

# Project Charter

Project Details			
Region/Agency:	RHA Central	Facility:	Portage District General Hospital
Project Name:	INTERCEPTORS	Project Sponsor:	Donna Bleakney
Project Start:	23-Feb-12	Project Lead:	Tracey Asham
Team Members:	Shannon Raymack, Sandra Brooks, Jenna Bolton, Julie Roberts		

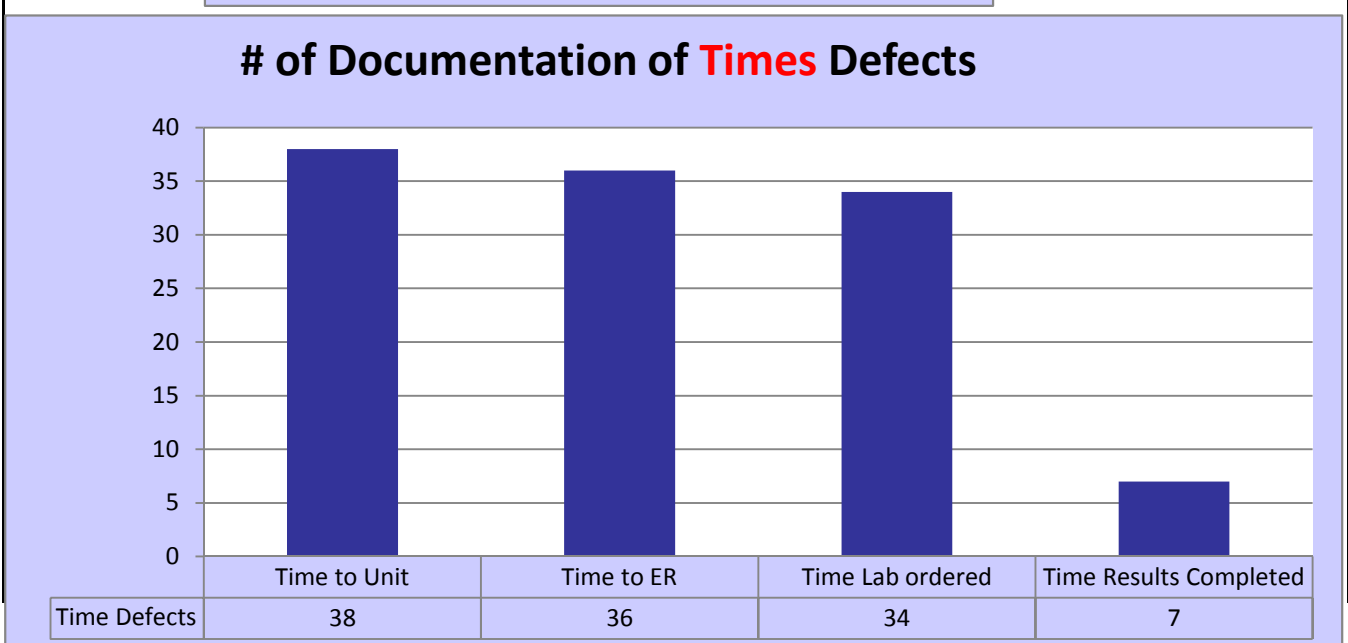
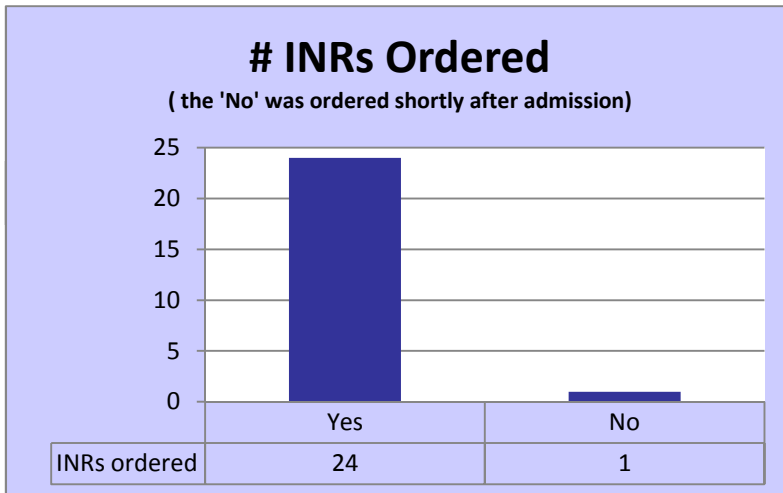
**Problem Statement / Opportunity**  
 Our process of lab tests requested and results received on the Units has the potential to cause patient harm (physical, emotional) related to ineffective and/or delayed communication. This causes stress and increased workload for staff. Patients may lose confidence in the system and there is increased potential for litigation.

