Project Charter

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Project Details

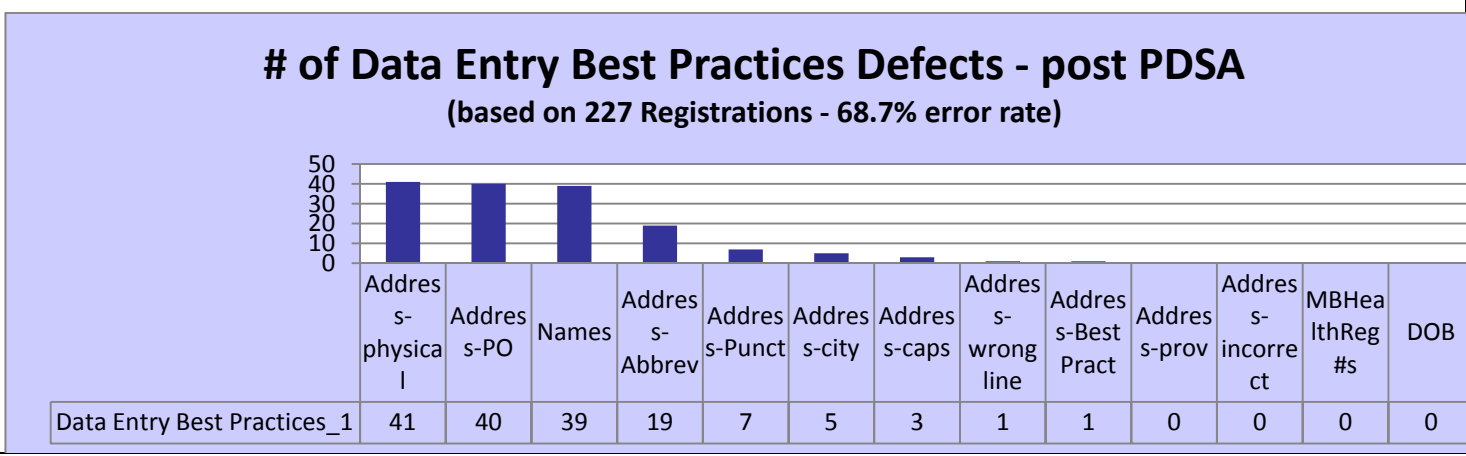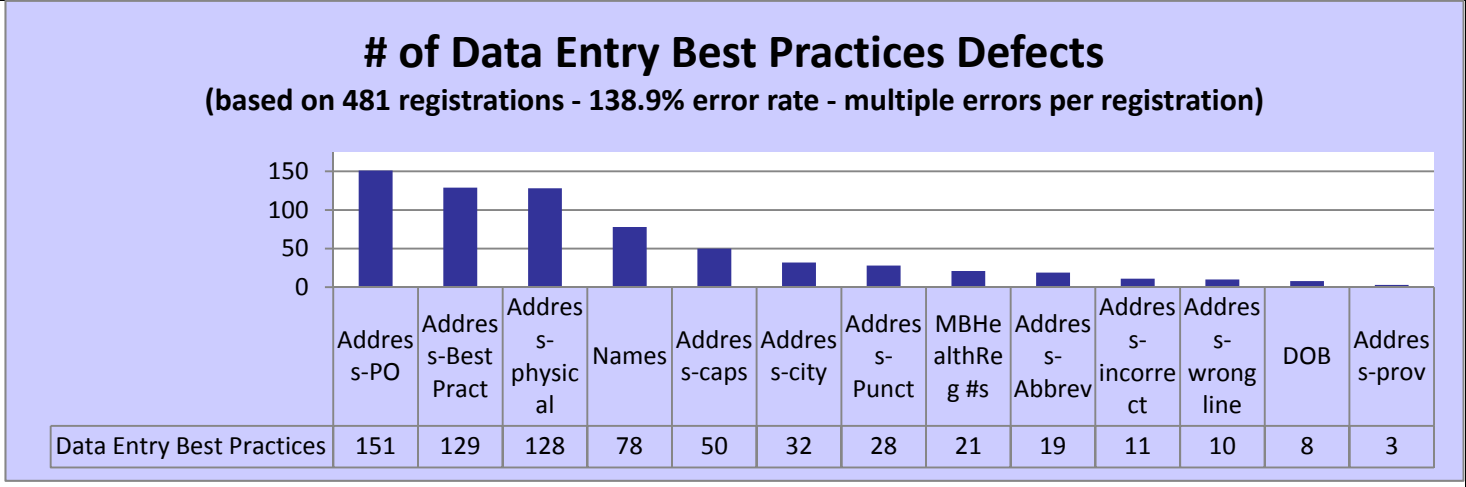| Region/Agency:	Southern Health-Santé-Sud	Facility:	BTHC, PDGH, Bethesda
Project Name:	**CARED For!**	Project Sponsor:	Kristy Radke
Project Start:	January 24, 2013	Project Lead:	Shelley Emerson
Team Members:	Lee Bassett, Shelley Emerson, Sherri Gofflot, Margaret Daley-Wiebe, Cheryl Reimer, Donna Samborski		

Problem Statement / Opportunity

Neglecting to follow provincial Client Registry Best Practices results in creation of duplicates and inaccurate client demographics. This impacts workload for staff to rectify duplicates and poses risks to the client and may delay care. The Team further recognized that a lack of standard Hiring and Orientation checklists/packages was the root cause of many errors and also impacts recruitment and retention of staff. In addition, staff concerns related to rotations at one of the sites was reviewed as this impacts staff satisfaction and ultimately performance.

