

Housestaff & Medical Center Priorities

Identify a Project's Stakeholders at the Start

Improving SNF Care & Transitions

Provider Tips: Flu Screen/Vaccine

Division Incentive Metrics

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 45th edition of The Quality Post. In this issue we feature a piece on Housestaff & Medical Center priorities and improving SNF care. We also bring you tips to improve our Flu Vaccination rates and data on our Division Incentive Metrics.

What are the priorities for housestaff and the medical center that impact me most? How does our division balance these priorities?



DHM Housestaff Priorities

The “4+1” graphic represents DHM’s prioritization strategy for residents. The current metrics are discharge before noon, phlebotomy, patient satisfaction, and immunizations.

Housestaff Incentive Program FY2015

1. Achieve 20% of patients discharged before noon for 6 of 12 months.
2. At least 88% of patients respond “definitely yes” to HCAHPS question: “Would you recommend this hospital to your friends and family?”
3. Improve influenza vaccination rates:
 - Increase inpatient vaccinations to 90% (3 of 6 months)
 - Increase primary care vaccinations to 51%
 - Maintain faculty, staff and resident vaccinations at >95%

Medicine-specific incentive:

4. Reduce number of phlebotomy draws per patient per day by 5% from FY2014 baseline

Medical Center Priorities FY2015

Quality and Safety:

- Improve vaccination rates & Discharge Before Noon (same goals as above)
- Decrease sepsis mortality by 10%
- Reduce hospital-acquired infections - CAUTI by 10%, CLABSI by 5%
- Reduce hospital-acquired pressure ulcer rate to < 1.1%
- Implement unit-based leadership groups
- Roll out follow-up phone call program
- Decrease readmissions by 1.5%

Patient Experience:

- Execute Living Pride initiatives

Growth:

- Expand the UCSF accountable care organization
- Implement post-acute care contract agreement

Identify a Project's Stakeholders at the Start

When you’re managing a project, it’s crucial to first identify your stakeholders. They may include leadership, housestaff, patients, colleagues—the team that will ultimately judge the project’s success or failure. Stakeholders’ interests will vary, as will their definitions of success, so you need to understand who they are in order to meld their expectations into a coherent, manageable set of goals. Ask yourself:

- Who will be affected by the project’s activities or outcomes?
- Who will contribute resources — people, space, time, tools, and money — to the project?
- Who will use and benefit from the project’s output?

Once you’ve established your stakeholders, have them sign off on what they expect from the project and what resources they’ll provide.

Adapted from Managing Projects (20-Minute Manager Series)

Improving SNF Care & Transitions

In August 2014, the Bay Area Hospitalist Associates (the St. Mary's Hospitalist group), began accepting all UCSF patients at Kindred Lawton. In September they began staffing Kindred Tunnell as well. We anticipate that this new relationship will improve the quality and experience of care for our shared patients in addition to facilitating throughput and decreasing readmissions. Below is more information about the program, the staffing model, contact information, and more.

The Team



Stephanie Perry
Director of Operations



Scott Enderby, DO
Hospitalist Medical Director



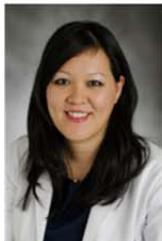
Julia Vizental
Administrative Assistant

“We want this program to not only work, but to model best practices from the onset. Partnering with the UCSF’s hospitalists on this during this early stage will be critical to success.”

-Scott Enderby



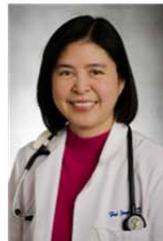
Shan Wen, MD



Constance Wong, MD



Michael Wonchawart, MD



Hui Ming Yang, MD

① **How do the Bay Area Hospitalist Associates staff each facility? How often do they see our patients?**



Natalia Bruchanski, MD



Raymond Ha, MD

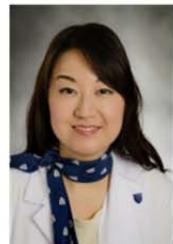


Elizabeth Jensen, DO



Matthew Jeong, MD

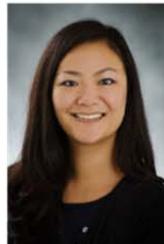
- Each facility is staffed with a board certified internist **Monday-Friday from 8am-6pm with 24 hour on-call services provided by their core hospitalist team.**



Sharon Kim, MD



Kartik Krishnan, MD



Angela Lai, MD



Eva Mikrut, MD

- Weekends and holidays are currently staffed by one doctor who covers both facilities who spends one day at one facility, and the next day at the other one.



Hoang Pham, MD



David Portier, MD



Mathew Riley, DO



Stephanie Seiki, MD

- They try to see every patient on either Thursday or Friday to minimize any cross cover issues over the weekend.

Improving SNF Care & Transitions

② What is a realistic care plan for our patients going to Kindred Lawton and Tunnell?

