

Run Charts

3 Fears Good Delegates Get Over

DHM Safety Culture

MedList Clinic

FY2014 Division Incentive Metrics Results

Monthly Quality Improvement Newsletter for the Division of Hospital Medicine

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Greetings from Michelle, Nader and Sasha

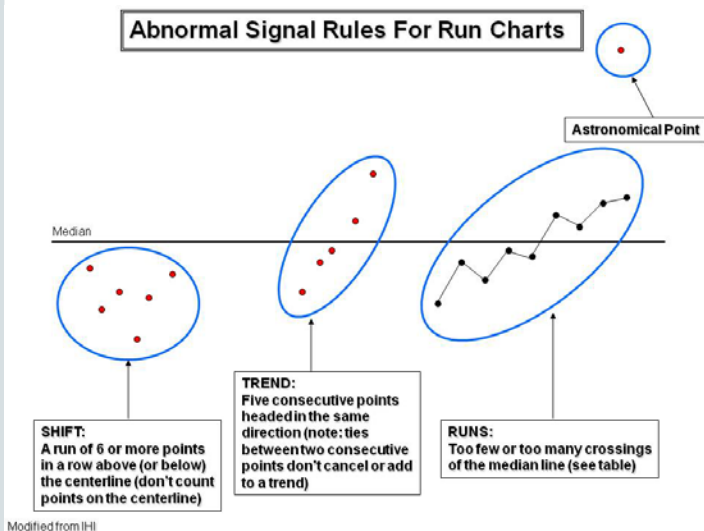
QUALITY IMPROVEMENT
DIVISION OF HOSPITAL MEDICINE

Welcome to the 43rd edition of The Quality Post. In this issue we feature a piece on run charts, the results of the DHM Safety Culture survey, and provide information on the new MedList clinic. We also bring you the final FY2014 Division Incentive Metric results.

Run Charts

The run chart is a simple yet powerful graph that displays data over time. It is one of the most important analytical tools in the field of quality improvement. With minimal mathematical complexity, the run chart allows us to visually determine if the system we are trying to improve is demonstrating non-random patterns or “signals.”

There are 4 rules for determining “signals”:



When are run charts useful and what are the benefits?

- They help teams see how well a process they are trying to improve is performing over time.
- They help answer the second question to the Model for Improvement – How will we know if a change is an improvement?
- They provide direction as teams work on improvement over time and help assess the value of particular changes.

Adapted from the Institute for Healthcare Improvement (IHI)

3 Fears Good Delegates Get Over

Despite the benefits of delegating, managers often feel uneasy about it. As you hone your skills, you'll see your fears dissipate and your staff gain confidence and grow more capable. Overcome these common concerns:

“It will just be faster to do it myself.” The amount of time spent planning to delegate will be worth it. As employees' sense of ownership grows, they'll accept more responsibility and take it off your hands.

“What if I'm left out of the loop?” Moving from specialist to generalist is tough, and it can be hard to give up tasks you excelled at (and which got you promoted). Use your expertise to guide staff members. You'll still be involved, but in a more overarching way.

“But they won't do it the right way!” Instead of trying to control how the task is done, communicate your quality standards. And be open to different approaches; an employee might have a different method to get the same job done.

Adapted from *Delegating Work* (20-Minute Manager Series)

DHM Safety Culture

A positive safety culture is essential for patient safety, and is linked to improved clinical outcomes such as reduced adverse events and hospital readmissions.

In order to gain insights into our division's safety culture and to help identify opportunities for improvement, Niraj Sehgal, Chelsea Bowman and others conducted a modified AHRQ Hospital Survey on Patient Safety Culture with novel resident focused domains.

The survey was distributed to Internal Medicine senior residents and DHM attendings in 2007 and 2013.

Below are highlights from their findings.



