NQI Team Project Charter adopted for INEWS Improvement Project

The purpose of this stage is to <u>develop and document</u> a clear understanding in respect of all the important elements of the project with the external project partner (**WHAT, WHY, WHEN, WHO, HOW**) and is the same as a project initiation document. The project charter should be signed by the QID sponsor and the external sponsor.

Outline the Background / Context of the Project

Post audit of INEWS, hospital site identifies improvement actions and intention is to use QI methodologies to deliver on actions and other associated recommendations.

The aim being to improve the recognition and response to the adult deteriorating patient.

Model for Improvement Q1 What are we trying to accomplish?	Measureable, Strategic, Compelling, Important, Challenging, Achievable, Unambiguous

Aim statement – outline the measurable objectives for the project

'BHAG' - Eliminate Preventable Death associated with unanticipated cardiopulmonary arrest'. Excl. ICU CCU ED OT

Aim –

- *People with physiological deterioration in acute care will have a structured response & person centred care plan*
- *Reduction in unexpected In-house CPA*
- *Reduction in Unanticipated admissions to ICU*

Identify high level milestones / Deliverables

Milestones	Who's responsible (responsible, accountable, consulted, informed)	When
Ph 1 - Development of INEWS QI Improvement Plan.	e.g. Local EWS Governance Team DPIP QI support	
Ph 2 – Plan to be tested and implemented	e.g.Local EWS Governance Team DPIP QI support	

Outline problem to be addressed (Defines WHAT broadly)

Example of INEWS Key Challenges:

- *Current limitations to available data e.g. data related to time prior to cardiac arrest (deterioration period)not recorded in HIPE or audited locally*
- *Inaccurate recording of INEWS score and subsequent impact on minimum frequency of observations and decisions to escalate care*
- *Medical notes did not refer specifically to the early warning score (INEWS) even when elevated (QAV audit)*
- *Site to site variability in terms of escalation protocol*
- *Lack of training and awareness in relation to escalation protocol*
- *ISBAR (identify, situation, background, assessment and recommendation) seldom used as a*

- communication framework.
- *Patients often reviewed by junior medical staff when a senior medical review was warranted as per national protocol.(See NCHD focus group findings)*
- *Evidence of the process of Parameter Adjustments (PAs) – Parameter adjustment Not in NCEC NCG*
- *Urgent response systems not in place in many hospitals with resulting impact on timeliness of care for deteriorating patients*
- *Inconsistent recording of participation in INEWS training (refer to QAV audit)*
- *Site to site variability in compliance with education and training requirements for INEWS*
- *Focus group feedback raised concerns regarding carer escalation & patient/service user engagement*

Outline reason for the effort (Defines WHY broadly)

Early recognition and timely response to the deteriorating patient will reduce the incidences of 'failure to rescue' and potential avoidable deaths.

What are the Expected outcomes / benefits of the project?

Reduction in the number of unanticipated cardiopulmonary arrest

Reduction in the number of unanticipated ICU admissions and readmission

Scope of the project

What is in the scope of the project?	What is not in the scope of the project?
Recognition(Record / Monitoring / Escalation) and response to the deteriorating patients in the non-pregnant adults in the acute care setting	*Maternity /Paediatrics / Community/mental health*

Is there a commitment to share the results of the project / share the learning?

Are the parties aware of the potential risks, what can be done to mitigate the risks?

Yes. Balancing measures, and unintended consequences will be explored and applied throughout.

Model for Improvement Q2	How do we know that a change is an improvement?
Measures that will be used to monitor the impact of this improvement effort	
Process	Are the parts/steps in the system performing as planned? Are we on track in our efforts to improve the system?
Outcomes	How is the system performing? What is the result?
Balancing Measures	Are changes designed to improve one part of the system causing new problems in other parts of the system?

Model for Improvement Q3	What changes can we make that will lead to improvement? (And how will this be done)

This section could include details of how the project will be set-up and work. Also include initial activities and ideas for PDSA cycles.

Short Life Project Team – Governance

Be sure that the team includes members familiar with all the different parts of the process — managers and administrators as well as those who work in the process i.e. physicians, pharmacists, nurses, and other front-line workers.

Role (examples only)	Name	RACI (responsible, accountable, consulted, informed)
Sponsor [Chair of the Board / Group CEO]		
Project Manager		
QI Team Lead		
INSERT MORE		

What is the agreed communication and project meeting structure

Item	In attendance /Copied	Frequency & format	Person responsible
Project meetings			
Setting agenda			
Issuing minutes			
Project reports			

What is the agreed issue escalation for the project?

Resources (detail & quantify e.g. IT, HR, facilities)	Project Costs

Project Assumptions

Risk	Risk Rating ((Low, medium, high). Use PV to assist with risk classification	Risk Mitigation / Controls

Outline Project Dependencies – What needs to happen or be in place in order for the project to be sucessful

Stakeholder	RACI
	(responsible, accountable, consulted, informed)

Communication Plan (should be aligned to stakeholder list and milestones)		
What needs to be communicated	**When**	**Who**

How does this project align to the National Standards for Safer Better Healthcare

How is your approach informed by the framework from improving quality?

What is the Project closure/ handover plan

Project Sponsor Sign Off (QID) & Project Sponsor Sign Off (External)

Name:_____
Role:_____
Signed: _____
Date: _____

Name:_____
Role:_____
Signed: _____
Date: _____

Insert Driver Diagram