IN THIS ISSUE:

FEATURE:

The Quality Post

Monthly Quality Improvement Newsletter
FOR THE
Division of Hospital Medicine

October 2011 • Issue 10

Greetings from Michelle & Katie

QUALITY IMPROVEMENT
DIVISION OF HOSPITAL MEDICINE

Welcome to the 10th edition of the Quality Post. In this issue we'll explore the role of coaching in practice improvement, both in our commentary about Atul Gawande's latest article and within our own Division. We'll also provide you with some BOOST updates you can take back to your team and, as always, give you the latest updates on our Division Incentive Metrics.

Athletes vs Doctors? The role of coaches in Medicine.

In some professions is it perfectly natural to have a lifelong coach, and in others you are expected, at some point, to go it alone. You complete your training, you graduate, you suddenly no longer need instruction. Why, when we think of life-long coaches, do we only think about athletes and performers? Why doesn't everyone who aspires to greatness have a coach?

Atul Gawande explores this concept in his recent article, "Personal Best" suggesting that coaches can have a role in a variety of professional fields, including medicine. "Coaches are not teachers, but they teach… Mainly they observe, they judge, and they guide."

What can coaches offer? Coaches can help you out of a performance plateau, offering constructive feedback on your current practice, pointing things out that you may not even be aware you are doing. As Gawande explains, "You have to work at what you're not good at. In theory, people can do this themselves. But most people do not know where to start or how to proceed. Expertise, as formula goes, requires going from unconscious incompetence to conscious incompetence to conscious competence and finally to unconscious competence. The coach provides outside eyes and ears, and makes you aware of where you're falling short."

Should we have more coaching in DHM? It turns out that accepting coaching is hard. Our nature as human beings resists exposure of our flaws almost on impulse. To open ourselves to scrutiny and inquiry after we have completed training takes courage. But it can also catalyze improvement and increase satisfaction with our daily practice. . "The existence of a coach requires an acknowledgement that even expert practitioners have significant room for improvement." Thanks for exploring the role of coaching in order to achieve our FY 2012 Division Incentive Metrics and improve individual practice.

For more information see Atul Gawande's article in the October 3rd issue of The New Yorker.

Steps for Making a Big Decision

Even the most decisive leader can face tough choices when dealing with a high-stakes matter. Next time you're up against a career-making decision, trying doing these three things:

Involve others. Big decisions shouldn't happen in a vacuum. Think about who needs to make the decision with you and who will be affected by your decision. This will help you make a more informed choice and give you a better shot at winning buy-in.

Trust, and then challenge, your gut. In some cases, your first instinct may be right, but it's probably not based on rational thought. It's important to question your initial reaction and test it once you've gathered more data.

Check your bias. Self-interest can be subconscious. Recognize when you may be partial and ask a trusted peer to double-check your decision for any prejudice.

