



Improving the Clinical Response to Elevated Blood Lead Levels

Jacqueline M. Silas, RN Cincinnati Health Department





BACKGROUND



Lead can damage nearly every system in the human body. Children under the age of 36 months are at greatest risk for lead poisoning due to their <u>hand to mouth activity</u>.

Screening helps identify children that may have been exposed to lead.

Clinical protocols are in place to ensure proper interventions are initiated to help reduce the harmful effects of lead exposure.

There is NO safe level of lead in the blood. Any confirmed level is an indication that the child has been exposed.



At the City of Cincinnati, our mission is to achieve **health equity** and improve the health and wellness of all who live, work, and play in Cincinnati. We further want all children to have an opportunity to reach their full potential without any lingering effects.

Improving Clinical Response Protocol for Elevated Lead Project Leader: Jacqueline M. Silas Revision Date: 05/2019 (v4) Global Aim Interventions (LOR #) **Key Drivers** Provide lead poisoning prevention clinical Knowledgeable and Educated staff education to staff (LOR 1) All children thriving and free from harmful effects of elevated lead Educate staff on policy and procedure (LOR 1) Engaged staff **SMART Aim** Adopted: Develop dot phrase for EPIC to standardize workflow and documentation Standardized Clinical response Increase the % of (LOR 2) children, who based on the results of their initial elevated lead test, had Create tracking system Children receive appropriate the clinical response clinical response protocol followed according to policy, from 0% to 90% by May 15, Establish standard minimum lead information to 2019 provide to parent (LOR 1) Preoccupation with failures **Population** Create dashboard for monitoring (LOR 2) Children ages zero to 36 months who see a Real-time identification of failures (LOR 2) provider at CCPC health centers Legend Potential intervention Active intervention Adopted/Abandoned intervention Note: LOR # = Level of Reliability Number, e.g., LOR 1 All Children Thrive Cincinnati

