

Introducing  
Sasha

Lower Resistance  
by Listening

Transfusions

CDI Refresher

DHM FY2014  
CPIC report

Division Incentive  
Metrics

**Monthly Quality  
Improvement Newsletter**  
for the  
**Division of Hospital  
Medicine**

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## Greetings from Sasha and Michelle

QUALITY IMPROVEMENT  
DIVISION OF HOSPITAL MEDICINE

Welcome to the 34th edition of The Quality Post. In this issue, we introduce the Medical Center Clinical Documentation Improvement initiative and give our final performance update on our FY 2012 Division Incentive Metrics.

### Introducing Sasha Morduchowicz



It's been several months that the Division has been without a Program Manager for Quality and Safety and it is with excitement that we welcome Sasha to the Division of Hospital Medicine.

Sasha hails to us from the California Health Care Safety Net Institute (SNI), where she served as a Program Associate. Through statewide primary care improvement programs, she made significant accomplishments in supporting California's public hospital systems achieve measureable results in clinical quality, patient experience, and operational improvements.

She also coordinated two federal programs: the Delivery System Reform Incentive Program (DSRIP), a five-year federal pay-for-performance initiative, and the Information Technology Adoption Center (ITAC), a funding program to support hospital systems implement ambulatory EHRs and achieve Meaningful Use.

As an IHI trained Improvement Advisor, she brings expertise in quality improvement science, project management, data analysis, and practice coaching.

She studied public health at the University of California, Berkeley, and currently resides in San Francisco, California. In her free time she loves hosting dinner parties, camping, singing, and playing piano.

## Lower Resistance by Listening

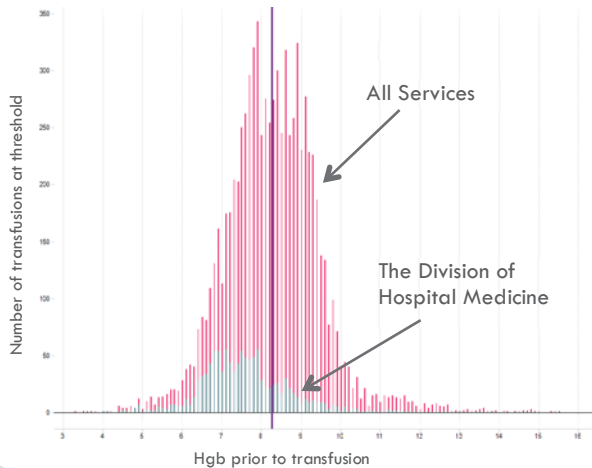
When you encounter opposition to an idea or suggestion, you can strong-arm your challenger into getting what you want, or you can reinforce your relationship by listening. When you coerce a colleague into doing something – even if he or she complies with your demands – his or her initial resistance will fester over time and may come back to bite you later.

When someone doesn't agree with you, it's natural to repeat yourself, often more loudly. Instead, if you are getting pushback, listen. Repeat back what you've heard to make sure you truly understand what the other person means. When you stop trying to convince people and instead focus on listening to their point of view and respecting it, their resistance will often disappear.

## Defining our Transfusion Incentive Metric

Faced with our surprising transfusion data (we transfuse 50% of our blood for a Hgb >7), we decided to tackle transfusions as a Division Incentive Metric this year. But how much room is there for improvement?

### UCSF Medical Center Transfusion Threshold of All Services



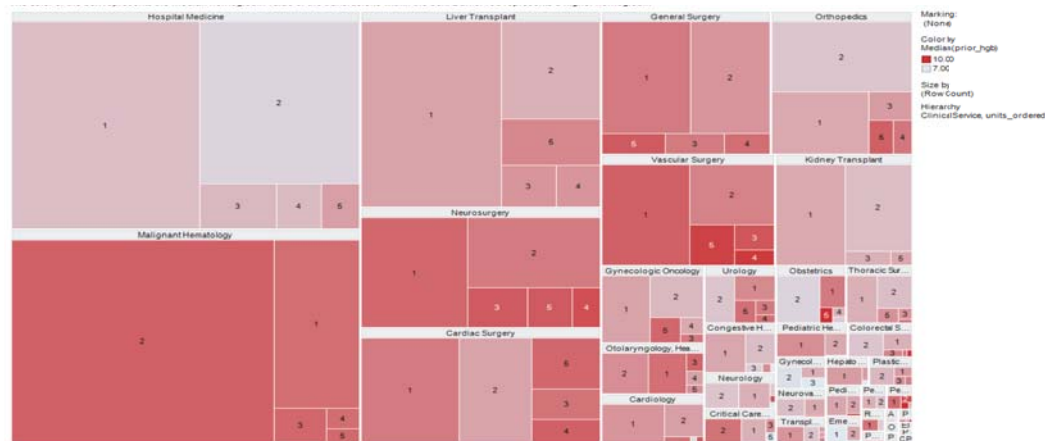
While our transfusion threshold is lower than that of other services, we still transfuse

**30% of our transfusions for a hemoglobin of >8**

Help us achieve our Division Incentive Metric by reducing transfusions above a hemoglobin of 8.

