Improved Patient Care Through Open and Collaborative Case Review

Nikki Schroeder BSN, RN, CEN, TCRN; Nick Stremble BSN, RN; Patricia Loper RN, Clinton Fouss D.O.

Introduction

Research has shown that collaborative case review can lead to enhanced process improvement (PI) resulting in better patient care. UCHealth Memorial Hospital Central previously used a peer review process which limited nursing representation and was conducted routinely by physicians. Peer review sessions were confidential and results not consistently discussed with leadership outside of the physician group. Physician review of the cases focusing on medical management limited the ability of the ED to make effective process changes. The ED leadership recognized the limitations of a closed door peer review session and sought to solicit expertise from all disciplines involved in patient care to include nursing, pharmacy, respiratory therapy, and specialized service lines, such as trauma, stroke and cardiac.

Objectives

Nursing and physician leadership in the ED discussed the need for increased PI and stronger collaboration between disciplines to enhance patient care. Leadership set the goal of:

- Creating a monthly, case review committee (CRC)
- Foster a non-punitive environment for open discussion of care
- Invite stakeholders from all disciplines involved in patient care
- Improving communication amongst stakeholders
- Encourage equal decision making
- Expedite Process Improvement (PI) and event resolution.

UCHealth Memorial Hospital Central

Case Presentation/ Project Design

The first step in establishing the CRC was to create a steering committee comprised of key leaders who were committed to the program's success. This committee is composed of an ED physician serving as the committee chair, the ED medical director, an ED specific quality nurse specialist, and ED leadership.

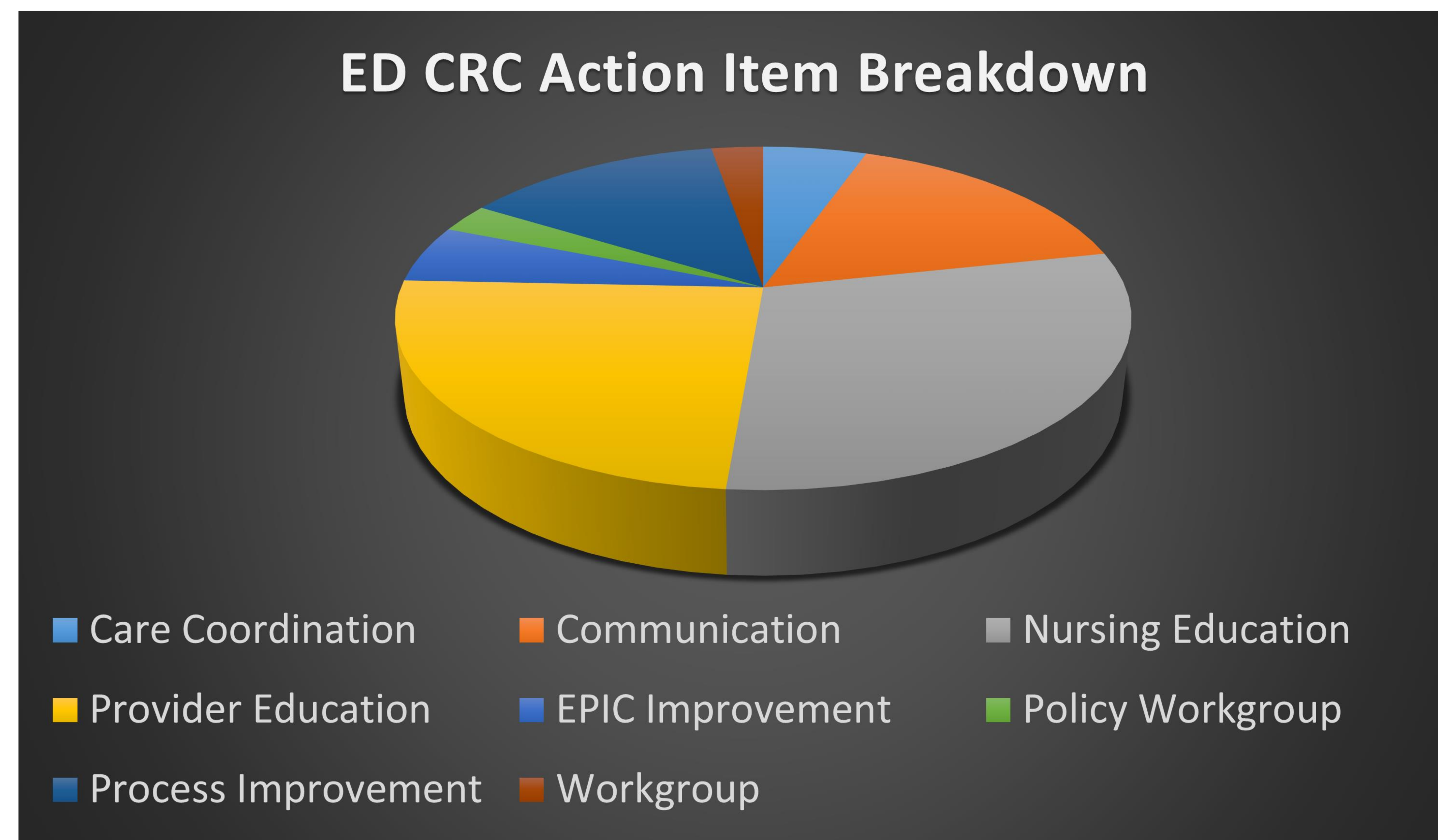
The committee's goal was to ensure any case be submitted for review by any concerned party. The process for referral includes:

- Contact ED quality Specialist
- Outline case details and concerns
- Case is then discussed by the CRC Steering Committee

A two reviewer process then advances the case to the monthly CRC committee meeting. Once a case has been placed on the agenda for the upcoming committee meeting, all disciplines are invited to attend.

The steering committee has also set parameters for automatic review of case outlined by the following:

- Transfer/ Admission to a higher level of care within 24 hours
- Return visits to the ED within 48 hours
- Patient death within 24 hours of initial visit
- Left AMA
- Radiology variances resulting in change in clinical management
- Utilization of ACLS equipment or medications



Conclusion

Since implementation in Jan. 2018, CRC has reviewed 59 cases resulting in 33 cases identified with opportunities for improvement at varying levels of urgency. This has resulted in 14 PI projects based on the ED CRC recommendations. Action items that have implemented change include a postpartum triage assessment and the initiative to strengthen communication between ED physicians and Trauma and Acute Care Surgery (TACS).

A recognized area for improvement includes encouraging physician and nursing involvement outside of the ED. Through TACS leadership, there is now a requirement that a TACS physician and trauma nurse coordinator will be present for any cases presented at ED CRC. The message of the non-punitive nature of the meeting to encourage participation continues to be highlighted at each meeting. In conclusion, implementation of CRC has strengthened a multidisciplinary collaborative environment resulting in a more collegial and respectful setting which has enhanced patient care.

References

Surgical Multidisciplinary Rounds: An Effective Tool for Comprehensive Surgical Quality Improvement - Timothy Counihan, Monique Gary, Enrique Lopez, Sharyl Tutela, Gray Ellrodt, Richard Glasener, 2016," 2014

uchealth