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FEATURE:

The Quality Post

Monthly Quality Improvement Newsletter
FOR THE
Division of Hospital Medicine

July 2011 • Issue 7

Greetings from Michelle & Katie

QUALITY IMPROVEMENT
DIVISION OF HOSPITAL MEDICINE

Welcome to the 7th edition of the Quality Post (and for some of you, welcome to the Division!) The Quality Post aims to keep you updated on the latest buzz in the quality world, the latest projects being tackled by our Division, and important data that you can use to guide your own practice.

High Users in Medicine

Readmissions is a hot topic in the QI world this year. Nationally, Partnership for Patients is focused on it. Organizationally, the Medical Center is focused on it. Divisionally, BOOST is focused on it. Reducing readmissions is good for our health care system and for our patients.

But how much about these readmitted patients do we really know? Those patients who are admitted monthly, whose names we recognize on the walls of 14M, do they fit the same pattern? And do we know how we can help to prevent them from coming back? In his article, "The Hot Spotters," Atul Gawande asks the same question: *Can we lower medical costs by giving the neediest patients better care?* And, he would suggest we can.

Under the leadership of Mike Hwa, and partnering with efforts in DGIM, a DHM QI team plans to dig deeper into our high user population this summer.

In the last 6 months of 2010, just 45 patients, were readmitted 894 times. This means just 2.2% of all patients admitted during that time accounted for 26% of all admissions and 40% of all readmissions.

We have an opportunity to make a major impact on readmission rates if we can help this subset of patients stay out of the hospital.

Stay tuned for how you can help contribute to this goal as the project unfolds.

Influencing without Authority

What are the biggest barriers to success in QI projects? Many would say it's getting key stakeholders engaged in process changes. Often times, pushing a QI project to completion requires **Influencing Without Authority**. How can you influence when you are not the one "in charge?" Here are some helpful tips:

What is your Agenda?
Have a clear vision of your goal and what you are asking of your stakeholder. Consider all angles and know how your desired outcome will affect them. Think in terms of their effort, consequences on other areas, and their priorities.

What is your Approach?
The best practices for negotiating are highly interested in the outcome while also highly concerned for the relationship.
REMEMBER: ***Preserving your relationship is as important as aligning your outcomes with theirs.***

- High alliance in Outcome and Relationship = COLLABORATION.
- Low alliance in Outcome and Relationship = WITHDRAWL

What is your Communication Style?
Finally, pay attention to how and when you communicate. Inquire to understand details behind the other person's agenda (what do they want/what's in it for them?).
REMEMBER: ***Being right doesn't always matter.***
Just because your vision may be a good idea, it doesn't mean that now is the right time and place. Additionally, be sensitive to non verbal cues (know and ask what else is going on that is competing for their attention and interfering with your ask).

REMEMBER: *No matter what your style, all styles require:*

1. Clear communication
2. Competence
3. Concern for Relationships

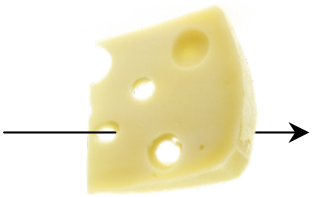
Stories from Case Review

23 yo M with no significant past medical history who presented to the ER with 3 months of crampy abdominal pain, bloody diarrhea and progressive abdominal pain. He was found to have a perforation on CT and the diagnosis of Crohn's disease was strongly suspected. He was initiated on IV antibiotics and bowel rest. Given the perforation, GI recommended follow up within two weeks and a colonoscopy within 3-4 weeks. GI suggested in their notes that they would take care of follow up.

He was readmitted within three weeks for worsening pain and diarrhea, he required an ileocolectomy on his second admission. He had not followed up with GI. Could the readmission and the surgery have been prevented?

Lots of good things happened in this case but the patient slipped through the cracks.

The team decided to request a follow up through Yolanda anyway

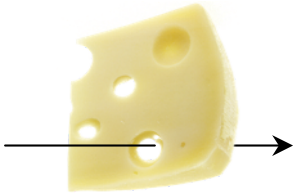


The visit required insurance authorization and a PCP referral before the appointment could be made

A discharge summary done on the day of discharge laid out the follow up plan

The PCP in IDX was listed incorrectly, and the discharge summary went to the wrong provider. (even though the team knew the right PCP)

A follow up phone call was made and follow up was discussed with the patient.