### Transfusions by services

Each box size is proportional to the number of transfusions ordered by that service. Within each service, the numbered boxes represent the number of orders with that many units. The color of the box represents the median hemoglobin value of the transfusions within that box.



While our blood use is generally at a lower hemoglobin (paler boxes) than other services...

**We still transfuse two units at least 40% of the time.**

Help us achieve our Division Incentive Metric by transfusing one unit instead of two units!

The other notable takeaways here are these amazing figures. They are great examples of compelling **Data Visualization** – using graphs and charts to present data in compelling ways.

Thanks to Alvin for this inspiring work!

# Clinical Documentation Improvement



## GOALS OF THE PROGRAM:

- Document, capture and code all diagnoses, procedures, co-morbidities and complications to reflect the clinical complexity and severity of illness

## WHY THE FOCUS ON SEVERITY OF ILLNESS?

Hospitals are increasingly being judged on our quality outcomes-- outcomes like mortality, LOS, and hospital acquired complications; all of which are adjusted by patient's severity of illness.

Capturing severity of illness thus becomes increasingly important if we want our quality measurements to be accurate measures of our performance as physicians and as a medical center.

## How is Severity of Illness measured?

Severity of Illness is based on assignment of an MS-DRG from your documentation.

**MS-DRG: Medicare Diagnosis Related Group = Principle Diagnosis of Hospitalization**

Within a DRG, assigning complications and comorbidities (CC's) or **major** complications and comorbidities (MCC's) can affect the severity of illness.

Case Mix Index is the measure of severity of illness

MS-DRG		CMI	LOS
482	Severe Sepsis or Septicemia w/o CC/MCC Secondary Diagnosis- <b>Severely Decompensated CHF</b>	1.63	3.3
481	Severe Sepsis or Septicemia w CC Secondary Diagnosis – <b>Chronic Systolic Heart Failure</b>	2.58	6.1
480	Severe Sepsis or Septicemia w MCC Secondary diagnosis – <b>Acute Systolic Heart Failure</b>	5.28	9.4

Adding CC's and MCC's to the DRG increases the Case Mix Index and increases expected LOS of patients.

Documenting "Severely Decompensated CHF" will result in severely under representing this patient's severity of illness.

## Nurses Will Send You Queries...

but here are out top queries so you can document right the first time!

- ① **Recognize** and name Sepsis, Severe Sepsis & Septic Shock and include the diagnosis in the discharge summary
- ② **Pinpoint** the cause of AMS as Acute Delirium or Toxic/Metabolic/Infectious Encephalopathy
- ③ **Identify** those patients with Cachexia or with Malnutrition 2/2 critical illness
- ④ **Name** the resistant organisms you are treating for (e.g. Zosyn to treat possible pseudomonas, Vancomycin to treat possible MRSA)
- ⑤ **Remember** that "CHF" needs an *acuity* and *type* (e.g. Chronic Diastolic HF)
- ⑥ **Provide** a stage for CKD – Stage III = GFR <60, Stage IV = GFR <30

## Highlights from our CPIC report

### Operational Service Metrics:

Metric	Units	FY 2013	FY 2012
Inpatient Volume	Discharges	4,687	4,157
LOS Index	O/E	1.01	1.16
ICU Cases	%	17.56	17.81
Mean ICU Utilization	Days/pt	5.67	5.88
Medicare Case Mix Index		1.62	1.47
Non-Medicare Case Mix Index		1.38	1.41
Direct Cost per Case (observed)	\$/patient	14,611	14,925
Direct Cost Index	O/E	1.62	1.71

This year has seen an impressive improvement in operational metrics

- Volume Increase by 11%
- LOS decrease by 13%
- Increase in CMI for Medicare
- Fall in Cost per Case and Cost Index

### Mortality

Hospitals judged by

Observed Mortality  
Expected Mortality

*Those that actually die*

*Those that were expected to die based on our documented severity of illness*

Mortality Index	Units	FY 2013	FY 2012
Overall	O/E	0.93	1.15
Sepsis	O/E	1.01	1.29
Pneumonia	O/E	0.78	1.34

Our Mortality Index has also significantly improved this past year with our overall Mortality Observed/Expected ratio falling below 1.

