Southern Health

Quality Improvement Project Report Out

September 2014

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Define

The Waste Not Want Not Team has focused on decreasing occurrences while providing medication support in the Supportive Housing Units.

The Team has focused on using the occurrence reporting process as an opportunity for education and building a strong team and strong program.

Waste Not Want Not was comprised of a the Home Care Manager, Operations, a Direct Service Nurse, a Home Care Attendant, Nurse Educator (responsible for delegated task teaching), a Resource Coordinator, a Case Coordinator and a Decision Support Analyst.

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Define

Problem Statement

The current Home Care process of medication support by a Home Care Attendant (HCA) is resulting in a high incident of medication occurrences in the Supportive Housing Units which leads to unsafe client care, low morale and increased frustration in staff, clients, family and management; as well as increased workload for all.

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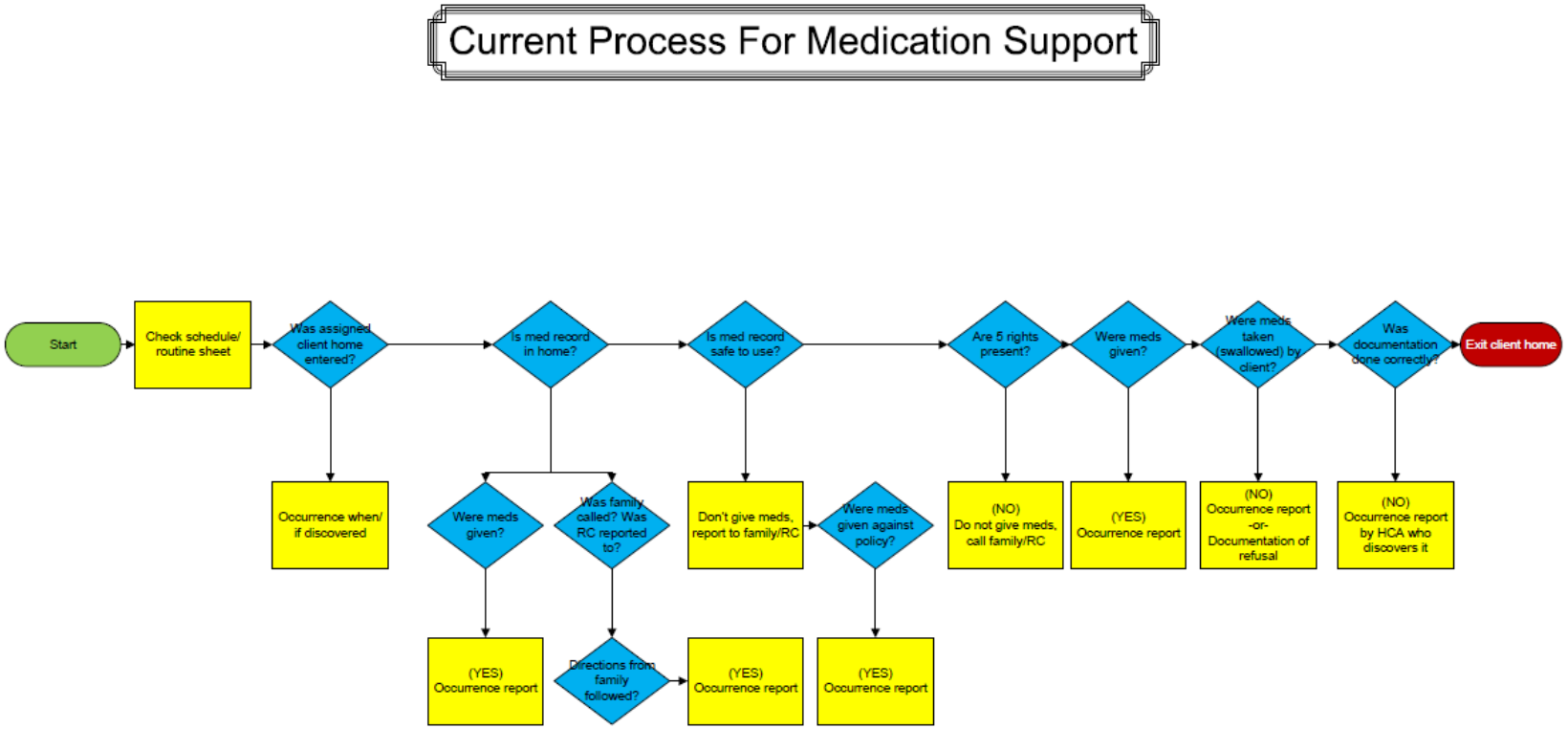
Define



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Measure

Actual start & end times

- **5 Rights**
- **Interruptions/Distractions**
  - ☐ Client/Family Questions
  - ☐ Called from room
  - ☐ Call bell
  - ☐ Called family
  - ☐ Phone call
  - ☐ Client sick
  - ☐ Client not available/busy

Please Indicate if any of the following occurred

- ❑ **Near Miss/Good Catch**
- ❑ **Occurrence/Critical incident**
- ❑ **Falls**
- ❑ **Staff injury**

