thequalitypost

in this issue

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

March 2015 • Issue 51

Greetings from Michelle and Sasha

QUALITY IMPROVEMENT
DIVISION OF HOSPITAL MEDICINE

Welcome to the 51st edition of The Quality Post. In this issue we feature a piece on making the most of your time at SHM and on medication reconciliation at admission. We also bring you information on the Discharge Time Out project and data on our Division Incentive Metrics.

Making the Most of Your Time at SHM

It is easy to get lost at a big conference like SHM. With 10 tracks ranging from highly clinical to specialized research topics, determining what will be high yield is a challenge.

Everyone has a different strategy. Some, knowing the wealth of teaching, value & QI resources here opt to focus their time purely on clinical reviews. Remember that many of the topics are geared to community hospitalists. **DO** scan the slides a head of time to ensure it is valuable content for you.

For non-clinical topics, view talks as an opportunity to find collaborators or mentors at other institutions. **DO** go up to the speakers afterwards and introduce yourself. Offer to meet for coffee or drinks to talk about what we are doing here.

While presenters in our group love seeing familiar faces in the crowd, **DON'T** feel obliged to attend UCSF faculty talks that you may hear again in SF! Instead attend other talks and bring your learning back to our group.

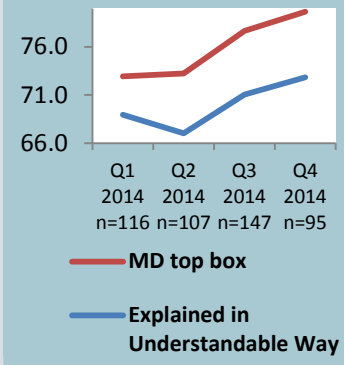
But SHM is more than just about attending sessions, it is also a time to network. Are people working on similar projects at other institutions? Do you have mentors or collaborators at other institutions you need to catch up with? **DO** start emailing them now to set up a time to talk. This will be time well spent, probably more so than that talk on atrial fibrillation.

Remember too, to use this as a time for self care. Go out for a drink with friends or take the time to go for a run. Get a good night's sleep!
And **DON'T** forget your business cards!

We'll see you there!

Communication Tip of the Month: Avoid Medical Jargon

We all know the importance of communicating with patients in a way they can understand, yet our data shows we have significant room for improvement in this area.



How can you help?

- **Define commonly used jargon:** If there is a medical term that you plan to use often with a patient, take the time to explain it the first few times to ensure they know what it means.
- **Provide specific feedback to housestaff** around their use of medical jargon.
- **Encourage your team to use "Teachback"** to confirm patient understanding.
- **Remind your team to** end each conversation with ***"What questions do you have?"***

Medication History Documentation & Reconciliation at Admission

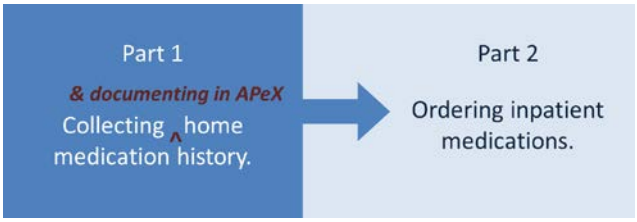
Background

As part of UCSF's effort to improve patient care and increase patient safety, a multidisciplinary Medication Reconciliation Committee comprised of physicians, pharmacists and nurses representing the inpatient and outpatient settings is in place. The Committee's goal is to develop, disseminate, and monitor the adherence to medication reconciliation best practices, which were developed through:

1) observations and interviews with individuals involved in medication reconciliation across clinical settings at UCSF
2) UCSF-specific data gathering through a multi-site study focused on medication reconciliation
3) general literature reviews of medication safety practices

The Committee recently launched a data collection effort to help understand DHM's baseline performance, measure the impact of interventions, and allow providers to obtain feedback on their efforts.

What does med rec look like on admission?



Both parts should be completed upon admission for all

Why is an accurate at home med list important?

- **Efficiency:** Speeds up the discharge process
- **Safety:** Improves patient safety by preventing medication errors and gaps in care
- **Quality:** Helps colleagues using the home medication list for clinical care

How are we doing?

As part of the Multi-Center Medication Reconciliation Quality Improvement Study (MARQUIS), pharmacy students performed thorough chart reviews to understand the UCSF's baseline performance. Chart reviews consisted of generating a "gold standard" home medication list, comparing to the information in APeX and documenting discrepancy frequency and type.

Results	
# Patients reviewed	**115**
# Patients with at least one discrepancy	88
% Patients with at least one discrepancy	76.5%
Discrepancies per patient	3.11

The Committee has initiated a follow-up study focused on inpatient Medicine patients. Early data substantiates the MARQUIS findings.

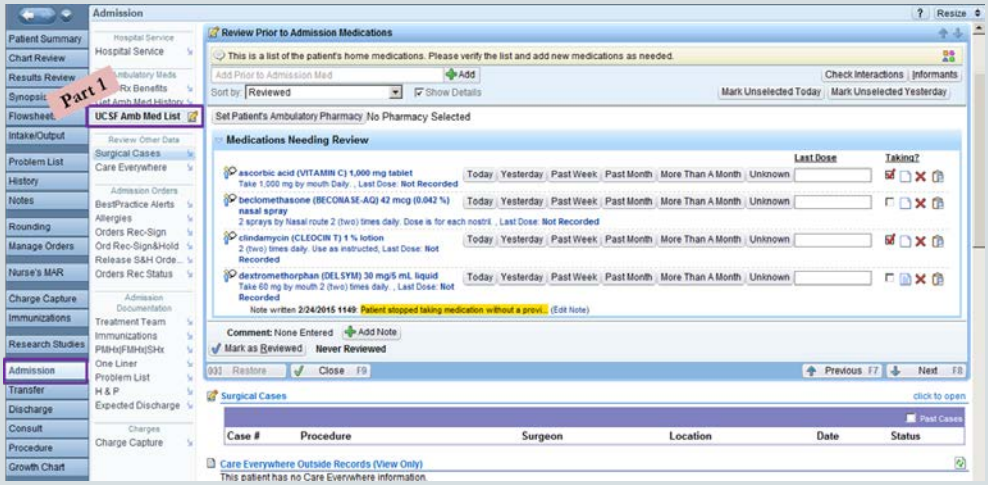
The UCSF MedList Clinic has seen about 85 patients discharged from the hospital for a comprehensive medication review. The team is conducting a systematic evaluation, but based on anecdotal evidence…

There is over 90% discordance between the discharge summary and what the patient is actually taking at home.

Medication History Documentation & Reconciliation at Admission

Part 1: Collecting Home Medication History ('Best Possible Medication History')

- **Start with "UCSF Amb Med History" tab of the Admission Navigator (the home med list)…**

