

Adapting Quality to the Challenges of a Pandemic

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Management



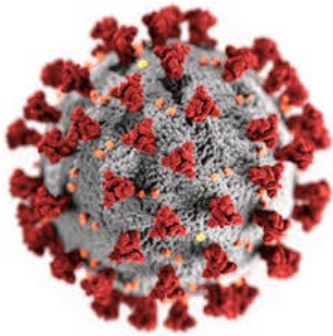
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The newspapers and health authorities had given some warning but, even though our 250-bed hospital foresaw trouble, no one anticipated the suddenness of the attack. One day our student duties went on as usual: we attended classes and had supervised practice in the care of patients. Then almost overnight the hospital was inundated by...victims

Deming D. Influenza—1918: Reliving the great epidemic. *The American Journal of Nursing*. 1957;57(10):1308–1309.



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Institution specific Emergency/ Disaster Preparedness

March
11, 2020

- WHO -
Pandemic

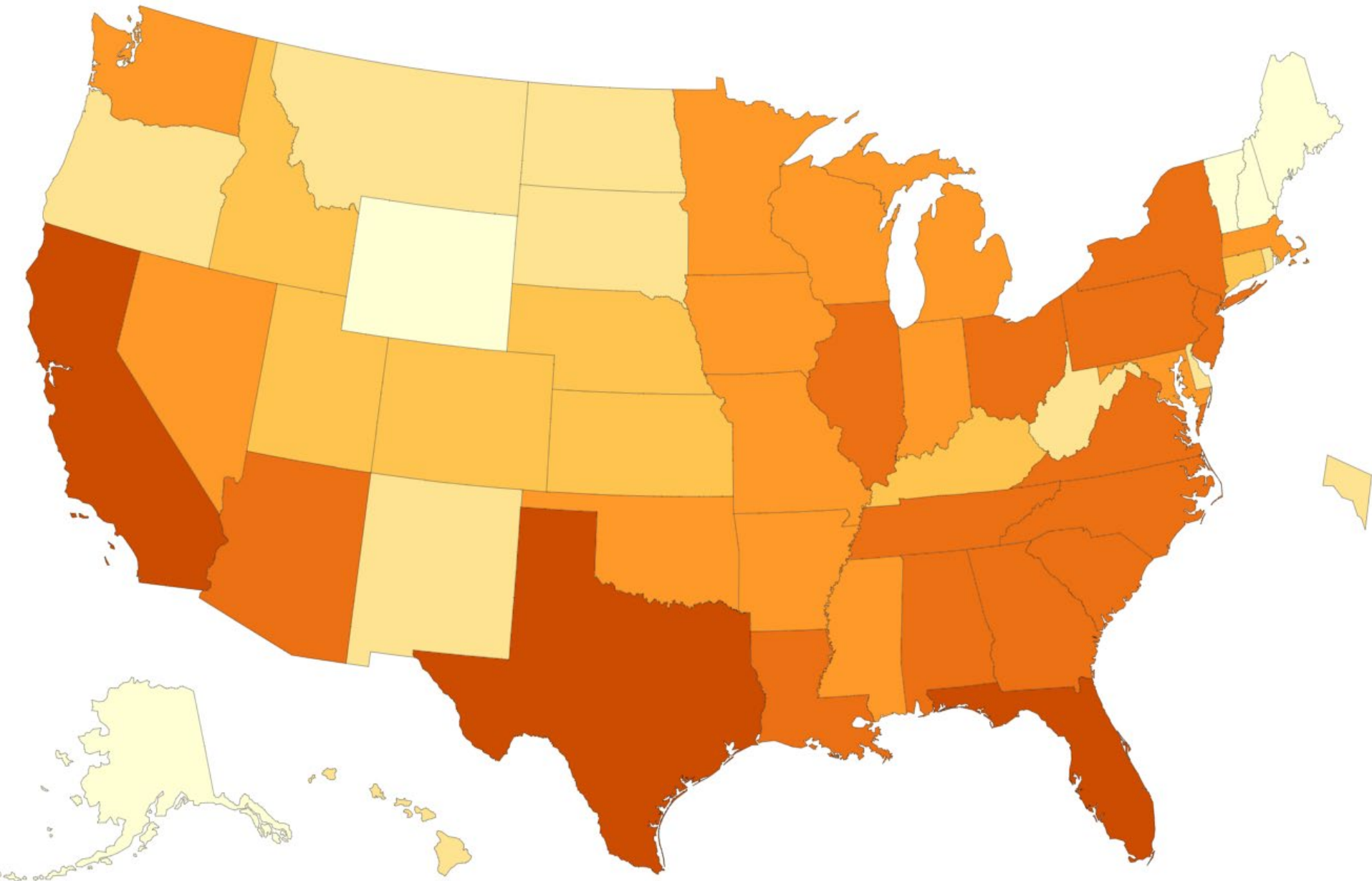
March
13, 2020

- US -
National
Emergency

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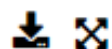
Total Number of COVID-19 Cases in the US Reported to the CDC, by State/Territory



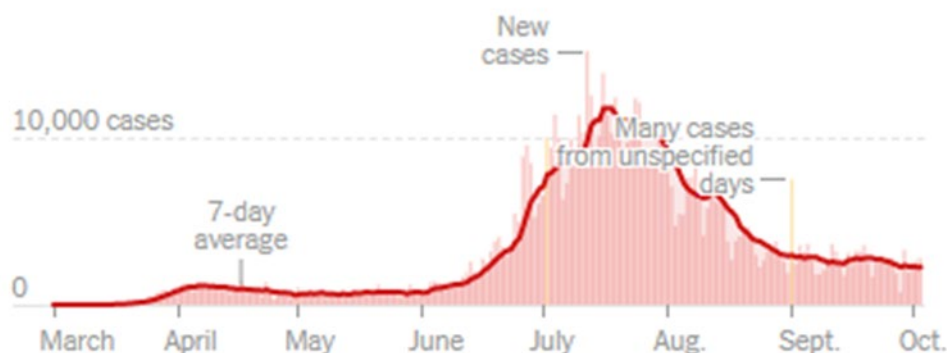
Territories

AS	FSM	GU	MP	PR	PW	RMI	VI
