

SIMPLE FRACTURE PATIENTS RECEIVING ANALGESIA IN THE CHOP MAIN ED

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Simple Fracture Patients Receiving Analgesia in the CHOP Main ED

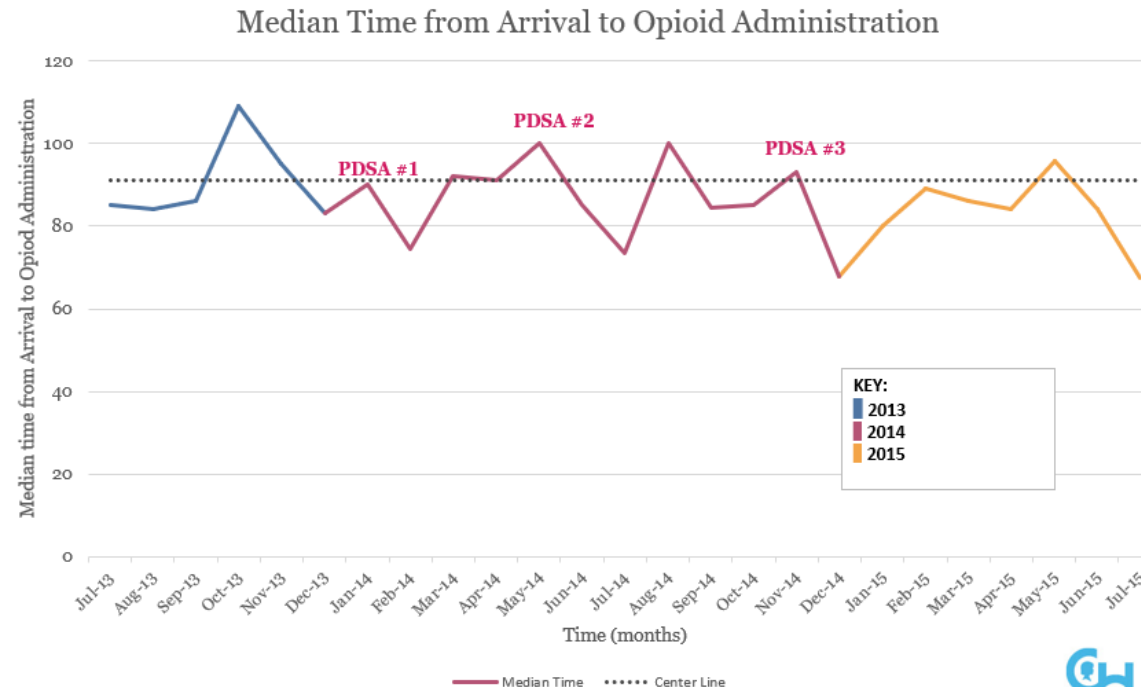
Project
Dates:
06/2023 –
01/2024

SMARTIE AIM: We will decrease the time of administration of analgesia from 91 minutes to 30 minutes in CHOP main ED simple fracture pediatric patients regardless of REaL by January 2024.



Results:

There was no center line shift from the 91-minute median on the SPC chart. However, there was a decrease in median time from 91 minutes to 83 minutes.



