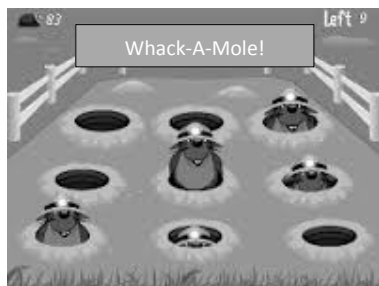
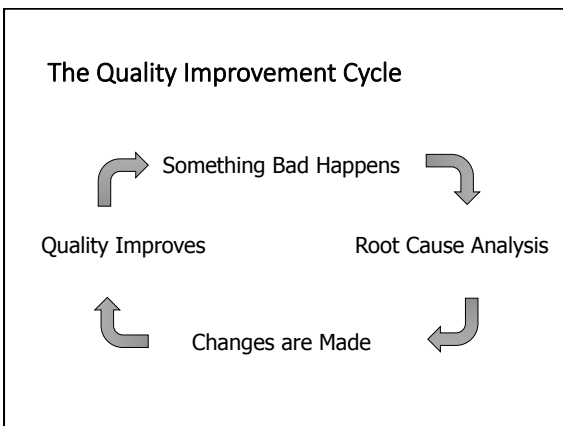


How Do We Do Better?

- Continuous Quality Improvement (CQI)
- Examining our performance every day, and constantly trying to improve it
- Quality management is the application of finite resources to an infinite problem

Quality Improvement is Infinite





How Do We Start?

Get the Data!

Healthcare Data

-
-
-

Where Do We Find Data?

Everywhere!

Data Acquisition for the QM Program

- The EHR
- Billing systems
- Department and unit initiatives
- Registries
- Collaborate with others to create more data
- Only build new mechanisms as a last resort!



**"We have lots of information technology,
we just don't have any information"**



Monthly
Quality
Report

Shock Trauma Center
Quality Management/Performance Improvement Report
FY '09: April-June, 2009

*Presented to the
STC Oversight Committee: October 7, 2009*

Clinical Quality: Performance Improvement Team: September 15, 2009

This is the quarterly summary prepared by the Physician Director of Quality Management for the Director of the Program in Trauma, the Director of the Trauma Center, and for members of the Oversight Committee. Data for this report was collected by Susan Lewis, STC Quality Management Coordinator, working under the direction of the Physician Director of Quality Management (Dr. Shindler), the Vice President of Nursing and Operations (Diane Doyle) with the advice of Debbie Brown, Public Services and Marketing Team.

The Quality Management Plan anticipates that this report will be an evolving document, as the most quality management needs of the institution are developed. Feedback on this document, and recommendations for future quality reports should be referred to Dr. Shindler.

This document is confidential to the staff of the Shock Trauma Center, and as a Quality Management report is generated from internal documents.

This report is confidential pursuant to Section 1.06 of the Public Information Code of the Government Code of California and is intended as a record of internal communication and not for public release.

Monthly
Quality
Report

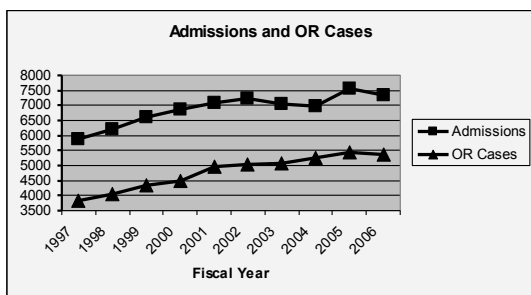
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Simple Numbers

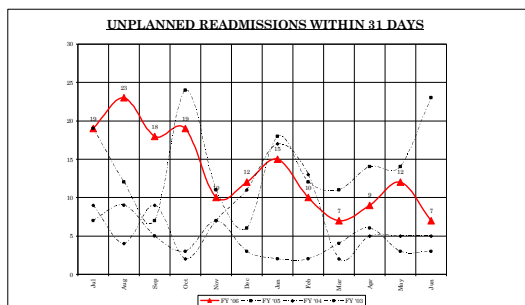
Active research projects

Funding Source	Jan-Mar 06	Oct-Dec 05	Jul-Sep 05	Apr-Jun 05	Jan-Mar 05
Federal	10	10	5	7	6
Internal	67	68	68	62	56
Industry	13	13	13	17	19
Military	1	1	2	2	1
Other	3	3	4	4	3
Total	93	95	96	92	85

