

# Case Study:

## Clinical Leadership and Quality Assurance

### Project Overview:

Soyring provided executive clinical leadership and quality assurance consulting for a 150+ bed community hospital on the West Coast. Key focus areas included providing leadership of clinical areas and improving key quality measures at the facility. An additional focus included improving relationships, particularly in clinical quality, with health system corporate offices.

### Project Objective and Approach:

Goals for the project included the following:

- + Ongoing observations to understand work flow and operational needs
- + Evaluation of health care delivery and policies/procedures
- + Review of quality data and data analysis to identify performance improvement opportunities
- + Daily rounding with staff to gain insight into clinicians' perceptions and operational realities
- + Development of action items for approval and prioritized recommendations for change, such as revision of policies/procedures and development of materials to meet industry regulations and current standards of practice
- + Any action items and recommendations for change were reviewed with key Nursing, Physician, and Administrative leadership prior to beginning implementation

### Project Results:

Summary of initiatives during the engagement included the following:  
Organization-wide Improvements

- + Revision of staffing matrices, filling of staff vacancies to remove agency staff, and meet productivity goals
- + Developed and implemented staffing tools to measure and monitor daily productivity
- + Implemented new care delivery system in Critical Care, Medical/Surgical, Endoscopy, and Surgical Services
- + Implemented new shifts and schedules across departments
- + Developed performance improvement metrics including Medical Staff performance indicators
- + Evaluated and implemented new service contracts to reduce costs including EEG, dialysis and others
- + Developed and implemented new call guidelines
- + Review and revision of quality practices and policies and procedures including:
  - Fall Prevention Program Policy
  - Fall Management Policy
  - Procedures for the Use and Audit of Restraints
  - Medication Administration
  - Necessity and Management of Invasive Lines
  - Plan for Assessment and Care of the Patient Policy
  - Pharmacy policies that affect Nursing Services

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## Service Line Enhancements

- + Created a process model, based on patient-centered care principles, to develop and implement interdisciplinary clinical program teams across the continuum of care
- + Developed and implemented an interdisciplinary team to address transitions of care and the inpatient pain management of hospice patients
- + Developed and implemented an orthopedic interdisciplinary clinical program team addressing the needs of patients experiencing knee and/or hip replacement surgery
- + Provided the framework for implementing a neurosurgery interdisciplinary clinical program team to address the needs of patients experiencing spine surgery
- + Improved communication process with Director of Nursing, Case Management Director, and Nurse Managers, orienting them to the quality benchmarking criteria, milestones for establishing interdisciplinary programs, performance measures/outcomes, as well as going over projects that have been completed and also those that have been developed but still need to be implemented

## Quality Assurance

- + Advised executive leadership regarding regulatory compliance and survey preparedness
- + Established regular meetings between Nursing and Pharmacy for collaboration on medication administration issues
- + Worked with Nursing Managers and Charge Nurses to identify process improvements for the delivery of safe patient care, and enhance efficiency of patient throughput
- + Created and implemented a process for daily analysis of narcotics overrides from Pyxis on inpatient care units
- + Coached clinical staff in creating a culture of safety
- + Improved fall prevention programs and structure
  - Resulted in reduction of falls per 1,000 patient days by more than 5 to exceed 25th percentile benchmark
- + Decreased use of restraints by more than 25% to more appropriate levels
- + Conducted detailed medical records review for the purpose of investigating suspected diversion
- + Collaborated with Quality Department staff by developing plans of correction
- + Prepared Time Out work plan, executive summary, and performance report to the Board
- + Improved documentation of renewable orders
- + Improve hand hygiene compliance through the use of “champions”
- + Increased compliance with Medical staff immunizations
- + Reduced the frequency of Immediate Use Steam-Sterilized Items (flashing)
- + Standardize the process for reviewing and closing medication events in electronic quality reporting system
- + Standardize the processing and distribution of IV admixture for immediate use

