

Improving Required Organizational Practices Processes in Acute Medicine and Perioperative Services

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Background

The Nova Scotia Health Authority (NSHA) operates hospitals across the province.

NSHA is accredited by Accreditation Canada.

Accreditation Canada guidelines contain Required Organizational Practices (ROP).

Problem Definition

ROP procedures were developed at the district health authority and unit level resulting in a lack of standardization in procedure, auditing, and implementation.

Scope

Sample of 3 NSHA inpatient units 5 ROPs

Design: Initial Conditions

Standard Operating Procedures

Use of Local Operating Procedures (LOPs) as well as localized work instructions and forms.

Change Facilitation and Management

Frontline staff feel uninvolved in development of quality improvement.

Auditing Tool

Lack of standardization, communication of audit results, data tabulation as well as low data traceability.

Redundancy Reduction

Forms used to follow ROPs differ between units and have been reported to create non value added work.

References

Dirnagl, U. (2010). Rodent Models of Stroke. New York: Springer.

Royal College of General Practitioners. (2015). Quality improvement for general practice: A guide for GPs and the whole practice team. Retrieved from: www.rcgp.org.uk/clinical-and-research/our-programmes/-/media/E96023402A FE4CF98C8634A7A1C63196.ashx

Standard Operating Procedures



Auditing Tool

Audit Data Entry, Storage, and Analysis

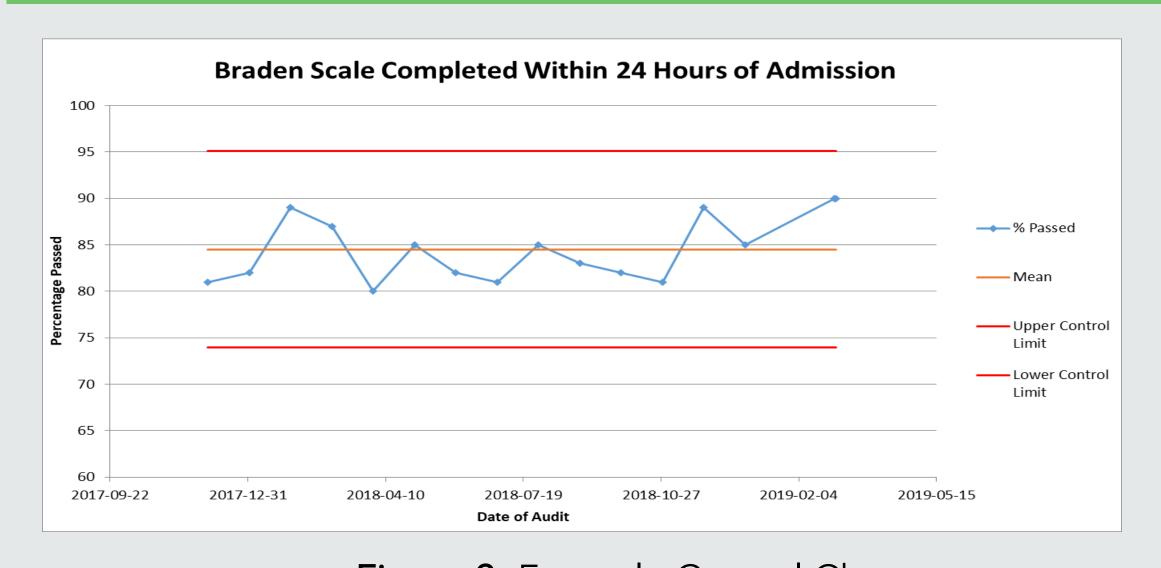


Figure 3: Example Control Chart

Standardizes, automates data storage and analysis Notifies users of trends and sudden changes