Communication Checklist

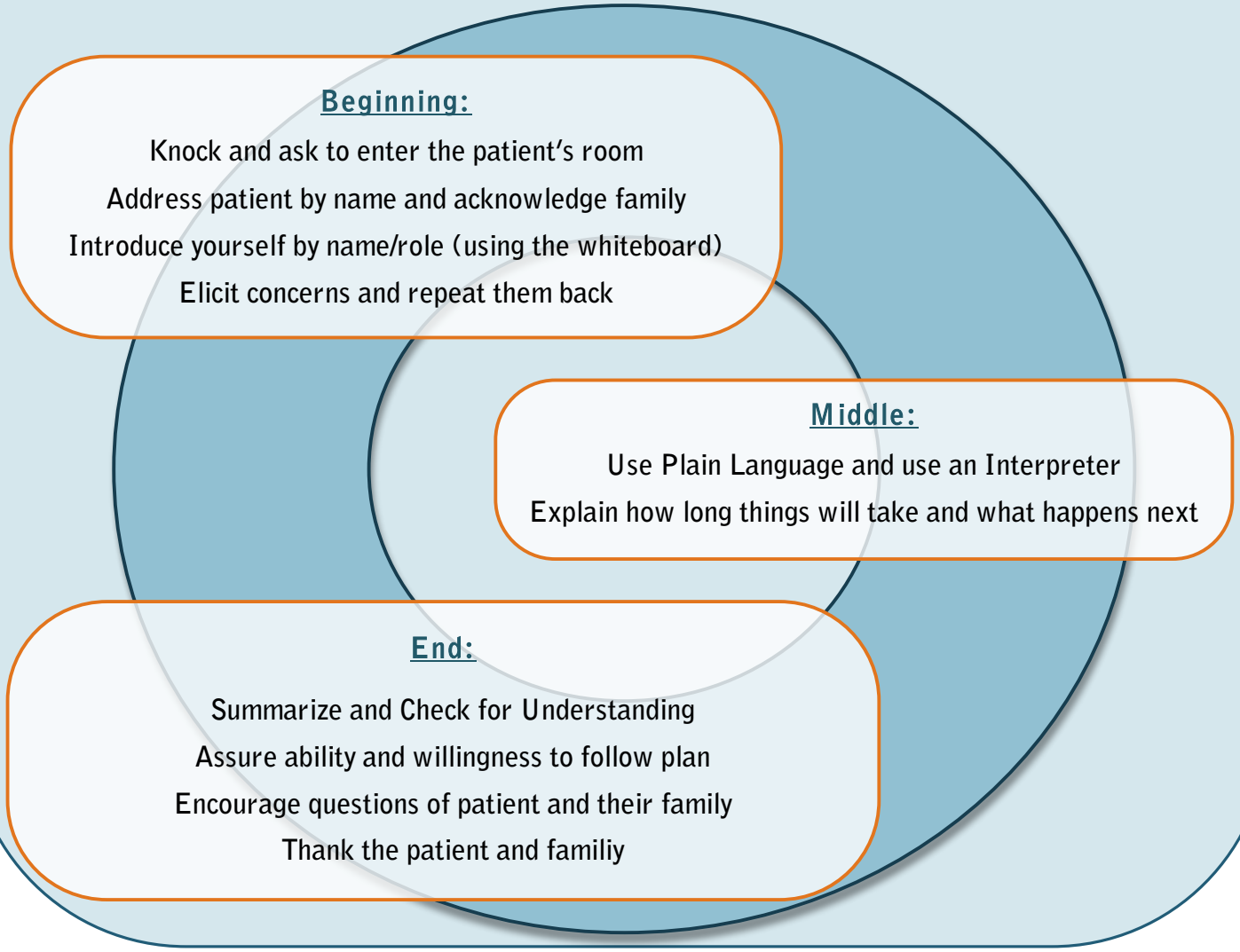
*In an effort to improve our care of patients on the medicine service, we continue to focus on **MD communication** as one of 4 quality and safety goals this academic year. **We need your help!***

Achieve HCAHPS: Communication with Doctors Top Box score above 82%		FY 2011 HCAHPS Top Box Score: 79%	7of 10 recent months

July	August	Sept	Oct	Nov	Dec
78%	71%				

How can you help? *Use the* **Communication Checklist**. *This checklist is the product of many of your votes on the evidence based elements you think are important to deliver in each patient encounter. Similar checklists have been implemented in hospitals across the country with great success in improving **MD communication.***

*We will begin offering mandatory training sessions in October for you to learn more and practice the implementation of this tool. Subsequently, you will receive one bedside **observation** and **coaching** around your own skills in implementing these elements. Please contact Diane Sliwka with any questions.*



Medication Updates from BOOST

Introducing the "DISCHARGE PHARMACY CONSULT"

Let's face it. Pharnacists are a precious resource on the Medicine Service at Parnassus. If your team doesn't have a pharmacy student you may be wondering how to get your patient discharge teaching by a pharmacist. That's why we developed … the **Discharge Pharmacy Consult.**

Your team pharmacists are available for a **DISCHARGE PHARMACY CONSULT** on patients on high risk meds, Monday through Friday. As part of the consult your pharmacist will 1) Review your patient's discharge medications 2) Provide medication teaching and a personalized medication schedule for your patient.

As a reminder, the following are medications and situations which should trigger a **DISCHARGE PHARMACY CONSULT**

1. Anticoagulant medications (enoxaparin, coumadin, etc.)
2. Any injected medication (insulin, enoxaparin, neupogen, epoetin, etc.)
3. Changes to long-acting opiate regimens (fentanyl patch, MS Contin, Kadian, etc.)
4. Antibiotics needing prior authorization (i.e. linezolid, cefpodoxime, PO vanco, etc.)
5. Patients admitted with a drug related complication
6. Any other questions, concerns, or special needs you may have for patients at discharge

As pharmacists are a limited resource, to order a DISCHARGE PHARMACY CONSULT please have the medication list in the chart <u>on the day prior to discharge</u>.

Room for Improvement:

- Teams are often contacting pharmacists for teaching on the day of discharge. Help your team plan ahead by getting medications started early.

