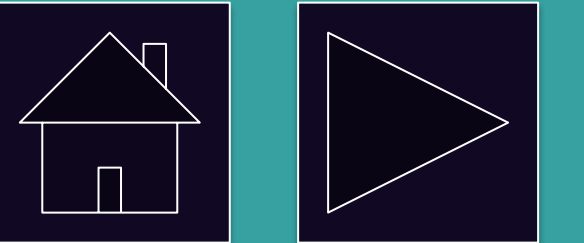


A Quality Improvement Initiative

to improve procedural safety in Hematology Oncology: Methods and Lessons

Adebayo Oshin, MPH; Jessica Zerillo, MD; James Levine, MD; Scot Sternberg, MS; Alex Carbo, MD; Stephen Cannistra, MD

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INTRODUCTION

- During a procedure defined as **invasive** (involving puncture or incision of the skin, or the insertion of an instrument or foreign material into the body) that exposes a patient to more than a minimal risk of a significant complication, a timeout should be conducted and documented.
- The use of a pre-procedure checklist greatly helps prevent wrong site, wrong procedure and wrong person procedures and thus minimizes patient harm and distress.
- Although there are standardized steps for documenting a timeout in the outpatient clinics and inpatient areas, these were not consistently followed.

OBJECTIVES

- To identify all invasive procedures being performed in Hematology/Oncology outpatient and inpatient areas to ensure consistent, standardized documentation.
- To establish and improve patient safety during these procedures by properly conducting the pre-procedure checklist and documenting a time-out was performed.

INTERVENTION, INCLUDING CONTEXT

- The Division of Hematology and Oncology services ambulatory patients on Shapiro 9, Shapiro 7 & Stoneman 7 and inpatients on 11 Reisman, 7 Feldberg and the inpatient consult service.
- Procedures within the Division are most commonly bone marrow aspirates and biopsies, followed by lumbar punctures.
- Procedures are most commonly performed in 3 locations: the inpatient heme-malignancy service, inpatient consult service and ambulatory heme-malignancy clinic.

INTERVENTION, INCLUDING CONTEXT (CONTINUED)

- We generated a report of invasive procedures identified by billing records and reviewed with QI leaders to ensure all procedures were captured and corresponding documentation included a pre-procedure checklist.
- Billing reports were run monthly to identify invasive procedures performed in ambulatory and inpatient settings and medical record audits of documentation of a pre-procedural time-out were conducted.
- Rates were reported and reviewed by the QI Leadership.
- Our interventions included generating monthly reports of rates of documentation of procedural time-outs and having QI Leadership discussing the importance of the data with providers.
- In addition, we reminded providers of macros developed for procedural notes which included documentation of time-out and we sent individualized emails to notify any provider who did not document a time-out when performing an invasive procedure.

ASSESSING PERFORMANCE AND MEASURES OF SUCCESS

- We set a target that 100% of invasive procedures done in Hematology Oncology would have a time-out documented.
- An audit of the online medical record was performed and rates of documentation of time out were measured and tracked.