High Performing Areas

(% positive: Proportion who felt we do well in this area)

Note that the % positive terminology here means that 93% of attendings and 88% of residents *disagree* with the statement:
 "My supervisor(s) overlooks patient safety problems that happen over and over"

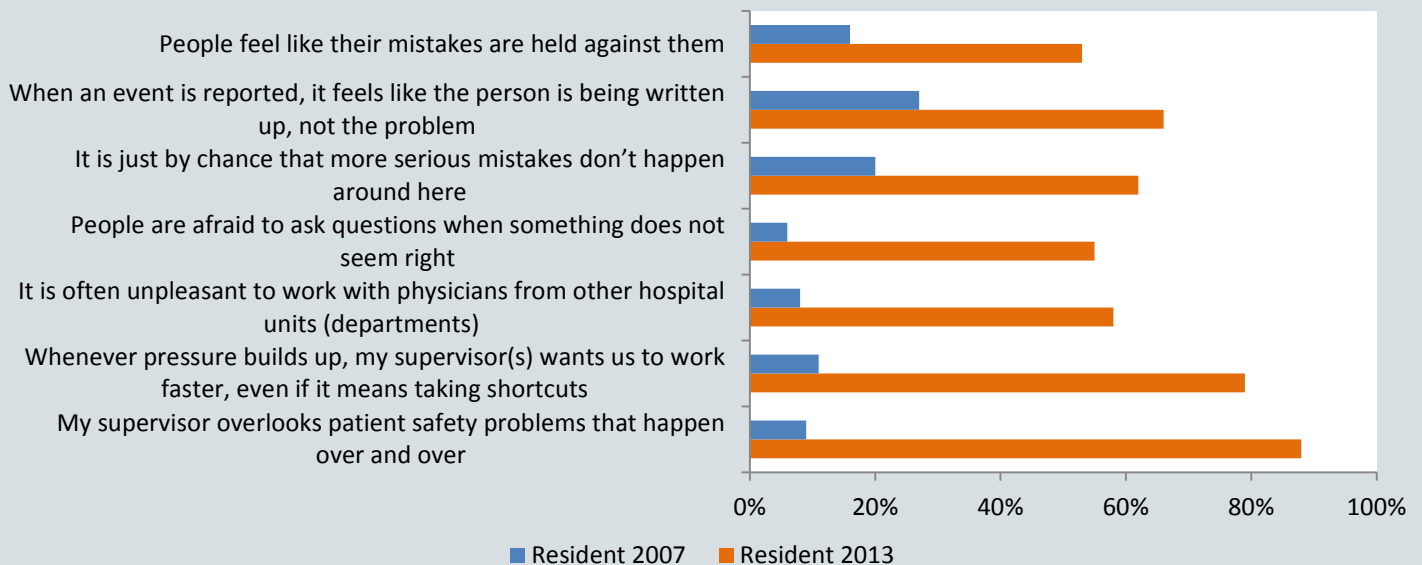
Question	Year	Resident	Attending
People support one another in this work area	2013	100%	100%
	2007	91%	94%
When a lot of work needs to be done quickly, we work together as a team to get the work done	2013	100%	93%
	2007	72%	72%
In this work area, people treat each other with respect	2013	98%	100%
	2007	88%	89%
We are actively doing things to improve patient safety	2013	96%	93%
	2007	71%	83%
Hospital management provides a work climate that promotes patient safety	2013	93%	96%
	2007	89%	83%
My supervisor(s) overlooks patient safety problems that happen over and over	2013	88%	93%
	2007	9%	11%
When one area in this work area gets really busy, others help out	2013	84%	62%
	2007	55%	39%
My supervisor(s) seriously considers others' suggestions for improving patient safety	2013	84%	100%
	2007	72%	89%

DHM Safety Culture

Low Performing Areas (% positive: Proportion who felt we do well in this area)

Question	Year	Resident	Attending
Things “fall between the cracks” when transferring patients from on unit to another	2013	23%	21%
	2007	54%	67%
Shift changes are problematic for patients in this hospital	2013	23%	21%
	2007	49%	61%
Patient safety is never sacrificed to get more work done	2013	20%	24%
	2007	19%	11%
Important patient care information is often lost during shift changes	2013	20%	18%
	2007	45%	56%
Problems often occur in the exchange of information across hospital units	2013	20%	32%
	2007	49%	50%

