

Process Action Teams: Improving Patient Outcomes

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Examples for Use of a Process Action Team

- Adverse Event
- Evaluate Flow
- Fact Finding
- Administrative Investigation
- Pilot Projects

Charge Letter for Process Action team

- Senior Leadership/President CEO/Board of Directors details the expectations of the Process Action Team
- Specific to the actual charge/expectations of the PAT (seek clarity as often as necessary)
- Due Date (request timely extension if necessary)

Process Action Team Membership

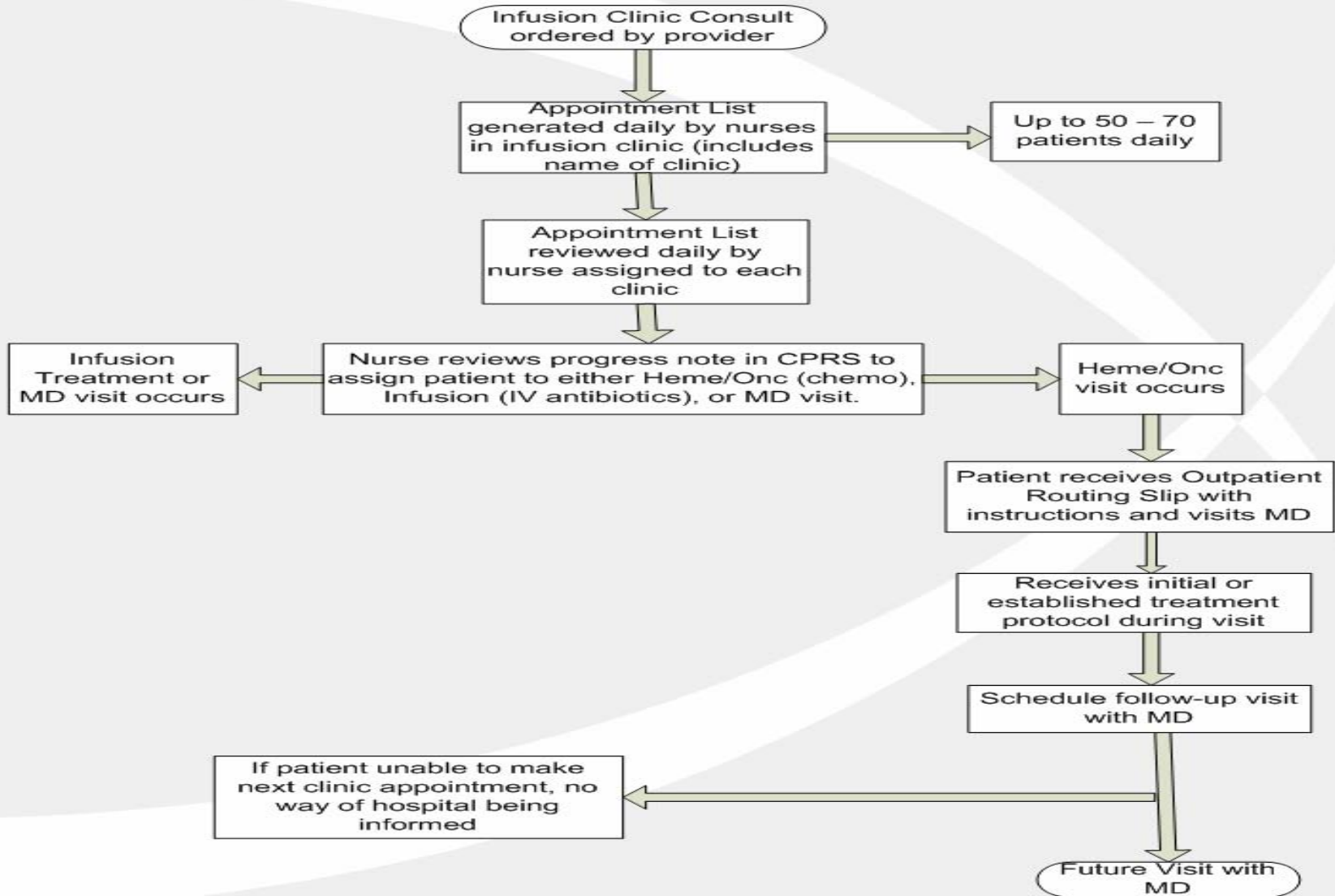
- Generally decided by President/CEO, Senior Leadership, or Board of Directors
- Inclusive of those individuals with substantial knowledge of subject matter.
- Broad range and scope of expertise
(approximately five (5) members including Leader & Facilitator)
- Objective, fair and impartial