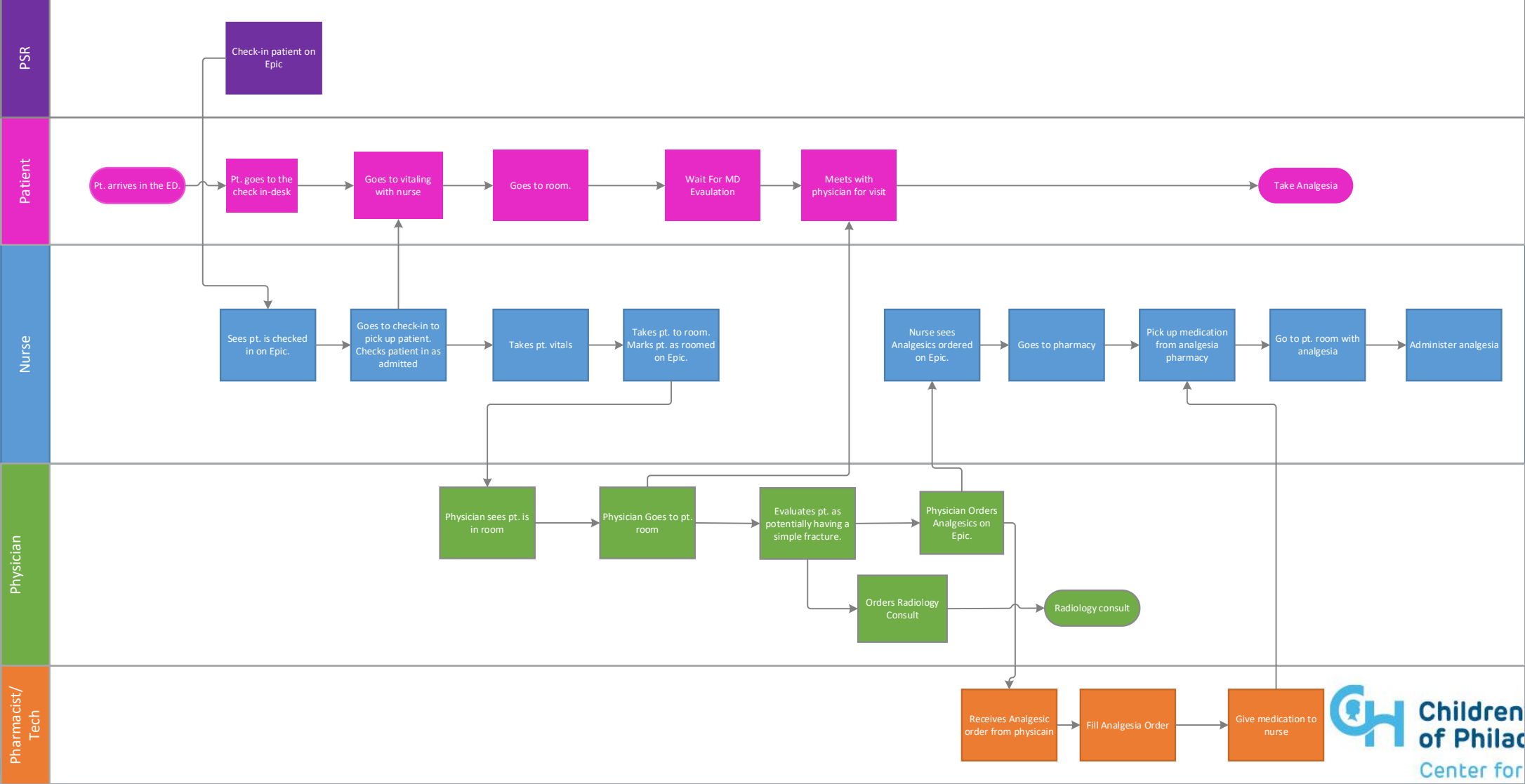
Charter

PURPOSE	
Problem Statement What is the problem you are trying to solve?	No standard process for administration of analgesia for pediatric patients with suspected simple fractures resulting in increased patient pain and worse outcomes in recovery based <u>off of</u> best practice administering analgesia should be within 30 min of arrival of simple fracture patients. Currently, CHOP EDs are not meeting best practice protocols for simple fracture patients.
Goal Statement SMARTIE Aim <ul style="list-style-type: none"> • Specific • Measurable • Achievable/Attainable • Realistic/Relevant • Time Bound • Inclusive • Equitable 	We will decrease the time of administration of analgesia from 86 minutes to 30 minutes in CHOP main ED simple fracture pediatric patients regardless of <u>ReAL</u> by January 2024.

