


# Safer Healthcare Now Workshop

**Project Chartering: Old Tools with a New Focus**

Bruce Harries

Quality Healthcare Network  
Toronto, Ontario  
September 26 - 27, 2005

 Improvement Associates Ltd.

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If hope is your plan, you need a new plan.

*Anonymous*

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**Purpose of Session**

- Better understand how to use a project charter to create lasting improvement

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There is nothing more practical than a good theory.

*Leonid Ilich Brezhnev*

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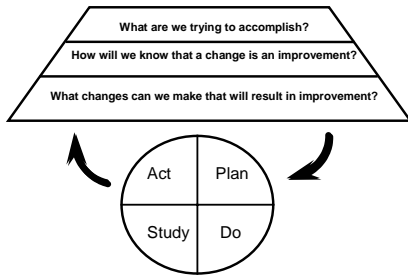
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## Improvement Model



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## Improvement Charter

**Improvement Charter**

Project Name: \_\_\_\_\_  
Team Members: \_\_\_\_\_  
Team Sponsor: \_\_\_\_\_

**Background of Project**

**Scope & Boundaries**

**Improvement Objectives**

Current State	Target Performance	Owner

**Key Risks and Mitigation Strategies**

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## What Are We Trying to Accomplish?

- Purpose
- Scope
- Improvement Objectives



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## Purpose Statement for VAP

- Reduce ventilator associated pneumonia (VAP) rate by 50% within 12 months.



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## Scope and Boundaries

- Includes ICU #1 at site #1
- Includes all ventilated patients
- Includes all full and part time staff
- Excludes new equipment purchases within 6 months



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## Improvement Objectives

- Improve compliance for Head of Bed (HOB) to 95% within 1 month
- Institute VAP bundle within 2 months
- Improve compliance to VAP bundle to 90% within 6 months
- Reduce VAP rate by 25% within 6 months
- Reduce VAP rate by 50% within 12 months



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## How Will We Know a Change Is an Improvement?

- Measures
- Current Performance
- Goals



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## September 6<sup>th</sup> - Baseline



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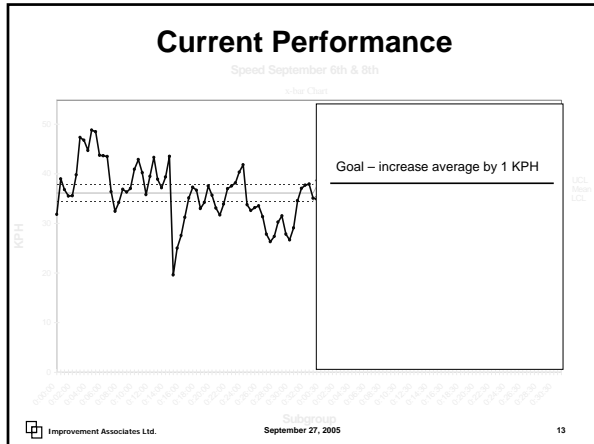
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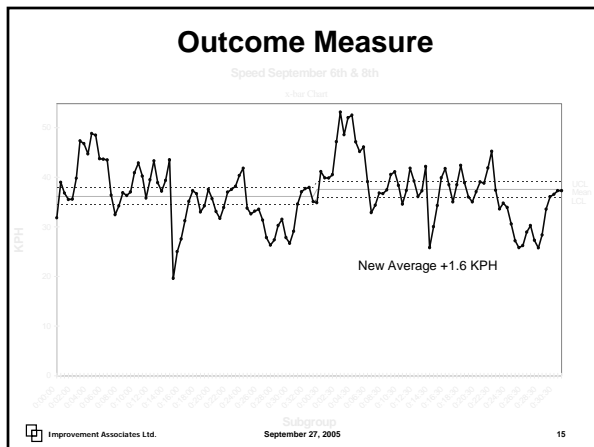
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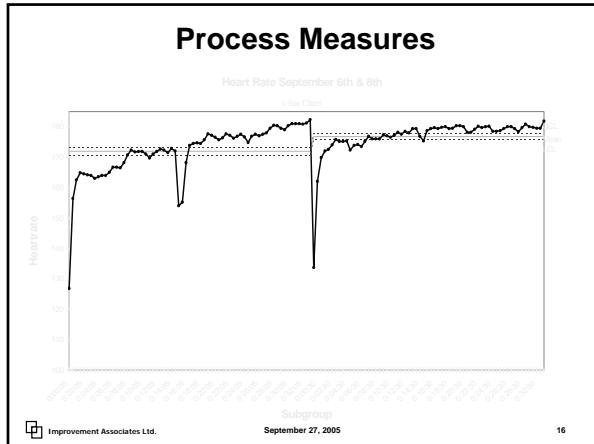
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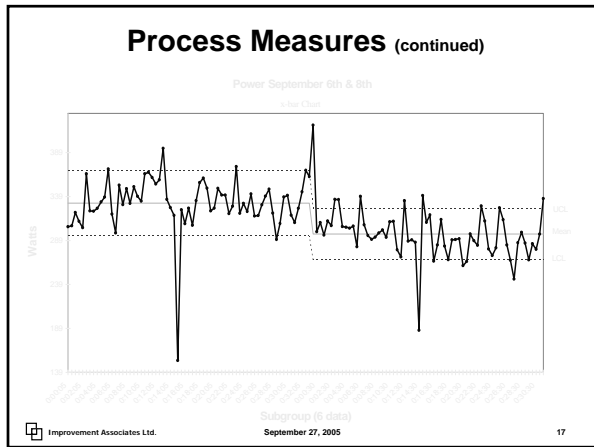
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### Example of Measures for Rapid Response Teams

