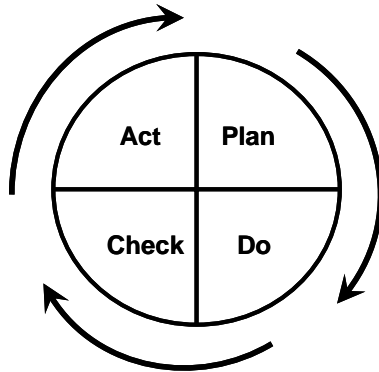


Starship Children's Health

Quality Plan: June 2009 – July 2011



'Quality is improving through a continuous planning, changing and learning process'

Paediatric Intensive Care Unit

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*Hei Oranga Tika Mo Te Iti Me Te Rahi
Quality Healthcare, Healthy Communities*

Objectives of Quality Plan – (PICU)

Objectives

To identify, for the specified time period, the key sustainable projects that will advance improved clinical effectiveness and/or patient outcomes in PICU

Implementation

- All members of the multidisciplinary PICU Quality Group will be responsible for overview of the Quality initiatives as detailed.
- This group will monitor the Quality Plan, through monthly meetings.
- The initiatives will be implemented by the personnel as allocated.

The following quality activities:

- maintaining timely and effective processes for customer complaints
 - monitoring results of monthly consumer feedback reports (external – Crown company monitoring advisory unit (CCMAU), and internal – Starship customer feedback and annual PICU parental satisfaction survey).
 - ensuring ongoing recruitment and retention of clinical and clinical support staff
 - ensuring staff are current with emergency procedures
 - ensuring staff participate in professional development
 - developing and updating local policies, clinical policies, guidelines and recommended best practice
 - monitoring trends in significant events
 - ensuring staff meet and maintain professional competency requirements
- are all part of the normal business of the unit and are not specifically mentioned in this plan.

ACHIEVEMENTS FROM LAST PLAN

Overall Evaluation

The major initiatives in the PICU Quality programme in 2006 - 2008 Quality Plan were:

1. Successful accreditation visit in June 2006
2. Multi-site enteral nutrition survey conducted and presented at ANZICs PSG meeting.
3. Code Pink developed and implemented throughout Starship and audit of service presented at World Conference on Paediatric Intensive Care.
4. Development and implementation of PICU Nursing Outreach service
5. PICU discharge audit completed. Results presented to PICU team, Starship senior nursing team and presented at World Conference on Paediatric Intensive Care.
6. First phase of PICU Blood Conservation project completed and presented at World Conference on Paediatric Intensive Care.
7. Successful implementation of updated New Zealand Resuscitation guidelines within PICU and Starship.
8. Update of PICU daily flow chart.
9. Implementation of new PICU Admission to Discharge documentation.
10. Successful education programme regarding ETT security and management of ventilator circuits in reducing number of incidents recorded with ETT nasal sores.
11. Medication infusions education programme in response to issues highlighted via Risk Monitor Pro
12. Epidural care education programme in response to issues highlighted via Risk Monitor Pro.

Terms of Reference

Membership:

Name	Position	Name	Position
Fiona Miles	Intensivist (Co chair)	Carolynn Whiteman	Service Manager
Elaine McCall	Clinical Nurse Consultant (Co chair)	Kristin Caton	Transport Co-ordinator
John Beca	Clinical Director		PICU staff nurses (as able to attend)
Nic Gini	Nurse Manager		Clinical Charge Nurse rep
Gabrielle Nuthall	Intensivist		Nurse Educator rep
Liz Segedin	Intensivist		PICU Fellow
Brian Anderson	Intensivist		PICU Pharmacist (as required)
David Buckley	Intensivist		Allied Health staff (as required)

Quorum: 5 (which includes a broad spread of disciplines)

Facilitator/Chair: Service manager or delegate

Purpose:

- Ensure the Service's Quality Plan and activities are linked to the ADHB's quality goals and the Improving Quality Framework.
- Provide opportunities for improvement and resolving issues by utilising feedback and consultation from staff, consumers, community and iwi of the region.
- Actively promote and support quality initiatives within the service.
- Oversee quality activities within the units.
- Monitor quality indicators collected by the service.

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- Keep the service on track with legislative compliance, accreditation & certification standards.

Minute Circulation:

- Minutes are taken at each meeting. These are typed and distributed within one week of the meeting date.
- Minutes will also be accessible / displayed for staff and sent to appropriate committees/personnel.