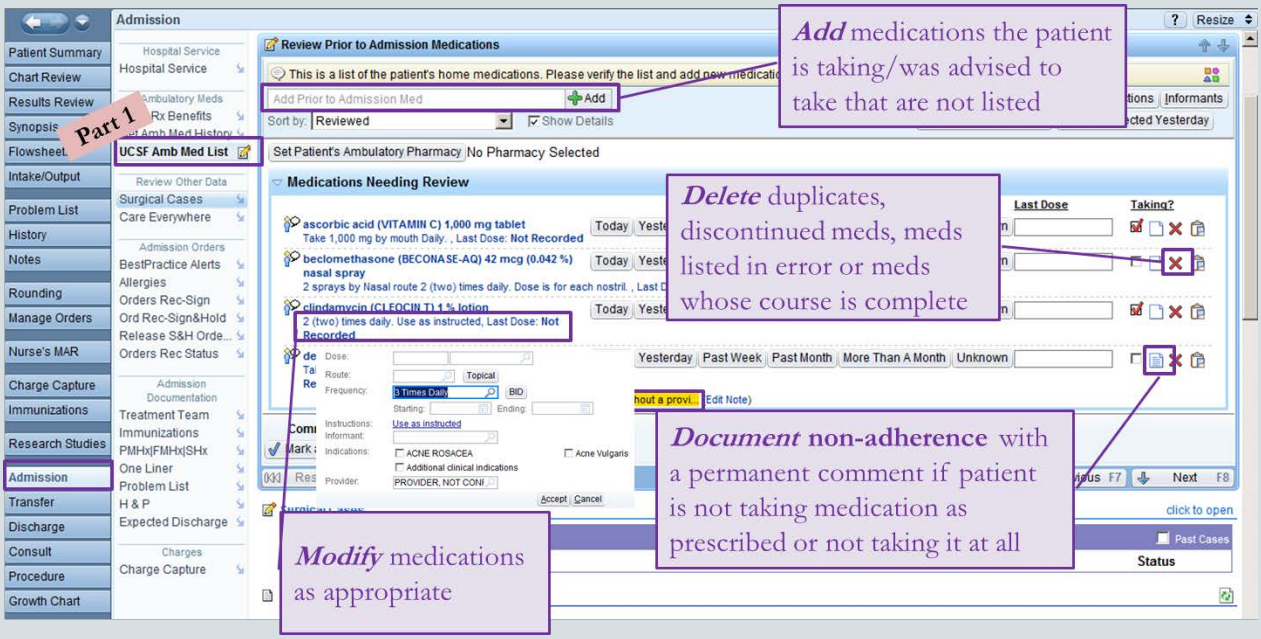


Before Seeing Patient	While With Patient/Caregiver
1. Look at "UCSF Amb Med History" tab of the admission navigator 2. Compare to one of the following: a. Patient's own medication list b. Most recent UCSF clinical documentation c. Medication list in transfer paperwork d. Other sources (e.g., Care Everywhere) 3. Compile provisional medication list	4. Confirm whether the patient is/should be taking each medication on provisional list; review the prescribed/recommended dose, route and frequency of each 5. Clarify any discrepancies between what the patient is taking and should be taking 6. Verify whether there are other medications the patient is/should be taking

If there are questions after reviewing medications with patient, call the PCP, prescribing physician(s) or pharmacy for clarification.

Part 1: Documenting in APeX (Updating the Home Medication List)

- **Once the best possible medication history is collected, go back to the "UCSF Amb Med History" tab of the admission navigator…**