Biggest Improvements in Residents Perceptions (% positive)



Key Messages

- Overall, residents and attendings had mostly similar perceptions of safety culture.
- In 2013, high performing areas center around teamwork and communication with attendings and hospital management.
- Low performing areas center around transfers, hand offs and workload. This could be attributed to resident's duty hours restrictions (i.e. system change).
- The biggest improvements between 2013 and 2007 all relate to cultural changes, both with regards to: a) the perception of a non-blame culture, b) perceived hierarchy and effective communication with attendings, and c) improved teamwork.

Special thanks to Niraj Sehgal, Sumant Ranji, Naama Neeman, Rossana Fazzina, and Chelsea Bowman for sharing these interesting results.

Med List Clinic

Did you know there is a new Med List Clinic for our patients?

This new and exciting service is being offered through the UCSF School of Pharmacy and the Department of Pharmaceutical Services in conjunction with the Walgreens at UCSF.

Comprehensive medication reviews are available to the public and provided at no cost to the patient.

Although the MedList Clinic is located in the Walgreens at UCSF, **patients do not need to have their medications filled at Walgreens.**

Get Your Medicine Checkup Today



Take charge of your health! Bring all your medicines to the MedList Clinic.



Leave with your personal, pharmacist-reviewed, MedList to share with your health care providers. Own your MedList!

Name: _____

Phone: _____

I need a Med Checkup because:

- I have new medicines from my hospital visit.
- I feel like I take too many medicines.
- I worry about the cost of my medicines.
- I have questions about the best time to take my medicines.
- I keep medicines at home that I am no longer taking.
- I don't use anything to help me remember to take my medicines.
- I don't have a personalized medicine list designed just for me.

① Who should we recommend for a Comprehensive Medication Review (CMR) at the MedList Clinic?

- Patients recently discharged from the hospital with new medications
- Patients who frequently visit their doctors or the ER due to complications with their medications
- Patients who have difficulty understanding their medications
- Patients who may need help improving medication adherence
- Patients who may have issues with the cost of their medications
- Patients who complain of side effects from their medications or are concerned about potential drug interactions
- Patients with questions regarding over-the-counters, vitamins, herbals or dietary supplements
- Adult children or caregivers responsible for a patient's medication management
- Anyone you want to get engaged in their medication management

MedList Clinic

Your appointment is on:

Please remember to bring **ALL** your medicines:

- Prescriptions
- Over-the-counter medicines
- Herbal, dietary and vitamin supplements



UCSF Medical Center

UCSF Benioff Children's Hospital



UCSF MedList Clinic located at

Walgreens
at UCSF

On the main level of the Millberry Union, 500 Parnassus Ave. San Francisco, CA

Phone: 415-681-3394
Mon.-Fri. 8:30 a.m. to 8:30 p.m.
Sat.-Sun. 9 a.m. to 5 p.m.

Med List Clinic

② What can patients expect from their visit?

A UCSF pharmacist and pharmacy student who will review their medications and medical history with the goal of:

- Lowering the risk for harmful drug interactions
- Discussing and minimizing side effects
- Answering questions about prescriptions, over-the-counters, vitamins, herbals and dietary supplements
- Recommending lower-cost alternatives to their medications
- Assisting with adherence and providing a schedule that is patient-centered
- Providing patients with a comprehensive, accurate, portable, patient-centered, reconciled medication list from all sources in a format that includes patient and provider action plans.

③ How do we contact Pharmacy to let them know we have a patient we want them to see in the hospital?

**Page the MedList Clinic Pager:
(415) 443-1690**



A pharmacy student will see your patients while they are in the hospital and set up an appointment before they go home.

④ How do patients schedule an appointment?

- Appointments are available **Monday – Friday, 9:30 am to 4:30 pm**
- To schedule an appointment in person, patients or caregivers can visit Walgreens at UCSF.
- To schedule an appointment by phone, please call Walgreens at UCSF (415-681-3394) and let them know you are calling to schedule an appointment in the Medlist Clinic.
- Drop-in appointments are welcome depending on staff availability during regular CMR hours.


