Lean-Six Sigma Team Project Summary

Date: APRIL 2012

Team #	Project	Project Goal	DMAIC Phase	Team Leader	Champion	Black Belt/ Green Belt/ PI Suppurt	Assigned to What Council	What are the current actions to reach goal	Criteria for Taking Action (Notify BB)	Who Acts	Project Completion Date	Continue or Complete
1												
2	**CLABSI**	Ultimate goal is to obtain Zero CLABSI rate.	Control	V.DeChirico	R.Smith	W.Lester	Pt Safety Clinical	Instituted CLABSI bundles and monitored for compliance during rounding	When rate goes above zero.	RN Staff	Apr-12	Complete
3	**CAUTI**	Reduce and ultimately prevent symptomatic CA-UTI	Control	V.DeChirico	R.Smith	W.Lester	Pt Safety Clinical	Catheters are inserted only when necessary -- removed ASAP. Use aseptic technique with appropriate hand hygiene and PPE Only properly trained persons insert. Properly secure catheters after insertion to prevent movement Maintain a sterile / closed drainage. Maintain unobstructed urine flow	When rate goes above zero.	RN Staff	Apr-12	Complete
4	**Adverse medication Events**	Eliminate Adverse Drug Events	Analyze/Improve	M.Curci	B.Hall	B.Rosenzweig	Pt Safety Clinical	List of "do-not-use abbreviations" for all hand-written orders and documentation	When an event occurs or a near miss	Pharmacy Staff	Ongoing	Continue
5	**Falls**	Reduce Fall Rate to 2.0	Analyze/Improve	P. Petrocelli	B.Hall	B.Rosenzweig	Pt Safety Clinical	Patient and Family Education on Fall Prevention. ROUNDING for PPP.	Fall rate goes above 3.0 requires action mode of continuous evaluation of falls.	Staff RNs PCTs	Ongoing	Continue
6	**BH Falls**	Behavioral Health to identify interventions to sustain or reduced Fall rate 10 % lower then 4.49 (4.05)	Control	P. Petrocelli	B.Hall	W.Lester	Pt Safety Clinical	All patients 50 years and older on Ativan PRN are assessed for 1dose every 6hours rather than every 4hours. PRN to suggest they call the MD to follow the dose reduction plan above. Increase awareness of sedations & narcotics administration towards Falls	When the rate goes above 5.0	RN Staff PCTs	Mar-12	Complete
7	**Pressure Ulcers**	Reduce HA Pressure Ulcers to zero	Control	P. Petrocelli	R.Smith	W.Lester	Pt Safety Clinical	Frequent re-distributing tissue loads Keeping skin protected with barrier cream Maintaining a proper dietary intake	Review all HA PU stage III & IV	P.Petrocelli	Dec-12	Complete
8	**Preventing VTE**	Decrease the incidence of preventable VTE	Control	C.Garzon	R.Smith	B.Hall	Pt Safety Clinical	Assess all admitted, transferred and post op patients for VTE risk using the standardize protocol Provide early appropriate VTE prophylaxis, including pharmaceutical and mechanical approaches	When one patient is missed	ICU RN Staff	Jan-12	Complete
9	**Rapid Response Team**	Increase RRT calls to 25 calls per 1000 discharges, Zero non Critical care cardiopulmonary arrests, and decrease unplanned transfers to the Critical Care Units	Control	M.LaForgia	R.Smith	B.Hall	Pt Safety Clinical	Modified Early Warning Scoring System based on JCMC criteria and evidence based literature findings. Ongoing education for medical/surgical staff.	Decrease rate of patients being admitted to Critical Care within 24 hours of admission. (failure to rescue) when rate goes above 12%	RRT	Apr-12	Complete
