



Riddle Me This: A Portable Quality & Safety Escape Room

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Disclosures

Presenters have no relevant financial interests to disclose



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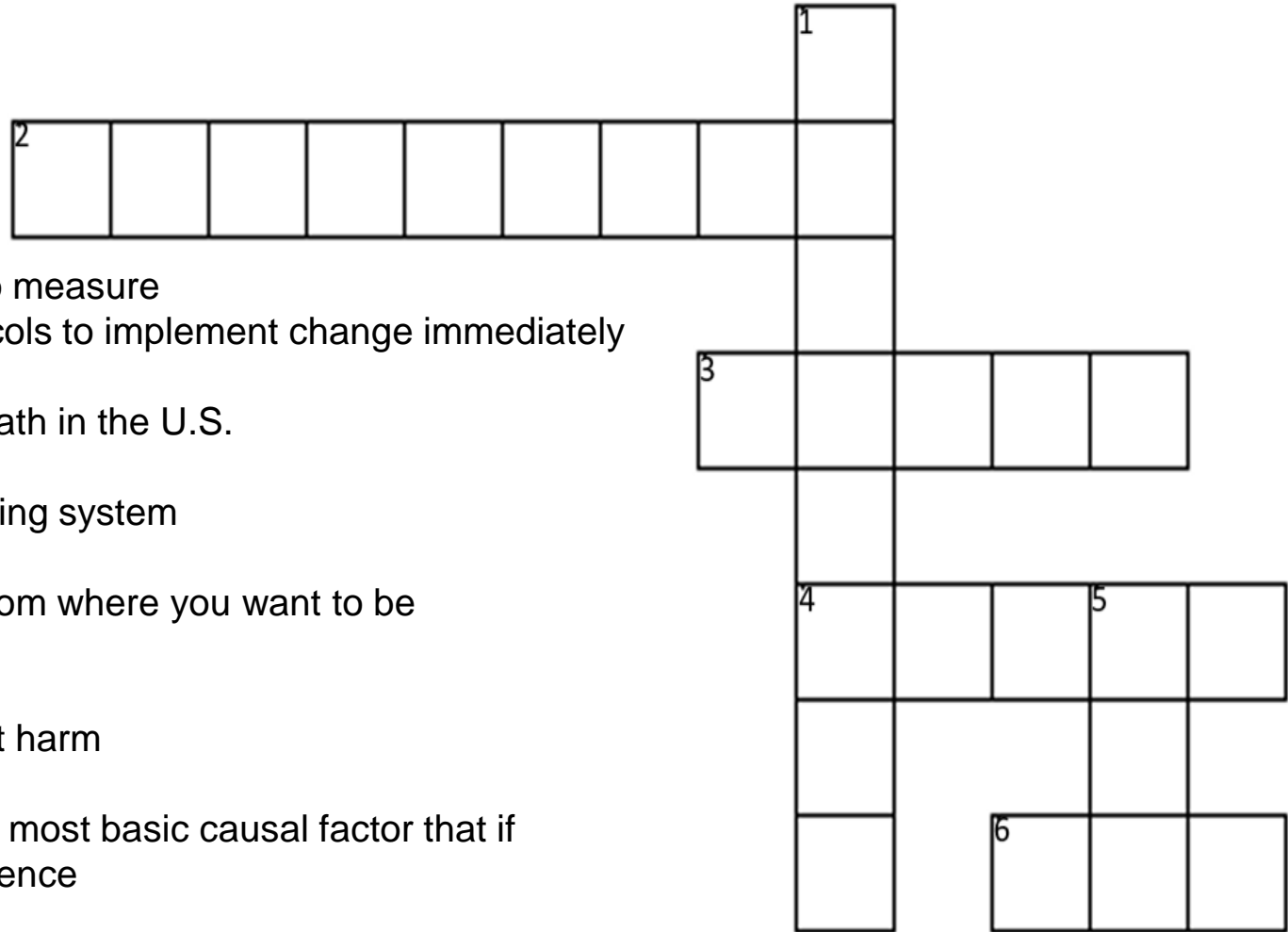
Let's Play



