

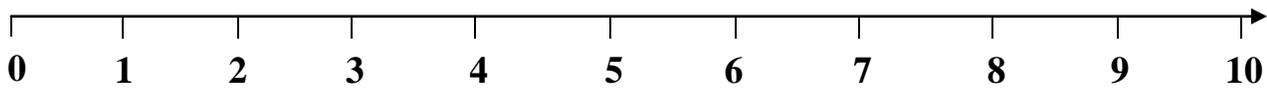
USC Pediatric Residency Program
Quality Improvement Pre-Program Self Assessment

1. Have you had previous experience in quality improvement (QI)? Yes No

2. How many formal quality improvement projects have you participated in?

Zero One Two Three Four or More

3. In general, on a scale of 0 to 10, how comfortable are you in your ability to design and implement a QI project? (Circle one number) (0 is not at all comfortable and 10 is very comfortable)



4. A PDSA cycle is a structured trial of a process change used in quality improvement projects. The term “PDSA” stands for the following:

P = _____

D = _____

S = _____

A = _____

5. Use the following scenario to answer questions A-C:

As a nurse manager of a medicine unit in an academic hospital, you’re aware that your unit has a high rate of patient readmissions. In fact, 36 percent of the patients discharged from your unit are readmitted to the hospital within 30 days. After reviewing the literature, you become aware that this rate is quite high compared to national standards. Working with other members of your unit, you develop a plan to call patients on the phone within 48 hours of discharge, with the aim of cutting readmission rates to 18 percent.

A. What would you identify as the **outcome measure** for the project? (Choose only one)

- Average length of stay
- The cost of labor associated with the calls
- Rate of job satisfaction of those on the unit making the calls
- Percent of patients that are readmitted to the hospital

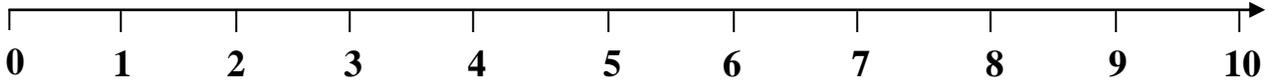
B. Which of the following is an example of a **process measure** that you may collect as part of this improvement effort?

- The rate of patients being readmitted within 30 days
- The reasons for readmission to the hospital
- The percent of patients receiving a call within 48 hours of discharge
- The cost of the labor associated with the calls

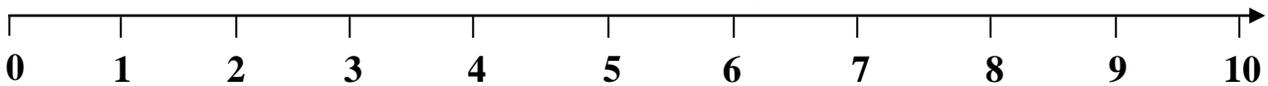
C. Why might you consider collecting balancing measures?

- To show that you met your aim
- To make sure you are able to publish your study
- To demonstrate to your hospital board that you were justified in using resources for this project
- To make sure you did not unintentionally damage other aspects of the unit's work

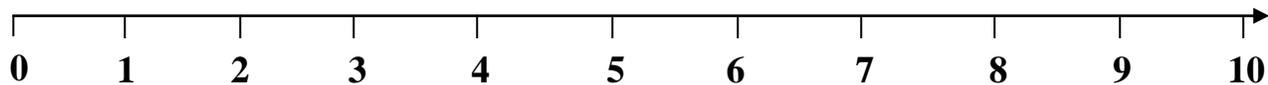
6. On a scale of 0 to 10, how comfortable are you in your ability to implement a structured plan to test a change? (Circle one number) (0 is not at all comfortable and 10 is very comfortable)



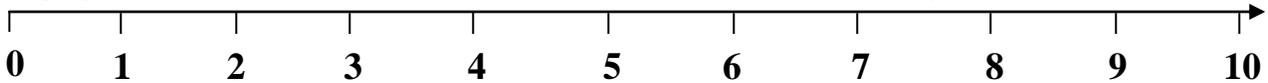
7. On a scale of 0 to 10, how comfortable are you in your ability to write a clear AIM statement? (Circle one number) (0 is not at all comfortable and 10 is very comfortable)



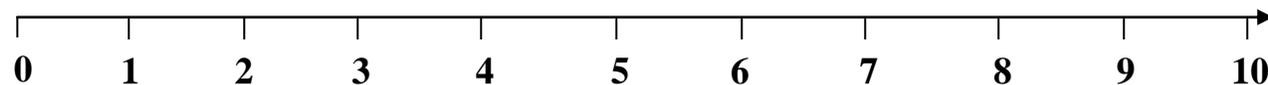
8. On a scale of 0 to 10, how comfortable are you in your ability to formulate an “outcome measure” for a QI project? (Circle one number) (0 is not at all comfortable and 10 is very comfortable)



9. On a scale of 0 to 10, how comfortable are you in your ability to formulate a “process measure” for a QI project? (Circle one number) (0 is not at all comfortable and 10 is very comfortable)



10. On a scale of 0 to 10, how comfortable are you in your ability to formulate a “balancing measure” for a QI project? (Circle one number) (0 is not at all comfortable and 10 is very comfortable)



Scenario #3

You are an intern doing your Pediatric Nephrology elective. You have just finished three months of inpatient medicine and are glad for some elective time. Your first morning on the elective you are called by your attending to go see a new inpatient consult. You go to see the patient. She is a 14 yo female transferred the previous night for somnolence and confusion. She has a history of systemic lupus erythematosus. Her exam is remarkable for a BP of 160/90, HR of 88, RR of 20, O2 saturation of 92% on 50% face mask. Her JVP is elevated at 10 cm, lungs have crackles 1/3 of the way up bilaterally and dullness to percussion at both bases. Cardiac and abdominal exams are unremarkable. Her legs have 3+ edema bilaterally to the knees. Lab work is significant for a potassium of 5.0, BUN of 110, creatinine of 7.2; CBC, LFT's and cardiac enzymes are negative. A CXR shows bilateral pleural effusions and an EKG shows no ischemic changes.

Your assessment of the patient is that she is in renal failure and is fluid overloaded with a modest oxygen requirement. You feel she needs dialysis to improve her clinical condition. You review this with your attending who agrees. Together you go to the dialysis unit to make arrangements for an acute dialysis treatment. You discuss this with the dialysis staff just before rounding on the patients in the unit. The news of needing to add a patient on to the schedule is met with frustration, as the schedule is already full and staffing is short. Arrangements are made for that patient to be dialyzed acutely that evening.

Next, you round with your attending on the patients receiving dialysis. Each patient is reviewed at the bedside with the nurse overseeing the dialysis treatment. Data are reviewed on a flowsheet, but many of the values are missing. In many cases, the nurse caring for the patient doesn't know specifics about the patient's current condition or pertinent data about the medical history. This information is not readily available in the paper chart or on the computerized record. Time is required to update the sheets and to decide on any changes that need to be made to the plan of care. There is an opportunity to answer patients' questions and discuss any concerns. As you finish rounds and head to lunch, you ask your attending if that was a typical morning on the rotation. You are excited about all of the things you have been included in, but also wonder if there might be a different way to approach caring for this population of patients.

Questions for Scenario #3

Please answer each of the following questions as if you were developing a program to investigate and improve the problem presented above.

- 1) What would be the aim?

- 2) What would you measure to assess the situation?

- 3) Identify one change that might be worth testing: