Abstract IHI ID 18 Figure 2

through simulated and live PDSA testing, and were as follows: patients matching specific problem natures under the Medical Priority Dispatch system; or, patients exhibiting the following symptoms: altered level of consciousness, difficulty breathing, serious hemorrhage, and/or chest pain. Improvement and sustainability were monitored using p-charts.

Results Of the 5498 requests for service received from allied agencies, 77.3% (n=4252) were received from the police department and 53.0% (n=2913) were preventable. The delayed dispatch protocol was implemented with an 18.3% reduction in responses (figure 2).

Conclusions The delayed dispatch protocol achieved a stable, safe reduction of responses and allowed ambulances to remain in position for life-threatening calls. Future work will further reduce immediate dispatch for eligible calls.

IHI ID 19 IMPROVING FAMILY-CARE TEAM COMMUNICATION DURING ROUTINE CF CLINIC VISITS

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Background At the CF Center at Boston Childrens Hospital, weekly pre-clinic meetings are held to review scheduled patients, but identified needs may not be communicated effectively to clinic staff, patients, and families.

Objectives We aim to increase participation among patients, families, and staff during routine clinic visits. Specific goals are to increase the number of OGTTs completed to 75%, increase percentage of flu shots to 90%, increase yearly physical therapy, nutrition, and social work visits, and decrease the number of patients ages 1–12 identified as nutritional risk.

Methods We piloted a Day of Visit form with 3 providers from January to March 2018, then implemented with all providers in April. This form is given to patients at the start of their visits, detailing what is recommended based on CFF care guidelines. A QI Needs of the Week List was implemented in along with QI Nursing Daily Huddles, where flagged patients are discussed. This list highlights who is eligible for OGTTs, transition to the adult program, flu shots, and nutritional assessments.

Results The number of children at nutritional risk has decreased from 49 to 40 and there has been an increase in median BMI%ile from 32.54 to 36.25. The percentage of OGTTs have increased overall to >50%. The percentages of yearly nutrition, social work, and physical therapy visits have increased.

**Boston
Children's
Hospital**

Until every child is well™

Cystic Fibrosis
Center

Today I would like to discuss with my CF team:

Do you need any refills today?

☐ NO ☐ YES: _____

Do you have any concerns or questions regarding equipment (nebulizers, VEST, etc.)?

☐ NO ☐ YES: _____

	Last Completed	Due
Annual Chest X-ray	_____	_____
Annual Labs	_____	_____
OGTT (Yearly after age 10)	_____	_____
Hearing (Test ages 4-5 and 7-8)	_____	_____
Mental Health Screening	_____	_____
Flu Vaccination	_____	_____
Yearly visit:		
CF Nutrition	_____	_____
CF Physical Therapy	_____	_____
CF Social Work	_____	_____

Annual Labs: Blood tests are done to help check the health of a person with CF. A small sample of blood is taken with a syringe and sent to a laboratory for testing. Blood tests can be done to check: nutrition status, vitamin levels, liver disease, diabetes, infection and the body's response to infection.

Chest X-Rays: X-rays show how CF is affecting the lungs. A chest X-ray is done every year and when a person is having more breathing problems.

OGTT (Oral Glucose Tolerance Test): A test to diagnose diabetes. It is done after a person has had nothing to eat or drink for 8 hours. Blood samples are taken before and again 2 hours after drinking glucose (tritol).

Hearing Test: As children with CF get older they are often treated with medications that may affect hearing. We are screening children (ages 4 and 8) with CF who use these medications.

Mental Health Screening: Individuals with cystic fibrosis and their parents are at an increased risk for depression and anxiety which may result in negative effects on health. We provide yearly comprehensive mental health screenings as part of routine CF care.

Don't forget to schedule your next appointment!

☐ Pulmonary ☐ Nutrition ☐ Social Work ☐ Physical Therapy

QI Needs of the Week 9/24/2018 – 9/28/2018				
<i>* For Transition Topics, please refer "Transition Topics by Season" information sheet.</i>				
Monday, 9/24/2018				
8:30am			☐ Transition Education (FALL Topics)*	
11:00am			☐ OGTT teach ☐ Nursing GI assessment	Last BMI – 20.23
12:30pm			☐ Transition Education (FALL Topics)*	
1:00pm			☐ OGTT teach ☐ Transition Education (FALL Topics)*	
1:40pm			☐ Transition Education (FALL Topics)*	
2:00pm			☐ Nursing GI assessment	Hospital follow-up Last BMI – 31.25
Tuesday, 9/25/2018				
No pediatric CF patients with QI needs				
Wednesday, 9/26/2018				
1:30pm			☐ OGTT teach	
Thursday, 9/27/2018				
8:00am			☐ Transition Education (FALL Topics)*	
11:30am			☐ OGTT teach follow-up ☐ Transition Education (FALL Topics)*	OGTT teach completed on 9/28/2017
1:00pm			☐ Transition Education (FALL Topics)*	
2:00pm			☐ Transition Education (FALL Topics)*	
2:00pm			☐ Transition Education (FALL Topics)*	
4:30pm			☐ OGTT teach	
Friday, 9/28/2018				
12:00pm			☐ Transition Education (FALL Topics)*	

Abstract IHI ID 19 Figure 2 QI needs of the week list

Percent of CF Patients with Physical Therapy, Nutrition, and Social Work Visits

Abstract IHI ID 19 Figure 3 Yearly nutrition, physical therapy, and social work visits

Abstract IHI ID 19 Figure 4 OGTT data

Abstract IHI ID 19 Figure 5 Improvement in BMI and weight-for-length in patients identified as nutritional risk (BMI measured over 3 visits among 49 identified patients)

Conclusions Our new approach communicates what is discussed at our weekly pre-clinic meetings to providers, nurses,

patients, and families and ensures our CF patients are getting the same standard of care per CFF guidelines.