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Total Cases by State/Territory



State/Territory	Total Cases	Confirmed	Probable
California	819,436	N/A	N/A
Texas	763,010	N/A	N/A
Florida	705,938	N/A	N/A
Georgia	322,078	N/A	N/A
Illinois	302,827	300,088	2,739
New York City*	247,287	241,403	5,884
Arizona	220,399	215,688	4,711
New York*	217,475	N/A	N/A
North Carolina	216,886	211,403	5,483
New Jersey	207,576	N/A	N/A
Tennessee	199,595	191,442	8,153



	TOTAL REPORTED	ON OCT. 3	14-DAY CHANGE
Cases	716,451	2,787	-19% ↘
Deaths	14,670	74	-12% ↘



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COVID-19 Death Rate in the US Reported to the CDC, by State/Territory (deaths per 100,000)

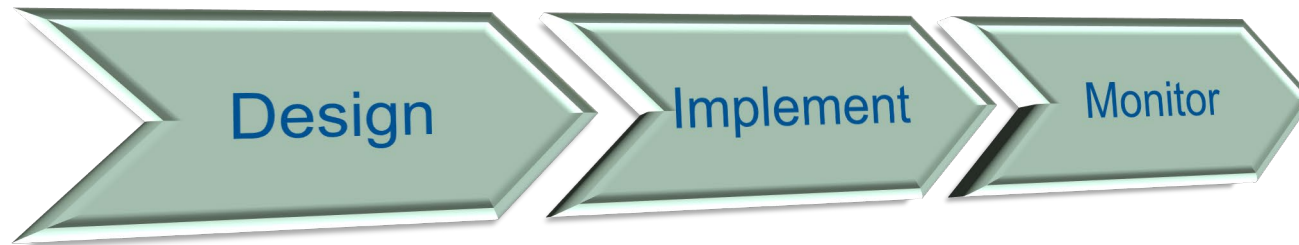
State/Territory ↕	Death Rate per 100,000 ↕
New York City*	283
New Jersey	181
Massachusetts	137
Connecticut	126
Louisiana	118
Rhode Island	105
Mississippi	100
District of Columbia	89
New York*	81
Arizona	79
Michigan	71
Illinois	70

Florida	68
Georgia	67
South Carolina	67
Delaware	66
Maryland	65
Pennsylvania	64
Texas	55
Indiana	54
Nevada	54
Alabama	52
Arkansas	46
Iowa	43
New Mexico	42
Ohio	42



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Quality Improvement before.....