Debrief



Riddle #1: Quality Nomenclature



2. Part acronym - process to measure continuously evolving protocols to implement change immediately

PDSA cycle

3. Third leading cause of death in the U.S.

Error

4. OhioHealth's event reporting system

iCare

6. How far performance is from where you want to be

Gap

Down

1. Unsafe act without patient harm

Near Miss

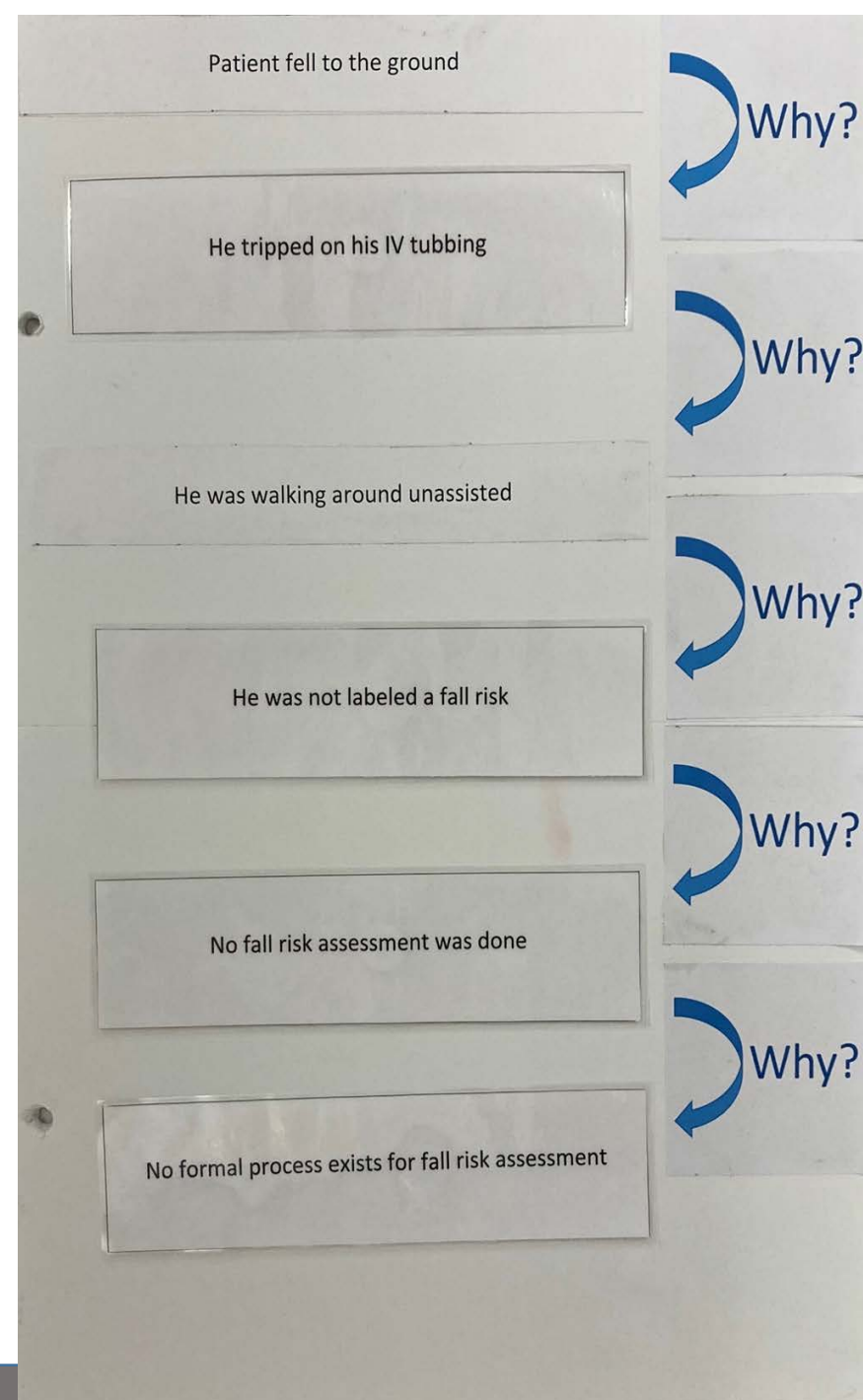
5. Acronym - process to find most basic causal factor that if corrected will prevent recurrence

RCA

Riddle #6: RCA- 5 Why's

Root Cause:

The most basic causal factor that, if corrected, will prevent recurrence



Riddle #9: Alerts support decisions

with varying levels of interruption

Admission

Review Current Orders | **Review Home Medications** | Reconcile Home Medications

Add Prior to Admission Med

View by: **Alphabetical**

Pharmacy: **No Pharmacy Selected**

Alphabetical

cloNIDine HCL (CATAPRES) 0.2 MG tablet
Take 2 mg by mouth daily . Last Dose: 8/25/2020 at Unknown time

Sidebar Summary | **Orders**

Admission Order Rec | **Order Sets** | Options

Edit Multiple

Place new admission orders or order sets

Standard

Reconcile Prior to Admission Medications is complete.

Order Home Medications

cloNIDine HCL (CATAPRES) tablet 2 mg
2 mg, Oral, Daily, First Dose today at 1630

cloNIDine HCL

- Single dose of 2 mg exceeds recommended maximum of 0.6 mg, over by 234%
- Daily dose of 2 mg (2 mg Daily) exceeds recommended maximum of 1.2 mg, over by 67%

Non-interruptive

Medication Warnings for [Patient Name]

Warnings | Report

New Warnings (1 unfiltered, 1 filtered) Show Filtered (1)

High Dose: cloNIDine HCL, 2 mg, Oral, Daily

- Single dose of 2 mg exceeds recommended maximum of 0.6 mg, over by 234%
- Daily dose of 2 mg exceeds recommended maximum of 1.2 mg, over by 67%

High

cloNIDine HCL (CATAPRES) tablet 2 mg
Hospital medication. Reordered.

! INTERRUPTIVE !

