

# Quality Residency Capstone

**Avera St. Anthony's Hospital**

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# Team

- Quality Improvement Team
  1. Quality Coordinator (Myself)
  2. ED/Trauma Coordinator
  3. Radiology Manager

# AIM Statement

- Trauma Radiology STAT scans **initial** read to be read within **60 minutes or less** by radiologists.

# Measures

- Establishing Measures
  - Radiology chart audits of the Emergency Department trauma patients.
  - Areas monitored in audits included:
    - When image was initially performed by radiology department.
    - When the initial read was performed by the Radiologist to the time of the final report.

# Selecting Changes

- What changes can you make that will result in improvement
  - Identifying areas that were out of the benchmark of being read within 60 minutes or less and auditing chart further to see what exactly was happening.
  - Discuss with Radiology team results to see areas of improvement.
  - Discuss with Real Radiology (reads scans during weekend and afterhours starting at 1700).

# PDSA

- Describe your PDSA cycles
  - Reviewed audits weekly with Radiology Manager.
  - Continue to audit scans and present it to Quality meetings.
  - Provide positive feedback to Radiologist for meeting most scans at benchmark.

# Implementing Change

- Describe your PDSA cycles
  - First review of ED Trauma Radiology STAT scans initial read to be read.
  - This PDSA cycle identified 94% compliance.

# Implementing Change Cont.

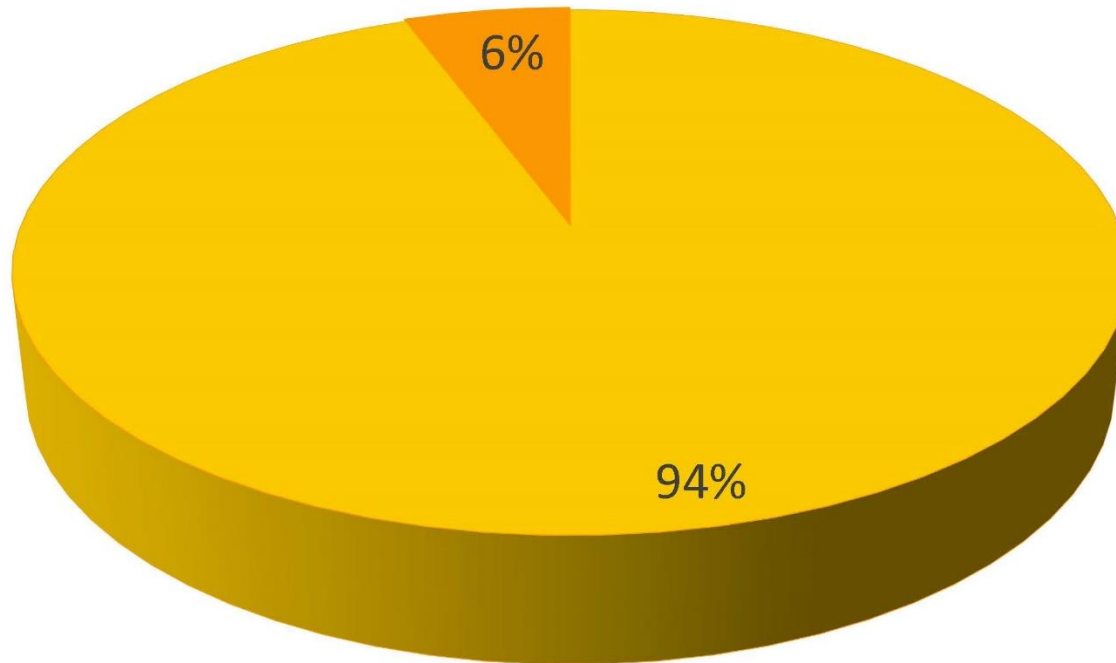
- 7 scans that did not meet benchmark were further chart reviewed
  - **4/7 scans were from 1 patient**
    - Patient was combative from intoxication and needed sedated prior to scans which affected the time.
  - **3/7 scans were from 1 patient**
    - In radiology report from Radiologist, it was mentioned on scans that they concurred with original report from Real Radiology but report not in patient chart.



# Data

- Results
  - Total patients audited (Jan-Sept 2022): **49**
  - Total scans audited: **123**
  - Total scans that met benchmark: **116 (94.3%)**
  - Total Scan that did not meet benchmark: **7 (5.7%)**

# Data



■ Met Benchmark ■ Did not meet benchmark

# Spreading Changes

- Continued auditing on Trauma STAT exams in the Emergency Department to maintain with State compliance recommendations.

# Questions?

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