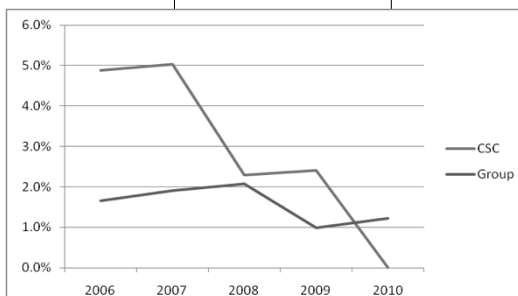
Rates over Time



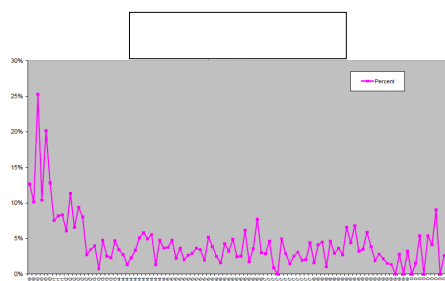
Quality Management Data



An Individual Example



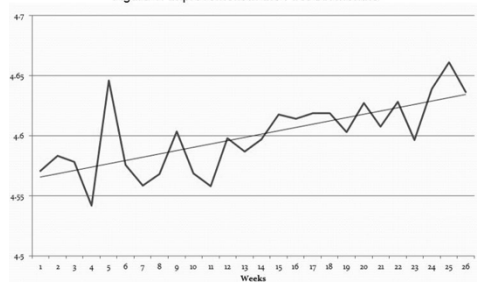
A Group Example



Goal: Reduce the overall incident of post-operative nausea and vomiting (PONV) reported in the post anesthesia care unit. The etiology and consequences of PONV are complex as well as multifactorial, involving patient, medical practices, surgery and anesthesia techniques. Given all factors the anesthesia manager will use techniques to manage and reduce the incident of PONV.
* Post discharge data is reported on outpatient population after discharge from the hospital.

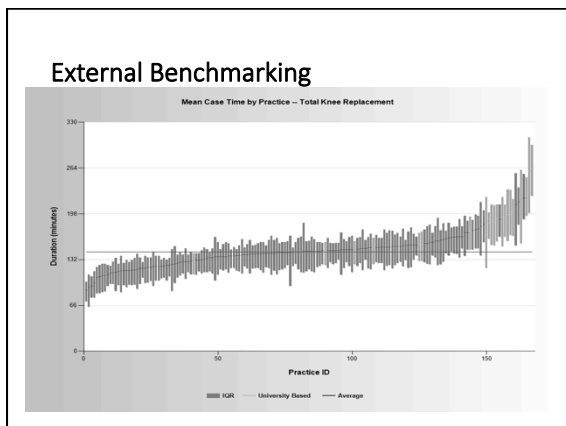
Another Group Example

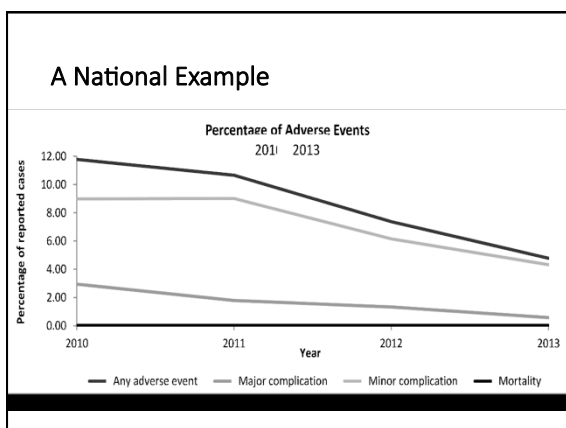
Figure 1. Improvement in the First Six Months

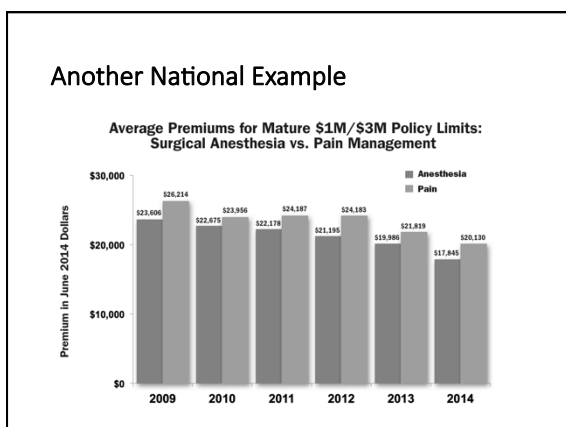


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Quality Mission Accomplished!



Contact Me!

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