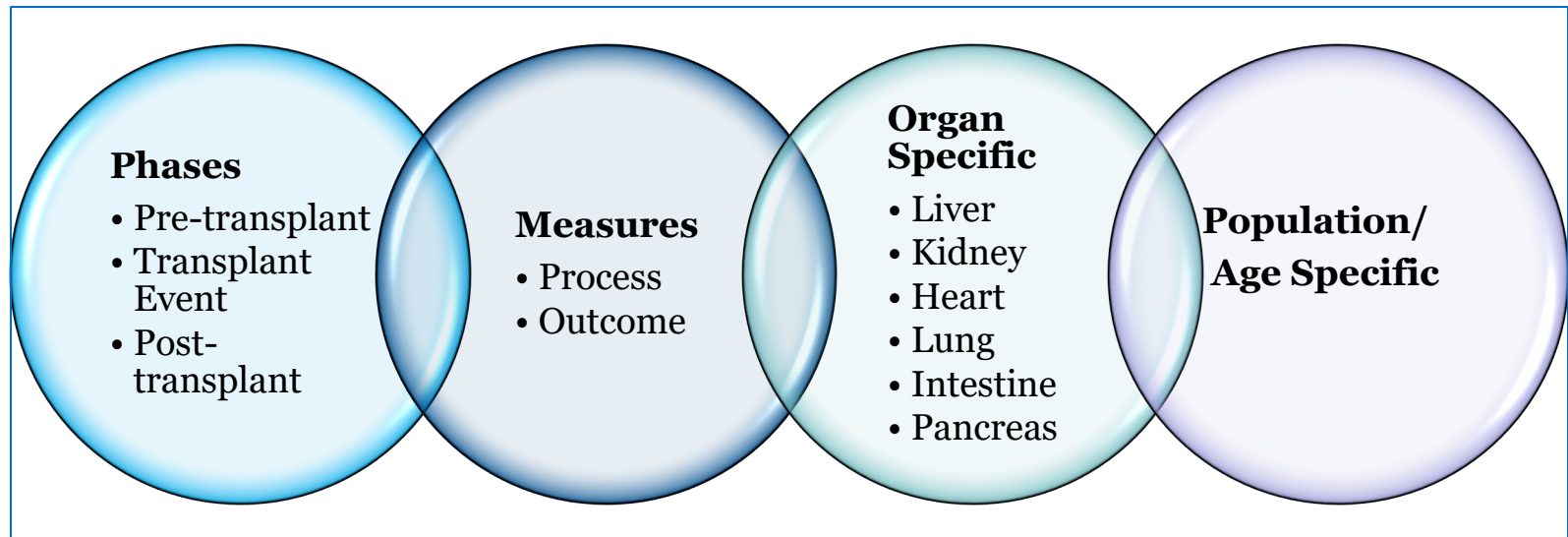
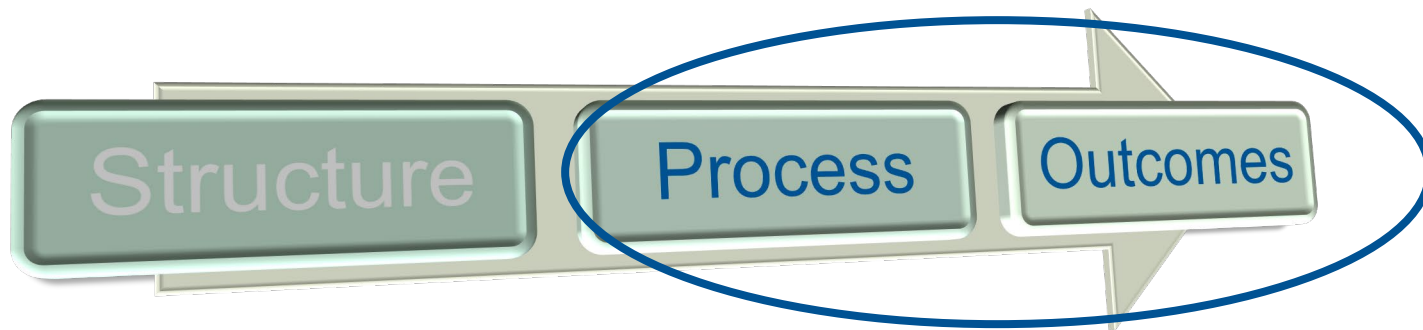