Background / Context

Audits were initiated on the number of duplicates created in Southern Health-Santé Sud and improper search techniques were identified as the leading cause.

In addition, audits were completed on the accuracy of client demographic data entry and the majority of the errors identified were within the Address and Name screens.
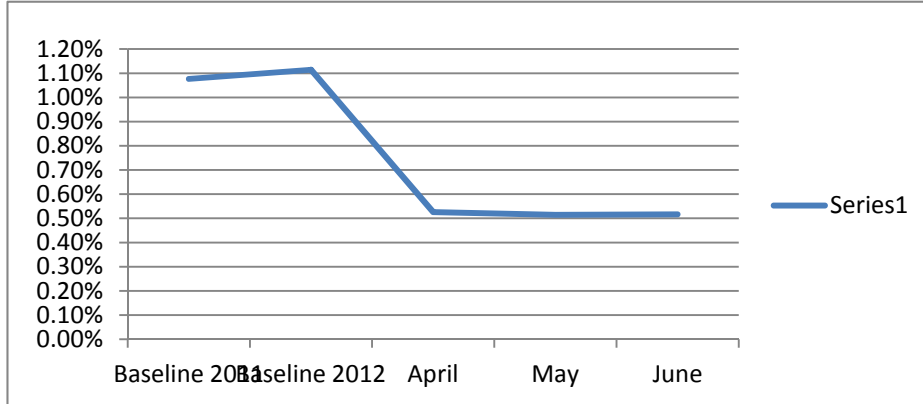
Current State Analysis and Measures

of Data Entry Best Practices Defects
(based on 481 registrations - 138.9% error rate - multiple errors per registration)

	Address-PO	Address-Best Pract	Address-physical	Names	Address-caps	Address-city	Address-Punct	MBHealthReg #s	Address-Abbrev	Address-incorrect	Address-wrong line	DOB	Address-prov
Data Entry Best Practices	151	129	128	78	50	32	28	21	19	11	10	8	3

of Data Entry Best Practices Defects - post PDSA
(based on 227 Registrations - 68.7% error rate)

	Address-physical	Address-PO	Names	Address-Abbrev	Address-Punct	Address-city	Address-caps	Address-wrong line	Address-Best Pract	Address-prov	Address-incorrect	MBHealthReg #s	DOB
Data Entry Best Practices_1	41	40	39	19	7	5	3	1	1	0	0	0	0

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Current State Analysis and Measures

% Duplicates Southern Health-Santé Sud

Chart showing % Duplicates over Baseline 2011, Baseline 2012, April, May, June (Series1). Values range from about 1.08% at Baseline 2011, rising to ~1.12% at Baseline 2012, dropping to ~0.53% in April, then staying near 0.52% through May and June.

Aim Statement (Future State)

The Aim is to implement a process that reduces the number of duplicates created and the number of data entry errors by 50%. Currently, between 1% and 1.24% of new clients created are duplicates with an average of 30-45 min spent per incident. Data Entry errors are at 138 % - more than 1 error per registration.

Improvement Ideas Discussed

Prompt cards and education of Standard Work.
Staff Survey related to Rotations at one of the regional centres.
Develop a standard Select/Hire, Orientation, and Exit/Termination checklist/package.
Standardize the Monthend documents, definitions, and processes.

PDSA Cycle Implementation Plan

PDSA #1 – Reduction of Duplicates – clients, creation of cases for Rehab & DI.
PDSA #2 – Data entry compliance with provincial Client Registry Best Practices
PDSA #3 – Correct data entry of discharge data
PDSA #4 – Appropriate recruitment and orientation checklists/packages and rotations in compliance with Union contracts(in progress)
PDSA #5 – Census and Monthend Processes (in progress)

Control and Follow-up Plan

FUNDAMENTAL CHANGES: Orientation checklists, revised rotations, monthend and census documents.
STANDARD WORK: Search methods and Client Registry Best Practices guidelines.
PDSA #1, 2 & 3 – Continued monitoring and spread throughout the region

Outcomes

Met Aim statement of 50% improvement for # of duplicates created and # of data entry errors.
Orientation packages were developed to ensure new employees are provided with the skillset required.
Rotations to be revised with the goal of improved recruitment and retention of staff.
Census and Monthend processes to be defined and standardized for ease of comparison and reporting of data crucial for evidence based decisions.

Project Timeline

Project Start	Define	Measure	Analyze	Improve	Control	Project End
Nov 2012	Jan 31, 2013	Jan 31, 2013	April 3, 2013	April 3, 2013 May 27, 2013	June 24, 2013	Fall 2013