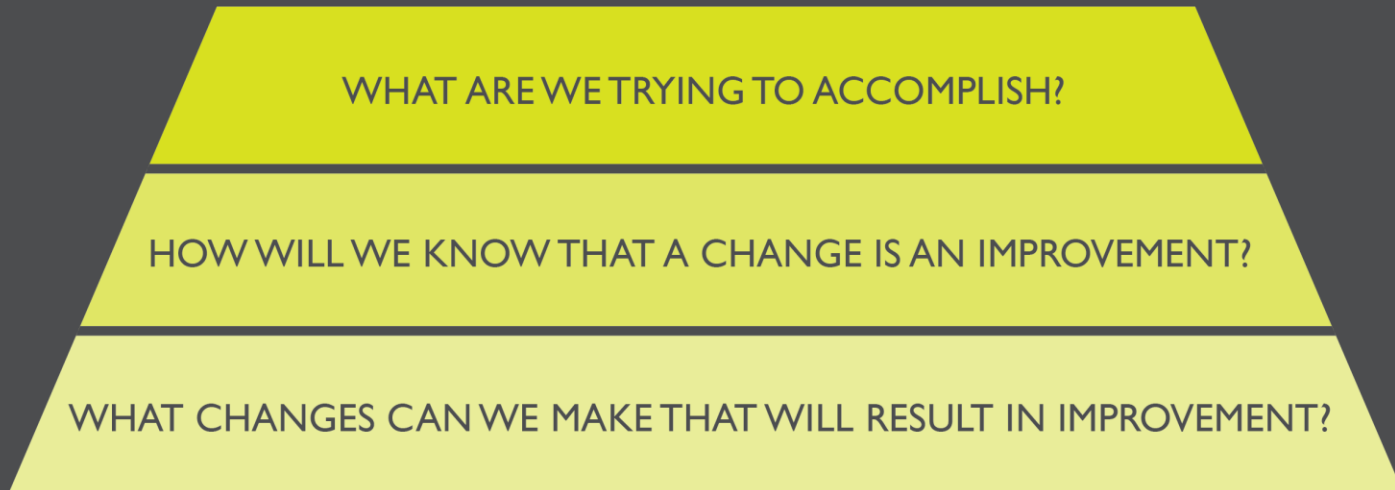


# Quality Improvement 101

April Price

# MODEL FOR IMPROVEMENT



# PDSA CYCLES



PLAN

Determine what you want to learn and how you can learn it

DO

Test and measure to find out if your prediction was right

STUDY

Compare your prediction to the actual result

ACT

Decide what to do next

# MODEL FOR IMPROVEMENTT

## THE BARKING DOG

WHAT ARE WE TRYING TO ACCOMPLISH?

*Stop my dog from barking  
when neighbors are getting their mail*



# MODEL FOR IMPROVEMENTTT THE BARKING DOG

HOW WILL WE KNOW THAT A CHANGE IS AN IMPROVEMENT?

*Neighbors can get their mail  
without my dog going bananas*



# MODEL FOR IMPROVEMENTT

## THE BARKING DOG

WHAT CHANGES CAN WE MAKE THAT WILL RESULT IN IMPROVEMENT?

*I could bring her back in the house every time she starts barking or I could train her to not bark*



# PDSA CYCLE # 1

## PLAN

Determine what you want to learn and how you can learn it

*I want to know if she will learn to stop barking if I tell her to stop.  
I predict she might listen temporarily.  
Every time she barks I open the window and tell her to stop.*

## DO

Test and measure to find out if your prediction was right

*I test this tactic and as soon as I close the window she starts barking again.*

# PDSA CYCLE #1

## STUDY

Compare your prediction to the actual result

*I predicted it would be temporary and the actual result was that it was temporary. As soon as I close the window she starts barking again.*

## ACT

Decide what to do next

*I don't have time to keep running to the window so I abort this idea.*



# PDSA CYCLE # 2

## PLAN

Determine what you want to learn and how you can learn it

*I dig out this special collar we bought that has 3 settings on it: beep, vibrate and shock. I want to learn if the beep setting will stop her from barking. I predict it will work.*

## DO

Test and measure to find out if your prediction was right

*She barks and I press the button that beeps her collar. She stops barking. I do this every time she barks.*

# PDSA CYCLE #2

## STUDY

Compare your prediction to the actual result

*I predicted it would work and the actual result was that it was also temporary.*

## ACT

Decide what to do next

*I continue to try this tactic for a few more days to be consistent and see if it eventually works.*

*It doesn't, so I abort the beep.*

*I then run the same PDSA cycle but with the vibrate setting and it worked!*

# MODEL FOR IMPROVEMENTT OR STAFFING

WHAT ARE WE TRYING TO ACCOMPLISH?

*Schedule OR nursing staff  
shortages efficiently and timely*

# MODEL FOR IMPROVEMENT CLINICAL EXAMPLE

HOW WILL WE KNOW THAT A CHANGE IS AN IMPROVEMENT?

*When there are staff shortages  
e.g., sick calls and emergency  
surgeries they will get filled  
within one hour*

# MODEL FOR IMPROVEMENTTT

## CLINICAL EXAMPLE

WHAT CHANGES CAN WE MAKE THAT WILL RESULT IN IMPROVEMENT?