- Elective
- Comprehensive
- Data driven

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Transplant Quality



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Normal

Pandemic

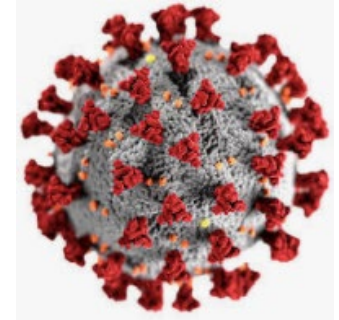
Operational drivers

Data driven

Ethical principles

Analytical/Objective

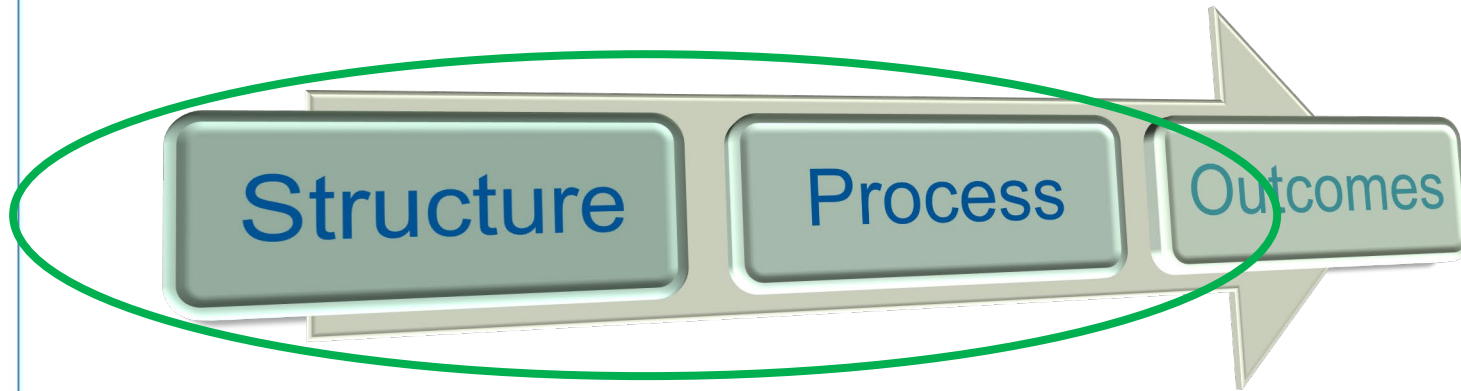
Safety



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Quality During a Pandemic



- Rapidly changing event
- Minimize burden
- Focus resources
- Ensure best possible outcomes
- Paucity of benchmark data
- Burden of data collection in a crisis



In God we trust; all
others bring data.

W. Edwards Deming

quotation

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*“Data! Data! Data!” he
cried impatiently.
‘I can’t make bricks
without clay.’”*