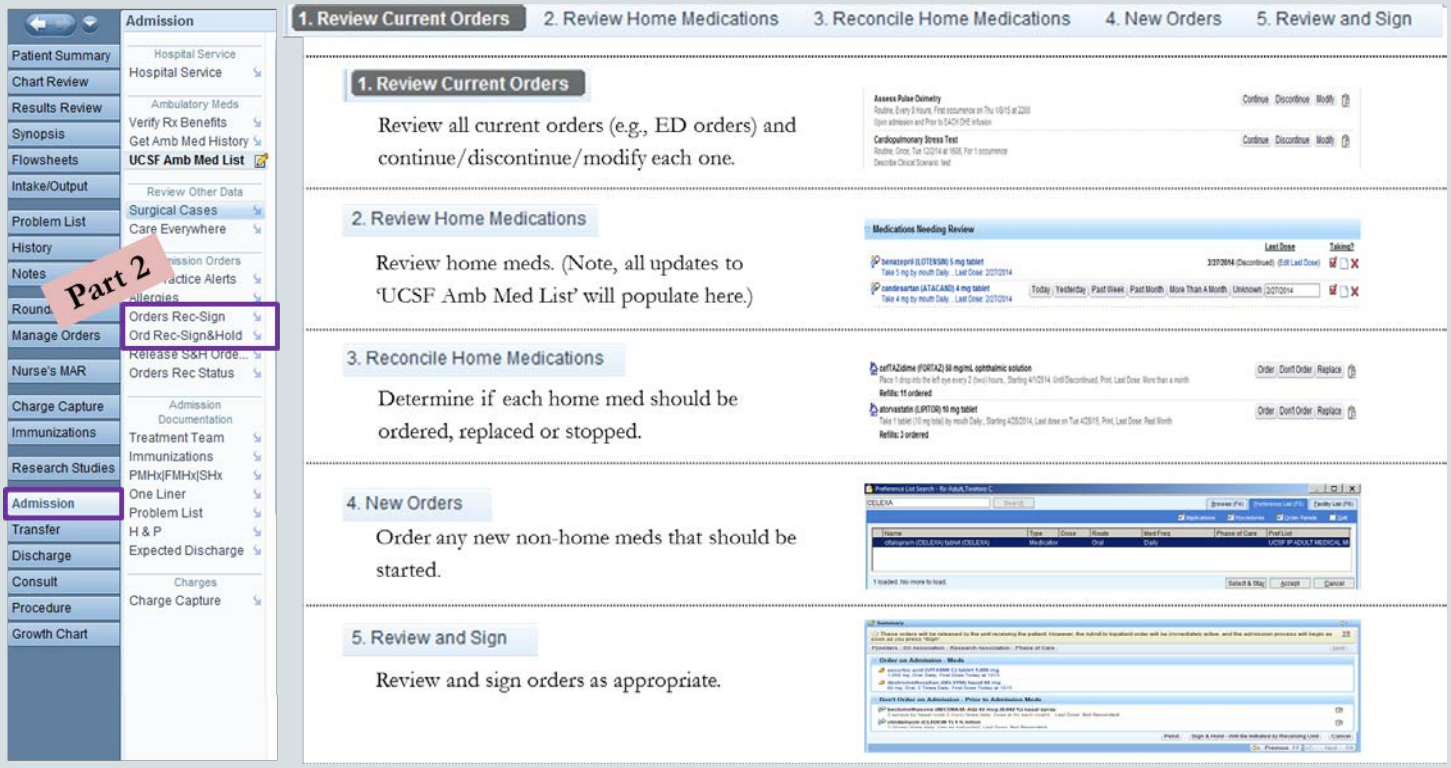


- **The home med list should reflect what the patient was <u>prescribed/recommended</u> by their provider(s).**

Medication History Documentation & Reconciliation at Admission

Part 2: Ordering Inpatient Medications

- **Order inpatient medications by stepping through the 5 steps in the "Orders Rec-Sign" or "Ord Rec-Sign & Hold" tabs of the admission navigator.**



- **If there are home meds that need to be clarified further (e.g., if patient admitted during the night):**
  - **Use clinical judgment when caring for patient; do not prescribe any high risk medications.**
  - **Consult with a clinical pharmacist, if needed.**
  - **Share any outstanding questions with the next provider caring for the patient.**

Part 3: Obtaining New Information After Admission

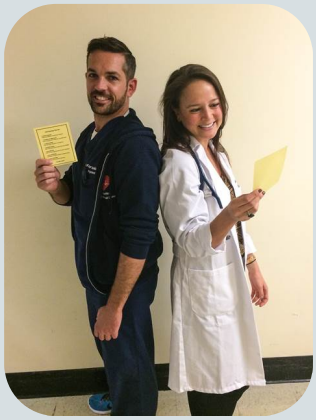
- **If new information is discovered about the patient's home meds <u>after</u> admission:**
  - **Incorporate into the "UCSF Amb Med List" through the admission navigator, THEN**
  - **Write orders through "Orders Rec-Sign" tab in the admission navigator**

For additional information download the full Medication History Documentation & Reconciliation APeX Guide for Inpatient Admitting Providers.

Search "How to: Med Rec" on the DHM Wiki for a PDF version of the guide.

Special thanks to Andy Auerbach, Stephanie Rennke, Anya Greenberg, and Alice Nguyen for sharing med rec best practices and progress to date. Please feel free to contact Anya with any questions, comments, or concerns at Anya.Greenberg@ucsf.edu.

HSL Resident Project: Discharge Time Out (DTO)
Improving MD-RN Communication

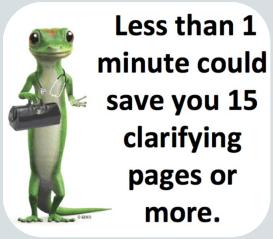


Why does MD-RN discharge communication matter?

- Communication between physicians and nurses on a particularly topic is correlated with a higher likelihood that that discharge element will be communicated with the patient (r=0.577)
- 64% of UCSF nurses and interns reported that they "never" or "rarely" communicate with physicians surrounding any of discharge elements
- 70% of UCSF hospitalists reported that they "never" or "rarely" communicate with physicians surrounding any of discharge elements

Mourad et al. 2013

How does the DTO work?



- DTO reminder page goes to all interns at 9:30 am.
- Intern / resident calls ascom of bedside RN (ideally between 9:30-10am) for the patients to be discharged. DTO checklist should be used to facilitate discharge communication.

What does the preliminary data look like?

- DTO checklist used more than half the time
- Average satisfaction with RN-MD discharge communication 7.6 on Likert 1-10 scale (non-existent to delightful scale)
- Positive correlation between teams who used DTO checklist and nursing satisfaction scores (0.21)

"During our discharge check-in, we realized that the patient was going to be unable to pick up her pre-approved medication at her pharmacy that evening. We were able to give her pm dose early to ensure she did not miss her dose that day."

