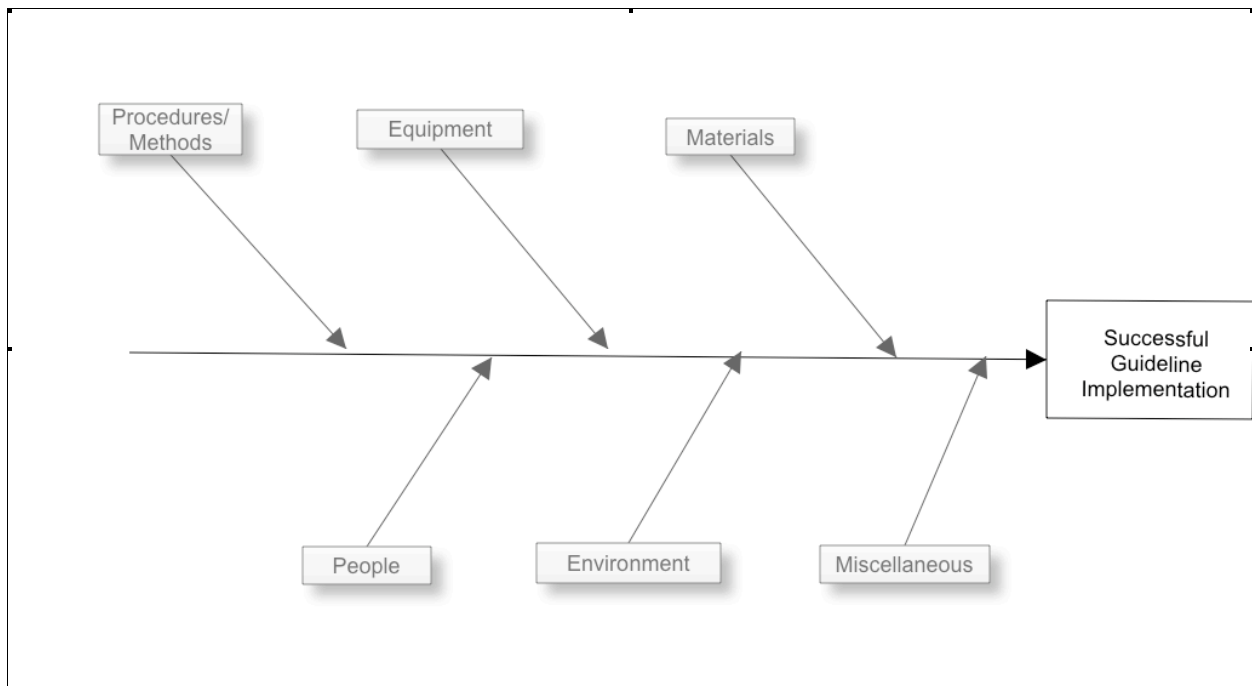


Problem Identification Worksheets (PIW)

Quality Improvement and Performance Improvement Worksheets (PIWs)

The work of quality improvement must start from one's ability to see the "whole" of the problem of achieving guideline compliance and then provide means for users to "drill down" to individually identifiable "problem" areas, both to define and remedy them. The "whole" of the problem is shown graphically in a FISHBONE diagram, a familiar technique used in QI work. The head of the fish points to the project's GOAL, while typically six bones fan out from the spine to capture the inter-relationship of PEOPLE, PROCEDURES, EQUIPMENT, MATERIALS, ENVIRONMENT AND MISCELLANEOUS factors in achieving success



A detailed FISHBONE for the promotion of antenatal steroid (ANS) administration is shown as part of the PROBLEM-IDENTIFICATION WORKSHEETS I and II that appear several pages later and are intended to aid the reader in understanding the range and interplay of factors enabling successful guideline implementation. Specific subsections address each specific implementation issue. APPENDICES contain example documents useful to guide implementation; fellow CPQCC members have contributed many of them.

Again, following our usual CPQCC format, we suggest that each unit consider using the PROBLEM-IDENTIFICATION WORKSHEETS as a means to understand the range and significance of their problems in achieving guideline compliance before they initiate specific remedial actions. The suggested quality improvement exercises enable a unit to start immediately to gather together the data and insights necessary to define and remedy QI challenges. We suggest that you address these exercises in the order suggested, and we welcome your suggestions as to how to improve them.

Problem Identification Worksheets

Finding opportunities for improvement:

1. Identify and analyze your center's current monitor of antenatal steroid administration (ANS):

- The rate of ANS administration for a given time period is defined as:

$$\frac{\text{Number of mothers treated}}{\text{Number of eligible infants}}$$

- Does your center trend (by complete enumeration or on the basis of sampling) its ANS administration rate? Y/N
- Can your center identify for you a series of patients for whom ANS treatment was planned, but who were not subsequently treated? Y/N
- Can your center identify for you a series of patients who received appropriate ANS administration, but it was not documented correctly in the medical record? Y/N
- Can your center identify its ANS administration rate (and cases) for the last two years (or other equivalent time period)? Y/N
- How did your ANS administration rate compare to the CPQCC benchmark of 85%?

2. Review L&D charts for miscommunication between the prenatal provider and L&D about the mother's antenatal corticosteroid administration status: Review charts of mothers of infants listed in your CPQCC reports as not having received ANS.

- Worksheet I addresses your accuracy in counting mothers who were treated and your failure to treat mothers for whom treatment was planned. It will help you determine whether accuracy in counting treated mothers is a concern for your hospital. It will also provide information on failure to administer ordered ANS. To complete this worksheet, you should review charts of mothers of infants listed in your CPQCC reports as not having received ANS. Please be sure to include review of those mothers whose infants might have been transferred or died.
- Review charts using Problem Identification Worksheet I and determine how many charts had missed opportunities for appropriate ANS administration.
- Drill down on those charts with miscommunication and determine the factors contributing to the event. Classify the factor(s) using the accompanying

“fishbone” diagram and identify relevant stakeholders in formulating approaches to minimize these factors.

3. Complete a case review of ANS administration opportunities missed: Review charts of mothers of infants listed in your CPQCC reports as not having received ANS, but do NOT include those patients who, according to Worksheet I, did in fact receive ANS.

- Worksheet II addresses the role physician practice may play in whether or not ANS is administered appropriately, particularly with respect to certain conditions. These are preterm labor with tocolysis; preeclampsia; premature preterm rupture of membranes; gestational diabetes; vaginal bleeding/abruption/previa; advanced cervical dilation. When completed, Worksheet II provides insight into medical conditions negatively correlated with administration of steroids and may identify physicians who administer ANS less consistently.
- Review charts using Problem Identification Worksheet II and determine how many charts had missed opportunities for appropriate ANS administration.
- Drill down on those charts where physician practice seems to contribute to ANS treatment failure and determine the factors contributing to the event. Classify the factor(s) using the accompanying “fishbone” diagram and identify relevant stakeholders in formulating approaches to minimize these factors.