*Sherlock Holmes,
in The Adventure of the
Copper Beeches*

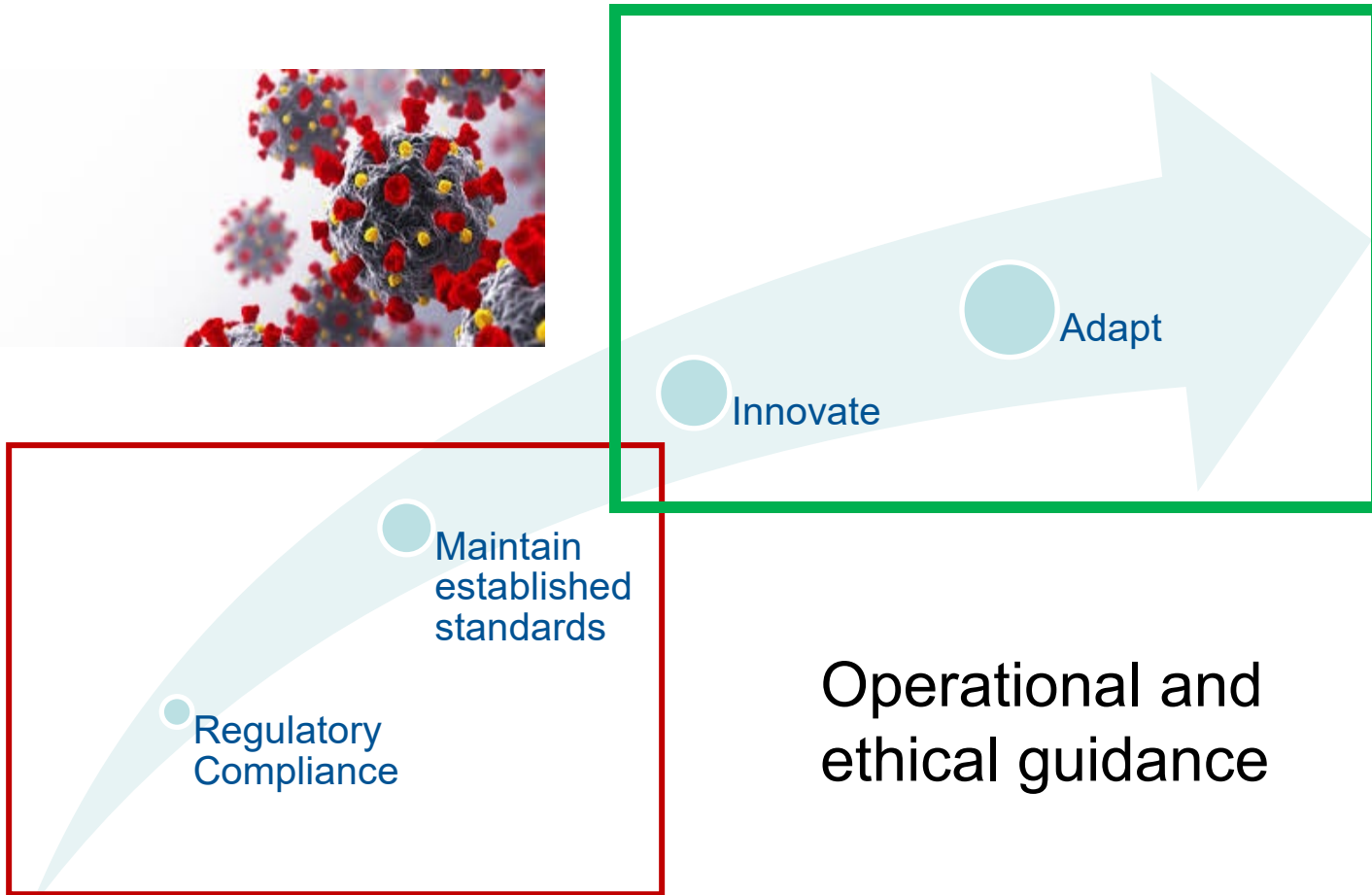
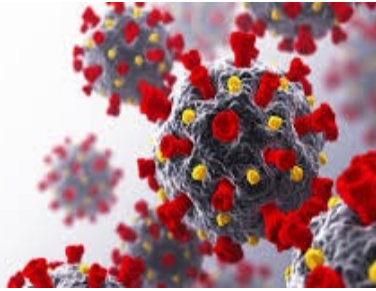
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How Do we Adapt Quality to the
Challenges....When we Don't Know What
Quality Is?

