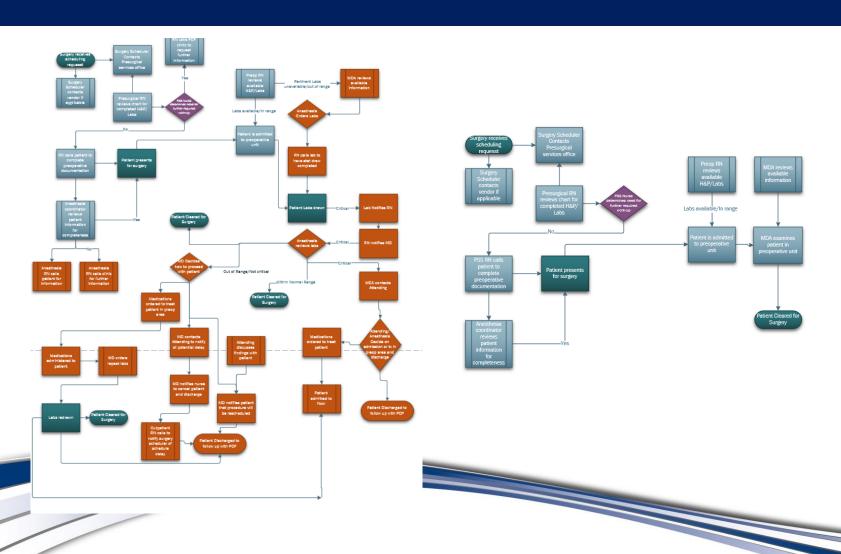


# **Selecting Changes**

- What changes can you make that will result in improvement?
  - Added lab review to clinic RN job duties for preoperative patients. This workflow change allowed quick resolution of lab related issues.



### **Process Mapping**





#### **PICK Chart**

High

Low

#### Implement

Anesthesia defined preferred preoperative K+ lab parameters

Clinic Staff follow up with out of range preoperative lab results by scheduling patient for repeat labs 24 hours prior to procedure

Clinic Manager and Staff engagement in process planning/changes

Physician/Staff education on clinic impact to preoperative process

Emails to staff with SOP

Possible

#### Challenge

Specific pre-surgical services staff dedicated to patients at higher risk of cancellation based on history and physical

EMR changes to trigger notfication and automatic lab orders when preoperative patients have noncritical labs out of range

Open preoperative clinic with full time clinical staff for surgical clearance of all MLH patients planning outpatient surgery

Draw preoperative labs on ALL patients the day before scheduled surgery

Kill

Easy Hard



### Standard Work (SOP's)

- All preoperative patients with BMP/CMP ordered by HFC Physician will have lab results monitored by clinical staff.
- Anesthesia preferences will be available for PCP access when ordering preoperative labs; list of preferences TBD.
- Primary Nurse is accountable for monitoring results on pending BMP/CMPs on preoperative patients that may be out of range and notifying PCP and Pre-Surgical Services Office Staff/Anesthesia.
- Primary Nursing Staff is responsible for contacting patient to schedule a lab draw within 24 hours of procedure (the day before procedure in the morning) when ordered so results are available for review by PCP and Anesthesia MD before the end of the business day.
- Patient will be notified by clinic staff that failure to have repeat labs drawn may result in same-day cancellation of procedure.
- Questions regarding labs will be directed to the Pre-surgical Services Office or Anesthesia Coordinator at Mary Lanning Healthcare.

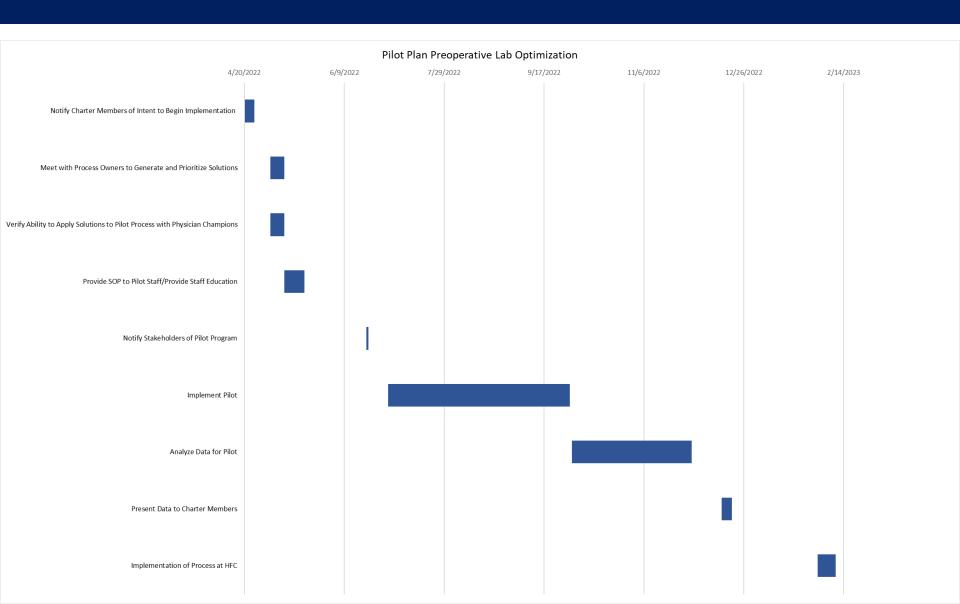


### **PDSA**

- Planning phase—January-June 2022
- Pilot implementation—July-September 2022
- Study phase—October-December 2022
- Reporting to Executive Sponsor—December 2022



### Implementing Change



# **Spreading Changes**

 Long-term planning includes implementing this process change throughout all our clinics.



# Questions?

### Kara Jacobsen, RN LSSGB

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**Mary Lanning Healthcare** 

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### References

- IHI: The Science of Improvement: How to Improve http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImproveme ntHowtoImprove.aspx
- Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. <u>The Improvement Guide: A Practical Approach to Enhancing Organizational Performance</u> (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.
- The Plan-Do-Study-Act (PDSA) cycle was published by W. Edwards Deming in <u>The New Economics for Industry, Government, and Education</u>
  [Cambridge, MA: The MIT Press; 2000]. For more on the development of the PDSA cycle and how it differs from PDCA, see: Moen RD, Norman CL. <u>Circling back: Clearing up myths about the Deming cycle and seeing how it keeps evolving. Quality Progress</u>. November 2010.