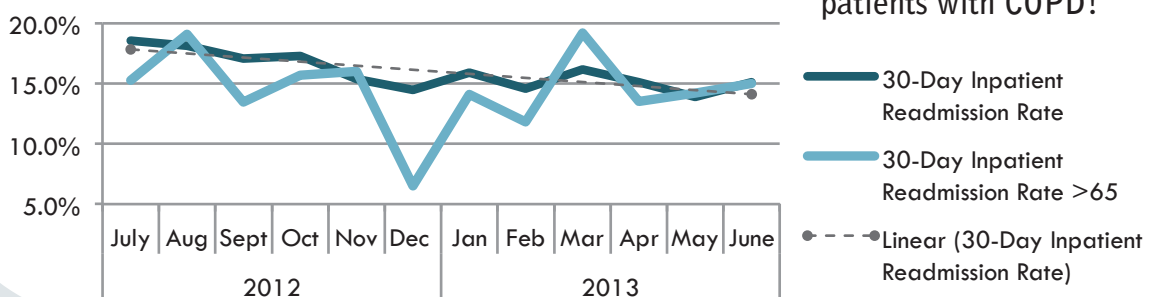
We still have work to do on our patients with Sepsis!

### Readmission Rates

Readmission Rates	Target	FY 2013	FY 2012
All Cause Readmissions	<15	15.7	14.3
All Cause Readmissions >65	<15	14.2	14
Pneumonia	<16	18.02	14.35
Sepsis	<16	15.32	17.67
COPD	<18	23.81	12.73

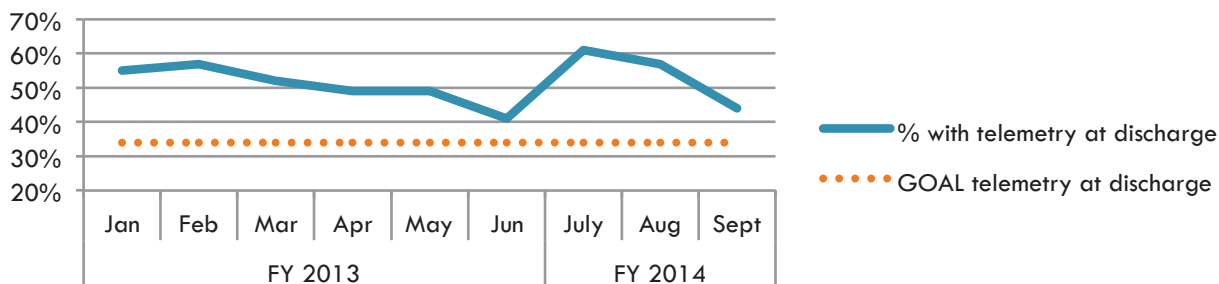
Our readmission rates for FY2013 rose compared to the previous year, mostly due to challenges early in the year.

Our rates have largely returned to previous levels, except for patients with COPD!



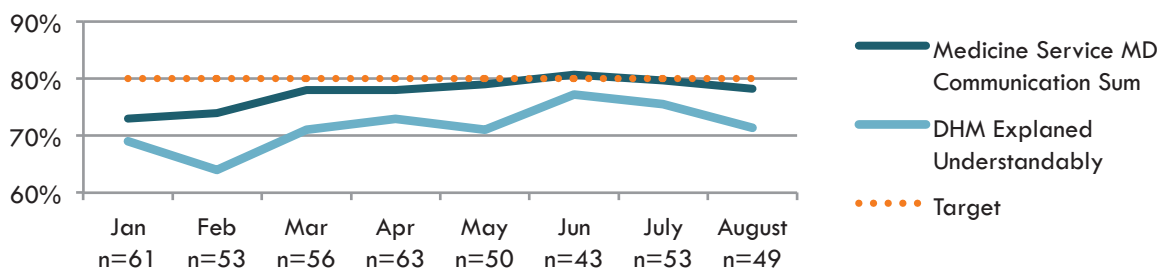
## Division Incentive Metric Performance

Decrease in the percentage of patients on telemetry until discharge from 52% to 37%							➔	FY 2013 Compliance			6 of 12 months	
								52% of patients on telemetry until discharge				
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
55%	57%	52%	49%	49%	41%	61%	57%	44%				



Improve Blood Utilization by decreasing units of blood transfused for a Hgb >8.0 by 15%							➡	FY 2013 Baseline:			6 of 12 months	
								30% transfused for Hgb >8				
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
						21%						

Achieve HCAHPS Communication with Doctors Top Box score above 80%							↗	FY 2013 HCAHPS Top Box Score:			6 of 12 months	
								75.6%				
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
73%	74%	78%	78%	79%	81%	80%	78%					



Discharge 20% of patients by noon							➡	FY 2013 by floor:			6 of 12 months	
								88%				
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
7%	10%	10.1%	7.5%	11.9%	16.8%	11%	12%					

Respond to >90% of nurse clinical documentation improvement queries							➡	FY 2013 Baseline:			9 of 12 months	
								84% of Nurse Queries				
Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
89%	85%	92%	95%	97%	92%	93%	94%	94%				