The nurse thought the patient was seeing GI that day, when really he was seeing his PCP, so she didn't help expidite the appointment or alert the team.

What might have prevented the readmission?

- **Early Follow Up Requests:** Earlier request for follow up, so that the team would have seen the problem with the insurance.
- **Urgent Referrals** Use of the "Urgent Referrals Program" for urgent and essential appointments.
- **PCP Communication:** Verbal/Email communication with the PCP about the plan for GI follow up. Have the PCP share in the responsibility for obtaining follow up
- **Print the Discharge Summary:** Giving the discharge summary to the patient, for those PCPs not in our system.
- **CC Key Providers:** Having the attending check the PCP cc'd on the discharge summary against the one listed by the intern at the bottom of the summary and editing the list of providers cc'd on the discharge summary.

QI Committee Take-Aways

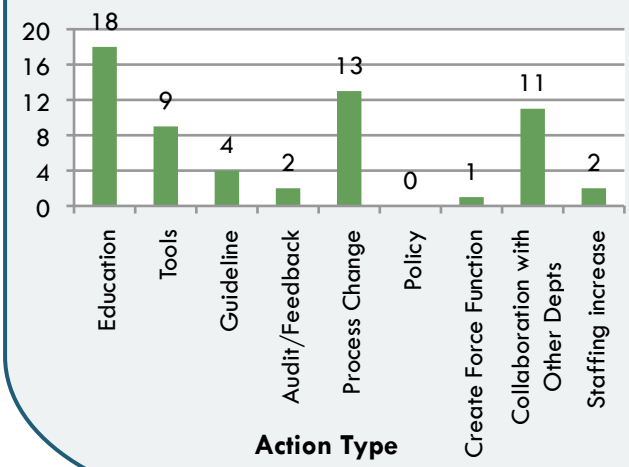
Case Review presented its 6 month Case Summary and the committee took a step forward in defining our Quality Improvement Incentive Metrics for Next Year.

2011 Case Review Summary to date

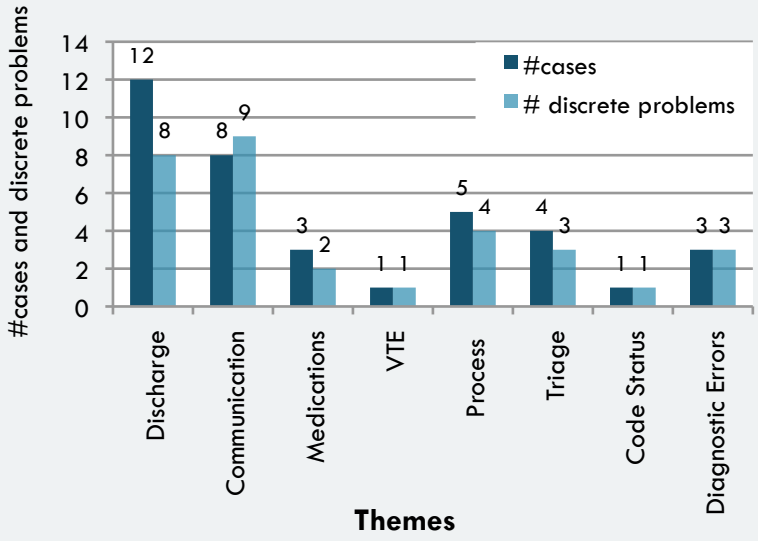
Case Summary:

- Total Cases Reviewed: **30**
- Full Committee Review: **13**
- # General Themes Identified: **8**
- # Individual Issues Identified: **31**

# of Actions by Type Jan-June 2011



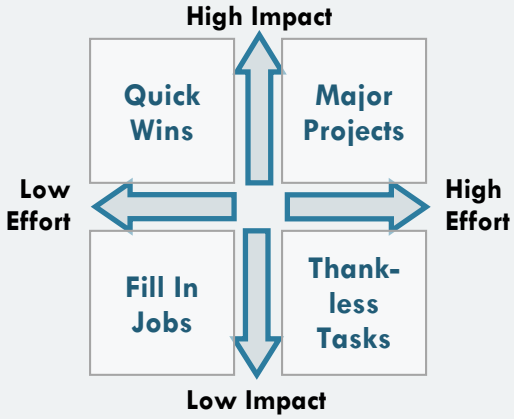
 # Cases and Problems By Theme Jan-June 2011



