



# General Ward Driver Diagram and Change Package

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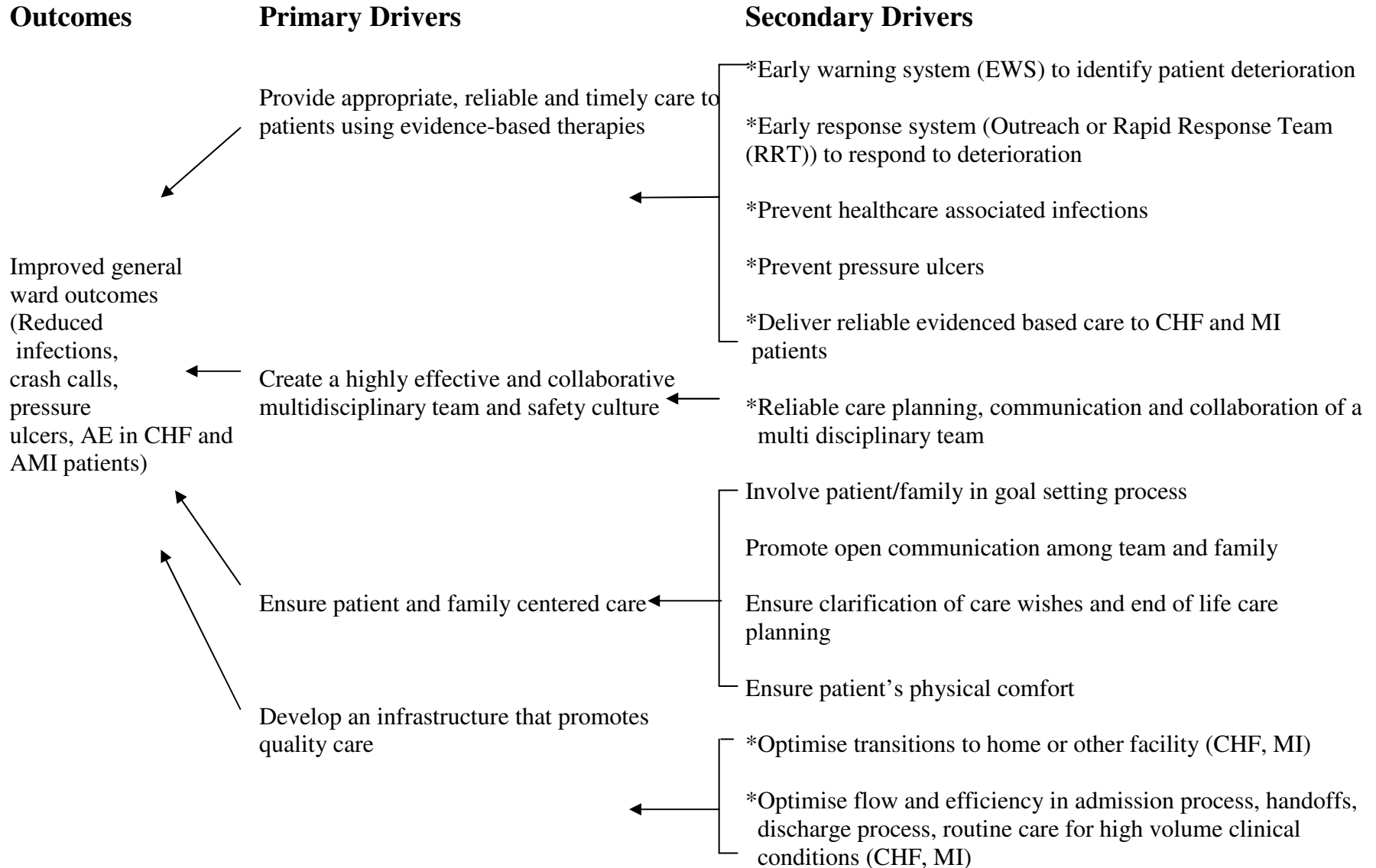
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A driver diagram is used to conceptualise an issue and to determine its system components which will then create a pathway to achieve the goal. Primary drivers are system components which will contribute to moving the primary outcome. Secondary drivers are elements of the associated primary driver. They contain change concepts that can be used to create projects that will affect the primary driver.

# Scottish Patient Safety Programme

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Secondary Drivers	Key Change Concepts and Change Ideas for PDSA Testing
	<b>*Items in bold are required elements of the SPSP</b>
<p>Early warning system (EWS) to identify patient deterioration</p> <p>Early response system (Outreach or Rapid Response Team (RRT)) to respond to deterioration</p> <p>Prevent healthcare associated infections</p>	<ul style="list-style-type: none"> <li>• <b>*Assess patient risk using Early Warning Scoring System</b></li> <li>• <b>*Establish coordinated team to rapidly respond to deteriorating patient condition (Outreach, Medical Emergency Team (MET), RRT)</b></li> <li>• <b>*Peripheral Vascular Catheter (PVC) Bundle (HPS)</b> <ul style="list-style-type: none"> <li>• Check to ensure the PVCs <i>in situ</i> are <i>still required</i></li> <li>• Remove PVCs where there is <i>extravasation or inflammation</i></li> <li>• Check PVC <i>dressings are intact</i></li> <li>• Consider removal of PVCs <i>in situ longer than 72 hours</i></li> <li>• Perform hand hygiene <i>before and after</i> all PVC procedures</li> </ul> </li> <li>• <b>*Establish reliable hand hygiene practices</b> <ul style="list-style-type: none"> <li>○ Ensure staff knowledge about infection, transmission principles, hand hygiene, and hand washing technique</li> <li>○ Make hand washing facilities, soap, alcohol and gloves available at the point of care</li> <li>○ Monitor and provide feedback of infection data and hand hygiene compliance to clinicians</li> <li>○ Create a culture that supports reliable hand hygiene</li> <li>○ Do not use alcohol hand rub solution alone when <i>Clostridium difficile</i> is known or suspected, or when hands have been contaminated with any soilage/organic matter</li> </ul> </li> <li>• Identify patients with antibiotic resistant organisms (AROs) through active surveillance cultures (ASC) <ul style="list-style-type: none"> <li>○ Identify patients at risk of having AROs and to be screened</li> <li>○ Create reliable process to obtain and process cultures</li> </ul> </li> </ul>

