Unit 4: Quality Patient Care
Z-Chapter 22
ONLINE CONTENT (1 H)

Unit Objectives:

- Discuss the use of key indicators to measure performance. (2,3,7)*
- Describe the nurse's role in quality and performance improvement. (3,4,7)*
- Identify tools and processes for continuous quality improvement. (2,3)*

*Course Objectives

Quality Improvement Project

Review chapter 22 and place your answers to the following questions in the Z-Chapter 22 dropbox by 0800 on 2/10/2025.

Pick one topic from the following list:

1. Improving communication about individual patients during shift change. (shift report)
2. Preventing catheter related infections, urinary or central line.
3. **Preventing falls and injuries for patients within healthcare facilities.**
4. Preventing pressure ulcers for patients within healthcare facilities.
5. Reducing medication errors.
6. Reducing nurse turnover rates.

Answer the following questions as it relates to the topic pick from the list above.

1. Identify problem areas (or causes) associated with the topic and prioritize each identified problem area. (List at least 3)
    1. Not properly screening patients and identifying high fall risk patients.
    2. Not using proper identification for high fall risk patients.
    3. Not using socks with grips when ambulating patients.
2. Develop solutions for each problem or cause listed. (Provide at least 3)
    1. Ensure safety documentation is easy for nurses to use.
    2. Educate staff on the importance of have visual identifiers for patients with high fall risk scores.
    3. Stock multiple sizes of grip socks in each patient room so they are easily available for staff to use.
3. Identify why these problems might exist.

    Problems may exist due to documentation being difficult and supplies not being readily available for staff to use.
4. Provide a plan to improve and how to implement the plan. The plan should provide steps for improvement. The implementation should provide a timeline.

Before developing a plan for improvement, staff should be consulted on their thoughts and ideas; this could include a meeting or sending out a survey. Maybe nurses find the documentation difficult or don't know what constitutes a high fall risk patient. Staff may find it difficult to find the necessary tools used to identify fall risk patients. Once data from the staff has been collected, now is the time to plan. The planning phase should not be rushed and should include at least 2-3 months. Create a simple intervention nurses can use to document fall risk. This includes yes/no questions and automatic calculating of fall risk scores. Next, keep fall signs, wristbands, and socks stocked in each patient room for easy access. After development, execute the plan. Allow at least 6 months for the plan to be in affect before analyzing its effectiveness. This gives time to gather data and staff opinions.

5. How will you monitor that your plan is effective?

   To monitor the effectiveness of the plan, compare statistics on number of falls prior to and after initiating the plan. Did the number of falls decrease? Was there no change? Next, ask staff on their opinions of the new process. Is the documentation easier? Was it easier to find and utilize equipment?

Please be prepared to share and discuss your answers in class.

In order to receive full credit (1 H class time) for this assignment, it must be completed in its entirety by the due date/time assigned. Any assignments not completed in its entirety by the assigned due date and time will result in missed class time.