

Background

- The nurse advice line (NAL) expanded support to pediatric patients with diabetes using newly created Endocrine specialty after-hours triage guidelines.
- A monitoring process was created to ensure adherence to these new guidelines and documentation requirements.

Purpose

The goal was to create a quality improvement (QI) process to foster a culture of excellence, improve processes, provide timely feedback to staff with a new process, and enhance the quality of our care.

Methods

- The NAL QI committee created an endo sub-committee. These nurses also take Endo Triage calls.
- The committee developed a survey in Rounding for Children's Health. It included questions to answer while listening to audio recordings of triage calls and also for reviewing chart documentation to monitor patient management.
- The QI sub-committee reviewed forty-five calls taken over three months to establish baseline quality metrics.



TEAM ENGAGEMENT!

- The QI Sub-Committee is called The Endo QIP Team
- Nurses who take the calls are monitoring the calls
- Peer to Peer Feedback

Children's Health Eddie Bernice Johnson Nurse Advice Line

QIP Endo

1. MRN:

2. Date of Encounter:

3. Time of Encounter:

4. Did the nurse include the ENDO smart phrase?
Yes No

An Endocrine Smart Phrase helped nurses remember the requirements

The ENDO QIP survey was 34 questions with 17 scored.

NOT SCORED:

- Demographics were not scored: The medical record number, the nurses involved, date and time of the call

SCORED QUESTIONS:

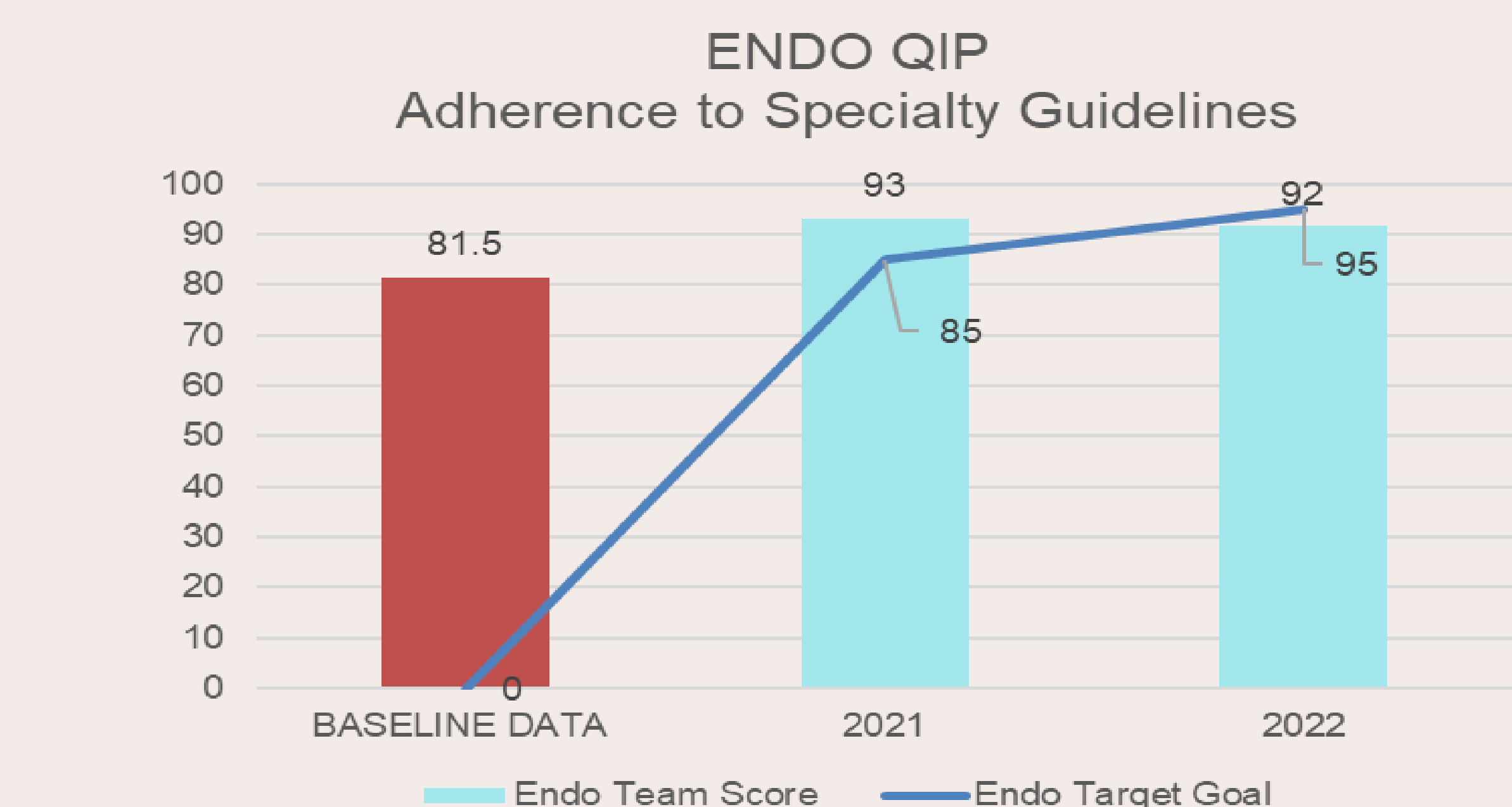
- Assessment of the patient:** Did the nurse ask about mental status, behavior, breathing, color, fever, pain, and signs of illness such as colds, vomiting, diarrhea, or sore throats?
- Endocrine specific questions to manage the call:** Did the nurse ask about blood glucose, ketones, total daily dose, last insulin dose, times of last insulin dose, missed medications? Questions were required for every Endocrine call.
- Protocol and Guideline Used:** Children's Health System of Texas (CHST) Endocrine Diabetes Guideline versus Pediatric After-Hours Guideline
- Documentation:** Does the documentation match the call? Is it complete?
- Team Process and Collaboration Requirements:** Was the note routed to their Endocrine Provider and the Endocrine Clinic Nurse Pool? If an on-call provider was called, did the nurse route to them?
- Tracking Requirements:** Endocrine Reason for Call