Rembmer to consider Brown Bag meds on 14M

We've partnered with Walgreens to make picking up discharge medications easier for our patients. With a quick form, your team can order medications for pick up or delivery at the Milberry Union Walgreens

Just follow these easy steps:

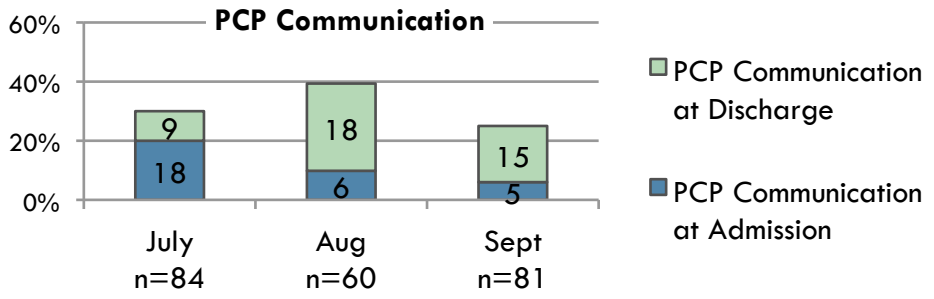
1. **Make sure your patient is APPROPRIATE:** Ideal patients are: Insured pts who can pay the copay for their medications **AND** existing Walgreens customers (so that we don't mess up med rec at their home pharmacy.
2. **Have your team fill out the prescription EARLY:** Walgreens has gotten busy! This allows Walgreens time to process your order
3. **FILL out the fax cover sheet:** This sheet confirms the time by which you need the meds, and prvides a contact number for questions. The clerks will take care of faxing the meds and will call Walgreens to confirm the Rx.

Families or patients can then pick up their medications on their way out of the hospital. <u>We've recently had problems with brown bag medications being ordered for uninsured patients who cannot pay for their meds.</u>

Please make sure to check the suitability of your patient prior to using the service!

Division Incentive Goal	Progress towards Goal	Baseline Data	FY 2011
Communicate with UCSF PCP at discharge >80% of time		PCPs reported receiving information at discharge >80% of the time: 6%	7of 10 recent months

July	August	Sept	Oct	Nov	Dec
30%	40%	19%			



Achieve HCAHPS: Communication with Doctors Top Box score above 82%		FY 2011 HCAHPS Top Box Score: 79%	7of 10 recent months

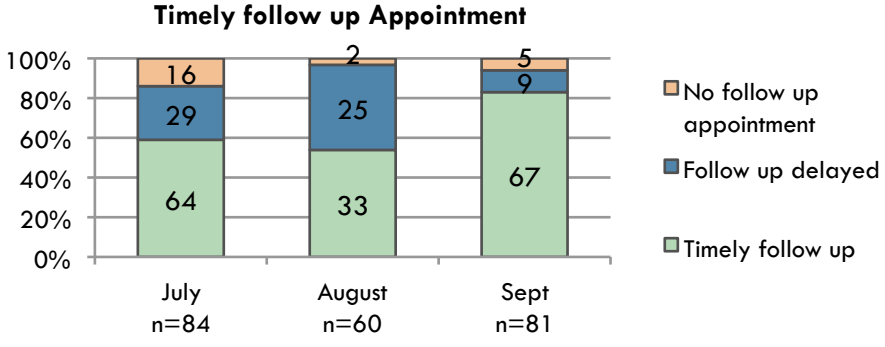
July	August	Sept	Oct	Nov	Dec
78%	71%				

Achieve MD hand hygiene rates of >85% on all Medicine Floors: 14L, 14M, MTZ 5E/W		2010 MD HH Compliance: 89%	7 of 10 recent months

July	August	Sept	Oct	Nov	Dec
89%	**86%**	**88%**			

Schedule follow up appointments for 80% UCSF primary care patients discharged home (2 wks) and SNF (1 month)		**June 2010: DGIM PCP follow up: 29%**	6 of 8 recent months: **October start**

July	August	Sept	Oct	Nov	Dec
59%	54%	88%			



CALENDAR OF EVENTS

QI SCHOOL

FD OCT 15: Applied QI

RESIDENT QI LUNCHES

M&M type format for Quality Cases:
OCTOBER 10

FACULTY QI LUNCHES

OCT 11: Communication Checklist
NOV 14: CHR for QI projects & your QI portfolio
DEC 12: Pneumonia Core Measures

CENTER FOR HEALTH PROFESSIONS

NOV 8: Coaching employees for growth and success