INSTRUCTIONS FOR USING THIS TOOL
DELETE THIS SLIDE BEFORE PRESENTATION

- *Use this PowerPoint presentation as a template for your presentation to hospital staff.*

- *Replace the charts with charts that you create with your data (using the Excel workbook in Tool B.3a) and replace the **red text** with information relevant to your hospital.*

- *Modify as needed to suit your hospital – you may wish to delete some slides or sections of slides, and/or add material relevant to your hospital.*

- *Modify as needed to suit the audience – you may need to tailor for presentations to physicians, nurses, coding staff, or other groups.*

- *As you modify the presentation, consider explicitly addressing any sensitive issues that you know are likely to be on the minds of your front-line staff (e.g., time demands of a new intervention).*

Introduction to
[Our Hospital's]
Quality Improvement Initiative on
[Topic(s) selected]

What are the AHRQ Pediatric Quality Indicators?

- The PDIs are a set of 16 indicators that reflect quality of care inside hospitals and adverse events that children, adolescents, and, where specified, neonatal patients may experience as a result of exposure to the healthcare system.

- PDIs measure events likely to be preventable through changes at the system or provider level.

- PDIs are measured using hospital administrative data.

- One PDI (PDI 19) is a composite measure.

- Eight of 16 provider-level PDIs are endorsed by NQF.

http://www.qualityindicators.ahrq.gov/modules/pdi_resources.aspx

Why were the PDIs developed?

- Because quality and safety are so important, the AHRQ PDIs were developed to help hospitals:

    – **Screen for potential quality and safety problems** in children using easily accessible data.

    – **Compare themselves with other hospitals** using national standardized measures to assess quality of hospital care.

General Questions About the AHRQ QIs. AHRQ Quality Indicators. July 2004. Agency for Healthcare Research and Quality, Rockville, MD. www.qualityindicators.ahrq.gov/FAQs_Support/default.aspx.

Why try to improve our performance?

- Because we are committed to **reducing harm** to our patients:
  - Discomfort
  - Complications
  - Mortality

- Because it **aligns with our mission** to [insert relevant portion of hospital mission statement here].

Why your voice is important

- You know our hospital and our patients best!

- Your involvement is critical to help us ensure that:

  - We design an intervention that we can effectively implement **together**.

  - We provide appropriate training and support for you to implement the intervention.

  - We take into account the demands on your time and minimize disruption to your workflow.

Our focus

- We have chosen to focus a quality improvement initiative on:

[Insert name of pediatric indicator(s) selected]

Why this matters

- [Insert name of pediatric indicator(s) selected] is important to our patients and to all of us because improvement on this indicator may reduce:

  [modify/add/delete as needed for your indicator]
  - Patient suffering
  - Days spent in the hospital
  - Unnecessary medications
  - Unnecessary surgery
  - Risk of death
  - [Add specific outcomes for your selected indicator]

[Example of a patient from your hospital]

- *Personalized patient stories often bring home the importance of improving performance on a measure.*

- *Consider inserting here the deidentified story of a patient who suffered the adverse event captured by your indicator.*

- *Include the impact on the patient, family, and staff and how it could have been prevented.*

How we selected this topic

- We chose to address [this topic] based on:

  - Comparison between our hospital and peer hospitals

  - Our performance over time

  - Volume and cost of events

  - Ability to change

- The next several slides give more detail on these reasons.

# Our hospital's performance on [Chosen PDI]

- Our hospital's data show a [Chosen PDI] rate of [#] during [time period].

    - This means that about [#] patients in our hospital had [Chosen PDI] in the last year.

- Our hospital performed [better/same/worse] than the national average in [insert year(s)].

- The approximate cost to our hospital for each [chosen PDI] is [cost].