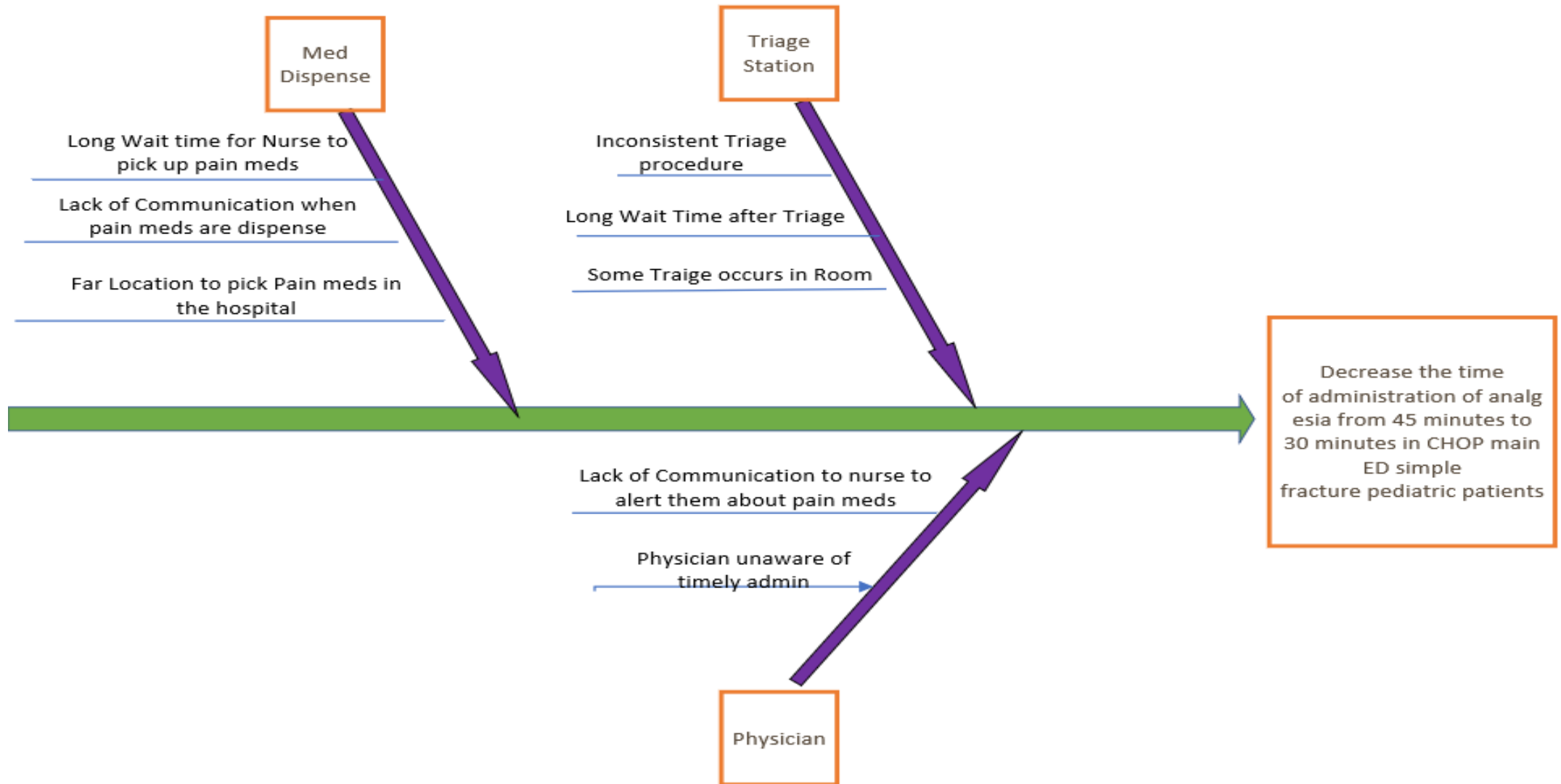
Quality Impact Theme Why is this project important to the organization?	<input type="checkbox"/> Improve Outcomes <input type="checkbox"/> Keep Patients Safe <input checked="" type="checkbox"/> Reduce Suffering <input type="checkbox"/> Reduce Unnecessary Care <input type="checkbox"/> Reduce Disparities in Care <input type="checkbox"/> Keep Kids out of the Hospital <input type="checkbox"/> Reduce Time to Needed Care <input type="checkbox"/> Increase Effectiveness & Efficiency <input type="checkbox"/> Promote Health & Healthy Communities <input type="checkbox"/> Other: Click here to enter text.
In Scope	All simple-fracture patients presenting to CHOP main campus ED regardless of language, ethnicity, payor, or race from July 2023 to January 2024.
Out of Scope	Non-fracture ED pediatric patients, ED pediatric patients presenting with complex fracture, and simple fracture patients outside given time frame and location.