- Most patients stay a minimum of a week with an average LOS around 2 weeks. Setting this expectation is important prior to leaving the acute care setting.
- The SNF hospitalists typically have a census of close to 40 patients per day at each facility and are working with limited resources. Thus, it is essential that we define goals of care, whenever possible, prior to discharge to the SNF.

③ How should we be communicating with the SNF Hospitalists?



Warm Handoffs are essential: When preparing patients to discharge at Kindred Lawton and Tunnell, your case manager will page you with the receiving hospitalist's contact information. MD-to-MD verbal signouts are required. The patients are complex and the information that accompanies them can be limited to non-existent. A proper doctor-to-doctor discussion prior to their arrival will help ensure a safe and expeditious transfer and help to avoid readmissions.

To reach SNF Hospitalists covering 24/7:

- Lawton: 415-750-5853 → enter x9193
- Tunnell: 415-750-5853 → enter x6767

④ How do the SNF Hospitalists communicate with us? What information do they have on our shared patients?

- In addition to the MD-to-MD verbal signout, we are also providing them with MD/AHP contact information for questions that arise after transfer.
- UCSF is in the process of providing the SNF Hospitalists with read-only access to EPIC.

⑤ How do we enhance patient experience and help prepare our patients going to SNF?

- Manage expectations about LOS
- Provide the patient and family a sense of confidence that there will be a doctor on daily and available 24/7 to address any medical needs. Also, let them know that you will personally be speaking to the doctor who will be caring for him/her.
- The receiving SNF Hospitalist will also let the patient and family know that you spoke extensively with them about their care at UCSF.

Above all, we want the patients/families to feel confident and assured that we are a team and that their well-being is our top priority.

Improving SNF Care & Transitions

⑥ What do the Kindred Tunnell and Lawton facilities look like?



Provider Tips: Flu Screen/Vaccine

NEW Inpatient Flu Screen/Vaccine Order Prior to Discharge began September 15th!

Provider screens prior to DISCHARGE (Screen/Order on "Day of Discharge Order Set")

Provider orders flu vaccine based on screening results

Pharmacy verifies flu vaccine (15 - 20 minutes)

RN provides VIS and administers the flu vaccine

Flu Vaccine Icon and BPA alerts RN to unaddressed vaccine order on MAR at discharge

Flu season is approaching and improving vaccination rates is one of the most important strategies to protect our patients. It can prevent or reduce severity of illness due to influenza and decrease hospital and ICU admissions as well as mortality. This is also a medical center and housestaff priority.

Key elements of the new inpatient influenza screening workflow include:

- Vaccine screening and ordering on the IP Day of Discharge Order Sets
- Automated logic to hide the vaccine order if previous vaccination is documented

For Physicians and AHPs:

The Flu Screen/Vaccine Order displays on discharge orders* for eligible patients ONLY:

- Age \geq 6 month
- No flu vaccine documented in "Immunization History" for this season

Initiate discussion about vaccination prior to day of discharge to facilitate a smooth discharge. Update "Immunization History" when a patient reports vaccination outside of UCSF. This suppresses the screen in future admissions so workflow is more efficient. Completion of screening/ordering is required before a discharge order can be finalized.

*IP Adult Day of Discharge Order Set [1472] and, IP Pediatric Day of Discharge Order Set [1070].

New Influenza Vaccine Screen/Order:

Immunizations — Required

Influenza Vaccine Screen Required — Required

Your Patient Does NOT have an influenza vaccine documented this season:

1. If they received influenza vaccine this season, go to the Immunization Activity and document the vaccination with the date. You do not need to enter a lot#.
2. If they require an influenza vaccine, please order below.
3. If they do not require an influenza vaccine, document a "Do Not Administer Reason" below.

Please Note: Your patient cannot be discharged until their influenza status is finalized.

Influenza Order/Screen: Children 3 yrs or more and Adults

Influenza vaccine (age \geq 36 months) (PF) (FLULAVAL, FLUZONE, FLUARIX) injection
0.5 mL, Intramuscular, Once

DO NOT administer Seasonal Influenza Vaccine

1. IF selecting "DO NOT", a reason must be provided.

Questions:	Prompt	Answer
1. DO NOT administer the Seasonal Influenza Vaccine for the following reasons (s)		<input type="checkbox"/> Patient is fully immunized this current flu season <input type="checkbox"/> Patient/Parent/Caregiver declines <input type="checkbox"/> Allergy/Sensitivity to influenza vaccine, anaphylactic latex allergy or anaphylactic ... <input type="checkbox"/> Solid Organ transplant during this hospitalization <input type="checkbox"/> Bone Marrow transplant within past 6 months <input type="checkbox"/> History of Guillain-Barre syndrome within 6 weeks after a previous influenza vacci ...

How to Update Immunization History:

1. Open from sidebar
2. Click on grey arrow
3. Click on "Single Historical"
4. Search for "Influenza"
5. Enter date.
 - EXACT date for pediatric split doses
 - Otherwise, 1st day of month can be used if exact day is unknown.