DELETE THIS SLIDE BEFORE PRESENTATION

- *In this example, we will examine the rates of Neonatal Blood Stream Infection (NQI 03) for this particular hospital performed over time.*

- *Replace the chart and fill in the slide based on the indicator you've selected and your hospital's data.*

- *Based on the information that you would like to present, you may choose not to use this slide.*

Our Hospital's Performance Has Been [Stable/Worsening/Improving] Over Time

Examining Observed Rates of Neonatal Blood Stream Infection Rate (NQI 03)
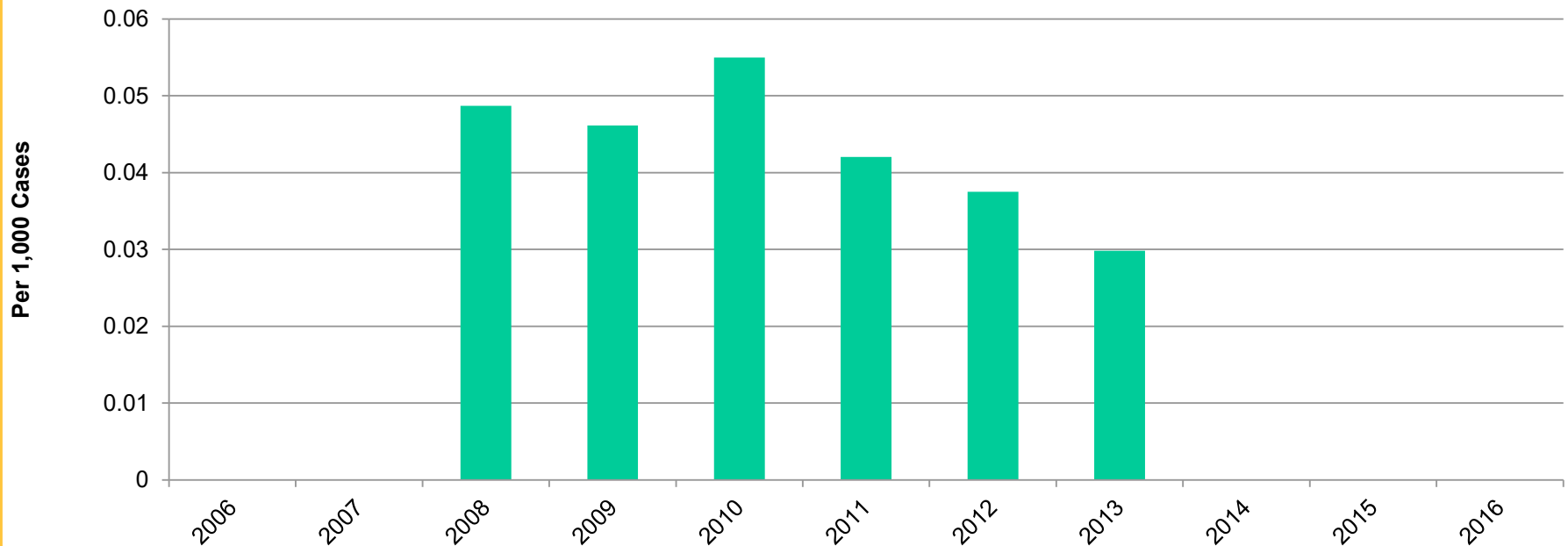
Ability to change

- We believe we can work together to change our current rates of [Chosen PDI] because:

    [modify/add/delete as needed]

    - We are all committed to the safety of our patients.

    - We have support from our senior leadership.

    - We have staff with the skills to make the change.

    - We are willing to work toward change.

    - The demand on staff time will be reasonable.

Next steps

- Now that we have identified [Chosen PDI] as an area for improvement, we will:

  – Examine **best practices** related to [Chosen PDI].

  – Talk with staff to determine whether **documentation and coding** related to [Chosen PDI] need to be improved.

  – Make a **plan for improvement together** with a variety of staff who work in different roles (e.g., physicians, nurses).

  – Identify **potential barriers** and how to overcome them.

Stay Tuned…

- We plan to review best practices for [selected indicator] by [date].

- We will review documentation and coding by [date].

- We plan to consult with [nurses, physicians, hospital administrators] about potential strategies for improvement and barriers around [date].

- We anticipate that we'll begin implementing a plan around [date].

Any Questions or Ideas?

We want to hear from you! If you have suggestions or thoughts as we develop our plan to improve [Chosen PDI], please contact [staff member] at [contact info].