⑤ What do patients need to bring to their appointment?

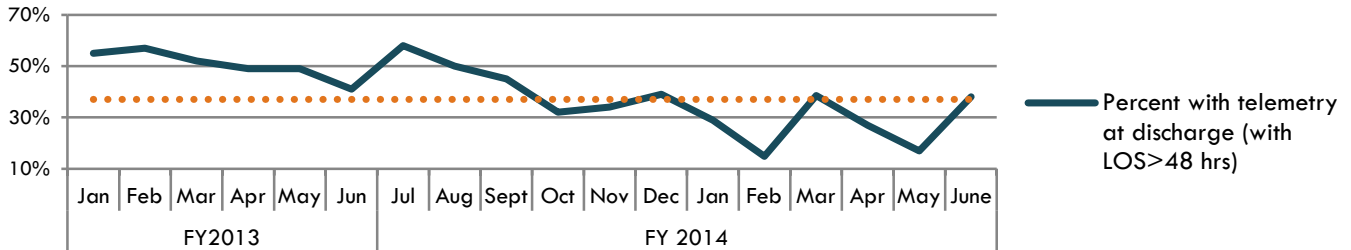
- All of the medications they are taking, including: prescriptions, over-the-counters, vitamins, herbals and dietary supplements. Patients may also bring medications they are no longer taking and they will help them dispose of them properly
- Insurance coverage information
- List of questions they would like the pharmacist to address during the appointment
- Caregivers and family members are welcome at the visit with the consent of the patient





For questions or to learn more contact Marilyn Stebbins, Pharm.D.
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Final Division Incentive Metric Performance FY2014

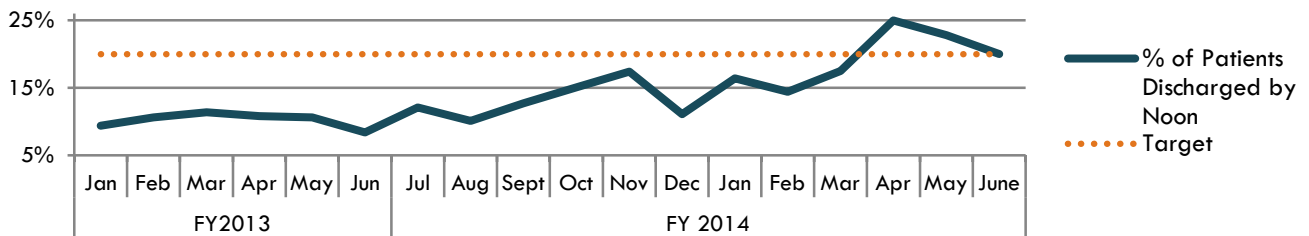
Decrease the percentage of patients on telemetry until discharge (with LOS > 48hrs) from 44% to 34%						6 of 12 months							
FY 2013 Baseline	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
44%	58%	50%	45%	32%	34%	39%	29%	15%	39%	27%	17%	38%	




Improve Blood Utilization by decreasing units of blood transfused for a Hgb ≥ 8.0 by from 30% to 20%						6 of 12 months							
FY 2013 Baseline	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
30%	19%	18%	17%	12%	9%	7%	11%	14%	5%	12%	11%	13%	

Achieve HCAHPS Communication with Doctors Top Box score above 80%						6 of 12 months							
FY 2013 Baseline	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
75.6%	80%	79%	74%	60%	86%	71%	67%	79%	75%	68%	85%		

Achieve 20% of Hospital Medicine Discharges by noon						3 of 12 months							
FY 2013 Baseline	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
8%	12%	10%	13%	15%	17%	11%	16%	14%	18%	25%	23%	20%	



Answer greater than 90% CDI Nurse Queries						9 of 12 months							
FY 2013 Baseline	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	
86%	93%	94%	96%	91%	94%	92%	88%	95%	92%	94%	94%	92%	