Implementation Strategies

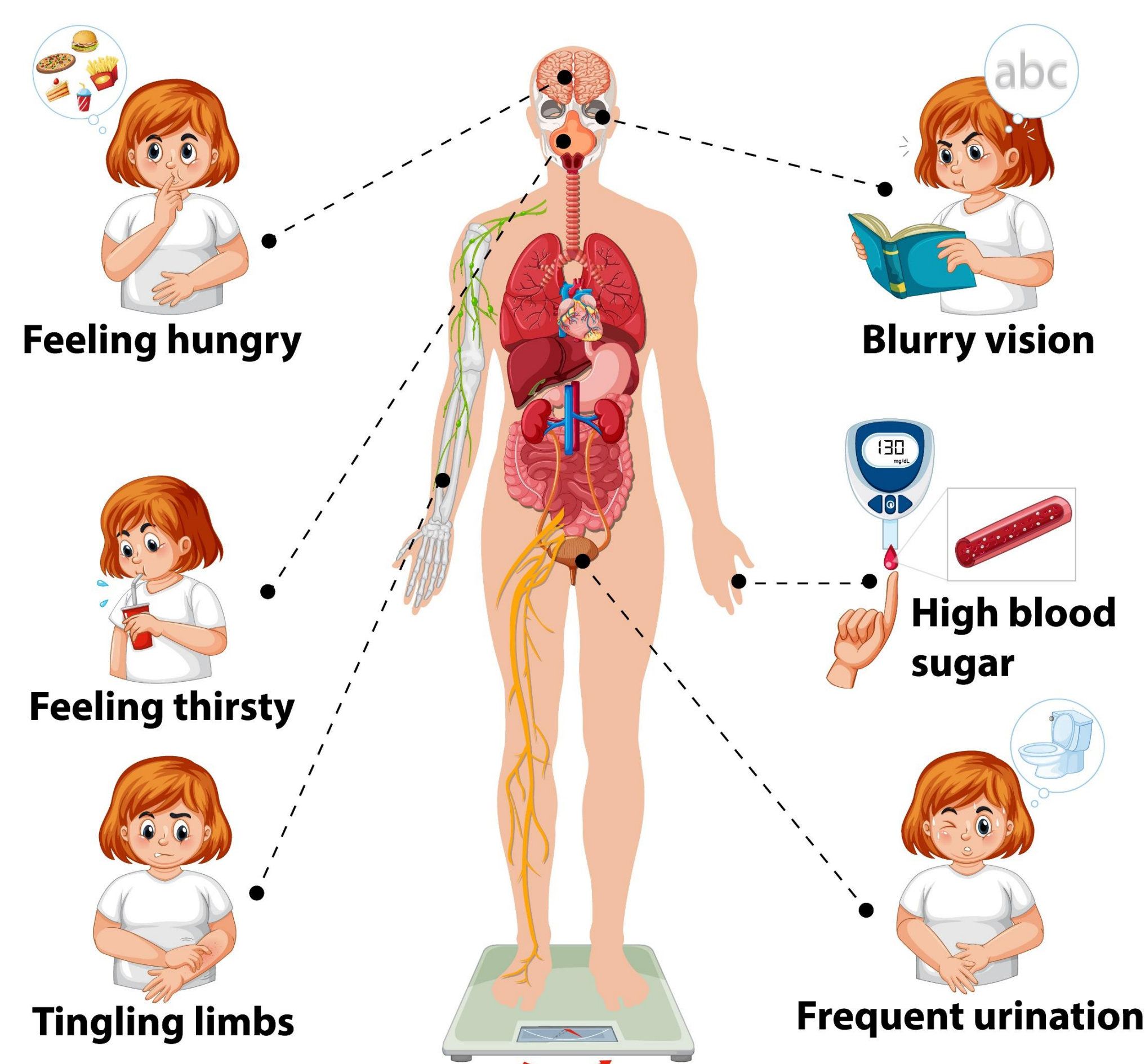
- Nurses completed the surveys during their scheduled shifts.
- Feedback to staff was most often given by the nurses who completed by the surveyor = Peer to Peer
- Deficiencies were addressed with feedback individually via standard notice emails and verbal coaching.
- Team discussions occurred in staff and QI meetings.
- To facilitate ongoing assessment, The QI sub-committee surveyed 10% of the total volume, at least 15 calls per month.

