Project name: T&R Quality Documentation

Date: May 2017

QUALITY IMPROVEMENT PROJECT COMPLETION DOCUMENT

Please include the PROJECT CHARTER and PROJECT UPDATES with submission of this document

IMPACT

Describe the EVALUATION of the outcomes of the project as they relate to the project's aim and deliverables.

Improved overall documentation practices to 92% (Goal of 90%)- up from a baseline average of 66%

Assessment improved from 82% to 98%

Plan of care improved from 60% to 86%

Follow up plan improved from 68% to 91%.

100% of T&R forms completed.

MILESTONES

 $Describe\ the\ various\ MILESTONES\ delineated\ in\ your\ project\ charter\ and\ when/how\ they\ were\ achieved.$

Change to T&R form made and implemented Feb 14/2017.

- T&R form edited- added in tick boxes and reminders to cue HCPs to include specific information in their documentation
- Presented changes at Business meeting in February to physician group; education provided on proper completion of document

New T&R form being completed 100% of the time, patients always return with this paper, implemented Feb 14/2017.

• Education regarding completing the T&R document fully

Change to chart management for T&R patients (>50% were missing on the return visit). Implemented June 2017, still ongoing PDSA cycles to assess impact.

• Added a new wall mounted bin for T&R chart to be held until follow up visit.

LESSONS

Describe the LESSONS, individual or organizational, learned through this project.

Trying to change the documentation practices of 80+ HCPs, which vary widely and are very individual, is a challenge to tackle.

Often, the most effective way of tackling this issue is to use forcing functions or prompts (e.g. check boxes on the treat and release form) to remind the providers to optimize their charting.

RECOMMENDATIONS

Describe the IMPLICATIONS of this project for patient care or for future projects.

Overall, an improvement in the quality of documented plans of care and follow-up plans has been achieved. This improves the quality of care provided to patients as there is a stronger continuity of care, less confusion for the HCP on the follow up day, and a more expedited plan of care for the patient. All in all, these changes will aid in improving the patient experience within our EDs.

DISSEMINATION

Describe the completed or planned steps for DISSEMINATION of this project's findings (e.g., presentations, posters, manuscripts, etc).

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Accepted as a presentation at ICRE (International Conference on Residency Education) in October 2017. Submitted as poster abstract to HQT (Health Quality Transformation) Conference for October 2017.