**PERFORMANCE IMIPROVEMENT PROJECTS**

SURGICAL CRITICAL CARE FELLOWSHIPS

Surgical Critical Care Program Directors Society: Education Committee

1. **Airway Pressure Release Ventilation (APRV) Improvement Project**
2. **Purpose:** To improve the understanding of and familiarity with APRV among staff, fellows, residents and respiratory therapists in the surgical intensive care unit (SICU). Designated locations in the SICU (“APRV PODs”) are utilized for APRV. Concentrating the APRV experience in this manner is intended to enhance experience with APRV across the multidisciplinary spectrum.
3. **Program:** Henry Ford Hospital-Wayne State University
4. **Author:** Mathilda Horst
5. **Contact e-mail:** [MHORST1@hfhs.org](mailto:MHORST1@hfhs.org)
6. **Centers for Medicare and Medicaid Services (CMS) Restraint Order Compliance Improvement**
7. **Purpose:** CMS regulations require that all restrained patients have a specific order every 24 hours documenting the continued need for restraints. With new resident duty hour restrictions, several physicians may be responsible for any given patient in a 24-hour period. This high turnover requires frequent handoffs and poor compliance with 24-hour restraint orders. In an effort to improve compliance, a single shift is made responsible for completing the restraint orders during a specific window of time each day.
8. **Program:** Henry Ford Hospital-Wayne State University
9. **Author:** Mathilda Horst
10. **Contact e-mail:** [MHORST1@hfhs.org](mailto:MHORST1@hfhs.org)
11. **Electronic Medical Record (EMR) Copy Forward Function: Errors and Inaccuracies**
12. **Purpose:** To determine the frequency of errors and inaccuracies in the resident completion portion of EMR daily SICU progress notes attributable to the copy forward practice. Based on this analysis, feedback can be given to the residents to assist them in modifying practices for record completion.
13. **Program:** Yale School of Medicine
14. **Author:** Linda Maerz
15. **Contact e-mail:** [linda.maerz@yale.edu](mailto:linda.maerz@yale.edu)
16. **Prevalence of Limitation in Goals of Care**
17. **Purpose:** To determine the prevalence of documentation of limitation in goals of care in the surgical intensive care unit (SICU) population and to characterize the patients in whom this documentation has occurred.
18. **Program:** Yale School of Medicine
19. **Author:** Linda Maerz
20. **Contact e-mail:** [linda.maerz@yale.edu](mailto:linda.maerz@yale.edu)
21. **Goals of Care at Time of Death**
22. **Purpose:** To determine the code status (full code, DNR only, DNR/DNI, comfort measures) at the time of death in surgical intensive care unit (SICU) and surgical stepdown unit (SSDU) patients. If the status is limited (i.e., other than full code), two time variables are identified: 1) the number of days from SICU/SSDU admission to ultimate limitation in goals of care (the final code status), and 2) the number of days from ultimate limitation in goals of care to death. If time variable #1 is long and time variable #2 is short, an opportunity for improvement regarding addressing goals of care may be identified.
23. **Program:** Yale School of Medicine
24. **Author:** Linda Maerz
25. **Contact e-mail:** [linda.maerz@yale.edu](mailto:linda.maerz@yale.edu)
26. **Prevalence of Arterial Catheters**
27. **Purpose:** To determine the prevalence of arterial catheters in surgical intensive care unit (SICU) patients who do not have major indications for the presence of these monitoring devices. Identification of these patients can lead to more expeditious device removal.
28. **Program:** Yale School of Medicine
29. **Author:** Linda Maerz
30. **Contact e-mail:** [linda.maerz@yale.edu](mailto:linda.maerz@yale.edu)
31. **Inadvertent Extubations in the SICU**
32. **Purpose:** To determine the current incidence of inadvertent extubations in the surgical intensive care unit (SICU). If predisposing factors (particularly relationship to daily sedation and analgesia vacations and nursing census) are identified, an action plan to modify the incidence of these occurrences may be undertaken.
33. **Program:** Yale School of Medicine
34. **Author:** Linda Maerz
35. **Contact e-mail:** [linda.maerz@yale.edu](mailto:linda.maerz@yale.edu)
36. **Indications for Chest X-rays in the SICU**
37. **Purpose:** To determine how many chest x-rays (CXRs) are obtained in the surgical intensive care unit (SICU) and surgical stepdown unit (SSDU) over a specific period of time and for which indications. If specific criteria for CXR can be established, potentially unnecessary CXRs can be eliminated. This would be efficacious with respect to cost and patient radiation exposure.
38. **Program:** Yale School of Medicine
39. **Author:** Linda Maerz
40. **Contact e-mail:** [linda.maerz@yale.edu](mailto:linda.maerz@yale.edu)
41. **Sputum Cultures: Concordance of Gram Stain and Culture Results**
42. **Purpose:** To determine the concordance between sputum Gram stain results and final culture results with respect to the presence of absence of Gram positive cocci. If Gram stain results with respect to the presence or absence of Gram positive cocci are concordant with the presence or absence of Gram positive cocci on final culture results, this would provide an opportunity to eliminate empiric Vancomycin therapy as soon as Gram stain results are available if Gram positive cocci are absent. This would be efficacious with respect to cost, patient safety and antibiotic stewardship.
43. **Program:** Yale School of Medicine
44. **Author:** Linda Maerz
45. **Contact e-mail:** [linda.maerz@yale.edu](mailto:linda.maerz@yale.edu)