Table 9.11   Completed Drill Down Log Studying Special Cause Units

Our Theory	How Will We Test Our Theory?	Actual Results	Next Steps
Special cause may have been evident on the Shewhart chart displaying all units on one chart because: a. The unit is stable but its performance is special cause when viewed in the context of the rest of the system's performance b. Special cause has occurred inside that organizational unit	Drill down step: Create a separate Shewhart chart for each of the special cause hospitals (A, C, E, H) • Group data by month • Sequence the data in time order (Hospital A, months 1–18.) Display as small multiples	• Hospital A stable internally at low rate—why? • Hospital C not exhibiting special cause internally, but close—any insights? • Hospital E special cause last six months • Hospital H stable internally at high rate—why?	Investigate and learn from special cause. **Summary:** Hospital A. Data self reported only. Not using computerized trigger system to discover ADE. Need to help them adapt it. Hospital C. Of note: Heparin protocol used throughout the rest of the system started by Hospital C in Nov. Will watch to see if obtain clearer evidence of improvement. Hospital E. Began using standardized IV start system in Jan. Need to plan to spread this protocol to other hospitals. Hospital H. Entered our system only 10 months ago. They still used original pharmaceutical vendor so packaging identity problems worked out by other facilities still an issue here. Also still use original pharmacy formulary. Have not adopted system formulary designed to reduce medication errors. Need to help them adopt system formulary and solve vendor packaging issue.

Drill Down Log for: ADE Rate

Indicator: ADE per 1,000 doses month (# ADE / # doses administered/1,000)