

OLISANO

Reducing Unnecessary Chest X-Rays in Pediatric ICUs

Jan Schriefer MBA MSN DrPH, Associate Professor Pediatrics, Director of Quality and Patient Safety, Golisano Children's Hospital at University of Rochester Medical Center, Rochester, NY Patricia Reagan Webster, PhD, Associate Quality Officer, University of Rochester Medical Center, Rochester, NY Rebecca Gillis, RRT, Clinical Coordinator for Pediatric Respiratory Therapy, University of Rochester Medical Center, Rochester, NY

Learning Objectives

- Describe successful strategies that can be used to improve the use of chest X-rays in pediatric intensive care units.
- Explain how to implement quarterly improvement reports to monitor progress and drive improvement work.

Overview

While chest radiography in intensive care units (ICUs) is necessary for many reasons, repeat X-rays required because of poor image quality can result in unnecessary patient exposure to radiation as well as additional costs.

Upon review of our benchmark data, we determined that our utilization of chest X-rays in pediatric ICU patients was higher than expected.

As a result, we undertook a respiratory therapy (RT) co-led project that resulted in a reduction in chest Xray use from above to below peers' average use within one year.

SMART Aim

Problem/Issue: Our use of chest x-ray Mean Day per Case and Percent Utilization was above the peer benchmark.

SMART AIM/Goal: Decrease chest x-ray Mean Day per Case 5.2 use to 4.9 use, closer to peer benchmark of 4.2 by the end of FY 2022.

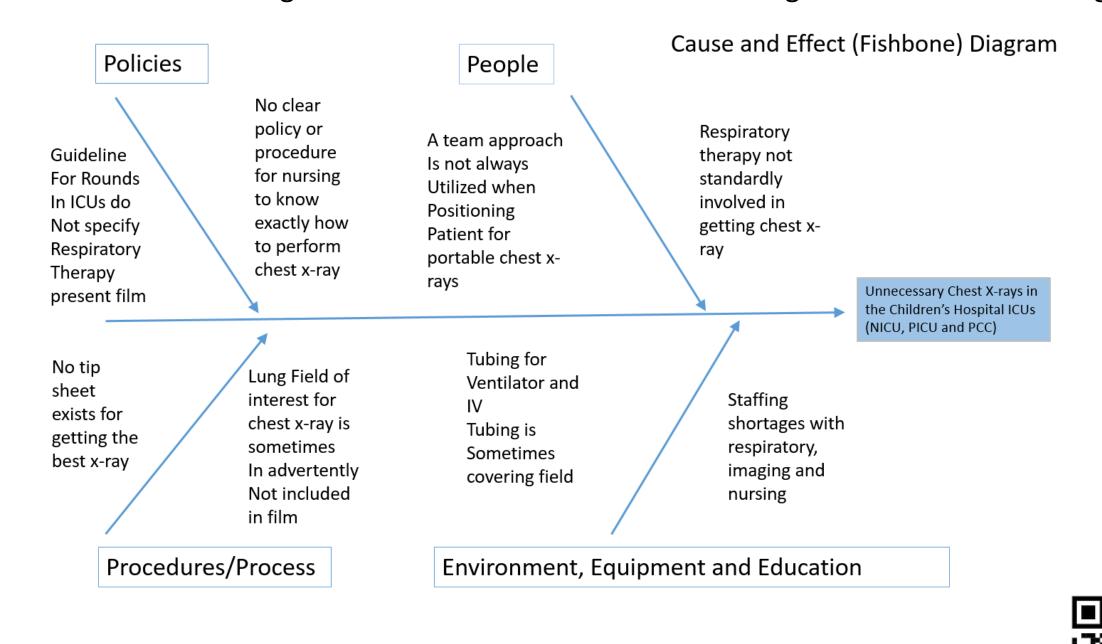
Disclosure

No one in a position to control the content of this educational activity has relevant financial relationships with ineligible companies