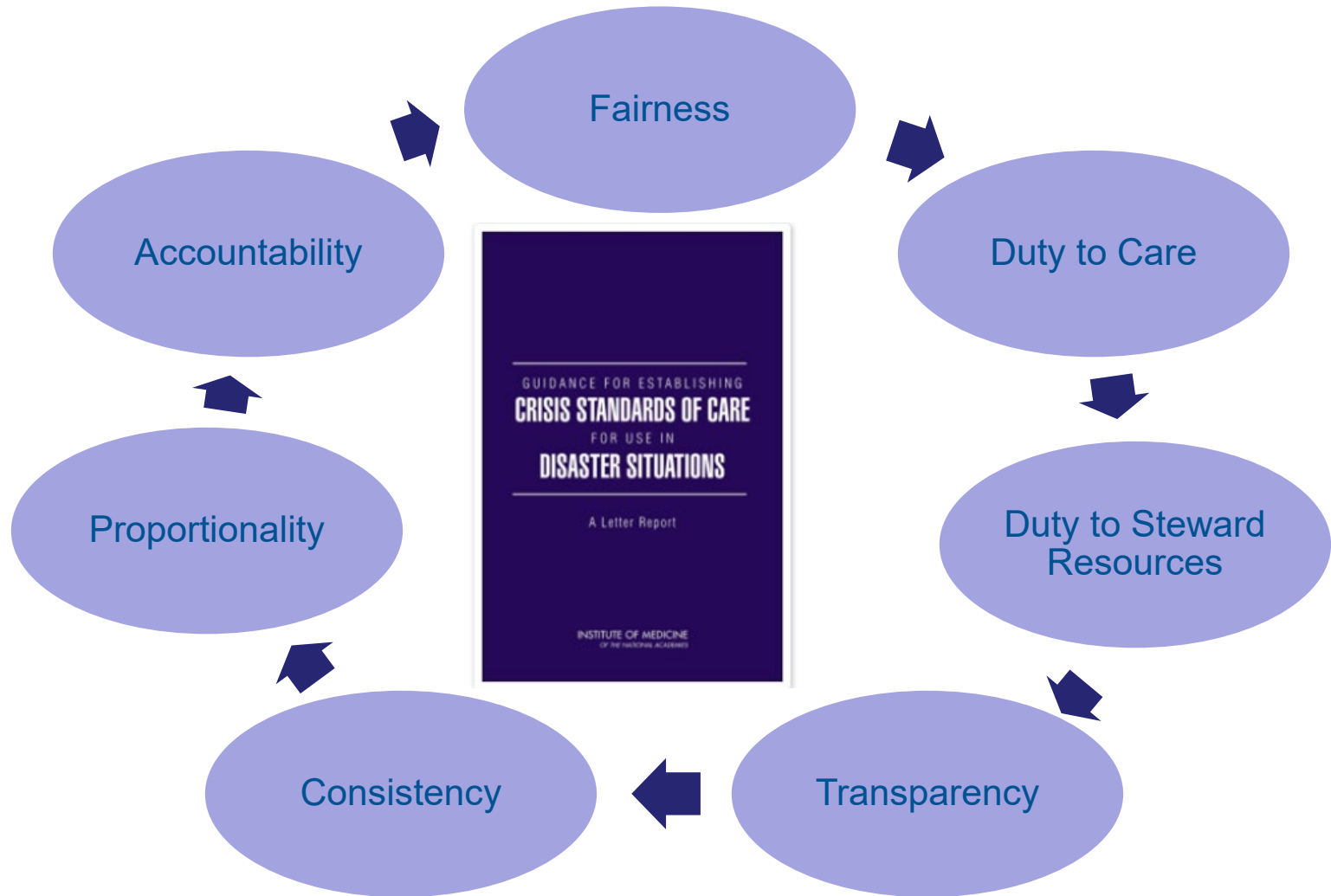


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ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA



**Optimizing
Crisis Resource Management
to Improve Patient Safety and
Team Performance**

A handbook for all acute care health professionals

Peter G. Brindley, Pierre Cardinal
Editors

How Did we Adapt Quality to the Challenges....



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Organ Procurement and Transplantation Network

	2020	2019	2018
All Donor Types	25,606	39,719	36,529
Deceased Donor	21,974	32,322	29,680
Living Donor	3,632	7,397	6,849

Transplants by Donor Type

U.S. Transplants Performed : January 1, 1988 - August 31, 2020

Total - 38,409

DD – 32,961



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Quality Improvement Committee



- Switch to virtual meetings
- Formal committee mtgs to daily huddles
- Hospital, State and city updates
- Changes in policies/standards
- Identify new/potential challenges
- Problem solve



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Huddles



- Tiered huddles
 - System/hospital leaders
 - Middle management
- Flat hierarchy
- Connect teams
- Share issues
- Problem solve/mitigate

Virtual Meetings



- Participate from any location
- Allow greater participation
- Easier data/information review
- Use of whiteboard
- Engagement?