Bed Randomizer

Removes bias from auditing procedures

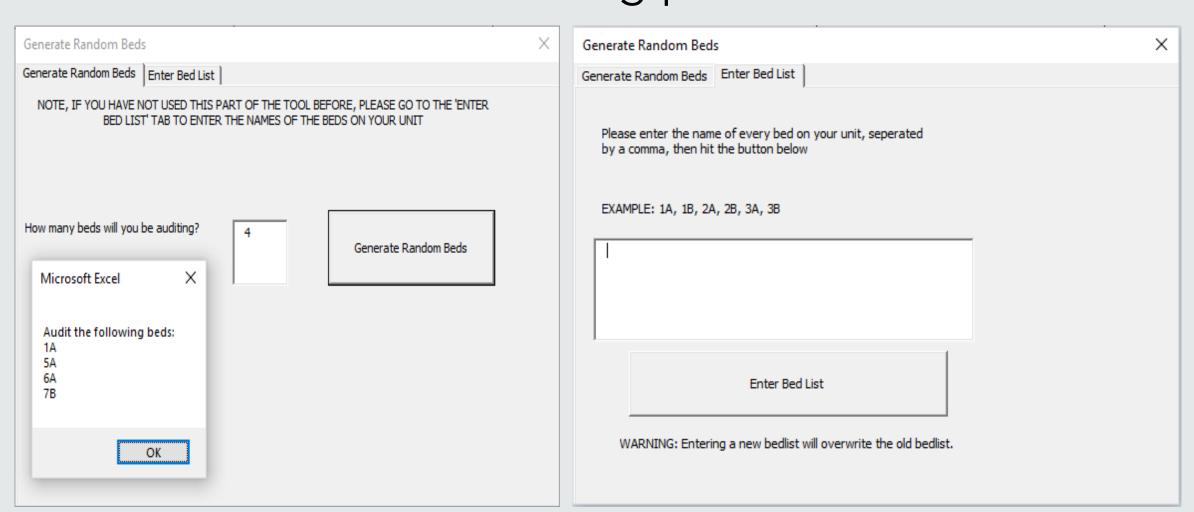


Figure 4: Bed Randomizer Tool

Design: Details

Change Facilitation and Management

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

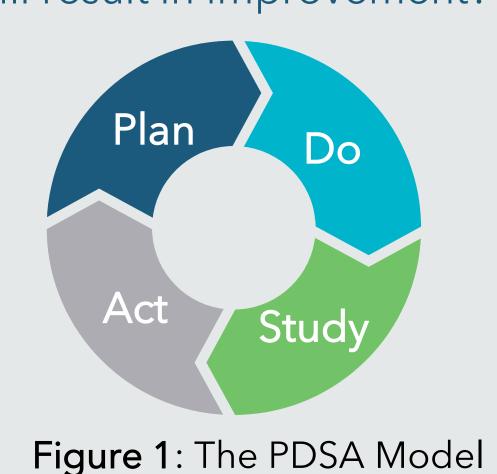
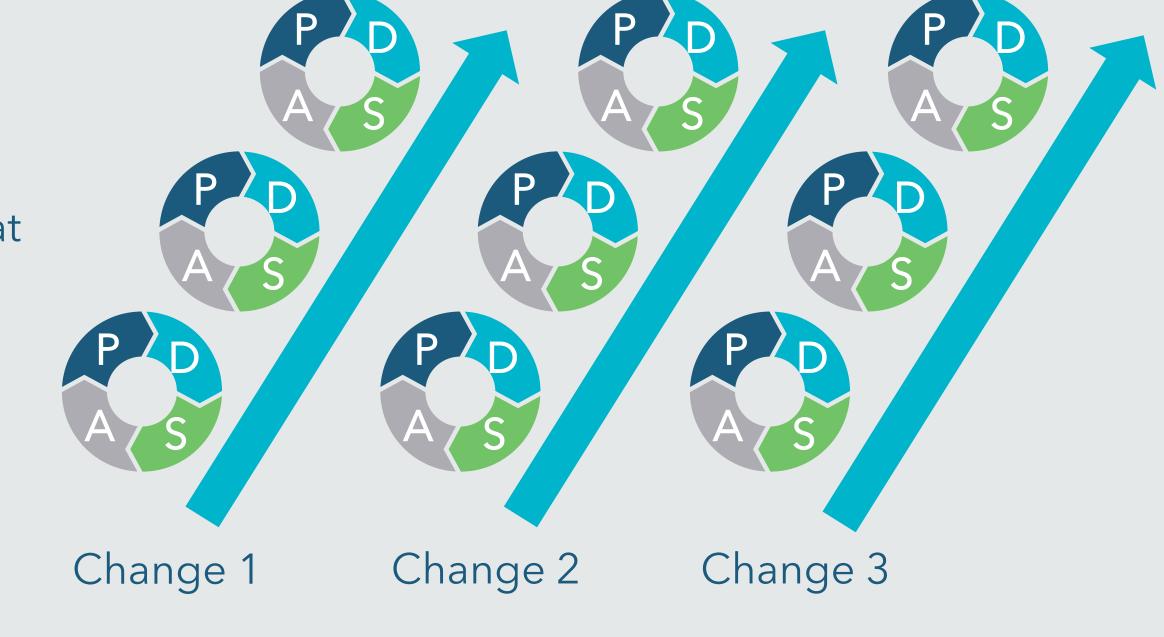