**Background / Context**  
 A Critical Incident occurred related to a lack of communication of urgency of lab results (INR) in a timely manner at a transition point. This project was selected to streamline the process to prevent future occurrences.

This project was selected as a training tool for Susan Enns to receive her certification as a Green Belt.

**Current State Analysis and Measures**

**DATA STORY:** INRs were consistently done on clients on Coumadin presenting to the ER. A lack of documentation of when communication occurred was discovered and addressed.



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## Aim Statement (Future State)

Implement a process that mitigates the risk for harm and improves interdisciplinary communication and documentation. Our goal is a 75% improvement in documentation which validates effective communication.

## Improvement Ideas Discussed

Ideas discussed were a redesign of the OPD sheet and SBAR; improved documentation of date/time on physician orders, results received and reviewed; identification of urgency on lab reqs; 5S in ER; recruitment of Unit Clerk for ER, CRN for Medical and Surgical Units; autofaxing of results by Lab to Units; 'Be Aware Meds' Guideline; and reduction of verbal orders.

## PDSA Cycle Implementation Plan

PDSA 1 - Revision of SBAR (Situation, Background, Assessment, Recommendation) to encourage improved communication unit to unit and documentation of date/time of communication.

PDSA 2 - Recruitment of Unit Clerk as a consistent point person ensuring required communication occurs.

PDSA 3 - Identification and education of High Alert Meds which require labwork.

PDSA 4 - Stamps for Units to record time results rec'd and 'Stat vs Urgent Requisitions Lab Called \_\_\_'

PDSA 5 - Date/time of lab results reviewed by physician. Streamlining of results process on Units.

## Control and Follow-up Plan

### FUNDAMENTAL CHANGES:

Pre-stamped lab reqs as Urgent or blank for Stat. 'Lab Called \_\_\_\_\_' on the pre-stamp a reminder.

Removal of multiple locations for lab results on Units

Hiring of Unit Clerk - changes incorporated into job description.

### STANDARD WORK:

Anticoagulant flowsheet implemented

SBAR improvements – Unit to Unit communication

### VISUAL MANAGEMENT:

Be Aware meds poster in ER and on the Unit

Availability of date/time stamper for time lab results received

## Outcomes

INRs continue to be done consistently on clients on Coumadin presenting to the ER and admitted.

### MET AIM STATEMENT of 75% improvement:

SBAR: 77% improvement

Time to Unit: 74% improvement and Time to ER: 78% improvement

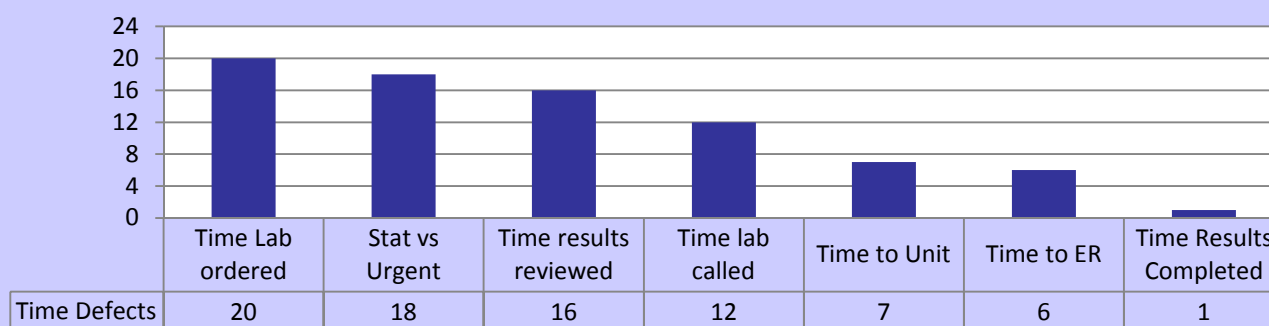
**DID NOT MEET AIM STATEMENT;** however, team continues to identify documentation challenges thru survey of target group and fundamental changes.

Time lab called 31%-48% completed-(2 no time) Stat vs Urgent identified: 28%-29% completed

Time Lab Ordered 14-20% Time Results Reviewed 28-36% documented

## # of Documentation of Times Defects

(Stat vs Urgent, Time Lab Called and Time Results Reviewed not available initially)



## Project Timeline