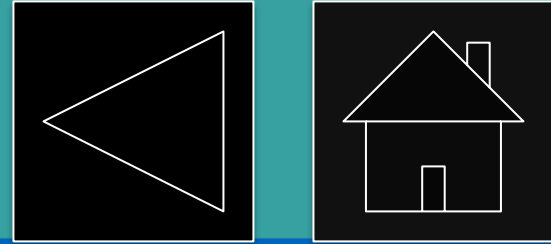
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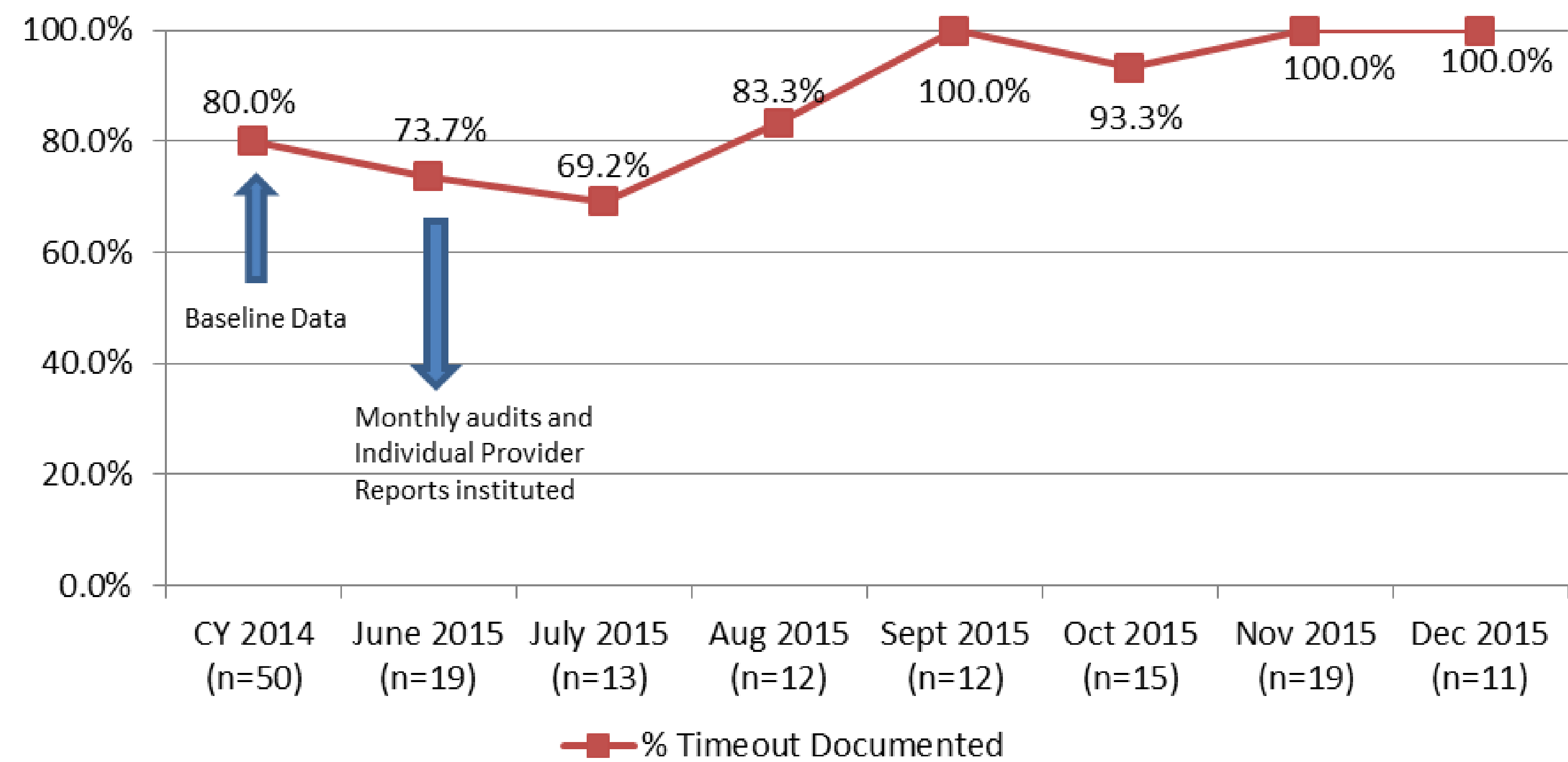
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FINDINGS TO DATE