Process Map

ED Arrival to Analgesia Administration in Simple Fracture Patients

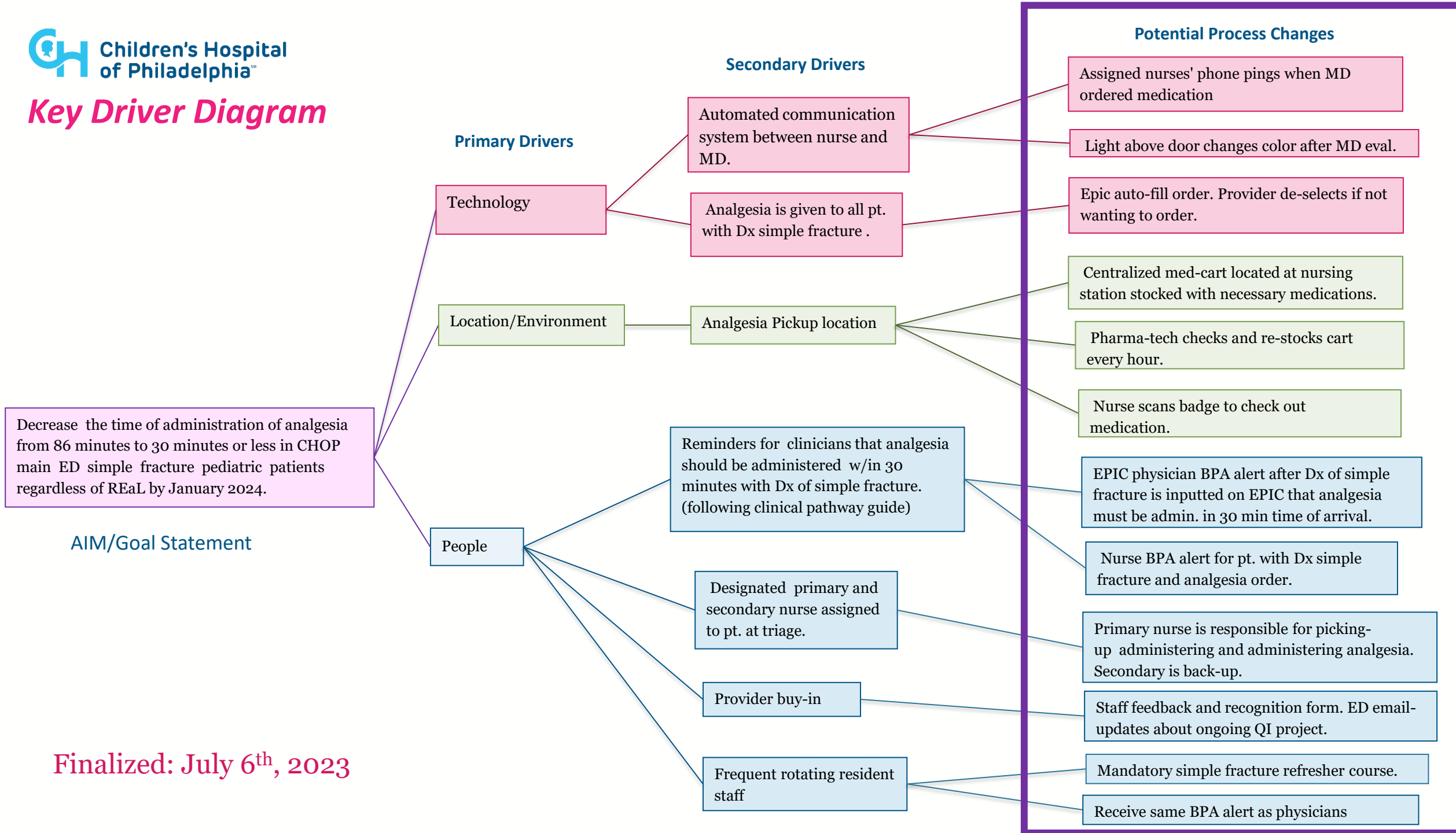


Fishbone Diagram

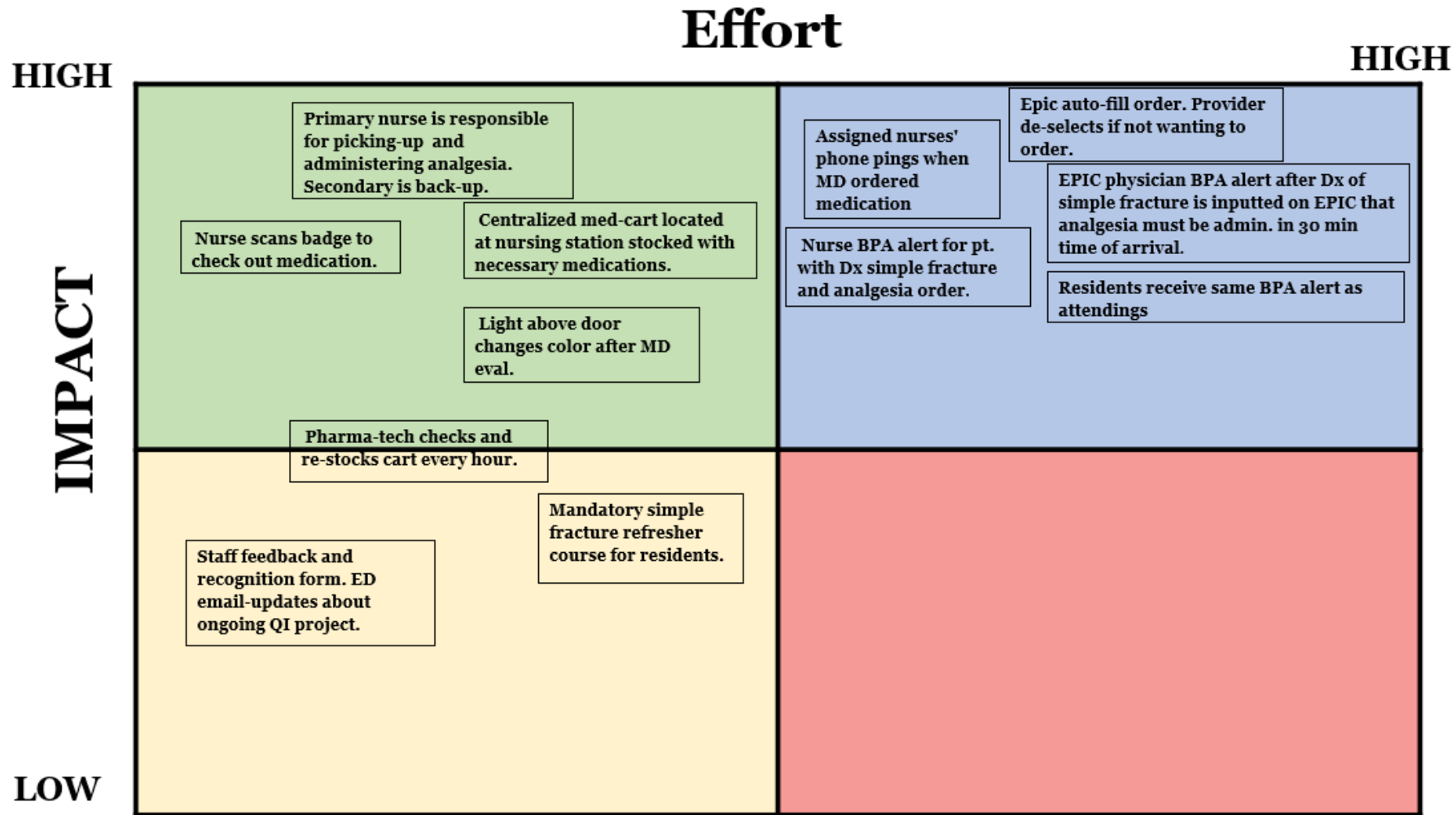


