

QI & Patient Safety Update

Department of Medicine

Unit Directors Meeting

November 28, 2016

Agenda

1. Quality and Patient Safety website review
2. QA&I Committee Update
3. UVMMG Quality Metrics
4. Biostats Consultation Program update
5. “QI Scholar” position
6. Resident curriculum

Website Tour

- Navigate from Department of Medicine website:
 - <http://www.med.uvm.edu/medicine>
- Or directly to Quality and Patient Safety page:
 - <http://www.med.uvm.edu/medicine/quality>

Medicine QA&I Committee

“New” Activities

- Divisional reports
 - Divisional presentations about QI and patient safety activities within division
- Low expected mortality case reviews
- Develop and review UVMMG Quality Metrics
 - Engage divisional representatives in process
 - Develop “themes” to align UVMMG quality metrics
 - Monitor progress, ensure timely submission, identify need for support (e.g., baseline performance, ongoing reporting)
 - *Defining specific metrics still up to individual divisions*
- Review metric performance quarterly – *to start in January 2017*

UVMMG FY2017 Metrics

- Medicine QA&I Committee
 - Generated approximately 30 potential “themes” - broad categories to align the FY2017 QI initiatives across divisions
 - Factors: current QI initiatives, UVMMC strategic goals, cross-divisional, measurable, meaningful
 - Identified **3 themes**:
 1. Transitions of Care
 2. Advance Care Planning
 3. Patient Experience

UVMMG Metrics FY2017

Division	Metric	Goal Measurement Period #1 10/1/16-3/31/17	Goal Measurement Period #2 4/1/17-9/30/17
Cardiology	Increase the % of Chittenden County patients discharged from UVM Cardiology service who are seen in follow up by Cardiology within 30 days of discharge. Current baseline is 54%.	60%	70%
Dermatology	Each provider will have a melanoma log to track and follow all of their patients that they diagnose with malignant melanoma.	90% compliance with entering patients in melanoma log	75% compliance with patient follow up as scheduled after initial treatment
Endocrinology	Improve the % of hospitalized patients (acute inpatient status) seen by endocrinology consult service who have at least one endocrinology note routed to their primary care physician prior to discharge	25%	50%
Gastroenterology	Improve rate of new patient Tb and hep B screening prior to starting biologic agent (baseline to be determined)	90%	95%
GIM & Geriatrics	Increase the percentage of patients over the age of 65 years with an Advance Care Plan on record in PRISM. Baseline is 49.13%.	Increase by 1% in the 10/1/16 through 3/31/17 timeframe.	Increase by additional 1% in the 4/1/17 through 9/30/17 timeframe.
Hematology-Oncology	Enhance patient and family engagement and facilitate transitions of care through provision of survivorship care plans to 250 patients	110 patients	140 patients
Hospitalist Service	Implement a dotphrase that will act as a checklist for core elements that will be conveyed in the verbal handoff.	Increase in use of the dotphrase from 0% to 30% or greater	Increase in use of dotphrase to 60% or greater
Infectious Disease	Increase the % of patients screened for asymptomatic Chlamydia and gonorrhea infection (baseline is < 5%)	20%	40%
Nephrology	Increase % of patients seen in Nephrology clinic with Stage 4 CKD or an eGFR<30 with documented discussion regarding advance care planning.	5% of patients will have advance care planning documentation	15% of patients will have advance care planning documentation in record
Pulmonary & Critical Care	ICU checklist compliance	Increase by 10% over baseline	Increase by 15% over baseline by year end
Rheumatology	Educate patients about the importance of regular eye exams when being treated with Plaquenil (hydroxychloroquine).	50% of patient visits will include a yet to be build .HCQEYE smart phrase	75% of patient visits will include a yet to be build .HCQEYE smart phrase

