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
“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
• 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

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

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