Supplemental Digital Content Table 1. Combined EBP/Lean Projects

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| **Topic**  **(*Department)*** | **Year** | **PICO(T) Question** | **Process Metrics** | **Outcome Metrics** |
| ***Lean Hypothesis*** |
| Simple Measures (*ICU)* | 2014 | Will a 3-phased interventional approach addressing environmental and pharmacologic factors reduce ICU-associated delirium by 10% over 6 months?  | * Phase 1: Adjustment in nighttime schedule
* Phase 2: Controlled stimuli
* Phase 3: Pharmaceutical adjustments
 | * Phase 1: 23% reduction
* Phase 2: 15% reduction
* Phase 3: 28% reduction
* Estimated financial savings=$1.8 million (93 cases of delirium prevented at $20,000/patient)11
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| IF a 3-phased interventional approach adjusting the environment and medication profiles is used, THEN ICU-associated delirium will be reduced by 10% over 6 months. |

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| Reducing Deep Sternal Wound Infections (DSWI) (*Wound Care & Cardiovascular Care Unit (CVCU)* | 2015 | What difference will negative pressure wound therapy (NPWT) and nasal/oral prophylaxis make in sternal wound infection rates of cardiovascular surgical patients over 2 years, compared to patients who do not receive this intervention? | * High risk patients received NPWT
* Receive oral/nasal treatment
 | * 400% reduction in DSWI (4 to 0 cases)
* Financial savings=$250K
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| *IF clinicians apply NPWT along with nasal/oral prophylaxis, THEN 20% fewer deep sternal wound infections will occur in cardiovascular surgical patients over 2 years*.  |
| Sepsis Affinity (*ED, ICU, Intermediate Care Unit, Pharmacy, Laboratory, Lean, Finance, IS)* | 2016 | What effect does a structured interdisciplinary plan have upon severe sepsis/septic shock mortality, length of stay (LOS) and readmission over a 12 month period, compared to patients who do not receive a structured plan?  | * ED developed and tested a Sepsis Alert
* Physician developed order set
* Sepsis Coordinator(s) rounded directly with clinical staff
 | * Physician order usage increased by 55%
* 90-day mortality reduced by 6%
* LOS reduced by 0.3-0.5 days
* Readmissions reduced by 3% (severe sepsis); no

change (septic shock)* Financial Savings=$1.5 million
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| IF *an interdisciplinary Lean/EBP focused approach to severe sepsis/septic shock is developed, THEN the following reductions will occur over a 12 month period: Hospital costs by $500K, LOS by 0.5 day, and readmission and 90-day mortality rates by 3% and 5%, respectively.* |