INSTRUCTIONS FOR USING THIS TOOL
DELETE THIS SLIDE BEFORE PRESENTATION

- Use this PowerPoint presentation as a template for your presentation to hospital staff.
- Replace the charts with charts that you create with your data (using the Excel workbook in Tool B.3a) and replace the red text with information relevant to your hospital.
- Modify as needed to suit your hospital – you may wish to delete some slides or sections of slides, and/or add material relevant to your hospital.
- Modify as needed to suit the audience – you may need to tailor for presentations to physicians, nurses, coding staff, or other groups.
- As you modify the presentation, consider explicitly addressing any sensitive issues that you know are likely to be on the minds of your front-line staff (e.g., time demands of a new intervention).
Introduction to [Our Hospital’s] Quality Improvement Initiative on [Topic(s) selected]
What are the AHRQ Pediatric Quality Indicators?

- The PDIs are a set of 16 indicators that reflect quality of care inside hospitals and adverse events that children, adolescents, and, where specified, neonatal patients may experience as a result of exposure to the healthcare system.
- PDIs measure events likely to be preventable through changes at the system or provider level.
- PDIs are measured using hospital administrative data.
- One PDI (PDI 19) is a composite measure.
- Eight of 16 provider-level PDIs are endorsed by NQF.

Why were the PDIs developed?

- Because quality and safety are so important, the AHRQ PDIs were developed to help hospitals:
  - **Screen for potential quality and safety problems** in children using easily accessible data.
  - **Compare themselves with other hospitals** using national standardized measures to assess quality of hospital care.

Why try to improve our performance?

• Because we are committed to reducing harm to our patients:
  – Discomfort
  – Complications
  – Mortality

• Because it aligns with our mission to [insert relevant portion of hospital mission statement here].
Why your voice is important

• You know our hospital and our patients best!
• Your involvement is critical to help us ensure that:
  - We design an intervention that we can effectively implement **together**.
  - We provide appropriate training and support for you to implement the intervention.
  - We take into account the demands on your time and minimize disruption to your workflow.
Our focus

- We have chosen to focus a quality improvement initiative on:

[Insert name of pediatric indicator(s) selected]
Why this matters

- [Insert name of pediatric indicator(s) selected] is important to our patients and to all of us because improvement on this indicator may reduce:
  - Patient suffering
  - Days spent in the hospital
  - Unnecessary medications
  - Unnecessary surgery
  - Risk of death
  - [Add specific outcomes for your selected indicator]
Personalized patient stories often bring home the importance of improving performance on a measure.

Consider inserting here the deidentified story of a patient who suffered the adverse event captured by your indicator.

Include the impact on the patient, family, and staff and how it could have been prevented.
How we selected this topic

• We chose to address [this topic] based on:
  - Comparison between our hospital and peer hospitals
  - Our performance over time
  - Volume and cost of events
  - Ability to change

• The next several slides give more detail on these reasons.
Our hospital’s performance on **[Chosen PDI]**

- Our hospital’s data show a [Chosen PDI] rate of [#] during [time period].
  - This means that about [#] patients in our hospital had [Chosen PDI] in the last year.
- Our hospital performed [better/same/worse] than the national average in [insert year(s)].
- The approximate cost to our hospital for each [chosen PDI] is [cost].
• In this example, we will examine the rates of Neonatal Blood Stream Infection (NQI 03) for this particular hospital performed over time.

• Replace the chart and fill in the slide based on the indicator you’ve selected and your hospital’s data.

• Based on the information that you would like to present, you may choose not to use this slide.
Our Hospital’s Performance Has Been [Stable/Worsening/Improving] Over Time

Examining Observed Rates of Neonatal Blood Stream Infection Rate (NQI 03)
Ability to change

• We believe we can work together to change our current rates of [Chosen PDI] because:
  
  [modify/add/delete as needed]
  
  – We are all committed to the safety of our patients.
  – We have support from our senior leadership.
  – We have staff with the skills to make the change.
  – We are willing to work toward change.
  – The demand on staff time will be reasonable.
Next steps

• Now that we have identified [Chosen PDI] as an area for improvement, we will:
  - Examine **best practices** related to [Chosen PDI].
  - Talk with staff to determine whether **documentation and coding** related to [Chosen PDI] need to be improved.
  - Make a **plan for improvement together** with a variety of staff who work in different roles (e.g., physicians, nurses).
  - Identify **potential barriers** and how to overcome them.
Stay Tuned…

• We plan to review best practices for [selected indicator] by [date].
• We will review documentation and coding by [date].
• We plan to consult with [nurses, physicians, hospital administrators] about potential strategies for improvement and barriers around [date].
• We anticipate that we’ll begin implementing a plan around [date].
Any Questions or Ideas?

We want to hear from you! If you have suggestions or thoughts as we develop our plan to improve [Chosen PDI], please contact [staff member] at [contact info].