Morbidity and Mortality Case Conferences



- Initially on-hold
- Switched to virtual
- Increased participation
- COVID related events if meet general criteria for review

Patient Safety Event Review/RCA



- Switched to virtual
- Increased participation
- COVID related events if meet general criteria for review

Policy & Procedures

Rapid development and approval

‘Living’ documents

Formalize and adapt

Some remain ‘living’



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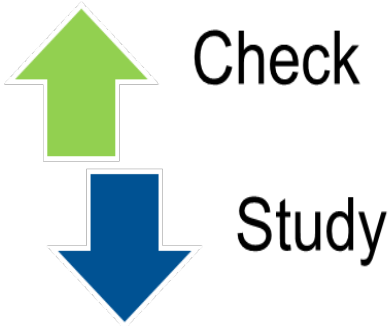
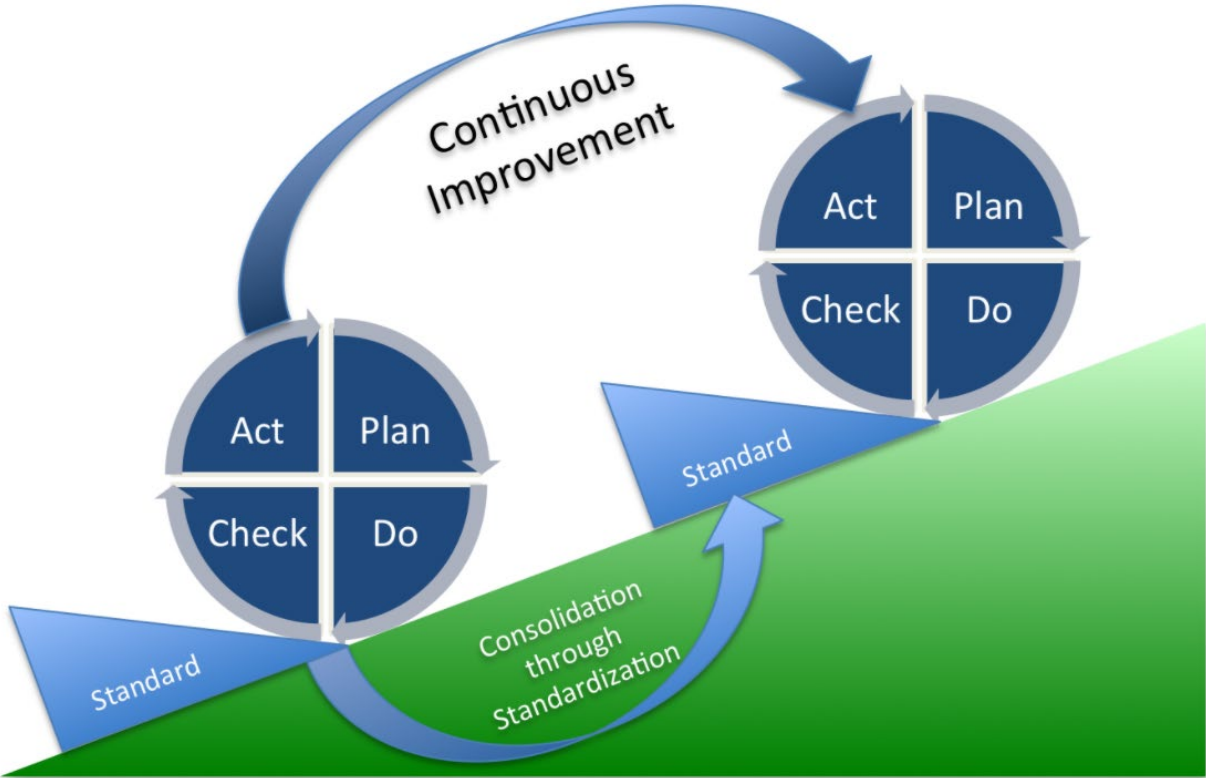
Quality Improvement

Model for Improvement



- Rapid learning cycles
 - POE
 - Triage of PUI
- Utilized data from huddles
 - Paucity of formal data collection during 'crisis'
- PPE use
 - Observational