Figure 2: Implementing Change Sequentially Through PDSA



Redundancy Reduction

Plan of Care

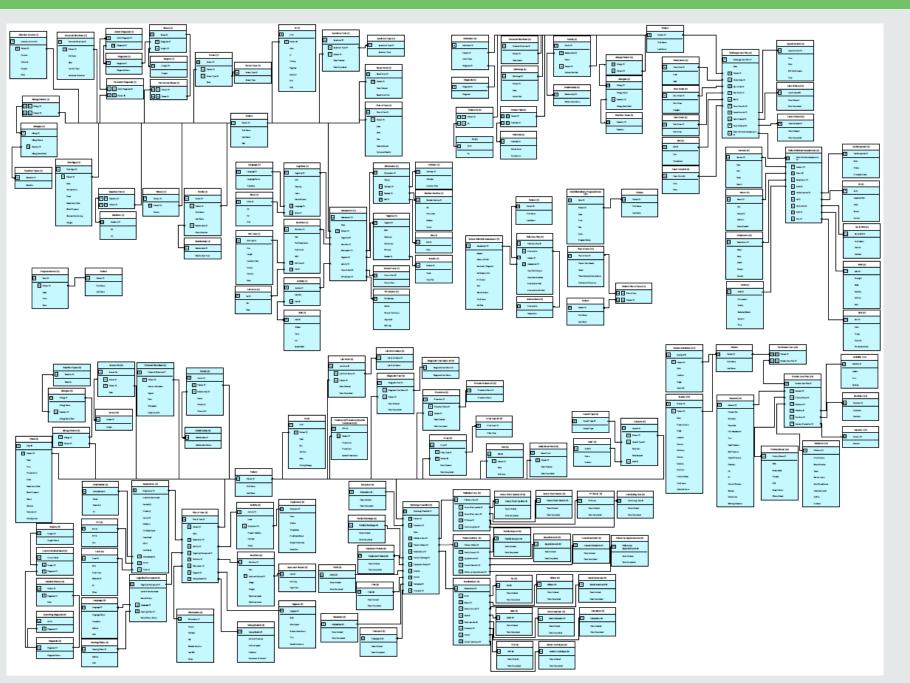


Figure 5: Current Entity Relationship Diagram

New Form

Patient ID

Last Name

Relationship (7,8,6,2)

Relationship Name

Screen Type ID

Screen Type

Figure 7: New Form Entity Relationship Diagram

FK Diagnosis ID

(7,8,6,2,17,11,15)

Personal Directives ID

Exist on Admission

FK Patient ID

Witnessed

Code Status

Comfort Care

Organ/Tissue Donor

Advance directive

Patient Screen (7,8,2,11

Screen (7,8,2,11)

Screen ID

FK Screen Type ID

FK Patient ID

FK Screen ID

Attached

PK FK Patient ID

Allergies (7,1,8,6,2,17,16,11,5

Allergy Band/Alert

Reaction Types (7,1,8,6,2,17,16,11,5)

Pat Lan (7,8,2)

Language (7,8,2,11)

Language ID

Language Name

FK Language ID

Allergy ID

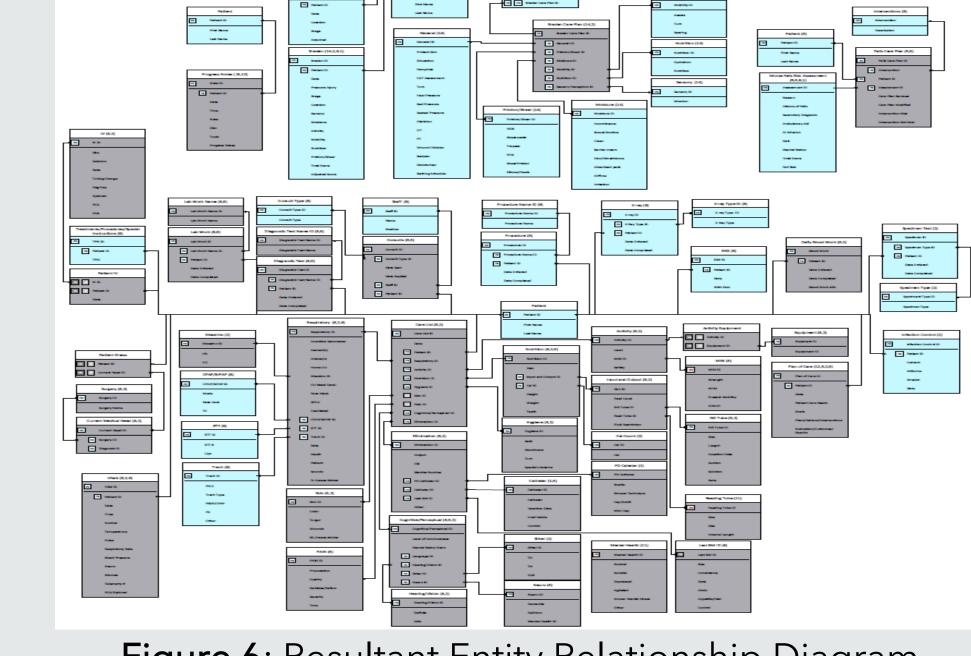


Figure 6: Resultant Entity Relationship Diagram

Recommendations

Standard Operating Procedures

Create SOPs from LOPs, work instructions, and forms.

Change Facilitation and Management

Use PDSA to foster intrapreneurial behavior.

Auditing Tool

Use the tool provided to standardize auditing.

Redundancy Reduction

Reduce redundancy in other areas using data models.