UVMMG Quality Metrics – FY2018

- Already time to start preparing
- Two measurement periods
 - Measurement Period 1: October 1, 2017 - March 31, 2018
 - Measurement Period 2: April 1, 2018 - September 30, 2018
- Can build on current initiatives
- Requires “active participation by physicians”
- Requires achievement of target performance (not just documentation of participation)

Biostatistics Consultation Program

- Initial funding for 100 hours of biostats
 - Focus = scholarly QI projects led by junior faculty as well as mentored resident and fellow QI projects
 - 1 page application; reviewed by Renee Stapleton and me
- Approved 8 project in 8 weeks
- Closed to further applications
- Exploring biostats resources

Biostats Consultation Projects

ACLS Team leadership curriculum to increase team leader confidence and improve adherence to AHA ACLS time lines	Amy Lynn Teleron, MD (resident = Umer Syed)
Cancer Associated VTEs in Patients receiving PD-1/PD-L1 inhibitors	Purva Sharma, MD (mentor = Chris Holmes, MD)
Effect on EHR Reminders on rate of Pneumococcal Vaccination rates	David Ziegelman, MD (mentor = Charlie Maclean)
Effect of an educational intervention on the use of patient portal messaging in a resident clinic at an academic medical center	Sara Roberts, MD (mentor = Halle Sobel, MD)
Development of clinical pathway for adult patients hospitalized with acute exacerbation of COPD	Trace Barrett, MD (mentor = Allen Repp)
A multi-institutional survey to evaluate factors that influence resident physician laboratory ordering practices in the hospital setting	Lee-Anna Burgess, MD (mentor = Allen Repp)
Assessing the efficacy of dose reduced FOLFIRINOX in metastatic colon cancer that we often do to improve tolerability and avoid chemotherapy interruptions.	Bhargavi Pulluri, MD (Mentor = Maura Barry)
Liver Enzyme Abnormalities in Rheumatoid Arthritis Patients taking Methotrexate	Chi Chi Lau, MD Team includes: Sheldon Cooper, MD; Sayeda Sayeed, MD (Rheumatology Fellow); Amanda Kennedy, RPH; Pamela Vacek

“QI Scholar” Position

- Promote and support scholarship in improvement science within department
- Roles:
 - Mentor and navigator – design to data acquisition to measurement to publication
 - Educator – curricular development and delivery
- Status:
 - Currently interviewing applicants

Resident curriculum in QI/PS

- Integrated, longitudinal, active curriculum
 - ACGME milestones as framework
 - CLER visit findings as guidepost
- Where does it fit?
 - Academic half-day, ambulatory curriculum, and specific rotation experiences
 - Core concepts in PGY-1
 - Intermediate concepts and applications in PGY-2+3
 - Advanced concepts and experiences – interdisciplinary elective

Resident Curricular Framework

- **Introduction to Improvement Science**
 - Models for QI
 - Principles and Techniques in QI
 - QI Measurement and Reporting
 - Principles of implementation science
 - Committee engagement (divisional, etc)
 - QI vs Research / Scholarly QI design / Guide to scholarly QI at UVMMC
- **Adverse Events, Errors and Systems Analysis**
 - Categories and origins of error
 - SAFE reporting
 - RCA, FMEA
 - Human factors
 - Diagnostic error / cognitive error
 - **Case reviews, mortality reviews, M&M**
- **Transitions of Care** (handoffs, discharge)
 - Applications: I-PASS, discharge communication improvement project
- **High Value Care**
 - Core concepts – ACP curriculum vs IHI
 - DOM high value care program
- **Population Health**
 - IHI triple aim for populations
 - **Panel management** (in ambulatory setting)
 - Equity and disparities
- **Patient Experience / Patient and Family Centered Care**
- **Policy and Payment Systems**
 - Regulatory systems – e.g., Joint Commission, CMS
 - ACO, P4P, bundled payments
- **Communication**
 - **CODE + CATS team training**
 - **Teamwork skills – MICU simulations**
 - Leadership skills