FY 2012 Division Incentive Metric Planning

Division Incentive Metrics

- The QI committee spent time reviewing potential incentive metrics for FY 2012 and discussing the impact and effort that various quality metrics would have. Our goal is to generate metrics that are **S**pecific, **M**easurable, **A**cheivable, **R**elevant, and **T**imebound. We want all faculty to feel that they have a role in achieving these metrics. Our top contenders for FY 2012 are:



COMMUNICATION:

- Improve HCAHPS MD communication scores to ≥84%
- Communicate with UCSF PCPs at discharge ≥80% of the time

PREVENTABILITY:

- Maintain Hand Hygiene Rates at ≥85% on 14L, 14M and MTZ
- Obtain timely follow up appointments for all UCSF Primary Care patients discharged home (2 weeks) and to SNF (4 weeks).
- Perform readmission reviews for 30-day readmission patients, determine preventibility and disseminate outcomes
- Reduce mortality from Sepsis both in patients newly admitted from Sepsis and in hospital acquired sepsis.

Division Incentives Update

Division Incentive Goal	Progress towards Goal	Baseline Data	FY 2011
Decrease average time to attending signature of discharge summaries to <2days from DC.	✓	Average time to attending signature for CY 2010: 5.8 days	4 of 6 recent months

Jan	Feb	March	April	May	June
1.34	**1.35**	**1.66**	**1.72**	**1.56**	**1.82**

Maintain 30 day overall readmission rates <15% for patients >65.	✓	**Readmission Rates:** CY 2008: **16.5%** CY 2009: **15.5%** CY 2010: **13.2%**	**4 of 6 recent months**

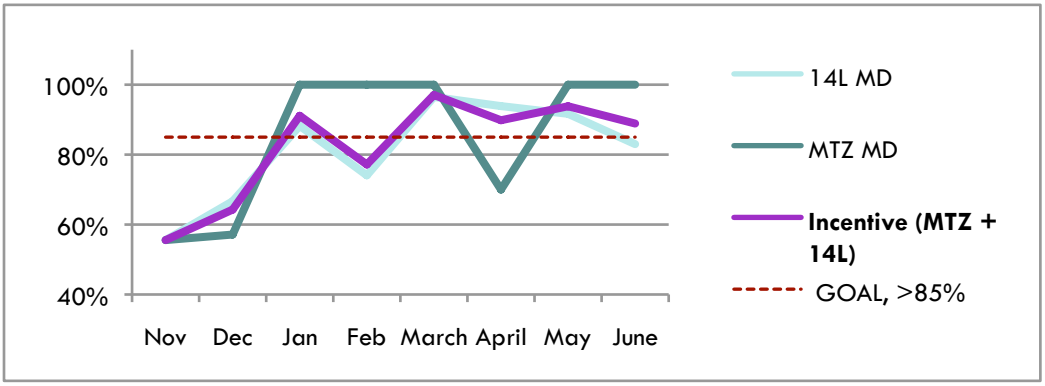
Dec	Jan	Feb	March	April	May
12.6	15.2	**13.2**	16.1	**11.2**	**10.8**

Maintain HCAHPS: Communication with Doctors Top Box score above 80%	✓	**CY 2010 HCAHPS Top Box Score: 84%**	**4 of 6 recent months**

Dec	Jan	Feb	March	April	May
87%	**92%**	61%	75%	**80%**	**82%**

Improve MD hand hygiene rates to >85% on 14L and MTZ 5E/W	✓	**2010 MD HH Compliance: 54%**	**4 of 6 recent months**

Jan	Feb	March	April	May	May
91%	77%	**97%**	**90%**	**94%**	**89%**



☑ = Incentive goal achieved!

Calendar of Events

QI School

Break: Summer Break, will restart with Faculty Development in the Fall

Resident QI Lunches

M&M type format for Quality Cases:
August 18
September 12

Faculty QI Lunches

July 11: Updated CR tool
August 8: Core Measures and Division Incentive Metrics
September 12: CHR for QI projects & your QI portfolio

Center for Health Professions

July 13: Coaching Employees for Growth and Success
July 19: Practical Ways to Lead a (Less) Complicated Life
July 27 Coaching Employees for Growth and Success