Rapid Learning Cycles



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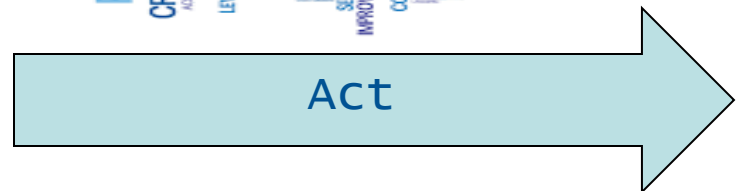
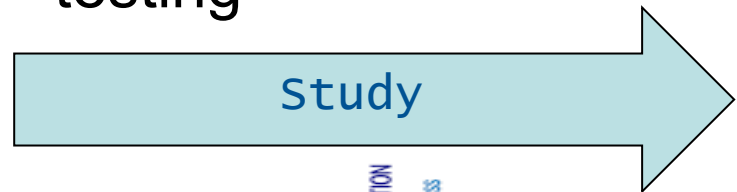
Discharge Planning Rounds

- In-person meetings cancelled
 - Discharge planning conducted through person-to-person communication/email
- Launched virtual discharge planning 'rounds/huddles'



Post-transplant F/U Protocols

- Frequency of clinic visits
- Frequency of laboratory testing



Mitigation



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graph TD; A[Mitigation] --> B[Preparedness/Management]; B --> C[Response]; C --> D[Recovery];
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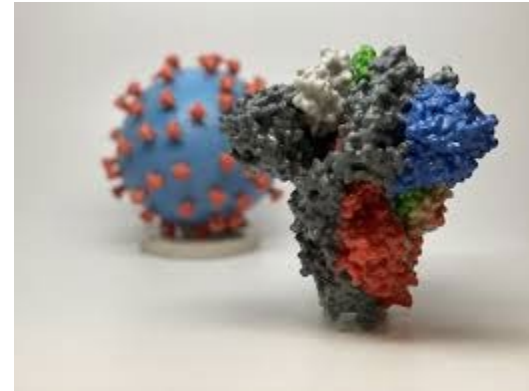
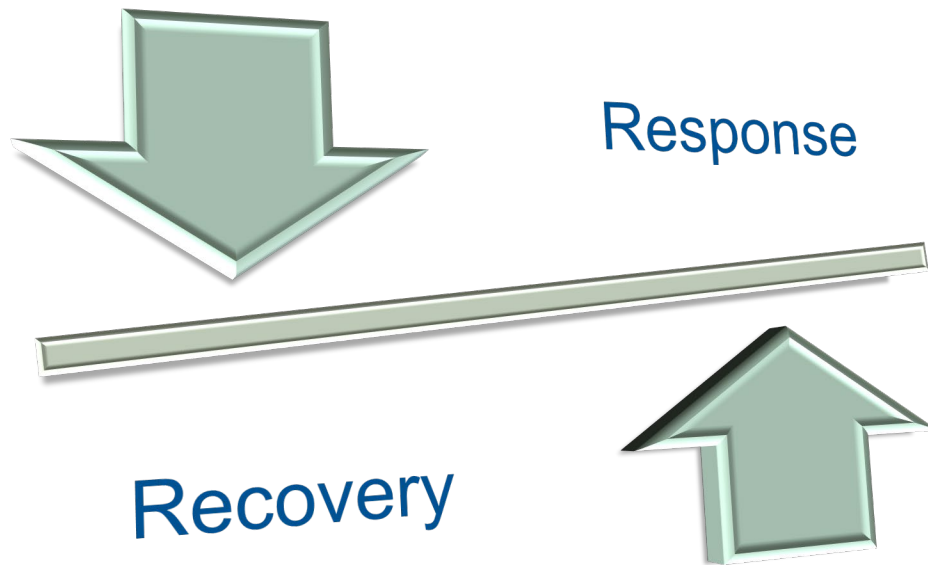
Preparedness/Management

Response

Recovery

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Summary

- Rapid cycle, dynamic, and iterative
- Achieve best possible outcome
- Structural and procedural processes
- Communication
- Maintain focus on pre-pandemic metrics
- Prioritize/resource pandemic related until 'new norm' is identified
- Incorporate outcome metrics as data becomes available



THANK YOU



Institute of Medicine. 2009. *Guidance for Establishing Crisis Standards of Care for Use in Disaster Situation: A Letter Report*. Washington, DC: The National Academies Press

Brindley PG, Cardinal P. *Optimizing Crisis Resource Management to Improve Patient Safety and Team Performance: A handbook for all acute care health professionals*, 1st edn. 15 May 2017.



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