Meetings

- Facilitator schedules first meeting
- Facilitator familiarizes team with charter, process, and expectations. Handoff shortly thereafter to Leader.
- Leader calls next meeting
- Leader/team map out initial understanding of process

Initial Understanding of Event/Process

Infusion Clinic Initial Flowchart



Implementation of PAT

- Continue productive meetings as needed
- Set defined timelines for completion of certain action items (to stay on time course)
- Interview staff as deemed appropriate and useful
- Clarify and report any incidental findings
- May find process much different, or more encompassing, than originally mapped

Infusion Clinic (Final Flowchart)

A.) M.D. orders chemo. for one cycle (28 days)
 B.) M.D. makes an appt. on routing slip for ("M.D. clinic") next M.D. visit (1st day of next cycle)
 C.) M.D. makes appt.(s) for "nursing infusion" clinic for all visits required to complete the cycle
 D.) M.D. makes appt. for nursing infusion cycle for 1st day of next cycle

MD will need to call the Infusion Clinic to schedule patients for blood products/other infusions

A.) M.D. orders IV antibiotics.
 B.) M.D. orders antibiotic monitoring "serum levels" and laboratory studies.
 C.) M.D. orders follow-up studies (i.e. radiology) and follow-up clinic appt.
 D.) M. D. will need to call the infusion center to inform staff of the patient/s that will be receiving IV antibiotics (infusion clinic needs to be made aware of this).

Patient is scheduled for Infusion Clinic
Recommendation: Scheduled Patient appointment lists should be condensed to one source)

Patient goes to clerk's desk and gets routing sheet – then has vital signs taken by L.P.N. – then waits in waiting area.

Lab. draws blood from patient for type and cross-match (patient usually waits for administration that same day).

Patient goes to clerk's desk and get routing sheet – then has vital signs taken.

A.) M.D. orders chemo. for one cycle (28 days).
 B.) M.D. also makes follow-up M.D. appt.(next cycle).
 C.) Physician fills out routing sheet which patient retains.

Blood transfusion administered to patient in the infusion center.

Patient goes to the Infusion Clinic (still has routing slip).

Patient goes to the Infusion Clinic (still has the routing sheet).

Patient discharged to home after blood/products administration (if uneventful) – follow-up as indicated.

Nurse administers IV antibiotics.

Nurse administers chemotherapy.

Nurse makes return appt. for patient after chemo. completed. This appt. is for "MD Clinic" for next chemo. dose in cycle.

Patient gives same routing sheet to clerk and clerk schedules necessary follow-up appts.

Nurse makes return appt. for next antibiotic infusion and for other monitoring and follow-up studies as ordered by M.D.

Patient leave clinic and goes home (if chemo./or antibiotic treatment is uneventful).

Patients shows up for return appt. and chemo/ or IV antibiotic therapy (second dose administered). Process continues.

On date of return appt. nurse checks clinic list that she runs daily and identifies patients scheduled to come back for chemo./or IV antibiotic therapy.

Patient "no show" - date of next appt for nursing Nurses will check "nursing infusion clinic" list for no shows.

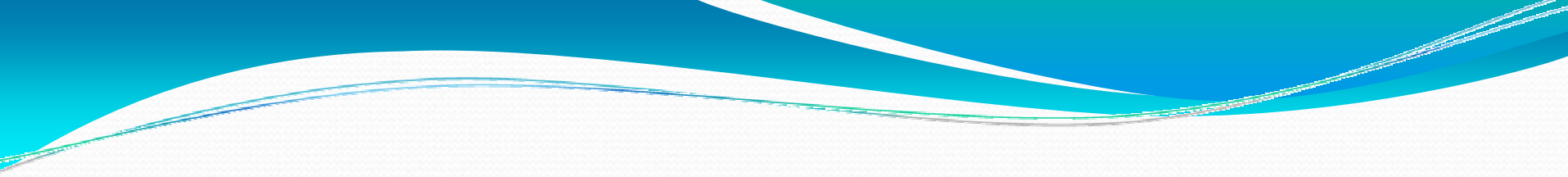
Phone calls made by designated clinical staff to no-shows

Reporting of Findings of PAT

- Formal Report back to President/CEO, Senior Leadership, Board of Directors. Include:
 - 1) Focus
 - 2) Purpose
 - 3) Team members
 - 4) Introduction
 - 5) Review of current process
 - 6) Findings of current process
 - 7) Recommendations

Follow-up/Evaluation of PAT

- Formal communication of recommendations to the responsible individual/department. Include:
 - 1) Brief summary of the chartered review
 - 2) List recommendations
 - 3) Assign responsible individuals/groups
 - 4) Indicate timeframes for completion
 - 5) Evaluate/reassess after established timeframe.



Any questions/comments/ideas/
suggestions/input??