Interdisciplinary Collaboration to Improve Workflow Related to Interventional Pulmonary Procedures on the Floors

The Problem
How can we improve Communication and support for Interventional Pulmonary (IP), Materials management and the nursing unit? The issues occurred because the IP procedures were not scheduled in advance and unit staff would have little notice of placement of a chest tube from IP. IP is a consult service and therefore they do not have a set schedule for when they are placing chest tubes

- The Procedures occurred during busy times for nursing staff such as morning medication pass, change of shift, and during times with heavy discharges.
- The Floor staff was not able to acquire correct supplies or be available at the bedside to monitor the patient. This resulted in long waits for the IP staff and the problem impacts patients with delayed patient care
- IOM Dimensions of Quality Care: We have improved Efficiency and Safety by providing staff in Materials and on the nursing unit with a list of the correct supplies. We have defined the roles so nursing and the IP staff can understand what support is available for the patient.

Aim/Goal
To provide the IP fellows with a consistent checklist for performing a procedure that will be done at the bedside

The Team
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The Interventions
Staff from the Nursing Units, Interventional Pulmonary and distribution met and:
- From gathering current performance data about the problem, we developed a list of supplies needed for specific Thoracentesis or Tube placements.
- Solicited input from colleagues and tested the use of the list on units with high use.

The Results/Progress to Date
- Implemented a new process for ordering the supplies and spread the information to nursing leadership at Q and S Ops.
- The list was placed on the portal under Administrative Resources for staff to access in order to promote on-going use.

Lessons Learned
During this quality improvement project, we were not able to address having a nurse at the bedside for all procedures. We have significantly improved the process of having the correct supplies at the bedside and resolved the delays in patient care caused by having inadequate or incorrect supplies on the units.

Next Steps
- Materials and IP have revised the supplies list to address issues in real time. Material Management has two of the kits they use pre-made by our distributor Cardinal so that BIDMC does not have to prepare these in-house anymore.
- Nursing teaches staff about the availability of the supply list at Med-surg Competency day to “spread” the improvement.