

## IN THIS ISSUE:

Welcome to Issue 2 of the Quality Post P.1

Recognizing our Faculty P.1

Top Quality Issues of the Year P.1

### FEATURE:

Our Division Quality Metrics P.2

# The Quality Post

Monthly Quality Improvement Newsletter FOR THE Division of Hospital Medicine

FEBRUARY 2011 • Issue 2

## Greetings from Michelle & Katie

QUALITY IMPROVEMENT  
DIVISION OF HOSPITAL MEDICINE

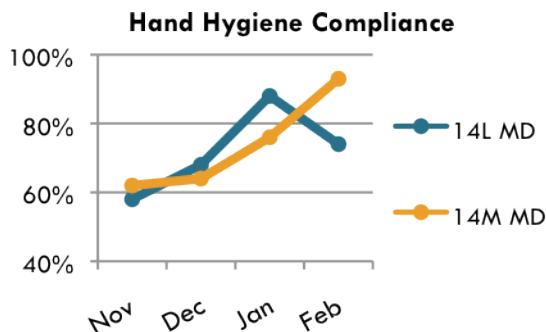
**Welcome** to the second issue of the Quality Post. In this issue we'll recognize the quality efforts of two fabulous QI leaders in our group and introduce you to our Division Quality incentive metrics.

## Recognizing DHM QI Fabulousness

**#1 Cat Lau:** Congratulations to Cat who will be leading Quality and Safety efforts on the neurosurgery service next year. Building on the success of the White Board Project, Cat will be working closely with the neurosurgeons to measure and improve their performance on identified QI metrics.

**#2 Brad Monash:** Leading the charge to improve hand hygiene, Brad has rallied tremendous support for the initiative. The members of the Hand Hygiene Heroes have committed themselves to helping UCSF achieve our medical center goal of >85% hand hygiene compliance among *all* providers on 14 Moffitt and 14 Long. The core team of attendings, residents, students, nurse managers and infection control meet weekly to develop strategies to increase awareness, increase visibility of current performance and improve hand hygiene education in real time. And it works!

Please help support this team's admirable efforts by doing your part to maintain and improve their remarkable results.



## TOP QUALITY ISSUES OF THE YEAR\*

- 1. Imaging Scan Radiation Exposure:** Concerns about overutilization of imaging involving radiation, especially CT scans, have been getting increased notice with experts recommending national regulation of the industry. See the fabulous post on this topic [in Bob's blog](#).
- 2. Dialysis Mortality:** With rising numbers of dialysis patients at an annual cost of \$70,000 per year, mortality of dialysis pts has come under increased scrutiny.
- 3. Central Line Infections:** The battle against CRBSI continues as safer infection control practices and checklists seek to make a difference. Stay tuned for our divisional rates in an upcoming newsletter
- 4. Patient Involvement in Care:** Don Berwick, CMS head, predicts that putting the patient first will be a theme for medicine in 2011.
- 5. EHR:** Payment and quality are tied to the scramble to achieve meaningful use for EHRs.
- 6. Transparency:** Increasingly, payers and the public will have access to detail about quality of care.
- 7. SGR Cuts:** Look for the repeal of the sustainable growth rate formula that would have cut MD pay for Medicare patients in 2011.

\*Cheryl Clark, for HealthLeaders Media, January 3, 2011

**Pay for Performance.** It's here and not just for the medical center. It's happening for our Division as well. For the first time, the Division of Hospital Medicine will have Quality Incentive Goals that are tied to our Medical Center budget. These goals were developed in collaboration with the Medical Center and key quality stakeholders within our Division. We are excited to work together with our faculty, multidisciplinary care providers, and the medical center to achieve these goals and ensure quality care to our patients.

Introducing our goals for this the academic year...

### Discharge Summaries

**Goal:** Attending signature of discharge summaries to <48 hours from discharge.

**Tactics:** Housestaff education; Feedback to attendings

**Champion:** Michelle Mourad

### Readmissions

**Goal:** Maintain 30 day overall readmission rates < 15% for medicine patients >65.

**Tactics:** MD oversight for follow up phone call program; Improve discharge documentation & nursing education; Increase timeliness of follow up appointments; Increase Home Care/House Call utilization

**Champion:** Michelle Mourad

### Patient Satisfaction

**Goal:** Maintain HCAHPs: Communication with Doctors score above 80%

**Tactics:** Improve data feedback to faculty; Increase access to and education around coaching resources.

**Champion:** Diane Sliwka

### Hand Hygiene

**Goal:** Increase average MD hand hygiene compliance to >75% on 14L.

**Tactics:** DOM Innovation Challenge; Visual tools; provider training; just-in-time coaching; data transparency & feedback

**Champion:** Brad Monash

If you have any questions about the measurement and implementation of these goals and how you can contribute, please contact each champion directly.

# CALENDAR OF EVENTS

## QI SCHOOL

**MARCH 10:** Change Management with Ed O'Neil

**APRIL:** QI Methodology

## DOM INNOVATION CHALLENGE

**JUNE 7:** DOM Quality & Safety Symposium

## RESIDENT QI LUNCHES

M&M type format for Quality Case:

**MARCH 21**

**APRIL 18**

## FACULTY QI LUNCHES

**MARCH:** Divisional Incentives for Quality and the QI Committee

**APRIL:** Stories from Case Review