thequalitypost

in this issue

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

August 2015 • Issue 56

Greetings from Michelle, Nader and Sasha

QUALITY IMPROVEMENT
DIVISION OF HOSPITAL MEDICINE

Welcome to the 56th edition of The Quality Post. In this issue we feature a piece on the Three Good Things exercise and the Importance of Culture. We also present highlights in High-Value Care, the final FY16 DHM Priorities, and information about a new communication course available at UCSF.

The Importance of Culture

In the 1992 blockbuster movie, "A Few Good Men," Louden Downey, a marine, discusses how he learned about "code reds"- a way of informally disciplining fellow soldiers. A lawyer asks him if "code reds" are described in any of the manuals - they are not. "Is there no book, no manual or pamphlet, no set of orders or regulations that lets me know that as a marine part of my duty is to perform 'code reds'?" he asks. The marine says "no" and the lawyer smugly takes a seat. Tom Cruise, the defense lawyer, simply asks him if the location of the mess hall is in any of the manuals - it is not. "How did you know where the mess hall was if it's not in the book?" he asks. "I guess I just followed the crowd at chow time, sir," Downey answers.

Recent work to improve healthcare value has focused on creating guidelines, appropriateness criteria, and algorithms. It is important to codify best practices in this manner. However, despite the small manuals stuffed in the pocket of nearly every medical resident and student, the majority of decisions and practices may be shaped more by the power of "following the crowd" of colleagues, mentors, other members of the health team, and local regulations.

If any progress will be made in changing behaviors toward the goal of providing the best care at lower cost, then culture will need to be meaningfully addressed.

Organizational culture and role modeling are strong undercurrents that guide physician behavior over time and can contribute to overuse. For example, 97% of ED physicians report ordering unnecessary imaging tests, most often reflecting a cultural response to uncertainty rather than a physician's lack of knowledge or medical judgment. Knowing the strength of this undercurrent, how can we guide sustained culture change within institutions to produce physicians ingrained with the tenets of high value care? –Chris Moriates

Tool of the Week: Three Good Things

Studies show that one-third to one-half of physicians meet burnout criteria. We also know that we are hard-wired as human beings to remember the negative.

One of the easiest and lowest cost interventions to improve this is the Three Good Things exercise. Developed by Martin Seligman, President of the American Psychological Association, and piloted by Brian Sexton at Duke University with Internal Medicine residents, this exercise is designed to help build resiliency and allow protected time for reflection. Try asking your team to answer the following questions at the end of each day:

1) What were three things that went well today?
2) And what was my role in bringing them about?

Research has shown that this is the most effective when you review the three good things during your last two wakeful hours, but it can also be a useful team exercise at the end of the day. Keep it up for at least a week! By day 4 or 5, reflecting on the positive leads to noticing more positive.

https://www.midmichigan.org/quality-safety/3-good-things/

Highlights in High-Value Care

Earlier this year, the launch of the CPI Hub and UBLTs encouraged us to reflect on our Divisional structures and to think about ways to better integrate and synergize our ongoing improvement efforts. DHM QI and Value leadership decided to unify the Quality Improvement Committee and High Value Care committees into one group called the "Value Improvement Committee." It has been a great opportunity to increase collaboration between our two groups.

What is the Lay of the Land for High-Value Care across UCSF and Beyond?

Lay of the Land.

