FY13 Strategic & Operations Agenda

Department/Council: *SDG Evidence Based-Practice and Research Council* ***Author:*** *Kathy Bradley/Cindy Oster*

Physician Champion(s):

Goal Cascade			Strategies and Tactics to Achieve Goal (PLAN step of PDCA)						
Pillar	Porter Goal	Council / Department Goals	Strategy	Tactics	Targeted Start Date	Targeted Completion Date	Responsible Person(s)	Depts. Requiring Resources/ Coordination	Performance Metrics (Outcomes Measures)
Quality	Quality Goal for #1 INPATIENT CARE; #2 OUTPATIENT DIRECT CARE AND CLINICAL ANCILLARY SUPPORT DEPARTMENTS; -OR- #3 NON-CLINICAL DEPARTMENTS (see attached comment for description)	Reduce CAUTI by 70%	Ensure implementation of an evidence based CAUTI Prevention Program by June 2013	Provide oversight for implementation of CAUTI prevention evidenced based program Knowledge Skills	Already Started 06/01/12 12/31/12	June 2013	C. Oster	Nursing staff, Physicians, Transporters, PT/OT, Supply Chain	# CAUTI/ 1000 catheter days NHSN - SIR
		Does Not Meet - <69.9% reduction		Develop implementation strategy Knowledge Skills	Already Started	May 2012	C. Oster; PDC	PDC	
		Meets: >70% reduction		Report progress quarterly to CEC Adherence to Insertion Checklist Criteria (monthly) Adhereance to Defined Criteria for Catheter Insertion (monthly) Adherence to Catheter Management Processes (monthly) Mean Catheter Duration (monthly)	Already Started	Ongoing	C. Oster	CAUTI Team, Inpatient nursing staff	
		Exceeds: O CAUTI		Quarterly Point Prevalence Assessments	Already Started	Ongoing	C. Oster M. Coombs	CAUTI Team, Inpatient nursing staff	
		Continue focus on FY12 Improvement Goals.	Provide evidence based consultation and expertise on evaluation of progress toward goals quarterly	Contribute to plan design to attain top decile for CLABSI prevention	Already Started	Ongoing	C. Oster E. Anderson	CLABSI Team	# CLABSI/ 1000 catheter days NHSN - SIR
		Reduce CLABSI		Evaluate addition of CLABSI Team maintenance process measures to point prevalence study	Already Started	Ongoing	C. Oster E. Anderson	CLABSI Team	
		Continue focus on FY12 Improvement Goals.	Provide evidence based consultation and expertise on evaluation of progress toward goals quarterly	Quarterly Point Prevalence Assessments	Ongoing	Ongoing	C. Oster M. Coombs	PUP Team, Inpatient nursing staff	HAPU Prevalence Rate
		Pressure Ulcer Prevention		Design an evidence-based plan for intraoperative pressure ulcer prevention and risk assessment	Already Started	June 2013	C. Oster M. Coombs OR UBPC	OR nursing staff, Physicians, Supply Chain	
		Does Not Meet: <69.9% reduction							
		Meets: >70% reduction							
		Exceeds: 0 PU							
		Continue focus on FY12 Improvement Goals.	Provide evidence based consultation and expertise on evaluation of progress toward goals quarterly	Maintain plan to remain top decile for VAP	Ongoing	Ongoing	G. deGunst; J. Wapelhorst; C. Oster	ICU, RT, Physicians, Medical Imaging	# VAP/1000 ventilator days NHSN
		Ventilator Aqcuired Pneumonia		Monitor intrahopsital transport process	Ongoing	Ongoing	G. deGunst; J. Wapelhorst; C. Oster	ICU, RT, Physicians, Medical Imaging	
		Does Not Meet: <69.9% reduction							
		Meets: >70% reduction							
		Exceeds: 0 VAP							
			Promote the image of EBP and research in the community	Market selected council successes/activities on website	Already Started	Ongoing	C. Oster	Web Master	Each tactic is completed
				Write one article for publication	Already Started	Ongoing	C. Oster	Professional Development and 5E Manager	
				Submit one article for publication in a peer reviewed journal	Already Started	Ongoing	C. Oster	Professional Development and 5E Manager	