Authority: Service Manager

Next Review: July 2011

Quality Goals for June 2009 – July 2011

Generic Monitoring and Surveillance Indicators for Quality

<i>Action</i>	<i>Source</i>	<i>Time Frame</i>
1. Appropriateness and effectiveness: <ul style="list-style-type: none"> • Catheter Related Blood Stream Infection (CR BSI) per 1000 CVC days • Unplanned readmissions to PICU within 48 hours 	Infection Control and PICU database (utilisation ratio) PICU database	Monthly
Consumer responsiveness, acceptability and accessibility: <ul style="list-style-type: none"> • Number of complaints by total number PICU patient discharges per year. • Number of excellence ratings scored by total number of CCMAU questionnaires returned for PICU • Total number of excellent, very good and satisfactory ratings scored by total number of CCMAU questionnaires returned for PICU 	Consumer Liaison Consumer Liaison Consumer Liaison	Monthly
2. System performance: <ul style="list-style-type: none"> • Intubation rate • Number of unsuccessful extubations • Inability to admit patients • Inability to discharge patients 	PICU database PICU database PICU database PICU database	Monthly
3. Safe service and environment: <ul style="list-style-type: none"> • Number of unplanned extubations 	PICU database	

Lift the health of Aucklanders; Lead performance management; Live within our means

1. Appropriateness and effectiveness

Goal/Objective	Expected outcomes	Success indicator/s	Project leader	By when
Develop, maintain and monitor service audits as per schedule.	<ul style="list-style-type: none">• An annual audit schedule is prepared. This incorporates PICU specific audits, Starship and ADHB wide audits• Audit individual cases as required.• A report is to be prepared for each completed audit with quality improvements and recommendations listed.	<p>Audit reports demonstrate appropriate and effective care</p> <p>Practice change and evaluation of change reported to PICU multidisciplinary Quality meeting and SCEN.</p>	EM	<p>Audit calendar prepared by March each year.</p> <p>Reports due as per schedule</p>
Improve efficiency of blood sampling in critically ill children.	<ul style="list-style-type: none">• Develop guidance document• Implement education for staff• Collect stage 2 data• Collate and publish data	Data collection from stage 2 will demonstrate reduced blood loss due to decreased tests completed.	LCW	June 2010
Review of weekly multi-disciplinary team meeting	<p>Ensure that meeting still achieving objectives of</p> <ul style="list-style-type: none">• Improving team communication for long term patients.• Facilitation of discharge planning for long term patients	<p>Satisfaction expressed by members of the multidisciplinary team. Satisfactory feedback from ward CN Report presented to NLG and PICU multidisciplinary QA meeting</p>	WS, YvD,NG	June 2009

2. Consumer responsiveness, acceptability and accessibility

Goal/Objective	Expected outcomes	Success indicator/s	Project leader	By when
Participate in health promotion within the unit and via national organisations	<ul style="list-style-type: none"> Continue to raise awareness for car safety seat issues with Ministry of Health and Department of Transport Provide information regarding oral health care in PICU kitchen area Provide information regarding immunization in family rooms Provide information regarding influenza in family rooms 	<p>Successful meetings with appropriate personnel</p> <p>Feedback from families indicate usefulness of the information</p>	<p>GN / ES</p> <p>RV</p>	Ongoing
Bereavement service	<ul style="list-style-type: none"> PICU nursing staff follow-up of all families whose child dies in PICU 	<p>6mth report from bereavement team co-ordinator</p> <p>Co-ordinator attends and feedbacks to M and M meeting</p>	AD	Ongoing
Annual parent survey	<ul style="list-style-type: none"> Annual review of suitability of questionnaire Questionnaire given to each family discharged during July 	Feedback from families indicate satisfaction with service provided	EM	Annually
Retrieval service parent and referral centre satisfaction survey	<ul style="list-style-type: none"> Develop questionnaires Survey given to each family whose children have been retrieved to PICU using the PICU transport service. Survey sent to referral centres 	Feedback form families and referral centre staff indicate satisfaction with service provided.	VB	

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3. Safe service and environment:

Goal/Objective	Expected outcomes	Success indicator/s	Project leader	By when
PICU Outreach	<ul style="list-style-type: none"> • Leading development of Paediatric Early Warning Score in collaboration with adult • Representation at National group. 	Paediatric early warning score successfully implemented.	WS	
Retrieval team	<ul style="list-style-type: none"> • 2 mthly review of service outcomes • Audit of cases as required • Management of equipment 	Regular evaluation of results and practice change as required	KC	Ongoing
Participate in annual Starship Medication Safety Campaign	<ul style="list-style-type: none"> • Engagement of all staff in campaign • CCNs use the Independent Double Check process to identify where medication error has occurred. 	Risk Monitor Pro reports use IDC terminology		March each year
Monitor and review clinical incidences.	<ul style="list-style-type: none"> • Review and update Starship-wide Risk Schedule. • Provide monthly Risk Monitor Pro report and put on board for staff . • Provide 3 monthly Risk Monitor Pro trend report • Provide annual Risk Monitor 	Risk schedule up to date Reports available to staff	NG EM	Ongoing