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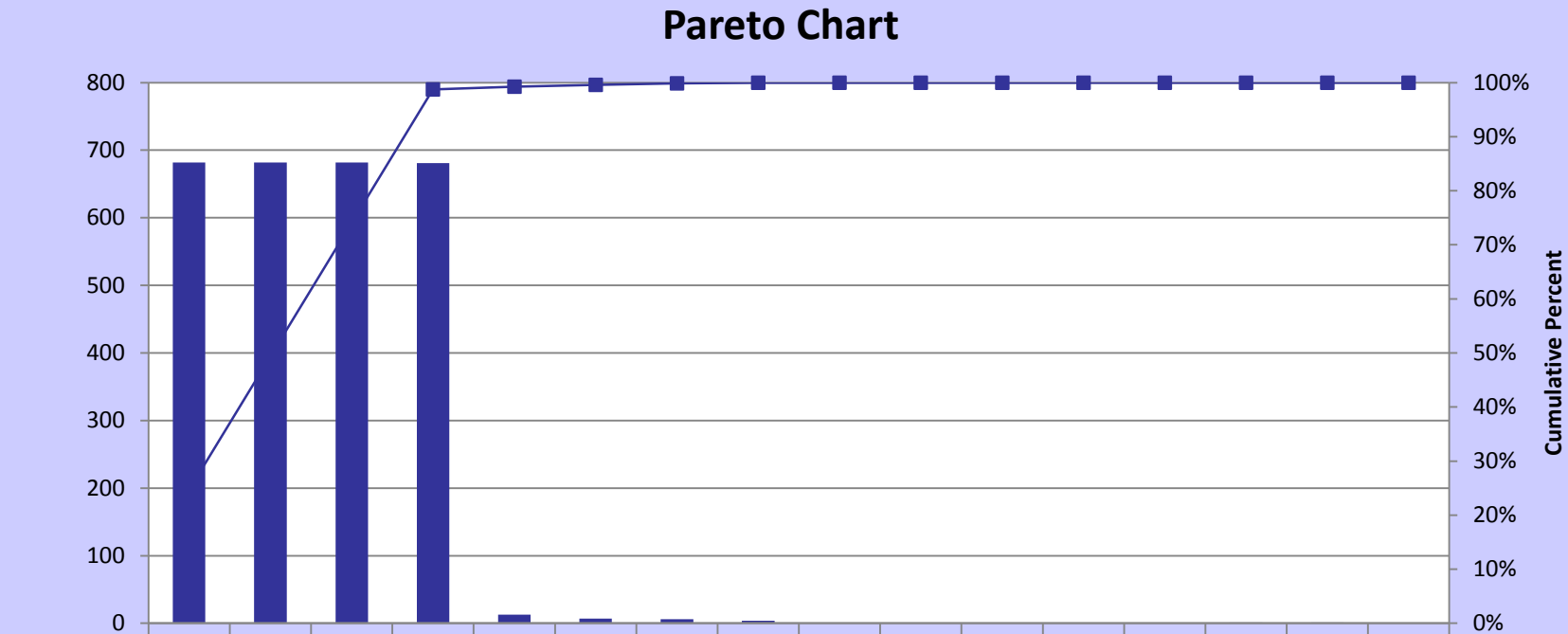
Analyze



	Dose	Person	Time	Route	Other	Client not avail/busy	Client/ Fam Question	Call bell	Phone call	Called from room	Called family	Falls	Client sick	Near miss/good catch	Occurrence/Critical Incident	Staff Injury
Item	682	682	682	681	13	7	6	4	0	0	0	0	0	1	1	0
Cum Percent	24.7%	49.4%	74.1%	98.8%	99.3%	99.6%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Analyze

Our data story….

When given a tick sheet to complete the medication task, occurrences are minimized.

Times recorded are not realistic for task completion.

HCAs will need to be more accurate about the times as they record them.

When there is a heightened awareness of the process for a task, there are less occurrences.

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Improve

Aim statement

To increase the number of correct medication passes.
To empower each Home Care Attendant to do their job with confidence.

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Improve

PDSA 1 Self Audits by HCA

Home Care Attendants used a self audit tool prepared by the Team to track their movements during the medication administration task.

Various forms of communication and education were used with the staff to ensure they understood the project and the purpose.

Improve

PDSA 2 Supervisor & Post Visit Audits

During client visits that including medication administration, the Supervisor (Resource Coordinator) attended with the Home Care Attendant and completed the audit.
Audits were also completed by Direct Service Nurses after the medication administration task had been completed by the HCA.

There was again communication and education about the purpose of these audits, what would be done with the information and the potential for the program. Names or identifiers of staff were not included in any of the audit processes.

Improve

PDSA 2

When through the regular audit process it is identified that further education or other follow up is needed; the usual steps will be taken by the Home Care program

When through the regular audit process there is an identified need for a change in process; this will be reviewed and implemented through the usual processes of the Home Care program

When through the regular audit process there is an identified safety risk; the usual steps will be taken to ensure the risk is mitigated

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Improve

PDSA 3 Tracking Near Misses

In the brief time following the implementation of this new audit process there have been no Near Misses. The Near Misses were not previously tracked specific to this area of the program.