\*More Details on Following Pages

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|  | <ul style="list-style-type: none"><li>○ Create reliable and timely processes for notification of culture results</li><li>○ Create a protocol for management of colonised patients</li><li>○ Monitor and provide feedback on ASC testing and patient management procedures</li><li>○ Flag colonised patients</li></ul> <ul style="list-style-type: none"><li>● Use contact/isolation precautions and dedicated equipment for patients with known or suspected infection/colonisation spread via direct or indirect contact Note: HPS Transmission Based Precautions Policy will be issued in 2008 and contact precautions will be the name of the term for organisms spread by direct and indirect contact.<ul style="list-style-type: none"><li>○ Ensure staff knowledge re contact precautions (current staff, new employees and rotating staff)</li><li>○ Place patients with known or suspected infection/colonization on contact precautions, as per HPS Transmission Based Precautions Policy 2008/ CDC/HICPAC 2007, or local policy</li><li>○ Place patients in single rooms if possible</li><li>○ If necessary, cohort patients on the advice of ICTs</li><li>○ If single rooms or cohorting is not possible, create a “security zone” around the bedspace (e.g., red tape on the floor)</li><li>○ If patient must be transported, alert receiving area/ward/service</li><li>○ Monitor and provide feedback on ward’s isolation compliance</li></ul></li><li>● Use appropriate room cleaning and disinfection of general ward<ul style="list-style-type: none"><li>○ Educate staff on cleaning and disinfection procedures and assess competence</li><li>○ Wear appropriate attire (aprons/gowns, gloves) when cleaning</li><li>○ Make it easy to distinguish decontaminated equipment from non decontaminated equipment</li><li>○ Decontaminate reusable equipment</li><li>○ Put environmental services personnel on the improvement team</li><li>○ Prioritise room cleaning and disinfection by focusing on frequently touched surfaces e.g. bedrails, doorknobs, bathroom fixtures, etc.</li><li>○ Create a checklist for room cleaning</li><li>○ Monitor and provide feedback on ward’s cleaning and disinfection compliance</li></ul></li></ul> |
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<p><i>*Deliver reliable, evidence-based care for acute myocardial infarction patients</i>  <b>Note: this work to be phased in at later date</b></p>	<p>patients with systolic dysfunction (Left Ventricular Ejection Fraction (LVEF) &lt;40%)</p> <ul style="list-style-type: none"> <li>• Anticoagulant at discharge for CHF patients with chronic or recurrent atrial fibrillation (AF)</li> <li>• Smoking cessation advice and counseling</li> <li>• Discharge instructions that address all of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen</li> <li>• Influenza immunization (seasonal)</li> <li>• Pneumococcal immunization</li> </ul> <p>• <b><i>*Deliver reliable, evidence-based care for acute myocardial infarction patients Note: this work to be phased in at later date</i></b></p> <ul style="list-style-type: none"> <li>○ Early administration of aspirin</li> <li>○ Aspirin at discharge</li> <li>○ Early administration of beta-blocker</li> <li>○ Beta-blocker at discharge</li> <li>○ ACE-inhibitor or angiotensin receptor blockers (ARB) at discharge for patients with systolic dysfunction</li> <li>○ Timely initiation of reperfusion (thrombolysis or percutaneous intervention)</li> <li>○ Smoking cessation counseling</li> </ul>
<p>Create a highly effective and collaborative multidisciplinary team and safety culture</p>	<ul style="list-style-type: none"> <li>• Institute Multi-Disciplinary Rounds <ul style="list-style-type: none"> <li>○ Include doctors, nurses, end of life care, pharmacy, physiotherapy, nutrition, case managers, social work, chaplaincy, family members and other key care team members in rounds</li> <li>○ Use discipline specific rounding and prep sheets to prompt clinicians on key items to address during rounds</li> </ul> </li> <li>• <b>*Institute safety briefings</b> <ul style="list-style-type: none"> <li>○ Focus on patients with increased risk for injury, for example, increased fall risk, receiving high risk drugs, similar names, alcohol withdrawal</li> </ul> </li> <li>• Use simulation of low frequency, high-risk events and reenactments to maintain competency and enhance system capability</li> </ul>

\*More Details on Following Pages  
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	<ul style="list-style-type: none"><li>• <b>*Standardise clinical communications and handoffs</b><ul style="list-style-type: none"><li>○ <b>*Use SBAR format: Situation, Background, Assessment, Recommendation</b></li><li>○ Use standard handoff templates</li></ul></li><li>• Conduct formal team training programmes</li></ul>
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