

Patients and the public have increased expectations concerning the quality, safety, and costs of health care delivery systems. Whether or not to redesign our complex delivery systems is no longer in question. To succeed in improving care and outcomes clinically and financially for our stakeholders, we must design and evaluate tests of change. The change required a fundamental shift in our traditional thinking about healthcare delivery systems. The microsystem I am going to focus on is the operating room team, composed of a cardiothoracic surgeon, physician assistant, anesthesiologist, and scrub nurse. We met monthly and were supported by a quality improvement expert and cardiovascular epidemiologist. During phase 1 we gathered baseline data concerning mechanisms producing neurologic injury. Phase 2, as a multidisciplinary team we met monthly to discuss slight changes. Phase 3-4 we initiated changes to the heart and lung machines to reduce chances of an emboli returning to patients. Our collected data showed the relation between the coronary sinus catheter and the emboli leaving the (CPB) cardiopulmonary bypass circuit and passing through cerebral arteries. The surgeons discussed this amongst other team members of the microsystem team, to find alternative strategies to prevent embolic activities from occurring once coronary sinus catheter is inserted. The two strategies used were inserting sinus catheter before initiating the cardiopulmonary bypass and reducing amount of suctioning on vacuum assisted drainage. As an advanced practice nurse, it is vital to communicate amongst the team. We can share generalize knowledge to make clear arguments to support changes to our operative practices. It is important to monitor the before and after of each intervention to determine whether the changes improved quality of care of the patient