





Print

# Data Analysis

Vila Health™

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## Introduction

Quality improvement initiatives are a critical tool in the ongoing effort to improve patient care at health care organizations. But without data, many QI initiatives would fail — or the problem behind them might never be detected. That's why data, and the dashboards that present data in a comprehensible fashion, are essential for QI efforts to succeed.

In this activity, you will assume the role of a quality assurance analyst at St. Anthony Medical Center. You will be offered both a dataset that you can use to outline a quality improvement initiative, and input from stakeholders who can help you contextualize the data.

## Educational Goals

After completing the activity, you will be prepared to:

- Analyze data to identify a health care issue or area of concern.
- Outline a QI initiative proposal based on a selected health issue and supporting data analysis.
- Integrate interprofessional perspectives to lead quality improvements in patient safety, cost effectiveness, and work-life quality.

## Email from Sienna Pope

### QI Data For You

From: Sienna Pope, Director of Medical Support Services

To: Todd Brandt-dee

Todd,

Hi! I heard through word of mouth that you were looking for some possible areas of improvement in the hospital. I've got some data from SAMCs in-home hospice program that might be useful.

I realize that you may not be familiar with the hospice program, so I also set up some meetings with a few people with a stake in the program. I'm hoping they can give you some context for the data you're looking at.

Let me know if you need anything!

Sienna Pope,  
Director of Medical Support Services

## Hospice Adverse Event Data 2014-2015

Per Vila Health policy, these figures include near misses as well as events that resulted in some level of harm or potential harm to the patient. This is a summary of the data; a downloadable spreadsheet that provides all the data you will need for your presentation is also available below.

HOSPICE 2014	HOSPICE 2015
LOS: 50	LOS: 46
IPU: 47	IPU: 27
Pain: 13	Pain: 17
Symptom: 13	Symptom: 22

[Download XLS](#)

# Interviews with Stakeholders

Here is a list of stakeholders that you had the opportunity to interview.

- Roger Goldenberg**
- Director of Hospice Services**
- Jackie Sandoval**
- Chief Nursing Officer**
- David Brooks**
- Quality Assurance Director**
- Owen Welch**
- CFO**
- Owen Welch**
- CFO**

- What is the current state of the hospice program's physical plant?

Well, the current technology — secure laptops with remote access to the EHR — is working, although I think there's always something better out there. We're thinking about experimenting with video conferencing to improve care on site; for example, when a physician isn't available but another is available by video link, that's an opportunity to improve care. I've heard of technology that pushes electronic alerts to hospice nurses so that they can coach caregivers to deliver better care. But of course, we can't have everything.

- Do you feel that the hospice program is resourced adequately?

Well, of course, as with any offsite program like this, you start to have staff issues when staff are stretched too thin. So are they having to spend too much time traveling to patient's homes, or feeling that their patient census is too high to give each patient the care they really need? I like to think that we've balanced care loads among our hospice nurses pretty well. But we can't know if we're wrong — absent adverse events, which we really don't want — unless our nurses tell us.

## **Roger Goldenberg** **Director of Hospice Services**

- What are the overall goals of the hospice program?

Well, given the unique mission of hospice, we take a different tack from other practices. Since we're providing end-of-life care, our goal is comfort care, not urgent or life-saving care. That means we treat the symptoms, not the disease. Unlike other units, the patient is a recipient of care, but so is the family.

- What is your approach to meeting those goals?

We use a holistic approach, in that we try to address not just physical, but also emotional, psychological, and spiritual needs. With each patient, there's an interdisciplinary team that delivers care at home. When symptoms arise that need more aggressive management than home care can provide, we do temporary inpatient admissions.

## **Jackie Sandoval** **Chief Nursing Officer**

- What would you consider to be quality-related "red flags" as far as the data categories?

One big problem we see in hospice is that patients are referred too late — that is, too close to their end of life. So they aren't able to receive all of the benefits of being in the hospice program. So length of stay is something you'll want to look at. Then, of course, the effectiveness of pain and symptom management.

- How do hospice nurses document and communicate data between their on-site location and the rest of the team?

All of our hospice nurses carry laptops so they can live-chart patient-related data, just like inpatient nurses on site use connected devices to update the EHR. In some homes, where wi-fi isn't available, those nurses just take notes on their laptops on site and then chart later.

## David Brooks Quality Assurance Director

- What are the processes that the hospice program uses to ensure safety?

We've got processes and procedures in place for managing movement for patients who are at risk of falls, for maintaining sanitary conditions, for managing medical waste (for example, if a patient has a catheter in place), and for safe storage of pain and other medications. And we have processes for pain assessment, which are also part of our protocol for assessing the need for an IPU admission.

- What about quality?

That's somewhat reflected in our adverse event reporting. Obviously, we're not delivering quality care if all we do is prevent adverse events. But our processes are geared to prevent those events and make sure we're helping the patient to face the end of life as comfortably as possible. So our nurses monitor pain levels, symptom levels, and the patients' overall level of comfort, as well as that of the family and caregivers. They ask a lot of specific and general questions to get at the patients' quality of life, from their own perspective and from that of their loved ones.

## Email Response to Sienna Pope

### QI Data For You

**From: Sienna Pope, Director of Medical Support Services**

**To: Todd Brandt-dee**

I hope you got what you needed from Jackie, David, Roger, and Owen. Can you send me an email and let me know what your initial thoughts are? It doesn't have to be anything formal, just your ideas about what the data suggests, and whether there are any QI initiatives that you would recommend based on what you're seeing. If there are, make sure you explain how the initiatives you recommend might affect the different roles on the hospice team.

Thanks!

— Sienna

Your reply to Sienna's email should summarize what you've learned during this activity. It might also be helpful to articulate any questions or research you plan to do. The reply will be available in your activity log and can be used as a pre-writing activity for the unit assignment.

**Email you sent**

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**Conclusion**

Having met with some stakeholders, you should now have a solid understanding of what the data you gathered is telling you. You should be able to use this information to complete your assignment in the course.

**Credits**

**Subject Matter Expert:**

Marylee Bressie

**Interactive Design:**

Lori Olson, Estelle Domingos, Mark Bune, Marc Ashmore

**Interactive Developer:**

Peter Hentges

**Instructional Design:**

Stephen Sorenson

**Media Instructional Design:**

Holly Dolezalek

**Project Management:**

Nakeela Hall

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