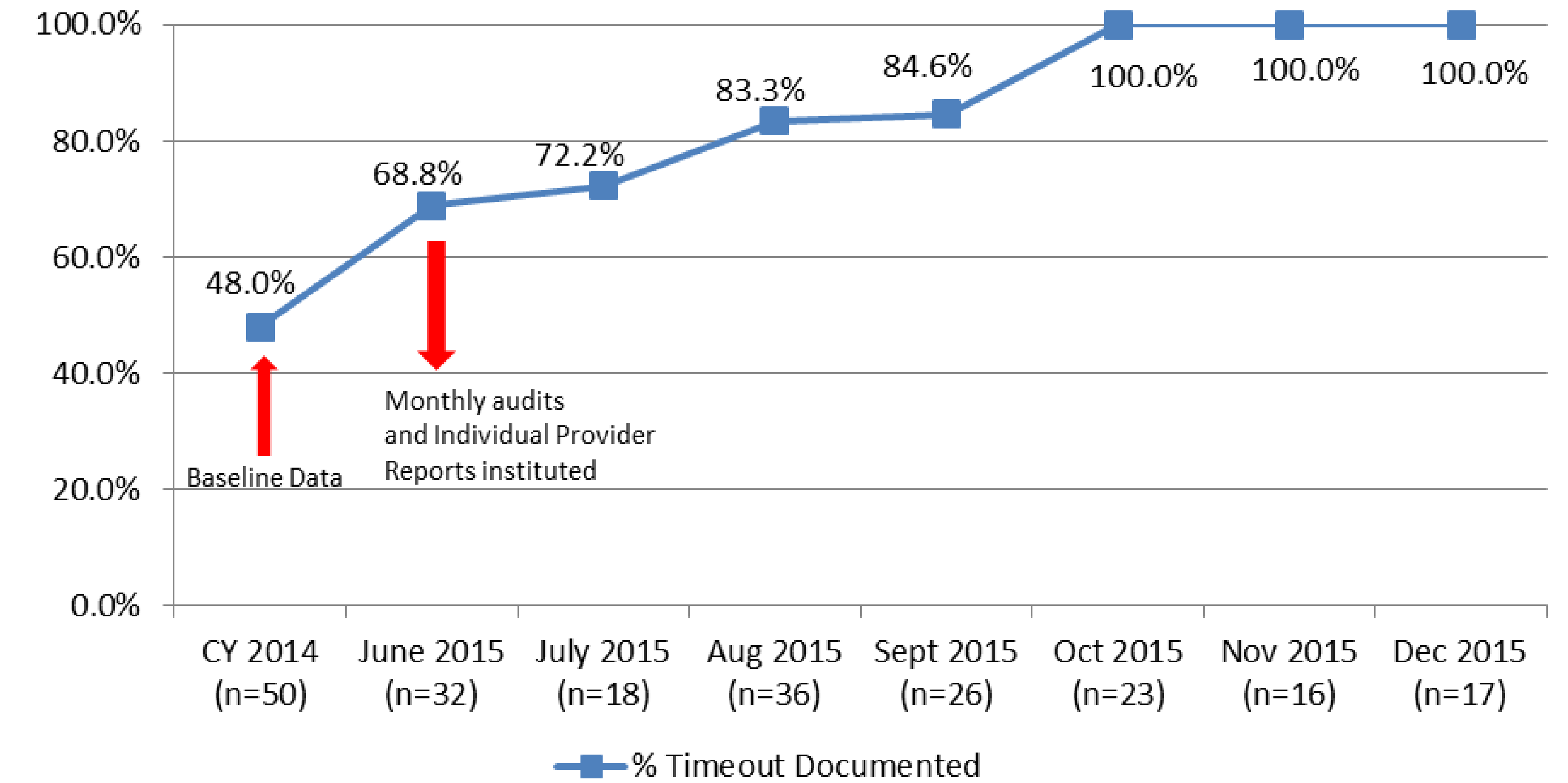
CY2015 Hem Onc Monthly Procedure Timeout Audit Review (INPATIENT)



Footnote: In 3 out of the last 4 months of our intervention, the time-out documentation rates were sustained at 100%

FINDINGS TO DATE (CONTINUED)

CY2015 Hem Onc Monthly Procedure Timeout Audit Review (OUTPATIENT)



Footnote: In 3 out of the last 4 months of our intervention, the time-out documentation rates were sustained at 100%

LESSONS LEARNED

- Regular reports of performance rates in conjunction with informing providers of non-compliance helped increase and sustain documentation rate over the 6 month period of review.
- The feedback received by providers via email reports served as a reminder to accurately and properly document timeouts in a timely manner in order to sustain improvements made.

NEXT STEPS

- We plan to continue tracking the documentation of procedure timeouts and providing feedback for an additional 6 months to ensure sustained improvements.