Welcome to The Quality Post

Greetings from
Michelle & Katie
QUALITY IMPROVEMENT DIVISION OF HOSPITAL MEDICINE

Welcome to our first Division of Hospital Medicine Quality Improvement Newsletter designed to share and celebrate our divisional quality improvement (QI) efforts. Our Division has a rich tradition of quality improvement, and we wanted a way to inform the hospitalists and residents about new projects, disseminate data, recognize achievements and provide important tips on QI leadership.

New IT tools for the New Year

#1 New Tool for scheduling appointments: Use the new Note Writer templates “Request for follow up” and “Urgent Referrals” to schedule follow up appts with Yolanda. Attendings: you must select “Edit your clinical role” in Note Writer and become a resident to route the notes (Yolanda is your “attending”).

#2 New Tool for identifying a DGIM PCP/Preceptor: Thanks to hard work from DGIM, there is now a tool on the UC Links page under UCSF Pages (orange) to use the tool. Login using UCSFMC and your UCare login information.

#3 New way to complete a Transfer Summary to another service (including Parnassus to MTZ & back): Encourage your housestaff to use the “Interservice Transfer Summary” in Note Writer and avoid a separate PN and transfer dictation. This note counts as a PN and a transfer summary.

Questions?
email michelle.mourad@ucsf.edu

QUALITY LEADERSHIP TIPS OF THE MONTH*

15 Simple strategies to lead your quality improvement team to success:

1. Articulate the vision, mission and specific objectives
2. Do not try to achieve too many objectives at one time
3. Know when to lead and when to follow
4. Do business efficiently, especially the small things
5. Know what to delegate and what to do yourself
6. Keep your word
7. Understand the difference between telling somebody they “have to” do something, and when you “want them” to do something
8. When you negotiate with someone and offer a solution, make sure that person is satisfied before you put it into action
9. Try to find things you can do for your team members that they value, especially if they cost you little or nothing
10. Be a connector
11. Lead by example
12. Know that the successes of your members constitute your success
13. Allow others to take credit for your ideas and decisions
14. Seek advice, training and feedback
15. Keep things in perspective. Remember, the health and happiness of your family is what counts the most

*Detsky AS, How To Be A Good Academic Leader, J Gen Intern Med 2011;26:88-90
We are excited to announce we have submitted 5 projects to the first Department of Medicine QI Innovation Challenge!

**QI CHAMPIONS**

Email the champions if you are interested in getting involved

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**Challenge:** Hand Hygiene rates on 14L are abysmally low.  
**Goal:** Improve Hand Hygiene rates for all providers on 14L.  
**Interventions:** Mock audits, sign making, and educational outreach. Efforts will dovetail with larger Hand Hygiene Task Force.

**Challenge:** It is difficult to reliably schedule follow up appointments for uninsured patients at UCSF. Lack of follow up may result in frequent readmissions and poor clinical outcomes.  
**Goal:** Improve follow up care for uninsured patients.  
**Interventions:** Provide a service to schedule appointments with the Healthy San Francisco office at the time of discharge in order to schedule them with a primary care provider.

**Challenge:** Many patients have a hard time filling prescriptions after discharge which may contribute to frequent readmissions and poor clinical outcomes.  
**Goal:** Increase services of bedside medication delivery on discharge.  
**Interventions:** Partner with Walgreens to develop a standard process for filling prescriptions prior to discharge and delivering them to patients before they leave the hospital.

**Challenge:** The Joint Commission recommends that hospitals identify LEP patients on admission and provide language access 24/7. However, access to and utilization of interpreter services on 14M and 14L is poor.  
**Goal:** Improve access to and utilization of interpreter services in 14M and 14L.  
**Interventions:** Empower patients to request interpreter services; provide education to providers; standardize process of identifying LEP patient.

**Challenge:** Patient satisfaction is highly reliant on patients' abilities to correctly identify and communicate with their providers.  
**Goal:** Increase patient satisfaction with physician communication among medicine patients on 14M and 14L.  
**Interventions:** Improve the identification of providers on the primary team through the use of face sheets. These face sheets will complement the team’s own introduction to the patient and the ongoing emphasis on white boards as a communication tool identifying current providers.

Stay tuned for updated information as these projects unfold. Thank you to the champions for leading these efforts within our Division and thank you in advance for your interest and support in ensuring these projects are successful!
Spotlight: New Process and Selection Criteria for Case Review

The Case Review Committee re-launched with its new format on Thursday, Jan 20. Diane, Michelle, and Katie spent the Fall of 2010 reviewing the goals of case review and redesigning the process by which cases enter and flow through the Division. This included creating new classification systems for prioritization and thematic areas for improvement. The goals of Case Review remain largely the same:

1. Create/promote a Culture of Safety
2. Provide education around process of Case Review and Reflection to junior faculty and students
3. Identify trends/needs for QI activity
4. Review Quality of Care provided (hold ourselves accountable to Med Center)

Stay tuned for more exciting updates as we finalize plans for piloting the use of the Med Center’s M&M Tool. This new form will simplify the way we submit cases & communicate with other divisions and departments. If you have any questions about this new format, please contact Diane Sliwka, dsliwka@medicine.ucsf.edu

Spotlight: Introducing the QI Committee

Members: Henry Crevensten, Mike Hwa, Brad Monash, Michelle Mourad, Sumant Ranji, Stephanie Rennke, Brad Sharpe, Diane Sliwka, Naama Neeman, Katie Quinn.

As 2011 begins to unfold, you will notice many new QI initiatives beginning throughout the Division. Managing and ensuring success of these initiatives requires a true collaborative effort. As such, we have invited Divisional QI Leaders to sit on the Divisional QI Committee which will be responsible for:

1. Reviewing the quality of care provided by the Hospitalist Division through a Hospitalist Quality Dashboard and Subcommittee reports
2. Using these reports to prioritize the focus of Divisional QI activities
3. Holding those working on operational/quality activities accountable
4. Sustaining a working framework from which to report our Divisional QI activities to the medical center

The committee will meet the fourth Wednesday of every month starting January 26 at 7:30am. Be sure to look for updates from this committee in future newsletters, including a draft of our Hospitalist Quality Dashboard, highlights from subcommittees, and opportunities for you to be involved.