Outcomes: Baseline data was 81.5% adherence. Most commonly missed questions were documentation requirements such as the new tracking and routing requirements and a learning curve related to the requirement that all assessment and endocrine questions were to be documented on every call, even medication refill questions

Using various coaching methods, the team achieved 93% adherence to the guideline in 2021 and 92% adherence in 2022.



DIABETES SYMPTOMS



Implications and Relevance:

- Pediatric subspecialty telephone triage lacks quality data and benchmarks.
- Nurses providing after-hours care can manage basic pediatric specialty diabetic care with education and ongoing support.
- Clear expectations and close oversight with timely feedback helped navigate the learning curve.
- Collaboration with the endocrine team proved critical in maintaining high standards.
- New after-hours providers and triage staff can influence team efficacy.
- Staff nurses involved in the process enhanced engagement and provided valuable insight from their first-hand experiences.
- Timely monitoring combined with staff involvement and organizational support proved to be crucial for improving adherence.
- The specialty process guidelines and surveys continue to evolve and education and training are crucial to the success of this program, along with continued monitoring.
- This project emphasizes the significance of robust review and teamwork to enhance care.

References: Fitzpatrick, C., Buckingham, T., Merrell, J., McCoey, C., & Richardson, D. (2020). Engaging nurses in research and quality improvement is associated with higher job satisfaction and lower rates of unscheduled time off work: A pilot study. *International Journal of STD & AIDS*, 31(7), 702-704. <https://doi.org/10.1177/095646242091989>; Knudsen, S. V., Laursen, H. V. B., Johnsen, S. P., Barba, P. D., Ehlers, L. H., & Mainz, J. (2019). Can quality improvement improve the quality of care? A systematic review of reported effects and methodological rigor in plan-do-study-act projects. *BMC health services research*, 19(1), 683. <https://doi.org/10.1186/s12913-019-4568-0>; Navacchi, M., & Lockwood, C. (2020). Perceptions and experiences of nurses involved in quality improvement processes in acute healthcare facilities: a qualitative systematic review protocol. *JBI evidence synthesis*, 18(9), 2038-2044. <https://doi.org/10.1111/14728889.12192>; Vahle, R., Smith, S., & Doehle, B. F. (2019). Improving patient satisfaction through improved telephone triage in a primary care practice. *Family medicine and community health*, 7(4), e000206. <https://doi.org/10.1136/fmch.2018.000206>

Images: Vecteezy.com https://www.vecteezy.com/free-vector/diabetes Diabetes Vectors by Vecteezy
Contact Information: Laurie Smith at Laurie.Smith@childrens.com
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