

**Abstract:**

Providing safe, high quality care to pediatric patients is a core goal for all healthcare systems. To this end, robust quality improvement and patient safety methodologies have been developed to improve pediatric patient care in academic medical centers. However, given that the majority of pediatric patients are first seen in emergency departments (EDs) in community hospitals rather than academic pediatric medical centers, there is an urgent need to adapt these methodologies to the community ED environment. In this review, we begin to address these issues by looking to successful quality improvement and patient safety initiatives for lessons that can be adapted to the unique challenges and opportunities encountered in community healthcare settings.

**Keywords:**

quality improvement; community engagement; pediatrics

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# Pediatric Quality Improvement Engagement In The Community Setting

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Appreciation of the profound impact of medical error on patient outcomes has increased since the seminal publication, *To Err is Human*, helped launch the quality improvement (QI) and patient safety (PS) movements in medicine.<sup>1</sup> Providing safe, high quality care is now a focus in every health care system, and QI metrics have become a major component of performance incentives and reimbursements for health care providers. Many hospitals have developed systems for tracking medication errors and serious reportable events, such as the Hospital Acquired Condition (HAC) Reduction Program established by the Affordable Care Act (ACA).<sup>2</sup> Through this program, hospitals scoring in the bottom quartile in two domains — patient safety and infection — had their Centers for Medicare & Medicaid Services' (CMS) payments reduced by 1%, which has resulted in a \$373 million reduction of CMS payouts nationwide.<sup>3-5</sup>

The vast majority of QI initiatives have, to date, focused on improving care for adults, as opposed to pediatric patients. Furthermore, a search of the pediatric QI literature reveals a particular dearth of information related to pediatric patients cared for outside of children's hospitals and other large academic institutions. This is problematic given that the majority of pediatric patients enter healthcare systems through community hospital emergency departments (EDs).<sup>6</sup> While most children are evaluated in these community settings, the overwhelming majority of patients in these EDs are adults with ~70% of EDs evaluating <14 pediatric patients per day with an average of 80% of

children being seen in general emergency departments without dedicated pediatric emergency physicians.<sup>7</sup> The fact that children make up a small percentage of the patient population in most community EDs, combined with an absence of many CMS-generated performance measures and financial incentives for the care of children, has meant that pediatric QI initiatives are often viewed as a lower priority in the community setting. Outreach and engagement with these institutions with an objective to help improve pediatric care is a challenging but essential component of providing safe, quality care for all children regardless of treatment location.

## BUILDING A FOUNDATION FOR COMMUNITY PATIENT SAFETY EFFORTS

In an assessment of EDs through the Emergency Medical Services for Children (EMSC) program, it was noted that EDs treating children often lack essential equipment and knowledge to optimally care for pediatric patients.<sup>7,8</sup> Understanding these challenges and developing strategies to address them is essential to set an institutional “foundation” prior to undertaking broader QI initiatives. Key components of this foundation include ensuring that nurses, physicians and support personnel are trained in pediatric emergency and critical care skills through programs like Pediatric Advanced Life Support (PALS) and the Neonatal Resuscitation Program (NRP). In addition, it is important to ensure that essential equipment such as, but not limited to, appropriate-sized endotracheal tubes for airway management are readily available for children of all ages/sizes. Lastly, it is important for community hospital-based emergency care providers to partner with their local pharmacy resources to increase familiarity with weight-based dosing and weight-based order sets. Although these efforts do not guarantee success, the combination of developing and maintaining relevant skill sets, and ensuring the availability of essential equipment can help to establish the basis for successful pediatric QI initiatives.

Another foundational component of developing successful community hospital-based QI/PS initiatives is to identify key stakeholders and subject matter experts in pediatrics, as well as emergency medicine, to form a team of advisors. This team should include local quality officers, risk management/patient safety personnel, nursing, and physicians. Also consider including respiratory therapists, pharmacists, clinical assistants, ad-

vanced practice providers and laboratory representatives. While administrative leaders might not have clinical knowledge, their insight into hospital priorities and resources makes them important team members. Early collaboration with these key players, with a focus on addressing gaps identified in the delivery of pediatric emergency care, is essential in the development of successful partnerships. Once an organization/institution has the appropriate equipment, tools and knowledge base to care for pediatric populations, they can then begin to develop QI initiatives. As an example of successful collaborative programs, we have included brief vignettes for practical reference. Vignette 1 demonstrates the use of QI checklists to identify gaps in pediatric care delivery.

### Vignette 1. Recommendations for Ensuring Basic Pediatric Safety Measures Prior to Project Initiation

One way to assess the current safety situation in a community ED is to make use of the Pediatric Readiness Toolkit developed by the National Pediatric Readiness Project. In 2001, the American Academic of Pediatrics and the American College of Emergency Physicians collaborated with other professional organizations to create this comprehensive set of guidelines, which was updated in 2009 (with the Emergency Nurses Association joining the leadership team). These checklists can allow a QI team to quickly identify deficiencies in staff training, essential equipment, supplies, policies and procedures.<sup>7</sup>

This checklist can be found at: <https://emscimprovement.center/media/pediatric-readiness/pdfs/grantee-portal/checklist2125.pdf?la=en>

## INITIATION OF QUALITY IMPROVEMENT PROJECTS

### Choosing A Successful QI Project

Strong partnerships are essential to the success of QI and PS initiatives.<sup>9</sup> Ideally, the initiative should be a priority for the healthcare institution along with being a likely “win” for the local QI team. Atul Gawande noted in *Slow Ideas* that projects that both improve patient care and address problematic processes for healthcare providers are adopted most quickly.<sup>10</sup> Conversely, if healthcare providers

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