

**Abstract:**

In recent years, there has been a push to improve and standardize the quality of clinical care delivered. This has led to marked efforts across institutions to invest in quality improvement (QI) as a part of daily practice. “Problem-solving, Root cause analysis, Improvement Science, and Maintenance/Monitoring” (PRISM) is a model used to detail a stepwise approach to QI in a way that can be easily followed, sustained, and eventually integrated into an organization’s learning system. This model is being used to improve the efficiency of our emergency department admissions process. The various tools that are a part of PRISM are discussed in detail here. Frontline team members have been educated about PRISM and are now engaged and leading improvement efforts within our organization. In short, PRISM has provided the common QI language for our transformation toward becoming a leader in patient- and family-centered care.

**Keywords:**

PRISM; Quality improvement; PDSA; Root cause analysis; Admissions; SIPOC; Process map; Kanban

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# Using the PRISM Model to Drive Quality Improvement in the Emergency Department

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**N**o patient wants subpar care when they present to an emergency department (ED), and similarly, no health-care provider comes to work wanting to deliver poor care due to system inefficiencies. The goal of quality healthcare is to care for the right patient in the right location, with the right treatment at the right time. For this reason, patients, their families, and frontline team members are key stakeholders in any process improvement efforts in line with the STEEEP (Safe, Timely, Effective, Efficient, Equitable, and Patient-centered) principles referenced in *Crossing the Quality Chasm*.<sup>1</sup>

Within that report, patient-centered care was defined as “providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions”.<sup>1</sup> Furthermore, the Institute of Medicine noted that institutions which focus on patient- and family-centered care ultimately enjoy the benefits of improved

quality of clinical care, improved patient safety, increased engagement from employees and better financial outcomes. The engagement of patients, their families and frontline staff can significantly contribute to the success of any quality improvement (QI) initiative.<sup>2,3</sup> The recruitment of frontline problem solvers who can learn to address issues in a timely fashion through the use of simple QI tools is crucial. These tools should be part of a common QI language and standard QI approach that is simple to understand and execute.

What follows is a discussion of PRISM, a quality improvement approach that includes commonly used tools and methods. When followed, PRISM provides a structured yet simple scientific approach to improvement that focuses on efficiency, effectiveness and long-term sustainability.

## PRISM

There are multiple phases of a quality improvement project which are best remembered using the PRISM acronym. PRISM consists of: (1) Problem identification, which includes aim statement formation, charter creation and team development; (2) Root Cause, which includes analyzing the problem and determining which opportunities for improvement (OFIs) to target; (3) Improvement Science, where changes based on root cause analyses are developed and implemented using Plan-Do-Study-Act (PDSA) cycles of improvement; and (4) Monitoring of progress, in which daily visual management and other sustainability factors are used (Figure 1). Following, the discussion of PRISM will be demonstrated by its use in our “Emergency Department (ED) to Inpatient Admissions” project, with the goal of decreasing the time between an ED admission decision, designated in our project as “ready to move” or RTM, to the patient arriving at the inpatient bed, defined as “occupied”.

## PROJECT ESSENTIALS

### Identification of Organizational Priorities and Team Development

Prior to initiating the PRISM process, a few essential steps must be performed, including identification of organizational priorities and the development of a team. Most organizations have identified ongoing strategic objectives based on needs, gap or causal event analyses, national and local mandates and opportunities based upon community or customer requests. To identify opportunities for improvement, organizations or

teams may undertake a SWOT (S-strengths, W-weaknesses, O-opportunities and T-threats) analysis. Strengths and weaknesses refer to internal factors and opportunities and threats refer to external factors. SWOT analyses were performed with our physician leadership group and members of our Patient-Family Advisory Council with the hopes of performing them eventually with all staff member groups. From our initial SWOT analyses, it became evident that the ED admissions process was a key opportunity for improvement with a clear impact on patient experience, physician satisfaction, and finances.<sup>4</sup> The ED and inpatient staff also expressed concerns over the admission process so a preliminary team was assembled to determine how best to implement this QI project.

During the team development phase of any QI project, there are specific roles which need to be filled along with the general team members who will do much of the hands-on work.<sup>5</sup> Key members include the team leader, an improvement advisor, subject matter experts (SME) and an executive sponsor. The rest of the team is comprised of key stakeholders including frontline staff, patients, and their families. The team leader will plan meetings, create agendas, organize the team, keep the team focused and communicate with people outside the team, especially regarding updates and progress. A coach helps teach team members about improvement methods, along with collecting and analyzing data. Subject matter experts help with the education and training of team members and provide their knowledge and logistical expertise.

For example, in our project, the Director of Operations served as the SME for our patient tracking system. An executive sponsor helps supply resources and remove barriers which might impede forward movement of a project. The remaining team stakeholders are project advocates who participate in the PDSA cycles and data collection, learn the appropriate QI tools, and help spread the lessons learned to their colleagues.<sup>6</sup>

### Common Prerequisites for Success

Once the proper team is assembled, certain common prerequisites for success need to be present. All QI projects should have: (1) alignment with organizational priorities; (2) senior leadership support and involvement; (3) involvement of frontline staff in the project design and implementation; (4) clear communication systems with frontline staff about the objectives of the project, how their daily work may be affected by the project and how they can provide their input; (5) identification of the appropriate QI tools and team training about their

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