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	<p>Pro trend report</p> <ul style="list-style-type: none"> Plan and implement quality improvement or change as indicated Document changes and report to Starship Nursing Quality Group any system issues which impact on Starship or wider organisation 	<p>Regular hot topic board</p> <p>6 mthly report to SCEN indicates quality improvement initiatives.</p>		
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4. System performance:

Goal/Objective	Expected outcomes	Success indicator/s	Project leader	By when
Maintain professional and clinical standards of care	<ul style="list-style-type: none"> Benchmark practice with Australasian PICU's through database and ANZPICR Participate in research trials with other centres 4 weekly PICU Morbidity and Mortality meetings Participate in hospital based Morbidity and Mortality meetings 	Regular evaluation of results and practice change as required	<p>ES</p> <p>JB / LW</p> <p>DB / AD</p> <p>FM</p>	Ongoing
Participation in the provision of clinical education for health professionals (i.e. nurses, doctors, allied health).	<ul style="list-style-type: none"> Develop an annual education plan for the PICU nursing service Facilitate Post graduate PICU nursing education programme Facilitate orientation and education programme for 	<p>Record of all staff continuing education available</p> <p>Record of staff compliance with mandatory training.</p>	<p>NP / DT</p> <p>NP</p> <p>FM / GN</p>	Nov each year

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	<p>registrars</p> <ul style="list-style-type: none"> Participate in Starship Grand Round and Breakfast Update sessions 		JB	
Maintain nursing professional and clinical standards of care	<ul style="list-style-type: none"> 2 yearly review of PICU nursing standards 2 yearly review of staff appraisal package 2 yearly review of PICU levelling pathway 2 Yearly review of Nursing Leadership Vision Develop competency books and workbooks to support nursing staff clinical development Nursing Practice Committee to meet quarterly 		<p>NLG</p> <p>NLG</p> <p>NLG NLG</p> <p>NP / DT overseeing working group NM</p>	Ongoing
Documentation	<ul style="list-style-type: none"> Review of PICU A to D documentation to potentially streamline with Starship A to D planner. 2 yearly review of flowchart 		EM / Documentation working party	July 2010
Aseptic Non touch Technique (ANTT)	<ul style="list-style-type: none"> Implement ANTT within PICU 	Record of staff compliance with practice change Annual audit	EM / ANTT champions	July 2009
Pressure Area Care	<ul style="list-style-type: none"> Develop and implement guidance on positioning of neonates 	Reduction in number of pressure areas.	JC	July 2011

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Audit Schedule		
<u>JUL 09</u>	<u>AUG 09</u>	<u>SEP 09</u>
•	• Point of Care – internal audit	•
<u>OCT 09</u>	<u>NOV 09</u>	<u>DEC 09</u>
•	• Oral Care	• Controlled Drug
<u>JAN 10</u>	<u>FEB 10</u>	<u>MAR 10</u>
	• Central venous catheter	• Medication Administration
<u>APR 10</u>	<u>MAY 10</u>	<u>JUN 10</u>
• Patient wristband • Documentation	• Staff ID • Emergency Equipment	• Controlled Drug

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Appendix One - Strategic Goals

© ADHB Goals (Health Improvement Plan 06 - 10)

1. Lift the Health of People in Auckland City

(In line with the Government's 13 health priorities)

- Focus on the people living in Auckland city first and foremost
- Focus on health outcomes
- Take a whole systems approach
- Improve links between primary and secondary care
- Strengthen relationships and communication
- Protect basic rights

2. Lead Performance improvement

- Work more efficiently and effectively
- Continuously improve the quality of service, safe guard high standards of care
- Decision making is fair, consistent and transparent
- Workforce development, teaching and training
- Develop a culture based on a deeper understanding of our activities

3. Live within our Means

- Emphasise productivity, clinical effectiveness and strong management
- Meet budget targets for the treatment of people living in Auckland city
- Contain expenses related to the treatment of people from other district within the provider arm
- Manage labour cost and the clinical workforce
- Plan for what's best across the region
- Address the problems related to the funding formula

↗ Dimensions of Quality (ADHB quality framework)

- Appropriateness and effectiveness:
- Consumer responsiveness, acceptability and accessibility:
- System performance:
- Safe service and environment:

↗ National Improving Quality plan

- Nationally consistent approach to the management of health care incidents.
- Improved management of medications
- Flow of patients across the continuum of care;.
- Infection control and prevention.
- Education and training
- Improving consumer participation