Aim: To improve knowledge of quality improvement, bronchiolitis, and the CHAT safety and quality collaborative intervention bundle among hospital providers; also to improve both communication with community providers and education of families.

Goals:

1. To educate 80%-90% of all direct care personnel caring for children with bronchiolitis in CHAT hospitals about QI and the CHAT safety and quality collaborative intervention bundle utilizing QI primer, data management, basic bronchiolitis EB/pathway, and bronchiolitis best practices by October, 2017.

2. To communicate patient summary/care plan to community providers

3. To insure family understanding of diagnosis, home care, and patient follow-up

KEY DRIVERS

QI primer core knowledge

Data management knowledge

Basic bronchiolitis EB/pathway knowledge

Bronchiolitis best practices knowledge

Bronchiolitis diagnosis, home care and follow-up knowledge

CHANGE STRATEGIES

• All persons involved in the care of children with bronchiolitis should be educated on the QI primer, data management, basic bronchiolitis EB/pathway and bronchiolitis-related best practices. Target personnel include:
  • HOSPITAL PROVIDERS (ED, Inpatient, ICU, Observation unit, Pulmonary)
    • Attendings, fellows, residents & medical students
    • Advanced practice providers
    • Nurses
    • Respiratory therapists
    • Asthma educators
    • Pharmacists
    • Outside rotators
  • COMMUNITY PROVIDERS (Primary care)
  • SUPPORT SERVICES: Social workers/child life specialists/care coordinators/case managers
  • OTHER: travel nurses, residents rotating from outside institutions, seasonal staff, PRN staff

• Ensure completion of educational modules (online)
• More than one delivery method should be used for the education and may include (but not limited to):
  • MD’s (attendings and learners)
    • Staff meetings/Department meetings
    • Workshop/training session for CME credit
  • RN’s /RT’s
    • Unit councils /monthly meetings
    • In person and online in-service (passive and active learning modalities)
    • Huddles
  • Inter-professional team meetings (clinicians across roles)
  • Identify super educator(s) per each unit/department
  • Number of super educators will vary according to the size of the institution
    • Physician, Nurse and/or RT educator(s) to be supported by additional resources for areas with a high number of children with bronchiolitis

• Ongoing reinforcement of concepts: More than one method can be used and may include (but not limited to):
  • Clinical application with mock patient scenarios, simulation center, Grand rounds for topic review/collaborative updates, newsletters

• Communication with outpatient provider upon patient disposition
  • Consider developing form/fax to be utilized from ED

• Improve education for family
  • Develop standardized discharge instructions and action plan for home care