Finalized: July 5th

Key Driver Diagram



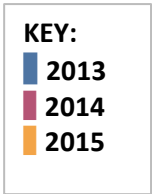
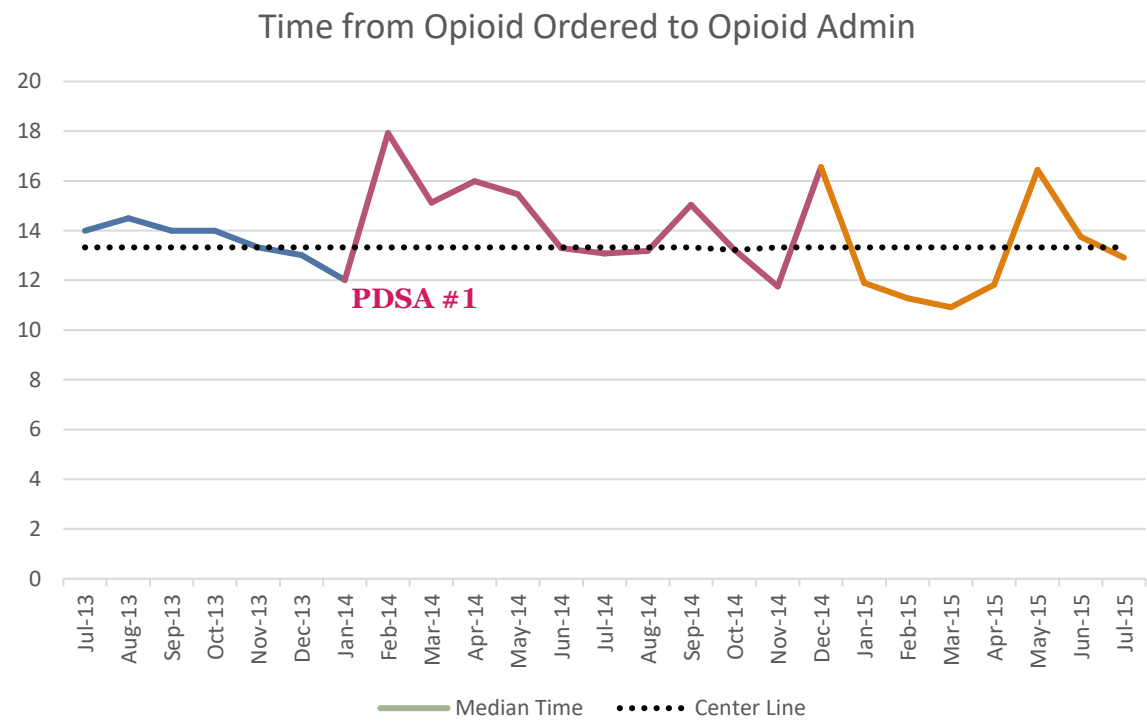
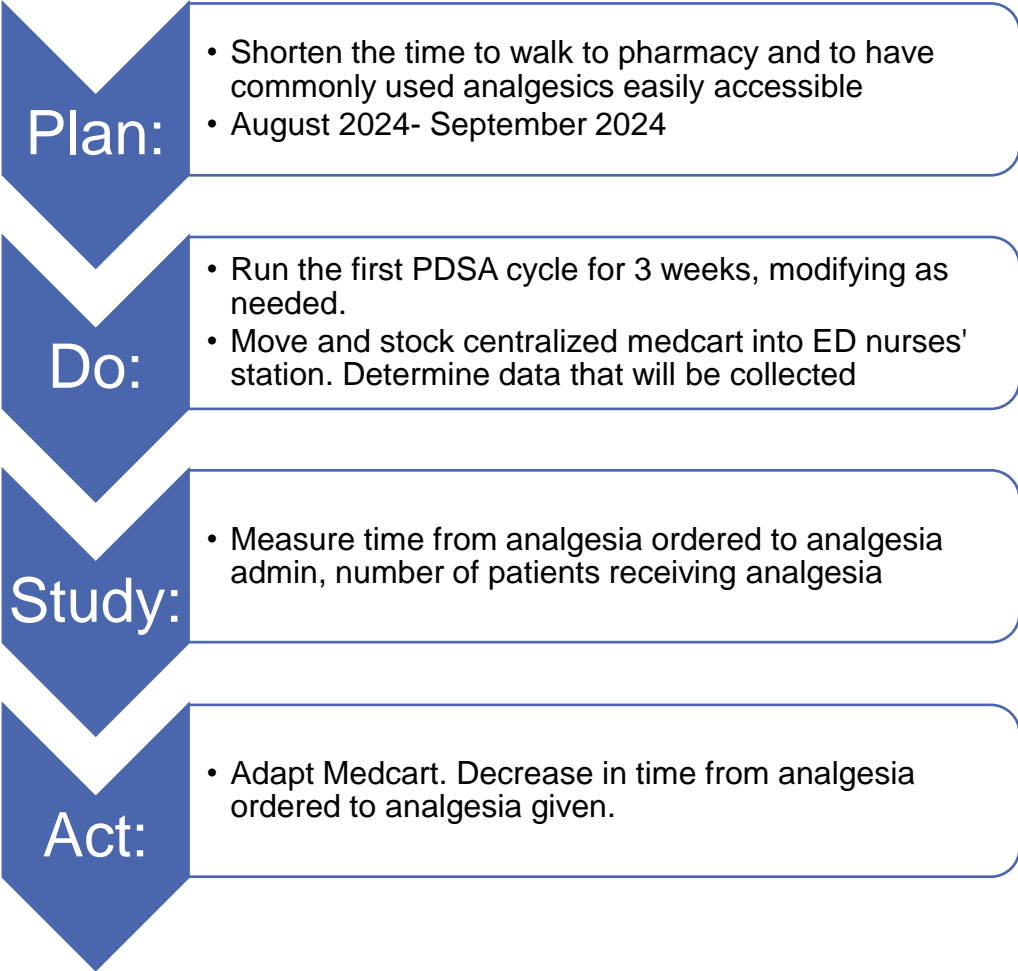
Impact / Effort