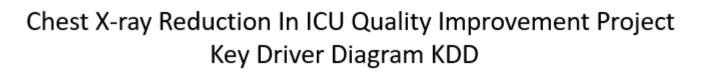
Methods: Cause and Effect Diagram, Key Driver Diagram,

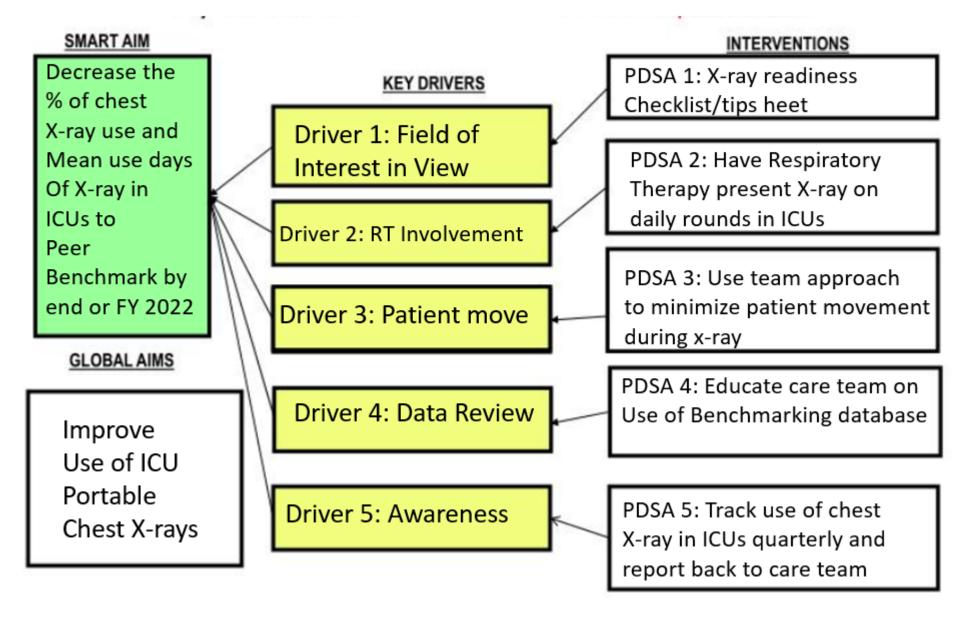
> Our quality improvement team utilized some of the tools that are helpful at the start of a project. These tools include:

- Key Driver Diagram
- > Cause and Effect Diagram also referred to as a Fishbone Diagram or an Ishikawa Diagram