*Setting up a workstation so the staffing clerk can work on the unit*

# PDSA CYCLE # 1

## PLAN

Determine what you want to learn and how you can learn it

*We want to learn if having a staffing clerk on site in the unit will improve the scheduling times when there are staff shortages.*

*We predict it will help improve how long it takes to fill staffing shortages.*

## DO

Test and measure to find out if your prediction was right

*A staffing clerk is set up on the unit and works a 7am-3pm shift Monday to Friday and she tracks how long it takes to fill vacancies.*

# PDSA CYCLE #1

## STUDY

Compare your prediction to the actual result

*There are immediate efficiencies to filling the staff shortages but not meeting the target of one hour.*

## ACT

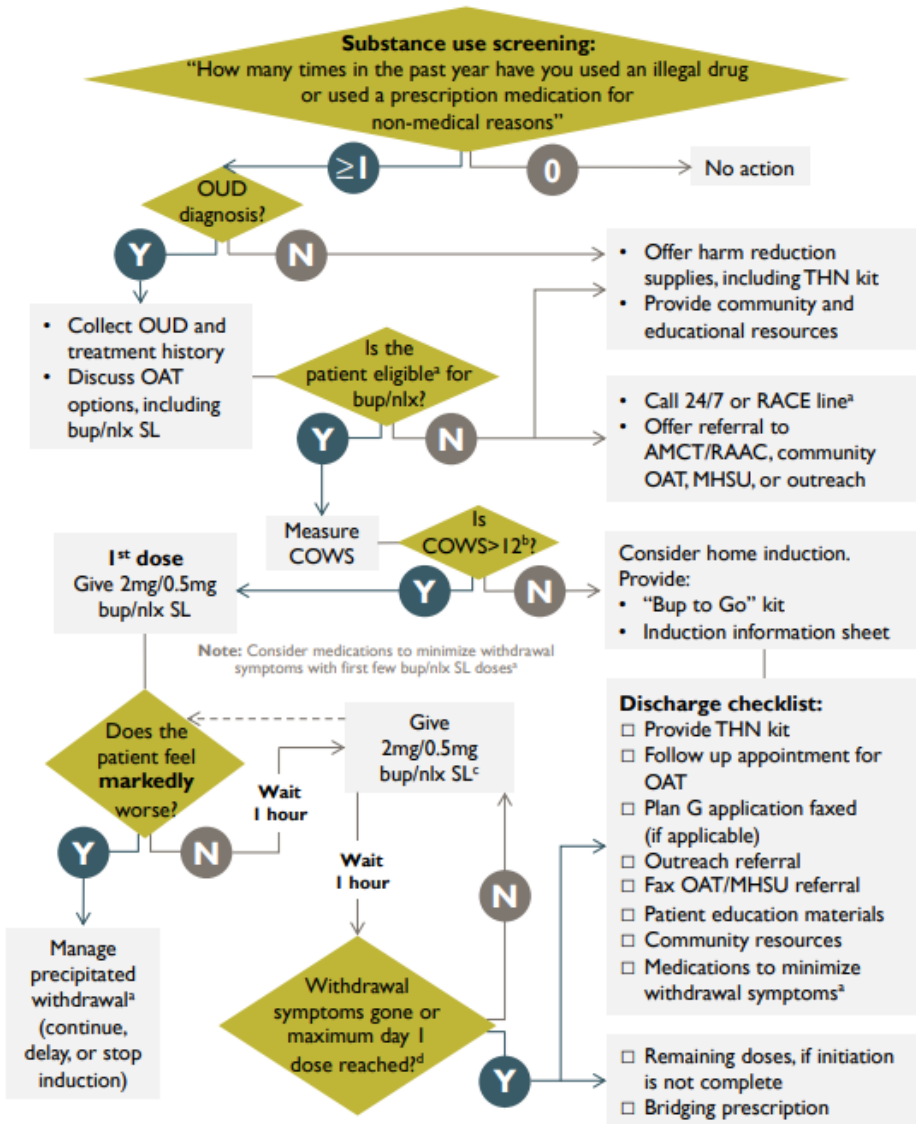
Decide what to do next

*Shift the staffing clerks hours to 630am-230pm.*

# Emergency Department Buprenorphine/naloxone Induction: Decision Support Tool



To be used in conjunction with hospital-approved pre-printed order sets for buprenorphine/naloxone induction



## Abbreviations on overleaf.

<sup>a</sup>See overleaf; <sup>b</sup>If COWS is approaching >12, consider waiting to allow an ED induction; <sup>c</sup>Once the patient reaches 6mg/1.5mg bup/nlx SL their COWS has consistently decreased, and there is no sign of precipitated withdrawal, it may be appropriate to increase to 4mg/1mg bup/nlx SL per hour; <sup>d</sup>Bup/nlx SL can be titrated up to a total first day dose of 12mg/3mg to 16mg/4mg bup/nlx SL. In some instances, it may be appropriate to exceed 16mg/4mg bup/nlx SL based on patient comfort and clinical discretion.

