

Department-level compliance (darker bars mean more encounters)

WHAT and WHY?

- Goal was to increase compliance with having active orders present when nurses document safety monitoring for non-violent restraints
- At the time, there was not a clear way to measure compliance with this
- We needed a baseline to know how we were currently doing, what goal to aim for, and how best to target an intervention

SO WHAT?

- Agreed on a metric that could both define the problem and track the success of our intervention, which allowed us to evaluate effectiveness
- Dashboard allowed operations to drill down from hospital to department to encounter to primary team – even to specific flowsheet documentations
- Have been maintaining ambitious 90% compliance goal since go-live in January 2022



USING A DATA-DRIVEN APPROACH TO IMPROVE COMPLIANCE WITH NON-VIOLENT RESTRAINT ORDERS Authors: Joseph LeGrand; Teresa Hobt-Bingham; Margaret A Haecherl; Lisa Nilson; Natasha Miller

By CSN

						Avg. Order Match \Xi			
				0.00%	20.00%	40.00%	60.00%	80.00%	
-	VUMC Adult Hospital	VUH 6RW MEDICINE	ROGERS ID						
	VUMC Adult Hospital	VUH 6RW MEDICINE	RIVEN HOSPITAL MEDICI						
	VUMC Adult Hospital	VUH 6RW MEDICINE	GERIATRICS						
	VUMC Adult Hospital	VUH 6RW MEDICINE	RIVEN HOSPITAL MEDICI						
_			NEUROSURGERY PILCHER						
	VUMC Adult Hospital	VUH 6RW MEDICINE	RIVEN HOSPITAL MEDICI						
			RIVEN HOSPITAL MEDICI						
	VUMC Adult Hospital	VUH 6RW MEDICINE	RIVEN HOSPITAL MEDICI						
	VUMC Adult Hospital	VUH 6RW MEDICINE	TRAUMA NP T4						
	VUMC Adult Hospital	VUH 6RW MEDICINE	MORGAN 4						
			RIVEN HOSPITAL MEDICI						
	VUMC Adult Hospital	VUH 6RW MEDICINE	RIVEN VICP-B (VFF)						
	VUMC Adult Hospital	VUH 6RW MEDICINE	RIVEN HOSPITAL MEDICI						
	VUMC Adult Hospital	VUH 6RW MEDICINE	RIVEN HOSPITAL MEDICI						
	VUMC Adult Hospital	VUH 6RW MEDICINE	ROGERS ID						
	VUMC Adult Hospital	VUH 6RW MEDICINE	RIVEN HOSPITAL MEDICI						
	VUMC Adult Hospital	VUH 6RW MEDICINE	RIVEN HOSPITAL MEDICI						
	VUMC Adult Hospital	VUH 6RW MEDICINE	TRAUMA NP T4						
	VUMC Adult Hospital	VUH 6RW MEDICINE	ROGERS ID						
	VUMC Adult Hospital	VUH 6RW MEDICINE	RIVEN HOSPITAL MEDICI						
	VUMC Adult Hospital	VUH 6RW MEDICINE	GERIATRICS						
	VUMC Adult Hospital	VUH 6RW MEDICINE	RIVEN HOSPITAL MEDICI						
	VUMC Adult Hospital	VUH 6RW MEDICINE	RIVEN HOSPITAL MEDICI						
	VUMC Adult Hospital	VUH 6RW MEDICINE	RIVEN HOSPITAL MEDICI						
	VUMC Adult Hospital	VUH 6RW MEDICINE	RIVEN HOSPITAL MEDICI						
PAT_ENC_CSN	LOC_name	Department Name	PRIMARY_TEAM_N						

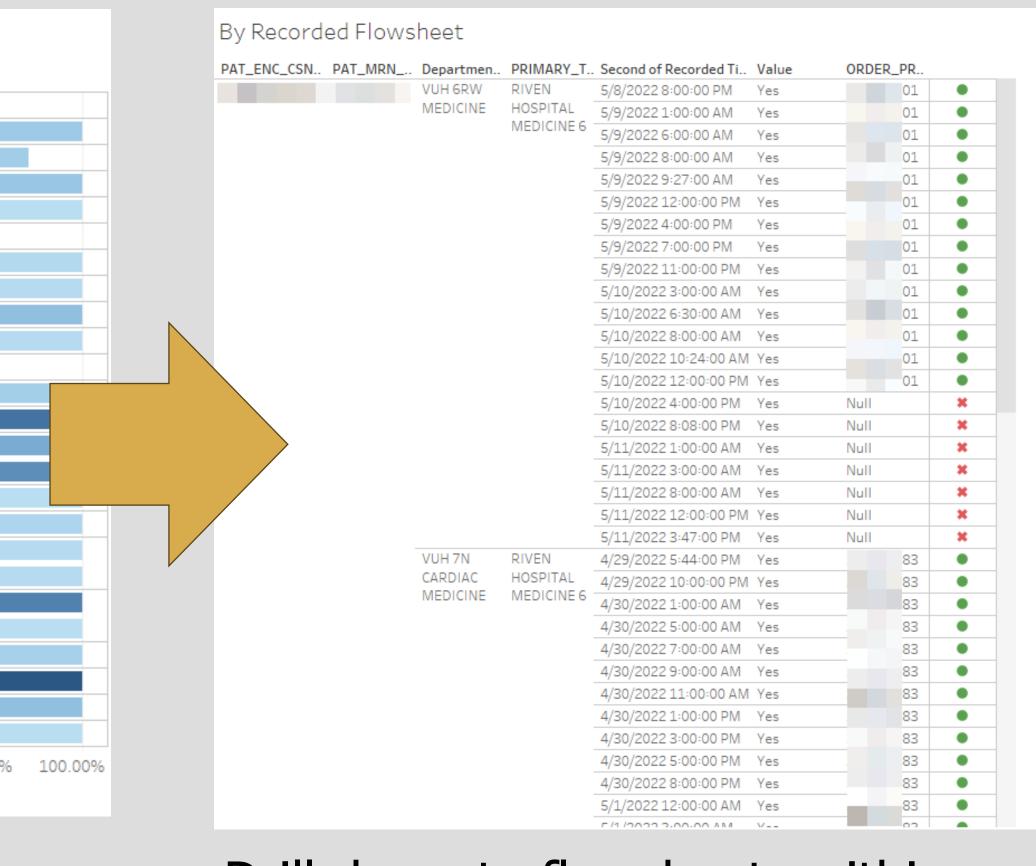
Drill down to encounters within departments (darker bars mean more flowsheet documentation)

HOW?

- Created a metric that correctly identified (for VUMC) instances where an order was missing
- Built a dashboard around that metric (above) that all stakeholders could use as a source of truth
- Used dashboard to determine strategy for intervention (order-level change and BPA)
- In addition, utilized dashboard to target certain areas for extra operational support

TAKEAWAYS

- Use a data-driven approach before, during, and after an intervention to provide clarity and trust
- Understand the source of the problem and the expectations for how to correct that problem in the system before designing an intervention
- Provide a shared source of truth (dashboard) that all shareholders can reference for improvement over the course of the project



Drill down to flowsheets within encounters (green circle = order present, red x = absent)

January 2022

Compliance Over Time