- Codes per 1,000 discharges
- Bundle compliance
- Codes outside the ICU
- Utilization of RRT (# of calls)
- Staff satisfaction

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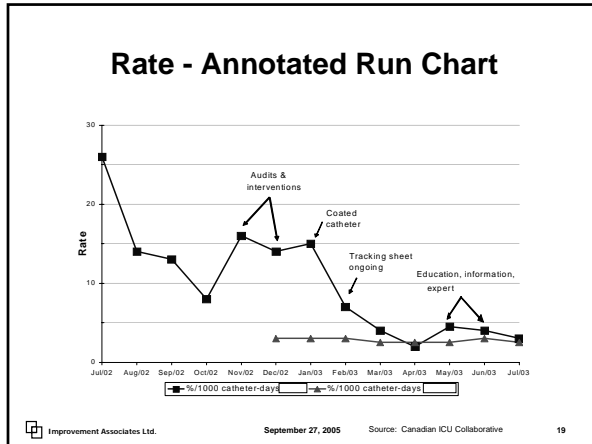
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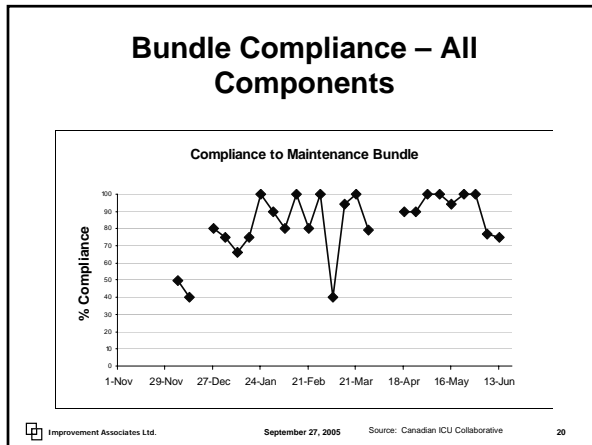
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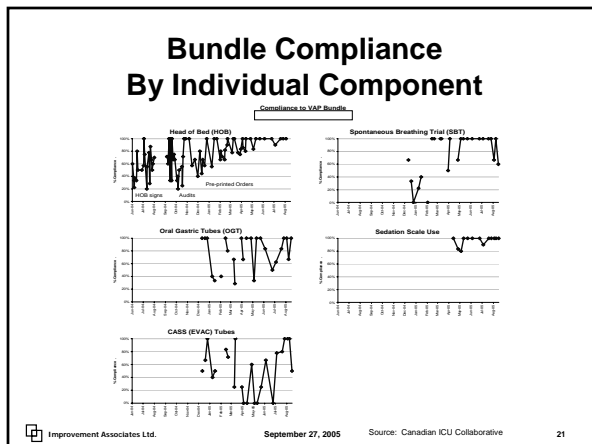
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## What Changes Can We Make That Will Result in Improvement?