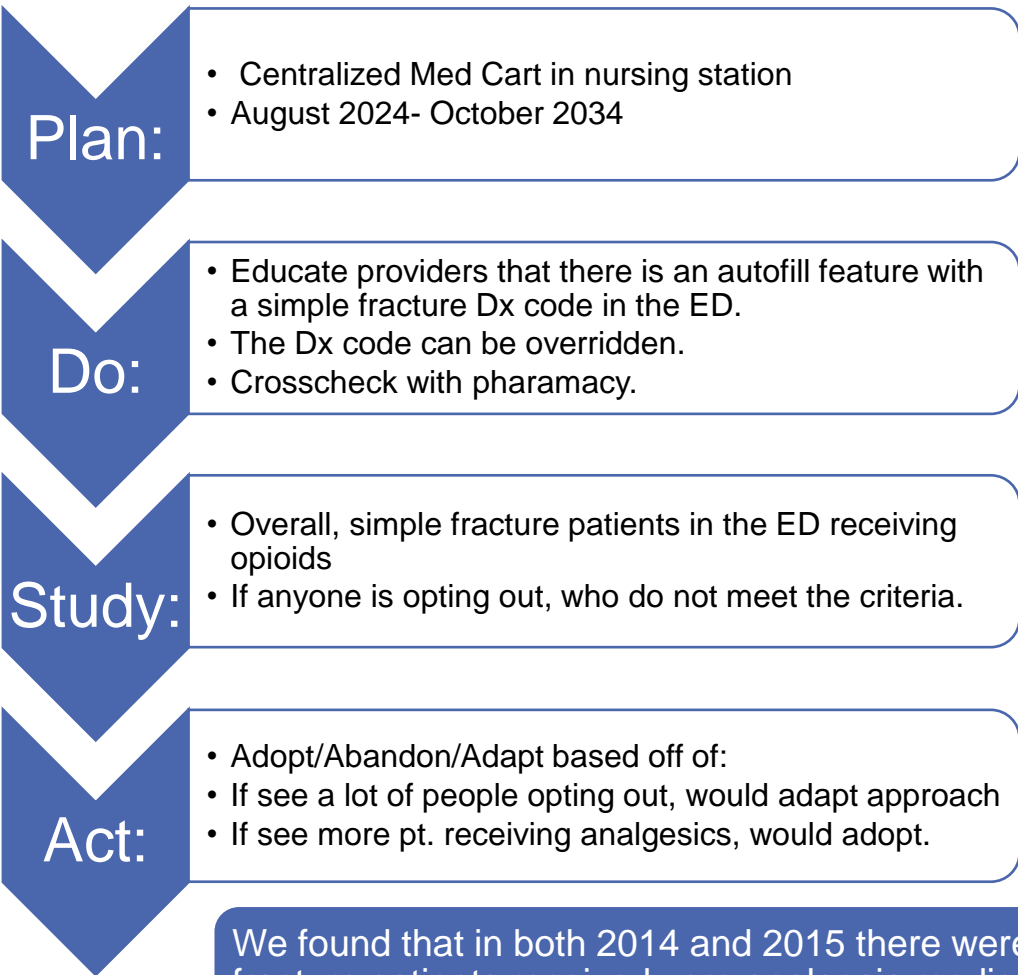
Summary of Interventions

PDSA #	Intervention	Metric	Primary Driver	Impact/ Effort	Outcome
1	Centralized med-cart located at nursing station stocked with necessary medications	Time from analgesia ordered to analgesia admin	Location/ Environment	High Impact/Low Effort	Adopt
2	Epic autofill order for pt. with Dx code(s) for simple fracture	Simple fracture pt. receiving analgesia	Technology	High Impact/High Effort	Adopt
3	Primary and Secondary Nursing system assigned to patients.	Time from admitted to analgesia admin	People	High Impact/Low Effort	Adapt
4	Primary nurse's phone pings when analgesia medication is ordered	Time from admitted to analgesia admin	Technology	High Impact/High Effort	Adopt

