thequalitypost

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

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Greetings from Michelle and Sasha

QUALITY IMPROVEMENT
DIVISION OF HOSPITAL MEDICINE
Welcome to the 48th edition of The Quality Post. In this issue we feature a piece on PDSAs and provide information on CPI & UBLTs. We also bring you an Above and Beyond piece, an update on Case Review and data on our Division Incentive Metrics.

Improving How We Improve: Tips for Running Effective PDSA Cycles

The Plan-Do-Study-Act (PDSA) cycle is a pragmatic approach to testing changes in a complex system. The three questions: 1) What are we trying to accomplish? 2) How will we know that a change is an improvement? and 3) What change can we make that will result in improvement? combined with the PDSA cycle make up the Model for Improvement. Below are some tips for increasing scientific rigor and maximizing learning through PDSA cycles.

Step 1: Plan
A good plan always states the objective and answers a specific question. It also includes the team's theory and prediction about what will happen as well as a detailed data collection plan (often a mix of qualitative and quantitative measures). Challenge your team to reduce the scale of initial tests (think one doctor on one day with one patient). Also, think ahead - plan a sequence of iterative PDSAs for your change concept and think about testing across a wide range of conditions.

Step 2: Do
Carry out the test as planned, and document results as well as unexpected outcomes. Don't worry if the test isn't going as you thought it would — the idea is to fail fast and often because your team will learn just as much from a failed test as a successful one.

Step 3: Study
Without a predefined measurement plan, this step is often hard for teams to carry out. The PDSA cycle is not just trial and error, but rather a modified version of the scientific method so it is essential to set aside time to analyze the data and study the results (including comparing results with your predictions — that is where the learning takes place!)

Step 4: Act
Based on the results your team can modify the change and plan for the next test. Sometimes you'll find that the change is ready to be abandoned or adopted, but more often further modification is needed.

4 Things New Team Leaders Should Do First

New team leaders often skip over the basics of team building in a rush to start achieving goals. But your actions in the first few weeks and months have a major impact on whether your team delivers results. Here's how to set things up for success:

• Get to know one another. Resist the urge to jump right into the work and focus instead on fostering camaraderie.

• Showcase your values. Explain what's behind each of your decisions, what your priorities are, and how you will evaluate the team's performance.

• Explain how you want the team to work. Not everyone knows the best ways to ask for help or go about tasks. Set expectations and explain processes.

• Set or clarify goals using a Project Charter. Setting goals early on lays the framework for holding team members accountable.

Adapted from " What New Team Leaders Should Do First" by Carolyn O'Hara.

UCSF Health's Continuous Process Improvement (CPI) Hub

CPI

A culture of continuous process improvement

① What is Continuous Process Improvement?

CPI = Iterative
CPI is the daily practice of achieving incremental changes in our processes to improve the quality, safety, efficiency, and value of our services.

CPI = Transformative
CPI depends on an environment that supports a "learning" health care system that relies upon real-time data coupled with front-line empowerment and insights.

CPI = Facilitative
CPI requires on an operating rhythm that seeks to reduce waste and drive capacity for excellence.

② What is the vision for the CPI Hub?

A key component of the UCSF 2020 Strategic Plan, CPI seeks to increase the value of our clinical care not only by improving quality, safety and the patient experience, but also by reducing health care waste.

Achieving the goals of CPI at UCSF depends on establishing a culture of learning around care delivery that embraces frontline insights and disseminates best practices to improve patient care and the experience we all share.

CPI is a Key Strategic Priority

A culture of continuous process improvement

UCSF Vision 2020
Advancing the Health System

UCSF
University of California
San Francisco

A high-value system of health care

A leader in destination programs

③ Who are the CPI Partners?

- Performance Excellence/LEAN
- Service Excellence/LIVING PRIDE
- Quality + Safety
- You!
- CPI HUB
- Decision Support
- APeX Clinical Systems
- Learning and Development
- Business Intelligence/Information Technology

④ What to expect in Year 1?

Unit-Based Leadership Teams (UBLTs)
-a leadership model that aligns frontline insights with organizational goals, and achieves results through teamwork and collaboration

The CPI Data Portal
-a simplified one-stop shop for any UCSF clinical staff or provider to request clinical, financial, and/or administrative data

CPI 101
-a training module to inspire and enable everyone involved with patient care to participate meaningfully in CPI activities on the front lines

Learning Health System
-building a community to share best practices and cross-fertilize ideas

UCSF Health's Continuous Process Improvement (CPI) Hub
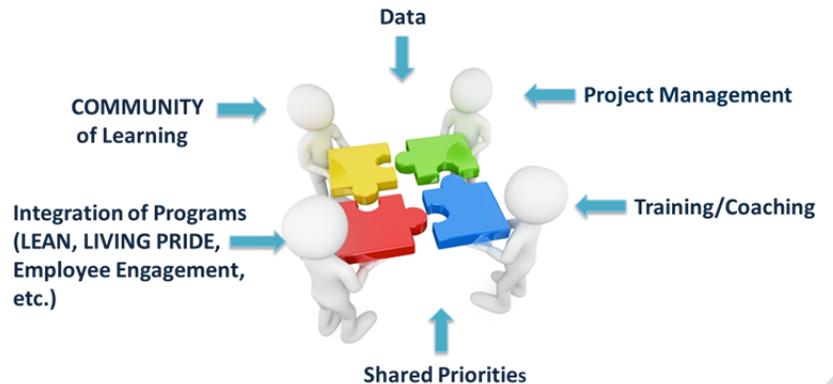
⑤Meet the 14M/L UBLT Team!