## Patient Eligibility for Buprenorphine/naloxone

1. Presence of an opioid use disorder ≥12h heroin, oxycodone, hydromorphone
2. Informed consent ≥24h slow-release oral morphine; confirmed, suspected, or uncertain fentanyl
3. In moderate withdrawal (COWS>12) 24-72h methadone
4. Adequate time since last opioid use to prevent precipitated withdrawal

## Medications to Minimize Withdrawal Symptoms

Prior to the first dose or during the first few doses of bup/nlx SL, consider providing:

- Acetaminophen
- Clonidine
- Dimenhydrinate
- Ibuprofen
- Loperamide
- Ondansetron

## Managing Precipitated Withdrawal During Bup/nlx Induction

1	2	3	4
Explain to the patient what has occurred	Discuss the options below for management	Obtain informed consent for the agreed-upon option	Offer non-opioid adjuncts to treat withdrawal symptoms

### Option 1: Continue induction

1. Administer additional doses of 2mg/0.5mg bup/nlx SL every 1-2 hours
2. Continue up to the Day 1 maximum or until withdrawal symptoms are resolved

### Option 2: Delay induction

1. If patient chooses to continue, consider waiting a few hours to allow full agonist to clear opioid receptors before administering the next bup/nlx SL dose
2. Continue up to the Day 1 maximum or until withdrawal symptoms are resolved

### Option 3: Stop induction

1. Provide reassurance that symptoms will resolve as opioid withdrawal runs its course

## Addiction Medicine Specialist Consultation



**24/7 Addiction Medicine Clinician Support Line**  
Call 778-945-7619 (24 hours a day, 7 days per week)



**RACE line**  
Call 604-696-2131 (Monday-Friday, 8.00am-5.00pm, excluding statutory holidays)

## Abbreviations

**AMCT:** addiction medicine consult team; **bup/nlx SL:** buprenorphine/naloxone sublingual;  
**COWS:** Clinical Opiate Withdrawal Scale; **ED:** emergency department; **MHSU:** mental health and substance use; **N:** no;  
**PRN:** pro re nata (as needed); **q1h:** quaque hora (every hour); **OAT:** opioid agonist treatment; **OUDD:** opioid use disorder;  
**RAAC:** rapid access addiction clinic; **RACE:** Rapid Access to Consultative Expertise; **THN:** take-home naloxone; **Y:** yes.



## **Discharge checklist:**

- Provide THN kit
- Follow up appointment for OAT
- Plan G application faxed (if applicable)
- Outreach referral
- Fax OAT/MHSU referral
- Patient education materials
- Community resources
- Medications to minimize withdrawal symptoms<sup>a</sup>



## Audit - Discharge Checklist Example

Checklist	In Place	Gap for Future	Priority	Improvement Objectives
Provide THN kit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follow up appointment for OAT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plan G application faxed (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable
Outreach referral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Do not have a clear referral process
Fax OAT/MHSU referral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient education materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Missing all the patient education materials
Community resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Do not have a list of community resources
Medications to minimize withdrawal symptoms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



# MODEL FOR IMPROVEMENT DISCHARGE CHECKLIST

WHAT ARE WE TRYING TO ACCOMPLISH?

*Help people connect with community resources  
that offer support around OUD.*

# MODEL FOR IMPROVEMENT DISCHARGE CHECKLIST

HOW WILL WE KNOW THAT A CHANGE IS AN IMPROVEMENT?

*People are accessing community resources that offer support around OUD and related needs.*

# MODEL FOR IMPROVEMENT DISCHARGE CHECKLIST

WHAT CHANGES CAN WE MAKE THAT WILL RESULT IN IMPROVEMENT?

*Create information packages of community resource materials trying to anticipate what people's needs might include.*

# PDSA CYCLE # 1



## PLAN

Determine what you want to learn and how you can learn it

*We want to know if people are getting enough information about community resources.*

*We predict our information might be incomplete.*



## DO

Test and measure to find out if your prediction was right

*We create a package of community resource brochures to include with our ED OUD discharges and distribute several test packages.*

# PDSA CYCLE #1

## STUDY

Compare your prediction to the actual result

*On a quiet day, we ask one of the people we recognize if the information has been helpful. They say yes, they sound helpful, but they have no idea where the resources are located within town.*

## ACT

Decide what to do next

*We decide to include a map listing community resources.*

# PDSA CYCLE # 2



## PLAN

Determine what you want to learn and how you can learn it

*We want to know if the map we have included has helped people access community resources.*

*We predict this map will have helped people access services.*



## DO

Test and measure to find out if your prediction was right

*We include the map with community resources with the information packets distributed on discharge to people with OUD.*



# PDSA CYCLE #2

## STUDY

Compare your prediction to the actual result

*We ask someone reading the packet if they have the information they need to access the community resources. They say they don't know how or when to access them.*

## ACT

Decide what to do next

*We decide to include opening hours, phone number and additional information with our map.*

# Action Period 4 Homework

1. ED OUD Discharge Checklist Audit (Required)
2. Change Commitment (Required)
3. Navigating Community – Exploring Local Referrals (Optional)

Please submit by February 15 😊