Intervention 1: Centralized Medcart

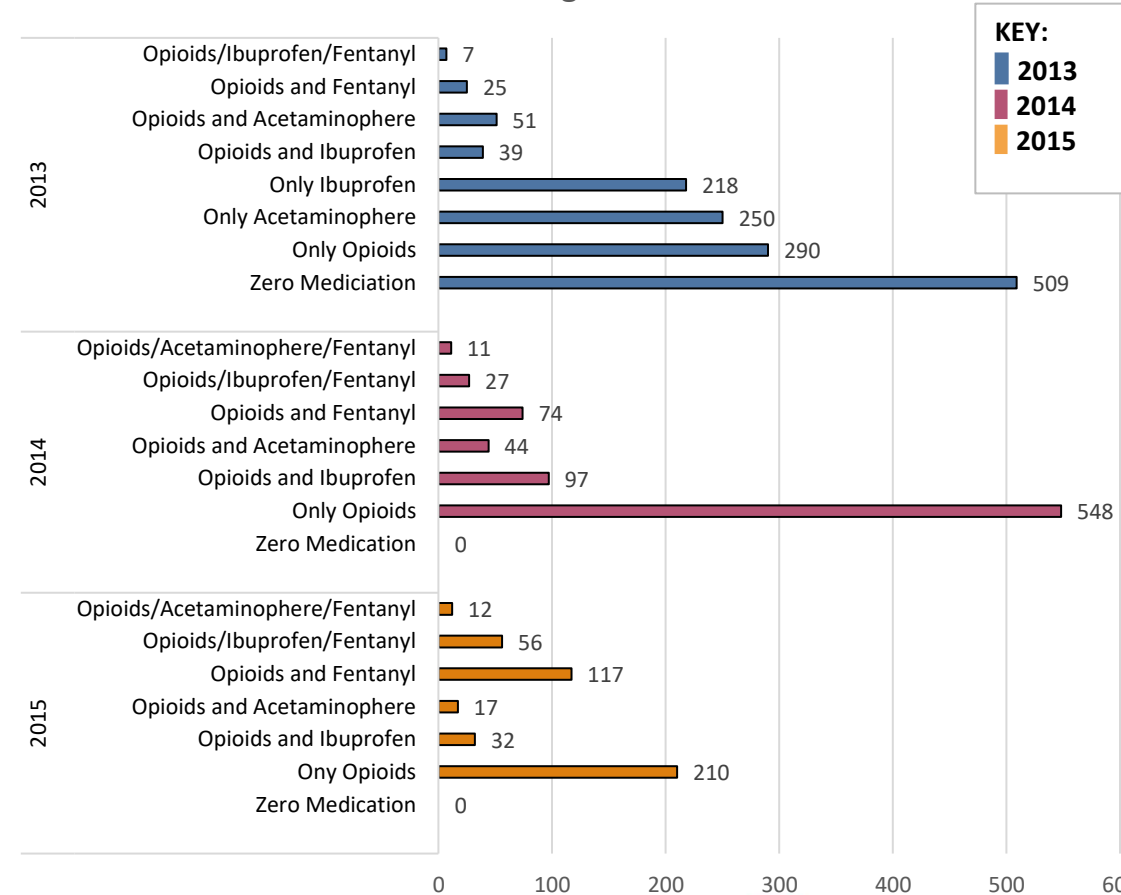


Intervention 2: Epic autofill order for pt. with Dx code(s) for simple fracture



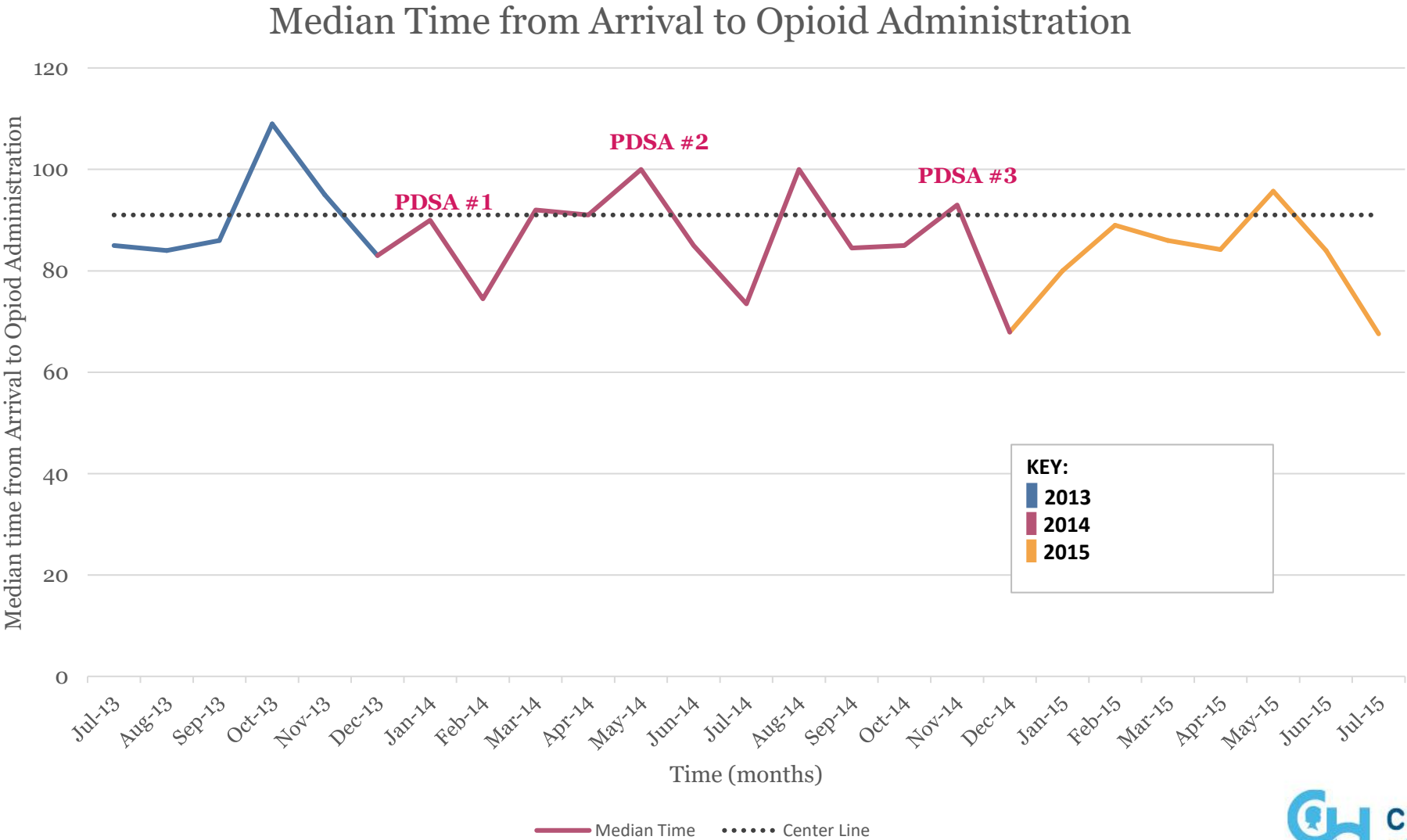
We found that in both 2014 and 2015 there were 0% of simple fracture patients received zero analgesia medication. In 2013, before the intervention(s), 36.7% of pt. did not receive an analgesic.

Count of Analgesics 2013-2015



Summary of Metrics

Type	Detail	Baseline x/xx – x/xx	Goal	Result x/xx – x/xx
Outcome	Decreased time from 91 minutes to 30 minutes from time of arrival to analgesia administration	July 2014-December 2013	30 min	January 2013- July 2014
Process	Time from analgesia ordered to analgesia administered	July 2013-December 2013	16 min.	
Process	Percentage of simple fracture ED patients receiving analgesia medication	July 2013-December 2013	90%	
Balancing	Increase in wait time in non-simple fracture patients	July 2013-December 2013		



Considerations

Multiple Responsibilities of Staff and Buy-in to new protocol(s)

- Staff often have multiple responsibilities and patients to care for, including non-fracture patients, that they must be attentive to. Often, changes in structure can be challenging to adjust to.

Consistency and Organization of Data

- Multiple data platforms may be necessary to create full picture

Things to consider for future projects/work or spread

