Children's Mercy Kansas City SHARE @ Children's Mercy

Posters

2018

Implementation of Bedside Huddle to Improve Communication When Coordinating Care for PICU Patients with Newly Diagnosed Anterior Mediastinal Masses

Laura McCarthy Children's Mercy Hospital

Pam Nicklaus Children's Mercy Hospital

Paul Sheeran Children's Mercy Hospital

Tara Benton Children's Mercy Hospital

Jenna Miller children k Meych Awarcess to this publication benefits you

Follow this and additional works at: https://scholarlyexchange.childrensmercy.org/posters *e next page for additional authors* Part of the Health Services Research Commons, Oncology Commons, Pediatrics Commons, and the

Surgery Commons

Recommended Citation

McCarthy, Laura; Nicklaus, Pam; Sheeran, Paul; Benton, Tara; Miller, Jenna; Rivard, Douglas C.; Gener, Melissa; Whitney, Susan; and August, Keith, "Implementation of Bedside Huddle to Improve Communication When Coordinating Care for PICU Patients with Newly Diagnosed Anterior Mediastinal Masses" (2018). *Posters*. 29.

https://scholarlyexchange.childrensmercy.org/posters/29

This Poster is brought to you for free and open access by SHARE @ Children's Mercy. It has been accepted for inclusion in Posters by an authorized administrator of SHARE @ Children's Mercy. For more information, please contact hlsteel@cmh.edu.

Authors

Laura McCarthy, Pam Nicklaus, Paul Sheeran, Tara Benton, Jenna Miller, Douglas C. Rivard, Melissa Gener, Susan Whitney, and Keith August

This poster is available at SHARE @ Children's Mercy: https://scholarlyexchange.childrensmercy.org/posters/29



Implementation of Bedside Huddle to Improve Communication When Coordinating Care for PICU Patients with Newly Diagnosed Anterior Mediastinal Masses



Laura McCarthy DO¹, Pam Nicklaus MD², Marita Thompson MD³, Paul Sheeran MD³, Tara Benton MD³, Jenna Miller MD³, Doug Rivard DO⁴, Melissa Gener MD⁵, Susan Whitney MD⁶, Keith August MD¹

1. Division of Hematology/Oncology/Bone Marrow Transplant, Children's Mercy Kansas City 2. Division of ENT, Children's Mercy Kansas City 3. Division of Critical Care Medicine, Children's Mercy Kansas City 4. Department of Radiology, Children's Mercy Kansas City 5. Department of Pathology, Children's Mercy Kansas City 6. Department of Anesthesia, Children's Mercy Kansas City

Background

- Anterior mediastinal (AM) masses are medical emergencies that require prompt diagnosis and initiation of treatment.
- There were 32 CMH PICU patients diagnosed with AM masses between 2010-2017, 22 of whom required surgical procedure to obtain diagnostic specimen.
- The average time from presentation to initiation of treatment was longer when the patients required surgical biopsy (153 hours) compared to those who did not (58 hours).
- Delays in obtaining tissue for diagnosis lead to prolonged time until diagnosis, and in most cases, treatment cannot be initiated until a diagnosis is determined. By delaying treatment, patient is at risk of cardiovascular compromise and longer PICU stay.

Aim

Decrease the time to surgical diagnostic procedure to less than 24 hours for all patients with newly diagnosed AM masses.

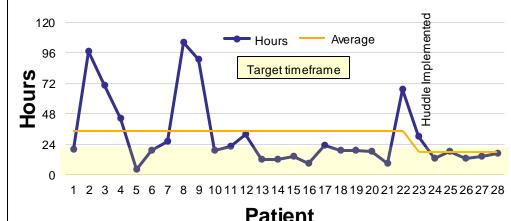
Methods

Compare time from PICU admission to diagnostic procedure pre vs. post-interventions

#	Intervention	Root Cause Addressed	How to Measure	Actions	Reliability	Feasibility	Deadline
1	Huddle among subspecialists	Communication	Huddle Note	 Create Note Upload into Cerner Educate H/O fellows on need to complete 	9	10	Oct 2017
2	Mediastinal Mass Power Plan	Collect supplemental specimens up front	Note if it was used during data collection	 Create power plan, upload to Cerner Educate H/O staff and residents on existence 	7	10	Dec 2017
3	Create pathway for Scope	Communication Coordination of procedures	N/A	 Study CPGs of other institutions Create CPG / edit Upload to Scope 	6	9	March 2018
4	Education	Communication	N/A	Review pathway, powerplan, and huddle note template with Hem/Onc department	5	10	April 2018

Results

Hours to Surgical Diagnostic Procedure



Conclusions

Since implementation of bedside huddle and creation of 'huddle note,' average time to surgical diagnostic procedure has decreased from 34 hours to 17.5 hours.

Next Steps

- The target (<24 hours) will be the new standard for time from PICU admission until diagnostic surgical procedure
- For any patient whose time to diagnostic sample is >24 hours, the case will be reviewed by the Hem/Onc team
- Attributing factors to problematic cases will be charted on an Abnormality Tracker to help identify new and/or old problems that need more attention

Acknowledgements

Thank you to the multidisciplinary task force that initiated and enforced this project. Thank you to the Improvement Academy and the staff involved in the Problem Solving for Fellows course.

Interventions