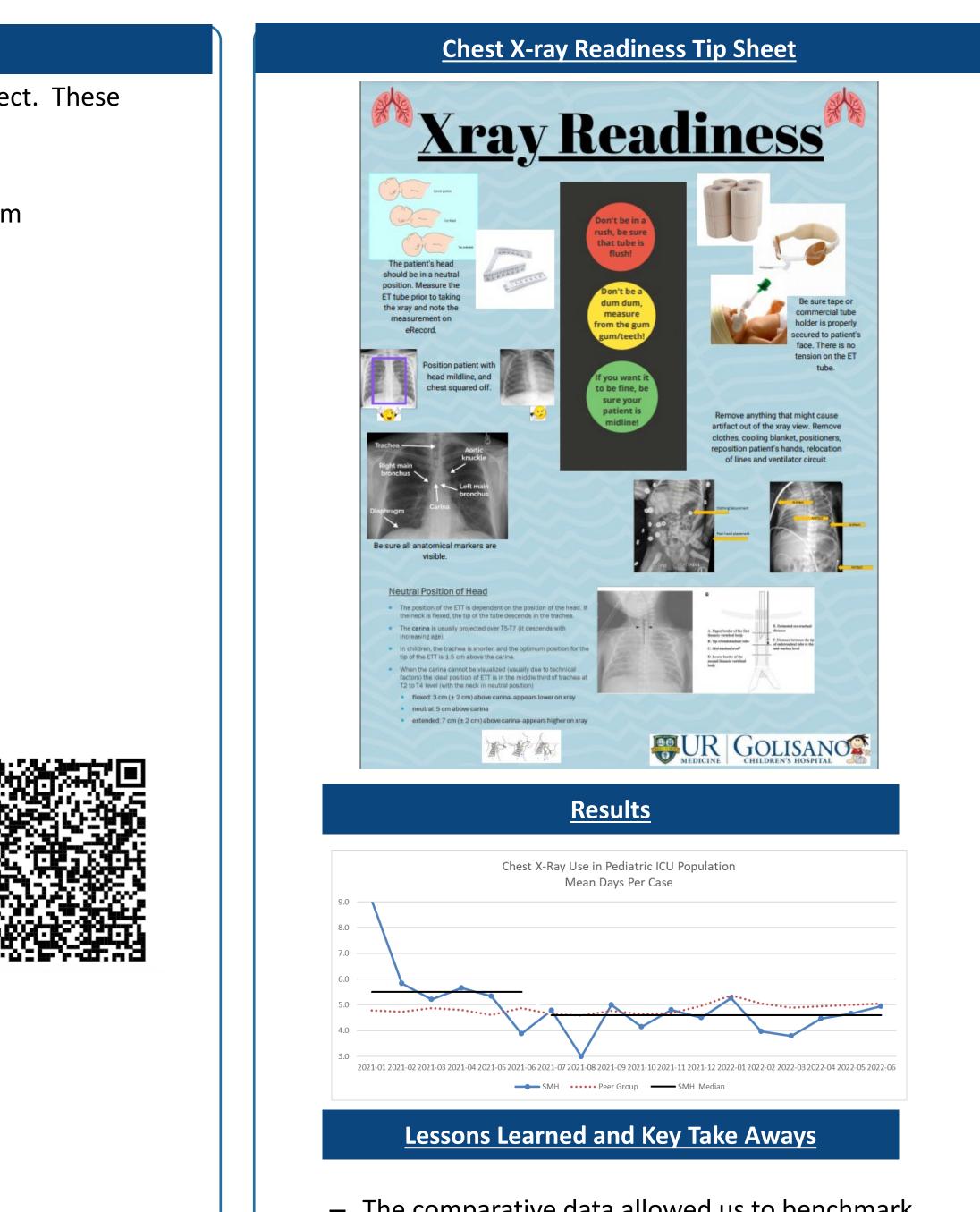


https://www.urmc.rochester.edu/childrens-hospital/respiratory-care.aspx









- The comparative data allowed us to benchmark resource utilization against peer organizations
- Opportunities for improvement were identified by our RT and Imaging team
- Requiring a High Value Practice goal on all Departmental Quality Assurance and Performance Improvement (QAPI) plans helped garner organizational support for the effort and recognition for gains

Policies

Guideline For Rounds In ICUs do Not specify Respiratory Therapy present film

No clear policy or procedure for nursing to know exactly how to perform chest x-ray

No tip sheet exists for getting the best x-ray

Lung Field of interest for chest x-ray is sometimes In advertently Not included in film

Procedures/Process

A team approach Is not always Utilized when Positioning Patient for portable chest xrays

People

Respiratory therapy not standardly involved in getting chest xray

Tubing for Ventilator and IV Tubing is Sometimes covering field

Environment, Equipment and Education

Cause and Effect (Fishbone) Diagram

Repeat Chest X-rays in the Children's Hospital ICUs (NICU, PICU and PCC)