- Standardizing the type of analgesia for simple fracture patients
- Emphasize simple fracture patients come in the whole year.
- All EDs function differently so we may have to modify our PDSA implementations when we spread

Simple Fracture Patients Receiving Analgesia - Sustain Plan

What	Who	Responsibilities	How Often/When
Sustain Team	ED Staff (nurse managers and attending physician(s) Pharmacist/Pharmatech IA and DA	Continue meeting Champion project as subject matter experts	Once a month sustain team meetings. Check Dashboard that reflects data on simple fracture pt. receiving analgesia
Meeting Logistics	Physician leads	Schedule meetings, track takeaways	
Data Monitoring	Data Analyst	Train in data tools; identify trends; prep data for report outs	Dashboard will be updated automatically. However, data analyst monitor if any issues occur with the dashboard
Materials	Pharmacist/Pharmatec & Nurse Manger	Analgesic Medication(s), Medcart, Epic	Medcart will be restocked hourly. Report to nurse manager if there are any problems with managing materials.
Report Outs	Manager nurse, QI Analyst, project champion	<ul style="list-style-type: none">- Meetings: List any meetings appropriate for an occasional report out,- External: Conferences, Publications- CHOP: Quality & Safety Day, Clinical Excellence e-newsletter, Leadership Briefing if SPC shift	

Thank You!
Questions?