10	**Sepsis**	Reduce ALOS and Reduce Mortality Rate	Measure/Analyze	M. LaForgia	Dr. Flores	C.Garzon	Pt safety Clinical	Early identification system	TBA	Dr. Flores	Ongoing	Continue
11	**VAP**	maintain VAP rate below the national benchmark. Ultimate goal is to obtain Zero VAP rate	Control	C.Garzon	Dr.Flores	B.Hall	Pt Safety Clinical	Standardized mouth care, awakening and breathing trials, glucose control protocols, PUD and DVT prophylaxis placed on admission order sets	When the rate goes above zero.	RN Staff ICU	Mar-12	Complete
12	**Obstetric Adverse Events**	Eliminate Elective Inductions and Elective C-Sections of patients under 39 weeks gestation.	Analyze/Improve	Dr. M. Bimonte	B. Hall	R.Dalalian	Pt Safety Clinical	Implementing the Elective Induction and Elective C-section Bundles. Peer Review of elective C/S .	Bundle sheets not filled out. Elective Induction and Scheduled C-Section of patients under 39 weeks.	Nurse Manager; Dr. Bimonte	Ongoing	Continue
13	**CORE Measures**	Achieve 100% ACS	Control	B. Rosenzweig	R.Dalalian	B.Hall	Pt Safety Clinical	Outlier corrections	Score falls below 98%	Nurse Manager / Chief of Service	Ongoing	Continue
14	**Likelyhood to Recommend**	Top Quartile Nationally	Define	R. Pamplona	R.Smith	T.Toney	Operations	Adopt AIDET, VP Rounding, discharge phone calls	If score falls below 60%	R.Pamplona	Ongoing	Continue
15	**LOS**	Decrease LOS 0.5 Days to 4.3 days	Improve	L. Baillie	D. Ratner	W. Lester	Strategic/ Business	Focus on Weekend dischsrges(Sunday)	LOS goes above 4.8	Dr. Garay/Ratner /Baillie	Ongoing	Continue
16	**Elopements**	Reduce the number of elopements	Define/Measure	M.Sanchez	B.Hall	W.Lester	Operations	Install alarm system of Peds units. Review and revise policy with the Risk Management Dept. Security locking all doors leading towards employee elevators, only card key swipe exit. Recommend to the EOC committee for a better wander guard system.	Number increases to 2 per day	M. Sanchez	Dec-12	Complete
17	**Pain Management**	Improve PG pain Score	Define/Measure	J.Kozzi	D. Ratner	R.Dalaian	Pt safety Clinical	Educate MD, RN, Resd, PA on use of narcotics, Assessement Process	Pain Score drops to 50% on HCAHPS	R.Smith/ RN Staff	Pending	Pending
18	**IV Infiltrates**	Reduce to zero	Control	M. Dickerson	B.Hall	K. Caldas	Pt Safety Clinical	Monitoring each IV Infiltrate	Rate increases	NICU Staff	Dec-11	Complete
19	**Documentation**	Improve documentation in the MR	Define	B.Keiser	R.Smith	W.Lester	Operations	Establish a Documentation review team	Chart Audit team finds increase in poor entries for dating, timing & signing	Dr. Garay	Monthly Chart Review	Continue
20	**BH Readmission**	Reduce Readmission Rate to 7%	Control	S.Bray	L.Sacco	W.Lester	Operations	Achieved target. Below target.	Rate goes above 10	L.Sacco/ BH Staff	Dec-11	Complete
21	**MD Consults**	Improve the timelyness and communication of physician consults	Improve	M.Bessette	K.Garay	W.Lester	Pt Safety Clinical	Consults must include a "reason" Tracking Log established. Compy with the MS Rules and Regs	Consult log shows times to respond beyond 24 hours/ reason missing	Dr. Garay/Ratner	Ongoing	Continue
22	**CHF, PN Readmission**	Reduce Readmission Rate by 20%	Control	L. Baillie	Dr. Ratner	W.Lester	QMSC	Home / post acute care management	Rate goes above 15	Dr. Ratner	Final Stage	Presentation at CMS