LEARNING CYCLES

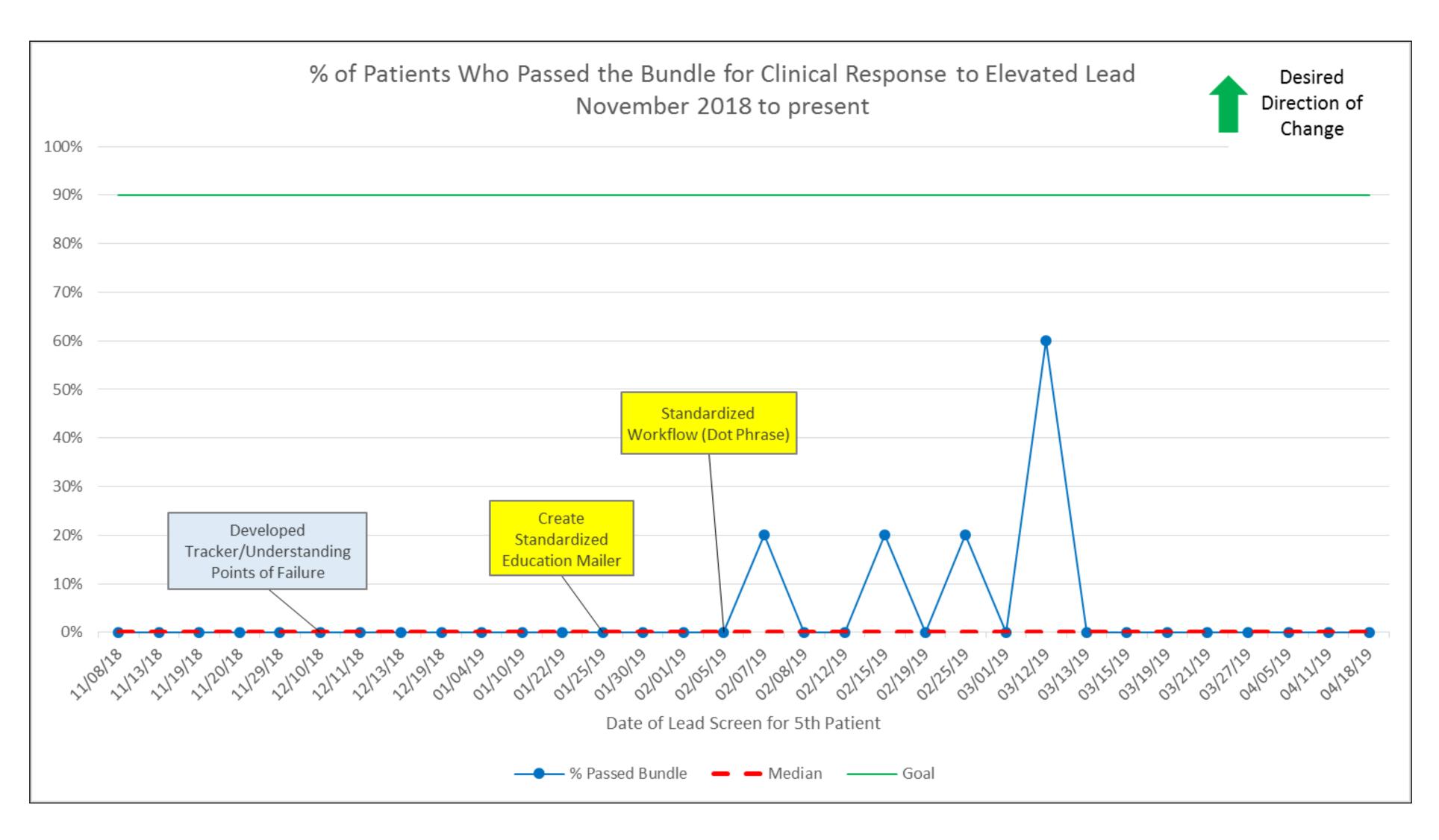


PDSA Ramp Name: Standardize Workflow Dot Phrase		+	Plan Do Act Study		Plan Do Act Study		Plan Do Act Study		an Do ct Study		
			Test Cycle 1		Test Cycle 2		Test Cycle 3		ycle 4		
PLAN	Test Description:	Cre	reate DOT phrase	Adapt dot phra	ise	Test dot phrase at and site		ner			
	Objective:		nsure steps of protocol are empleted	Ensure steps o completed	of protocol are	Ensure steps of protocol a completed		are			
	Prediction:	// Cir	ncinnati PD	SA Work	csheet –	Clinica	l resp	onse to el	evated le	ead level	
	How will success of the test b measured?	Project SM	hildren's Ram	p Name: Do	ot Phrase		Test Nam Dot	e: Phrase	Test Start E		
	Plan details:	What key driver does this test impact? Engaged Staff						What is the objective of the test? To test the feasibility of dot phrase for documentation			
DO	Was the test carried out as pl Yes/No	PLAN: A. Briefly describe the test:						DO: Test the changes. Was the cycle carried out as planned? X Yes or No Record data and observations.			
	Test Results (data & observat		Create dot phrase to use in EPIC note to ensure all interventions are completed B. What would the successful test look like?								
STUDY	Did results match prediction?	Staff will find the dot phrase helpful and will be motivated to use it									
			ill you measure the success of this test?				Wha	What did you observe that was not part of the plan?			
	Learning:	Dot phrase r	rase noted and completed in chart								
			et do you predict will happen?					STUDY:			
ACT	Adapt, Adopt or Abandon:		asistance of staff				Ulidi	Did the results match your predictions? Yes or X No			
		E. Plan for collection of data:					Com	Compare the result of your test to your previous performance:			
		Chart review									
		F. Tasks:						What did you learn?			
			tasks necessary to te this test (what)	Person responsible (who)	When	Where					
			t phrase J	ackie	Done	EPIC	AC	T: Decide to Adapt, Adopt or Abandon (shade one box).			
			Share dot phrase Ja		Done	EPIC		Adapt. Improve the change and continue testing the plan.			
		Decide on	start/end date J	ackie	2/4/2019	1 site		Plan/changes 1	ormext test:		
		Choose on	ne site J	ackie	Done	Elm St	X			mplement on a larger scale and n plan and plan for sustainability.	
		James M. Anderson 2017 G Oincinnat C	r Center for Health Systems Exceller Children's Hospital Medical Center. A	ce I rights reserved.				Abandon. Di	scard this cha	ange Idea and try a different one.	

PDSA's focused on education, standardization of documentation and patient education, and tracking failures.

RESULTS





MOST PROUD OF



* Being successful at engaging clinic staff

How much I have learned about the quality improvement process!

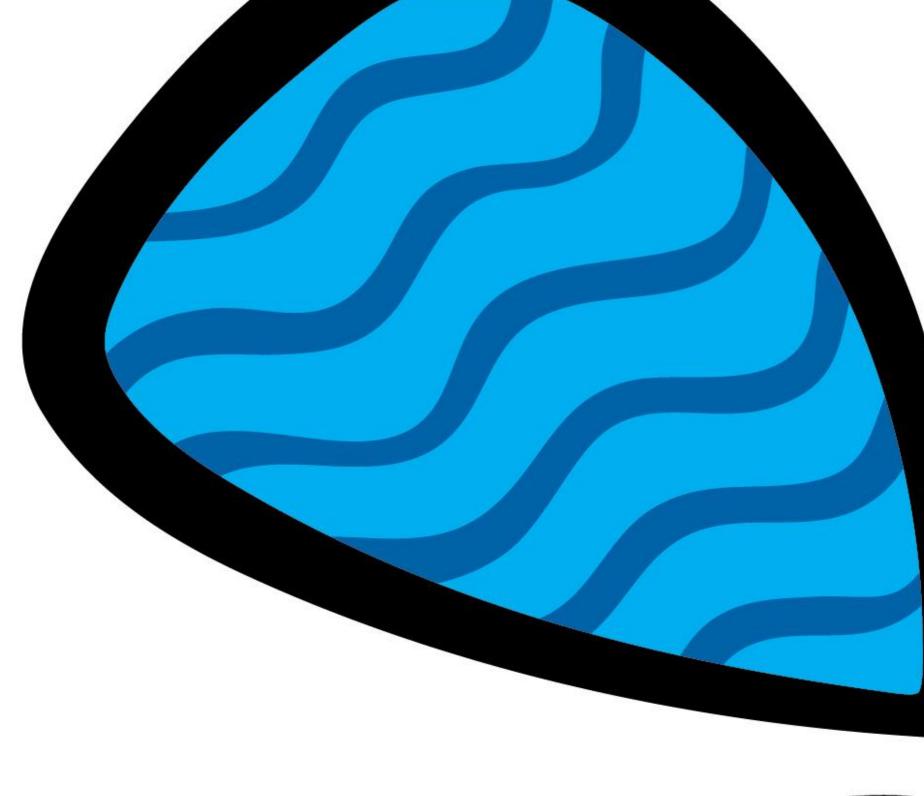
GREATEST CHALLENGE



 Some of the success of managing an elevated lead level is still patient/parent dependent

Resistance to interventions

Not familiar with details of procedure





TEAM MEMBERS

Jackie Silas, RN (Jacqueline.Silas@Cincinnati-oh.gov)

And the pediatric staff at the following health centers:

- Millvale Health Center
- Price Hill Health Center
- Elm Street
- Northside
- Braxton Cann
- Clement