> We have a real opportunity here to streamline our communication, optimize care coordination and care delivery, and provide the mechanism to disseminate best practices across the UCSF health system.

Julie Koppel
Nurse Manager

Brad Monash
Medical Director

Sasha Morduchowicz
Improvement Specialist

Unit-Based Leadership Team
= Physician + Nurse + Practice/Administrative Leaders + Improvement Specialist

Data

COMMUNITY of Learning

Project Management

Integration of Programs (LEAN, LIVING PRIDE, Employee Engagement, etc.)

Training/Coaching

Shared Priorities

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⑥What projects are already underway within DHM that may be enhanced by UBLTs?

Patient Experience

Both DHM and 14M/L Nurses currently conduct several patient satisfaction efforts in silos. Think about how powerful it will be to combine forces and tackle issues like pain management and communication as an interprofessional group.

Phlebotomy

The resident team plans to engage RNs to involve them in our phlebotomy effort. Think about how much easier it will be for them to do so under the new UBLT structure.

Discharge by Noon

We all know this one takes the entire team. From involving RNs in morning rounds, to MDR, to touching base with CMs at Tee Time – Discharge by Noon requires an incredible amount of interdisciplinary coordination.

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⑥Where can I learn more about CPI and UBLTs?

For additional information visit the FAQ page: https://cpi.ucsf.edu/faqs.

If you have any other questions, comments, or concerns, feel free to send them to cpi@ucsf.edu, or directly to Maria Novelero, the CPI Director, at Maria.Novelero@ucsf.edu.

Above and Beyond
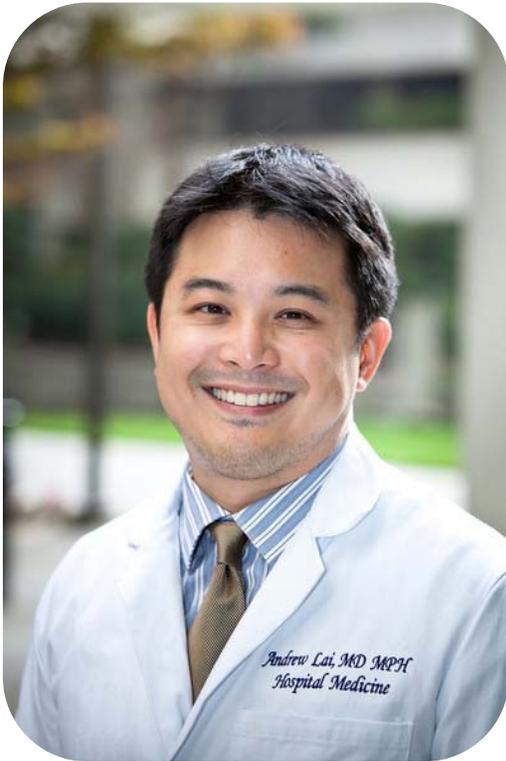
We've all seen them. You take over Andy's team on wards and there is a beautiful and up to date white board with team names and a plan of care.

You may have a pang of guilt and wonder how he manages it all?

Ensuring that patients understand the plan of care is one of our most important jobs as Medicine physicians and Andy Lai makes it an art form.

Having asked enough patients if white boards are helpful, we know the answer:

"Yes. As long as they are filled out!"

Thank you to Andy Lai for inspiring us to fill out our white boards and improve communication with our patients!

Case Review

The Case:

47M paraplegic 2/2 prior GSW, ESRD, h/o PSA, and recent OSH AMA originally admitted w/ pain, found to have sepsis 2/2 sacral decub ulcers. Received Vanc/Zosyn c/b Zosyn-induced hemolysis leading to PEA arrest shortly after admit and subsequent likely persistent vegetative state (dc'ed to LTAC). Prior OSH records documented this allergy, but this info was not available at the time of admission (incl OSH not in Care Everywhere).

Case findings:

- UCSF MDs acted in good faith based on available info and invested significant time/effort to obtain OSH records (which still didn't clearly list the Zosyn allergy and had to actively found in the notes). The pt did note, however, that he had some reaction to an unknown antibiotic "my WBCs fighting with my RBCs".
- ED/bedside RNs often inquire about drug allergies during admission assessments, but they may not have the appropriate training to accurately discern what is an "allergy" vs "adverse effect" vs other and thus classify severity appropriately. However, we as MDs frequently are not doing this, although we should be expected to do so.