- **Change packages**
- Hunches
- Best practices
- Process users
- Subject matter experts
- Research and benchmarking

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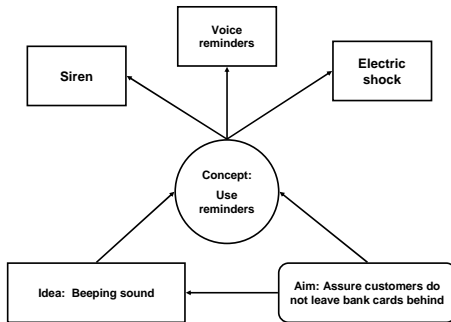
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## Change Concepts



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## Central Line Bundles

### Insertion Bundle

1. Hand hygiene
2. Maximal barrier precautions
3. Chlorhexidine skin antiseptis
4. Optimal catheter site selection

### Maintenance Bundle

1. Daily review of line necessity
2. Dedicated lumen for Total Parenteral Nutrition (TPN)
3. Accessing the lumens aseptically
4. Checking entry site for inflammation with every change of dressing

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# Safer Healthcare Now Workshop

## Your Improvement Charter

Improvement Charter

Project Name: \_\_\_\_\_  
 Team Members: \_\_\_\_\_  
 Team Sponsor: \_\_\_\_\_

<b>Background</b>	_____	
<b>Scope &amp; Boundaries</b>	_____	
<b>Improvement Objectives</b>	_____	
<b>Resources</b>	_____	_____
<b>Implementation Schedule</b>	_____	_____
<b>Implementation Risks</b>	_____	

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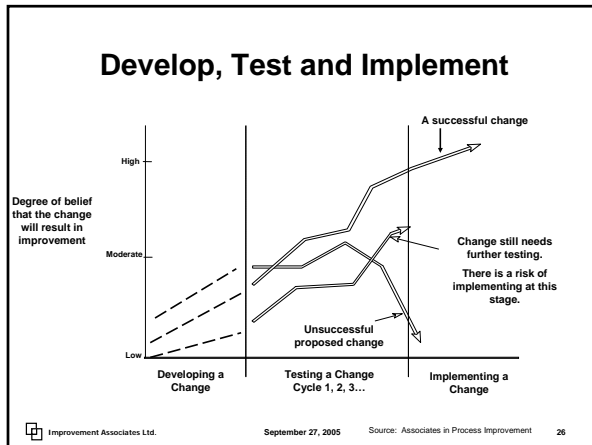
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## Testing and Implementing

CONSEQUENCE OF FAILED TEST	DEGREE OF BELIEF IN SUCCESS OF THE CHANGE	
	LOW	HIGH
<b>MINOR</b>	Medium-scale tests	One cycle to implementation
<b>MAJOR</b>	Very small-scale tests	Small-to-medium scale test

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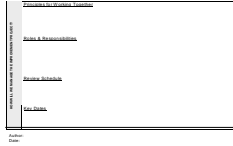
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## Improvement Charter (continued)



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## Working Together & Managing the Project

- Agree to principles for working together
- Include appropriate representation
  - Sponsor
  - Day to day leadership - Team leader and Team Members
  - Technical support
- Designate roles and responsibilities
- Make milestones and deadlines explicit

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## Barriers - Issues to Anticipate

- Engaging others
- Resistance to change
- Time and other resources
- Effective teams

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## Engagement

- Put patient care first
- Identify a champion (or willing volunteer)
- Use their improvements to convince others
- Partner nurses and physicians
- Use people's time wisely
- Extend time of experts



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## Resistance to Change

- Communicate aim
- Work with those who will work with you
- "It's only a test..." get evidence
- Build momentum with small, multiple tests
- Make your work visible
- Make the new way easier



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## Time and Resources

- Keep changes small at first
- Integrate changes into daily work
- Collect "just enough" data, not "just in case"
- Use meeting time efficiently
- Involve sponsors if resources are a problem
- Use huddles and "just in time" meetings



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## Effective Teams

- Ensure appropriate composition
- Clarify roles
- Balance workload
- Handle conflict constructively
- Recognize progress



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One could learn all there is to know about ice, yet know very little about water.

*Dr. Edward M. Baker*



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## Contact

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# Safer Healthcare Now Workshop

**Acknowledgements**

The Improvement Model was developed by **Associates in Process Improvement (API)** and has been used by thousands of healthcare and industry teams.

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