Staffing shortages with respiratory, imaging and nursing

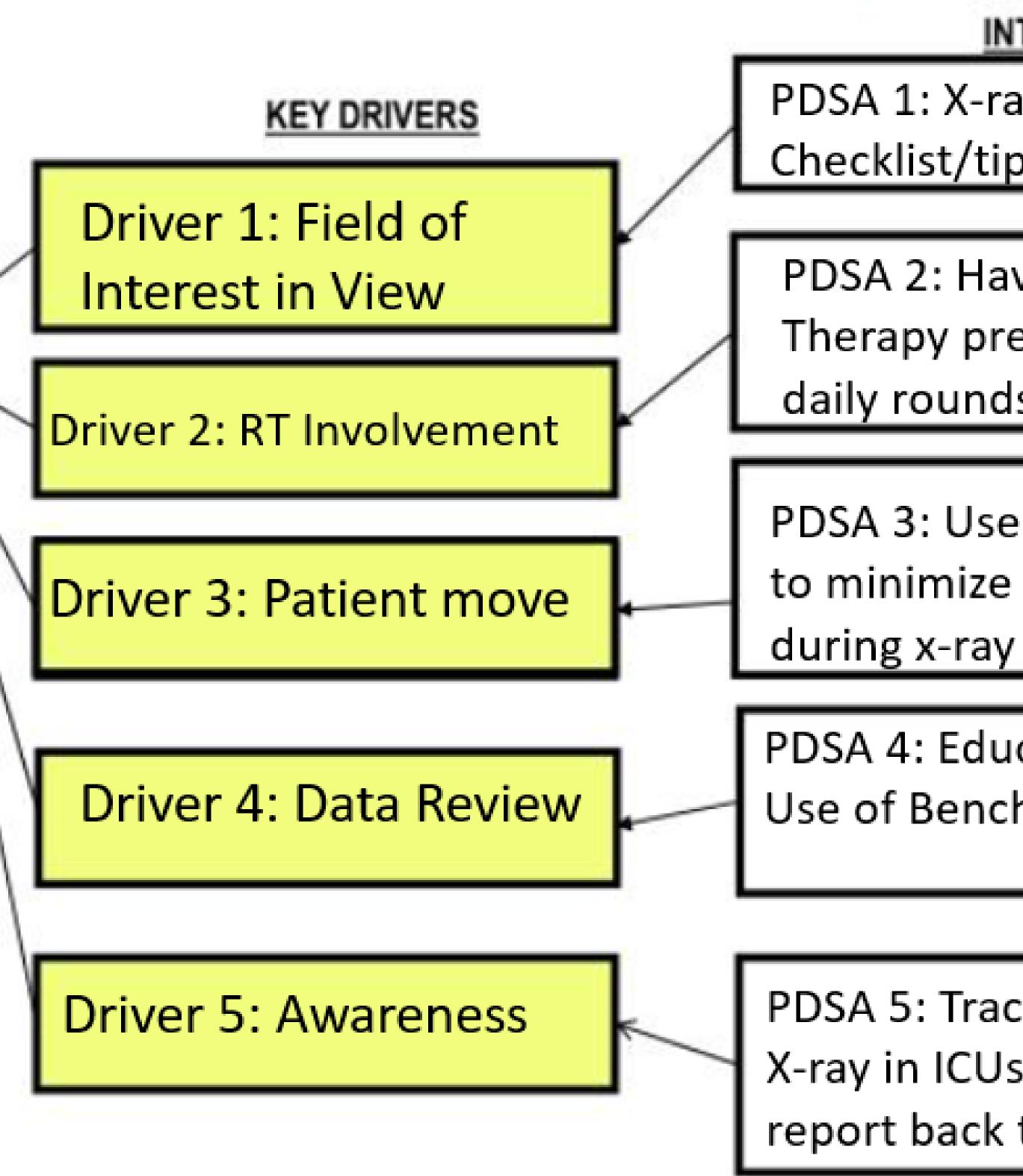
Chest X-ray Reduction In ICU Quality Improvement Project Key Driver Diagram KDD

SMART AIM

Decrease the % of chest X-ray use and Mean use days Of X-ray in ICUs to Peer Benchmark by end or FY 2022

GLOBAL AIMS

Improve Use of ICU Portable Chest X-rays



INTERVENTIONS

PDSA 1: X-ray readiness Checklist/tips heet

PDSA 2: Have Respiratory Therapy present X-ray on daily rounds in ICUs

PDSA 3: Use team approach to minimize patient movement

PDSA 4: Educate care team on Use of Benchmarking database

PDSA 5: Track use of chest X-ray in ICUs quarterly and report back to care team