UCSF Discharge Time Out

Charge RN Ascoms: 14M 84223; 14L 31428; 10L 31427

☐**Primary Diagnosis**
Reason for admission and primary treatment

☐**Time of Discharge**
Anticipated time of discharge or transport arrival

☐**Transport and DME Set Up**
Has pt transport been confirmed / any DME needs

☐**Key Med Changes**
New medications, secure scripts, pharmacy changes

☐**Key Follow-Up**
Must not miss appointments with PCP or Specialist

☐**Critical Counseling**
Key take-home point from admission

☐**Is AVS Complete?**
Post-discharge instructions and follow-up

... Any other issues?

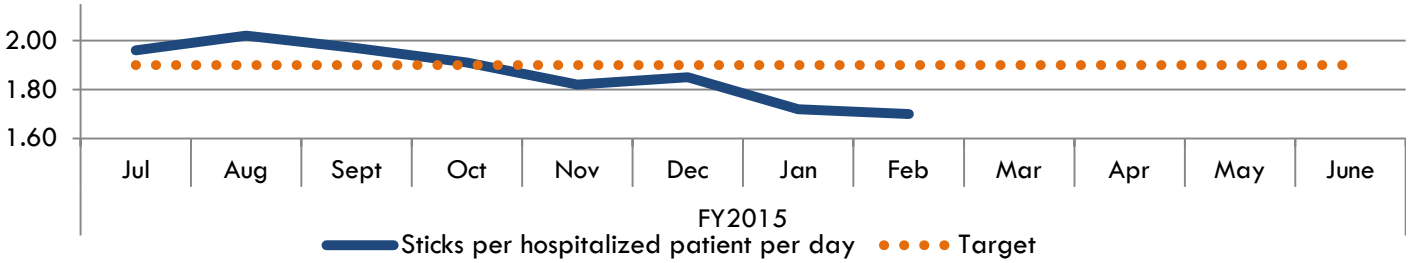
4 + 1

Improving communication on the day of discharge is a key way to improve DBN, one of the four core QI priorities at Moffitt.

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	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
2.05	1.96	2.02	1.97	1.91	**1.82**	**1.85**	**1.72**	**1.70**				



Decrease total telemetry hours / DHM discharges from 35 hours to 30 hours (15%)		6 of 12 months

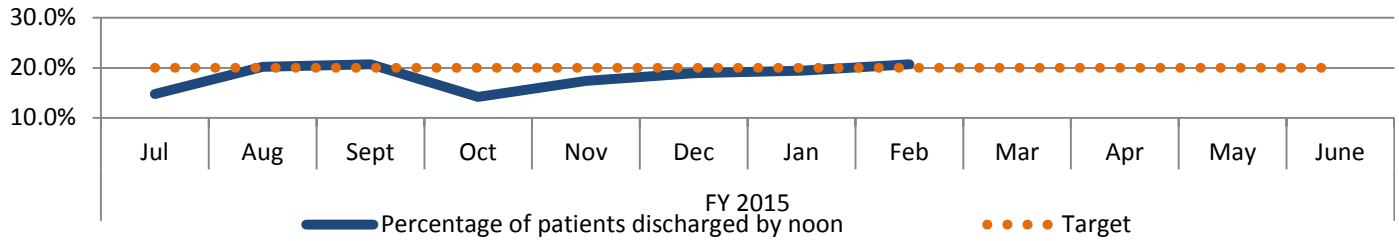
FY2014 Baseline	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
35 hrs	**24**	32.5	**28.8**	32.1	35.0	30.2	34.6	39.3				

Achieve HCAHPS Communication with Doctors Top Box score above 80%		6 of 12 months

FY2014 Baseline	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
74.6%	72.5	**82.1**	74.6	72.2	**93.8**	76.7						

Achieve 20% of hospital medicine discharges by noon		6 of 12 months

FY2014 Baseline	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
15.7%	14.8	**20.2**	**20.7**	14.2	17.4	18.9	19.4	**20.7**				



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	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
68%	64.1	75.5	**80.5**	**81.1**	74.2	61.4	75.9					