Immediately override all warnings:

Benefit outweighs risk | Inaccurate warning | Does not apply to patient | Per protocol |

Per ordering provider's risk assessment | Patient tolerates

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AY19-20 ACGME Survey Results

ACGME Citation for event reporting

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Our Objectives:

- > Standardize resident education for Quality Improvement and Patient Safety
- > **Reduce barriers** to resident event reporting

Solution must-haves

- > Portable
- > Time-efficient
- > Reproducible

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Lock variety was fun

Make resources accessible

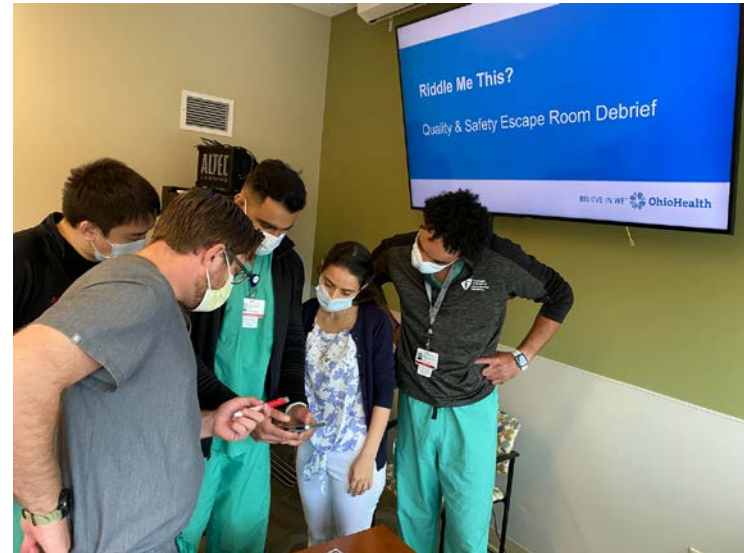


Puzzles don't need to connect

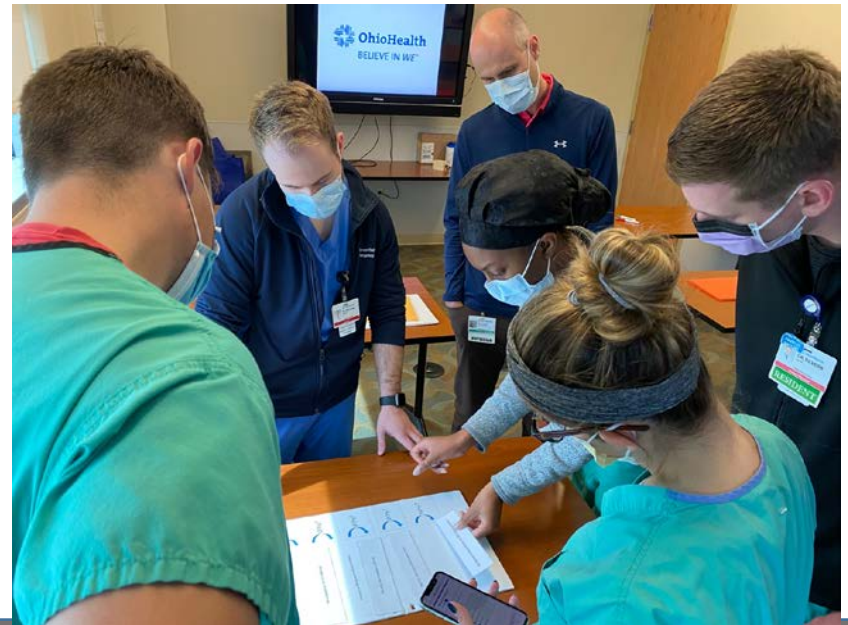
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Specialty's content mastery



Avoid unnecessary complexities



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Return on Investment in Learning

Level 0	Inputs (learners, hours)
Level 1	Reaction to the program
Level 2	Learning program content
Level 3	Application of program content
Level 4	Business Impact
Level 5	ROI



Outcomes

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0. 307 of 409 (75.1%) of residents/fellows participated; 84% response rate to questionnaire
1. Relevance to job, importance to job success, intent to use

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Objective	Agree/Strongly Agree
I am more confident in my ability to describe key aspects of Quality Improvement (RCA, fishbone diagram & 5 whys)	245/260 (94.2%)
I am more confident in my ability to explain important aspects of patient safety (CareConnect alarms & near misses)	251/260 (96.5%)
I am more confident in my ability to demonstrate the iCare reporting process for patient safety events	250/260 (96.2%)

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Application of Objectives	% Agree/Strongly Agree
Utilized RCA, Fishbone, 5 Why's	63%
Utilized CareConnect warnings for Near Misses	72%
Reported Patient Safety Events	65%

80% increase in events reported at GMC

300% increase in events reported at DH

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Back to your institution you must go
“Implement an Escape Room” quips your DIO
Now you have seen what OhioHealth’s done
What are your thoughts about executing one?



Questions?



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References

Philips, J, Buzachero V, Philips P, et al.: Measuring ROI in Healthcare: Tools and Techniques to Measure the Impact and ROI in Healthcare Improvement Projects and Programs. McGraw-Hill, New York, 2018.