Recommendations:

- Adequately counsel patients on serious allergies and document appropriately.
  Most patients have cell phones these days and you can ask them to take a photo of pertinent clinical info and counsel them to show any future MD, especially if they are leaving AMA. We can also counsel them to obtain a Medi-Alert bracelet.
- We should be updating allergy information in APEX!
  Remember to do this for any medication-related problem (ex: antibiotic-associated AIN), in addition to documenting in our notes. Provide as much detail as possible with dates, referencing a consult note or embedded photo, and thought processes to help guide future providers.
- There are alternate ways to obtain OSH records after-hours (if the OSH is not part of Care Everywhere). Your team can call the OSH ED or on-call MOD/AOD to seek out urgent information that cannot wait until the next day.

The Case:

54F w/ advanced multiple sclerosis (baseline bedbound/unable to communicate/DNR/DNI) w/ PEG/Foley originally admitted w/ decreased alertness, found to have acute liver injury and sepsis ultimately due to acute, gangrenous acalculous cholecystitis (initial CT read did not mention this, leading to more testing) req lap CCY c/b post-op likely aspiration PNA. Also incidental finding on CT for dislocated hip of unclear significance in this bedbound pt w/ contractures. Extensive workup this admission incl multiple consultants, imaging, and lab use over 11-day admission. Ultimately dc'ed home at baseline fx level.

Case Findings:

- This case was referred by the PMD for concern for "over-testing in a patient with advanced illness", a growing theme we are reviewing in Case Review. Since the pt/family did want reversible causes managed, most of the workup was felt to be reasonable; while many consultants were involved, most did recommend conservative approaches.
- While the team did engage in GOC discussions early, they did not notify the PMD at admission to include this provider early enough in the conversations.

Recommendations:

- Remember to contact PMD *and* other outpt providers who know the pt well at least upon admission/discharge, and seek their input early.
- As much as possible, review imaging with Radiology in person, rather than just relying on reports.
- As this team nicely highlighted, DNR/DNI does not mean "do not care"!
- Remember that thoughtful discussions with a helpful consultant can often lead to more focused workups.

Division Incentive Metric Performance

Decrease number of total phlebotomy draws by from 2.05 to 1.9 sticks (7.3%) per hospitalized patient per day							↗	3 of 12 months				
FY2014 Baseline	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2.05	1.98	2.11	1.87	1.98	2.09	2.03	1.96	2.02	1.97	1.91	**1.82**	

Sticks per hospitalized patient per day   Target
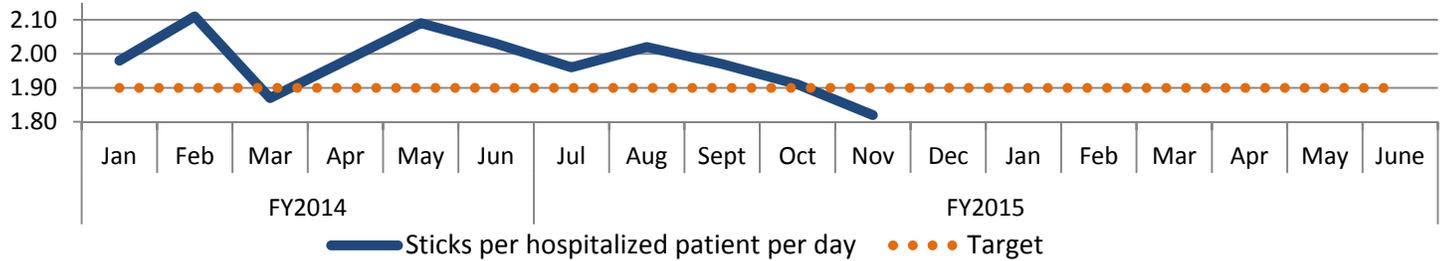
Decrease total telemetry hours / DHM discharges from 35 hours to 30 hours (15%)							↘	6 of 12 months				
FY2014 Baseline	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
35 hrs	33.9	30.5	29.2	24.2	27.7	39.8	**24**	32.5	**28.8**	32.1	35.0	

Achieve HCAHPS Communication with Doctors Top Box score above 80%							↘	6 of 12 months				
FY2014 Baseline	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
74.6%	67.4	79.3	75.4	68	86	77.1	72.5	**82.1**	74.6			

Achieve 20% of hospital medicine discharges by noon							↘	6 of 12 months				
FY2014 Baseline	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
15.7%	15.9	14.0	16.9	24.3	20.3	18.5	14.8	**20.2**	**20.7**	14.2	17.4	

Improve 14-day UCSF PCP follow-up appointments scheduled, with appointments scheduled by 5 days after discharge, to 80%							↗	3 of 12 months				
FY2014 Baseline	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
68%	72.2	72.0	68.5	72.3	78.1	66.9	64.1	75.5	**80.5**	**81.1**		

Percent 14 day UCSF PCP Follow-up   Goal