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Box 1. Reason for Action
PROBLEM STATEMENT: Despite proven benefit in mortality, adherence to Lung Protective Ventilation (LPV) is poor.
IMPORTANCE STATEMENT: Improving adherence to LPV will decrease mortality, healthcare utilization, and healthcare costs. Having a LPV protocol will help reduce staff stress related to choosing the correct tidal volumes.
SCOPE: MICU, SICU, NSIU, and MDI patients not already in the MICU, SICU, and MDI.

Box 4. Gap Analysis	
#	Root Cause
1	Education
2	Standardization
3	Preconceived notions
4	Time & resources
5	No ventilator practice quality improvement
6	
7	
8	
9	
10	

Box 7. Completion Plan			
#	Action	Owner	Due
1	Post the info sheets regarding our project	Joyce and Mike	09/30/14
2	Implement the reporting dashboard	Mike & Tom B	10/15/14
3	Complete placing the LPV charts on vents	Mike & Chris	10/13/14
4	Obtain the LPV Logo (or use Joyce's)	Mike via Tracy	10/13/14
5	Follow up with Gail C. (Change Order)	Tom B	10/13/14
6	Standard Vt default settings for vents	Chris & Mike	10/13/14
7	Update RT staff on vent kits	Mike	10/13/14
8	Present draft presentation	Tom B	10/13/14
9	Draft proposal for the MVPQIT	Tom B	10/13/14
10	Agenda item on ICU Advisory & RT Dept	Tom B & Mike	10/13/14
11	Default settings during transport	Mike	10/13/14
12	Update the A3 for the Sponsor report out	ALL	10/13/14
14	Team Meeting	Tom & Tom	10/13/14
15	Sponsor report out	ALL	10/21/14

Box 2. Current State & Box 3. Future State - True North Metrics				
TNM	Metric	Unit	Current	Target
Q&S	Percent of Lung Protective Ventilation	% on LPV	32%	90%
Q&S	Average Vt	ml/Kg	7.4	< 6.5
I	Data on clinical specialist report	---	NA	Record
Q&S	Ventilator practice quality improvement team	---	NA	Exists
V	% Effort of RT Time	% FTE	tbd	Record
Q&S	Median Duration of Mechanical Ventilation	Days	4	tbd

Box 5. Solution Approach			
#	Solution (if we)	Outcome (then we)	Gap No.
1	Train providers	Increase buy-in	1,3
2	Create a process for reaching consensus on LPV protocols	reach consensus and can standardize the process	2
3	Dispel myths	Increase buy-in	3
4	Organize the ventilator start-up kit	Reduce strain on team members	All
5	Ventilator practice quality improvement team	Sustain improvements, educate others, dispel myths, and maintain the system by creating Standard Work, etc.	All

Box 8. Confirmed State - True North Metrics									
#	Metric	Unit	Current	Target	Kaizen	30-Day	60-Day	90-Day	
1	Percent of Lung Protective Ventilation	% on LPV	0.32	0.9					
2	Average Vt	ml/Kg	7.4	< 6.5					
3	Data on clinical specialist report	---	NA	Record					
4	Ventilator practice quality improvement team	---	NA	Exists					
5	% Effort of RT Time	% FTE	tbd	Record					
6	Median Duration of Mechanical Ventilation	Days	4	tbd					
7		0	0	0	0				
8		0	0	0	0				
9		0	0	0	0				
10		0	0	0	0				

Current State	Target State

Box 6. Experiments					
#	Experiment	Anticipated Effect	Actual Effect	Follow-up Action	SA No.
1	Presentation	Obtain buy-in			1,3
2	Ventilator kits	Reduce strain			4
3	Change order	Increase adherence			2
4	Change starting Vt	Decrease avg Vt			2
5	Chart on vent	Decrease avg Vt			2
6	Change f/s names	Increase adherence			2
7	Include in meetings	Increase adherence			2
8	Create a logo	Increase visibility			NA
9	Update the research	Increase visibility			NA
10	Create a Ventilator P	Sustain efforts			1

Box 9. Insights

What went well or helped?

What didn't go well or can be improved?

What will we do differently now?

How will we share lessons learned with others?

- Andon
- BOX 1
- BOX 2
- BOX 3
- BOX 4
- BOX 5
- BOX 6
- BOX 7
- BOX 8
- BOX 9