Date Implemented: June 30th

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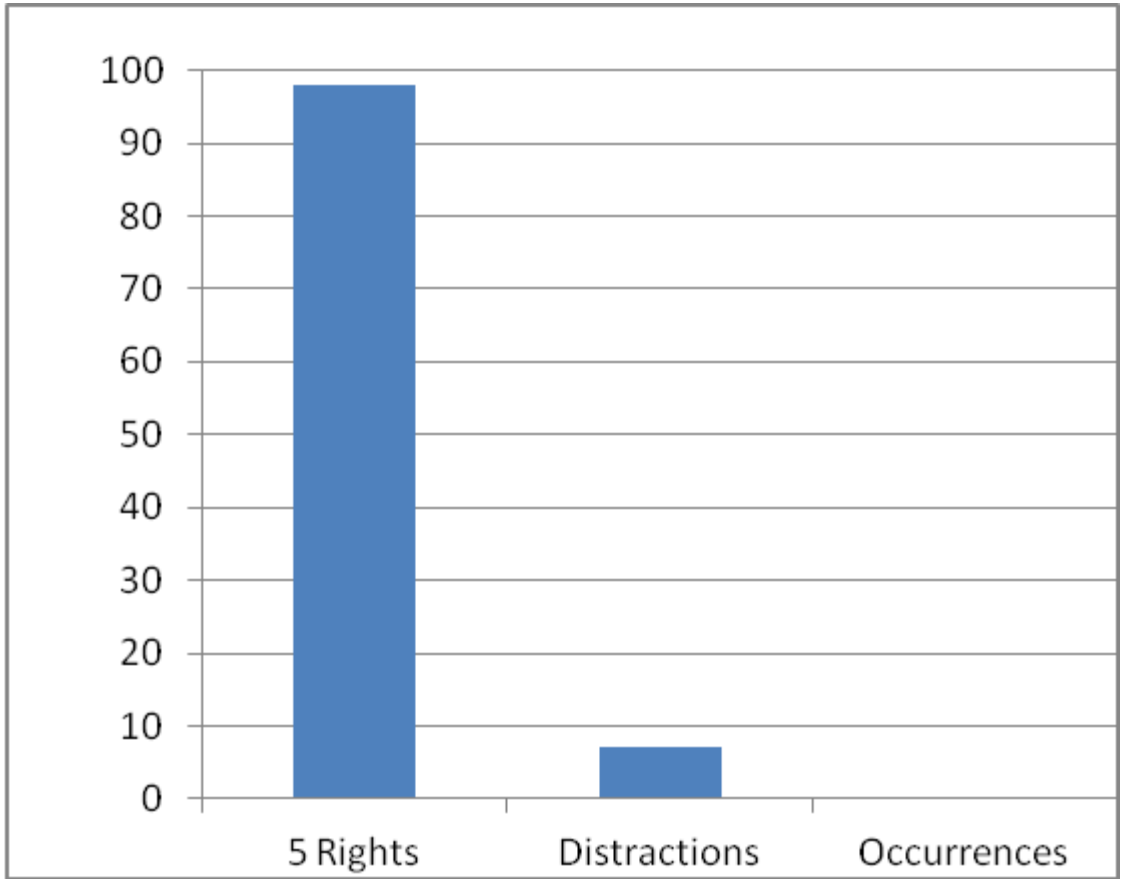

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Improve

Aim statement

To increase the number of correct med passes.
To encourage a conscious awareness and build confidence in their ability to do their job through the use of education and good catch reports. We will celebrate the positives rather than focusing on negatives

Improve

Summary of the improvement data.

Medication occurrences decreased dramatically in the Supportive Housing Units. Occurrence reporting continued with less of the occurrences being related to medication administration and medication assist.

Near Miss reporting is not often seen in the Home Care Attendant setting. Through this project and the audit process we are now seeing near misses being reported and encouraged amongst the staff.

There was a 95% improvement in occurrences during the medication administration and assistance process.

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Control

What controls have we put in place to ensure that performance does not lapse?

The use of random yet regular audits will be used. Through the LEAN process it has been determined that the self audit is the least productive in reducing errors.
The post visit and supervisory audits are the most productive. As such we will use these two audits to ensure that performance does not lapse.
The program will use these audits to identify educational needs as well as the potential for process improvements.

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Lessons Learned

What were some of the key things we learned about quality improvement while doing this project?

We learned that it is never an easy process to measure the intangible. When there is a perception that what is being measured may be used as a performance measure, there is hesitation to accurately report what is happening in the workplace.

As we began to see results and believe that improvements were starting to happen, we automatically began to think about other potential QI projects.

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Next Steps

What next QI project or where is the project spreading?

Educate – Implement – Evaluate – Regroup

Educate:

- RCs, DSNs, HCAs and CCs on occurrence reporting and audit flow

Who:

- Audit process will be rolled out to all clients with medication delegation
- Implementation will begin where there is block care and progress to the travel blocks.

Timeline for:

- Roll out, setting dates throughout Region
- Scheduled Audits (how many/how often)

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The Team!

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