

Do the improvement/data collection/data analysis.
Execute the plan on a small scale or by simulation.

At AUBMC: The updated dictation system was purchased and implemented in AUBMC as of August 26, 2004. The surgeons were instructed on the use of the new system.

Data collection about the operative report dictation process within 24 hours is ongoing in the Medical Record Department.

Check the data for process improvement.

Observe the results of the change.
Document the results of the change.
Modify the change, if necessary and possible.

At AUBMC: The results showed marked improvement in the dictation process among the surgeons within 24 hours with percentage of 80.3% in June 2006.

Act to hold the gain/continue improvement.
Implement the change if it is working.
If it fails, abandon the plan and repeat the cycle.

At AUBMC: The system shows a high degree of utilization by all surgeons so far. The data on compliance is included in the Hospital-Wide Indicators that are being monitored monthly by the Performance Improvement Committee.

All AUBMC

Departments/Services are encouraged to submit to the Accreditation Office a similar storyboard on any issue or process where FOCUS-PDCA methodology was applied in their departments/services.

Best storyboard will receive an award and certificate of achievement.



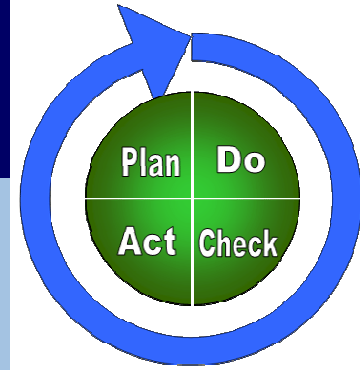
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**F.O.C.U.S
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**SPECIAL
EDITION**



ACCREDITATION AND RISK MANAGEMENT OFFICE

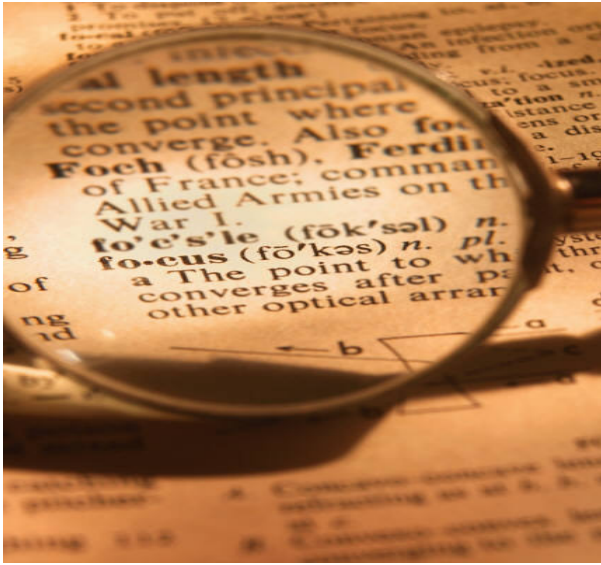
Accreditation Newsletter

In order to meet the Joint Commission requirements and in line with the AUBMC Performance Improvement Plan, each service or department is expected to show documented evidence of using the FOCUS-PDCA model applied to a department-specific subject of your choice.

The following example may be used as a reference

FOCUS

FIND — ORGANIZE — CLARIFY
UNDERSTAND — SELECT



Find a process that needs improvement.

Define the process and its customers. Decide who will benefit from the improvement. Understanding how the process fits within the hospital's system and priorities.

At AUBMC: In December 2003, the operative report dictation was not being done within 24 hours post surgery as shown by the study done by the Medical Records (52.5% being done after 24 hours). This delay in the operative report dictation resulted in having incomplete Medical Records as well as discrepancy, inaccuracy (no details and specifications), and incomplete information in the Operative Report.

Organize a team who is knowledgeable in the process.

Determine team size, members who represent various levels in the organization, select members, and prepare to document their progress.

At AUBMC: The Medical Records Administrator, the Chief of Staff, the Dean of the Faculty of Medicine, with the Performance Improvement Committee, all teamed up to try to find a solution to this problem.

Clarify the current knowledge of the process.

Define the process as it is and as it should be. Team reviews current knowledge and then must understand the process to be able to analyze it and differentiate the way it actually works and the way it is meant to work.

At AUBMC: The available process of operative report dictation (dictation by phone) was not user friendly thus causing frustration among the surgeons who, in effect, were not performing the dictation on time.

Understand the causes of variation.

Team will measure the process and learn the causes of variation. They will then formulate a plan to data collection, collecting the data, using the information to establish specific, measurable, and controllable variations.

At AUBMC: The operative report dictation was done through the telephone – voice message system – from within the AUBMC. The system was not user friendly as the surgeon could not insert, delete, correct, or go backwards when needed. An improved system had to be introduced in order to encourage surgeons to dictate their operative reports within the established time limit (24 hrs). The system will interface with the existing telephone and the intranet facility at AUBMC.

Select the potential process improvement.

Determine the action that needs to be taken to improve the process (must be supported by documented evidence).

At AUBMC: It was decided by the team to update the process of the operative report dictation by purchasing new software that had more options available for the surgeons to use. With this system, dictation would be available via internet access through the AUB website.

PLAN — DO — CHECK — ACT

PDCA

Plan the improvement/data collection.

Plan the change by studying the process, deciding what could improve it and identifying data to help.

At AUBMC: The plan was put as follows:

- Obtain administrative approval for the purchase of the new system.
- Obtain system specifications from the Computing & Networking Services (CNS).
- Purchase the new system.
- Install the dictation system.
- Provide pocket-size leaflets on operating guidelines to the surgeons.
- Send reminder messages to surgeons.
- Implement the existing rules on suspension of operative privileges of the surgeons.
- Monitor compliance and prepare monthly statistical reports.
- Obtain the CNS support for proper maintenance of the system.
- Train the Medical Record staff on the proper use of the dictation system.