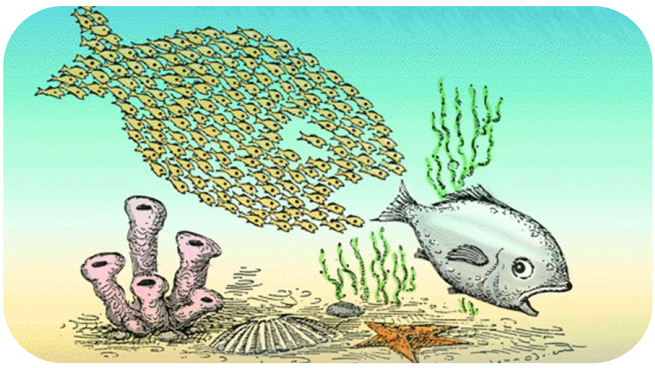
UCSF Residency Program
UCSF Cost Awareness Curriculum
Housestaff Incentive Program

UCSF Division of Hospital Medicine
Value Improvement Committee

UCSF Center for Healthcare Value
Caring Wisely
Teaching to Choose Wisely

National Initiatives
Costs of Care "Choosing Wisely"
ACP SHM

High-Value Care Culture Survey



It seems that the culture around high-value care has changed dramatically over the past few years at UCSF, but how do we know that is true and how do we help other organizations work on their culture? We have teamed up with a group from UCLA and Robert Wood Johnson Foundation to create a **high-value care culture survey** that will define and measure different domains related to high-value care. The idea is modeled after the patient safety culture surveys that have been used for years and may be linked to patient safety outcomes.

HIGH VALUE care — care / cost — UCSF Division of Hospital Medicine

What are the active HVC projects within DHM this year?

Now that we've made strides in both our Phlebotomy and Telemetry until Discharge efforts, this year we will need to work hard on sustaining the gains.

1) Phlebotomy
"Think Twice, Stick Once"

2) Telemetry Until Discharge
"Telemetry, Man's Greatest Foe"

3) High-Value Care Culture Survey

Any ideas for potential HVC projects?

We are always interested in hearing your ideas for new projects.
Here are a few:

- High-Value Care and Consultants?
- UCSF Cost Awareness
  - Curriculum
- Collaborate with SHM?

Final FY16 DHM Priorities

We have finalized this year's DHM priorities! Thank you to those that voted at last month's faculty lunch. We took your feedback and went back to the drawing board to see how we could best align efforts and streamline our prioritization strategy.

Which stakeholders did we need to ensure we aligned with as we finalized our DHM metrics?

	Medical Center	Tier 3 Physician Incentive Program	Housestaff Incentive Program	UBLT/Lean	DHM Faculty Votes
Patient Experience	X	X	X	X	X
Readmissions	X	X			
C. Diff	X	X	X	X	
Cost per Case/LOS	X				
Discharge by Noon			X	X	
Med Rec			X	X	X
Phlebotomy					X
POLST					X
Telemetry					X
Holdovers					X
Peer Observation Program					X

Rather than feedback several separate lists, we decided to simplify and create one list of core metrics for DHM/Residency priorities using the 4+1 framework developed last year.

What are our FY16 DHM/Residency Priorities?

Core 4	+1
• Patient Experience "Explained in Understandable Way" • Phlebotomy • Med Reconciliation at Admission • Discharge by Noon	• POLST • Discharge Time Out • Telemetry • C. Diff • AVS Quality

We will set detailed targets for FY16 over the next month and continue feeding this data back at the team-level. As usual we will also continue to provide faculty with aggregate DHM level data in our monthly QI newsletters.

UCSF Center for Enhancement of Communication (CECH)

Enhancing Relationship Centered Communication Skills for Physicians and Advanced Health Providers

"Enhancing Relationship Centered Communication Skills" is a facilitated learning program where participants from many different clinical backgrounds will come together with skilled communication facilitators to build on existing skills. Training begins with a 1 day course addressing the objectives below.

Learning will occur in small groups with ample opportunity to practice new skills in a comfortable setting while addressing common scenarios directed by learners. At the end of the course, learners will commit to 2 new skills to augment their current communication styles. In order to facilitate longitudinal learning, groups will then receive follow up with a 1 hour facilitated group phone call where the learning group will revisit challenges and successes of their skill use in practice. Opportunities for in person communication coaching will be made available to any interested participants to further augment the training.

What are the objectives?

- Understand the importance and value of effective communication
- Build rapport and relationships with others
- Acknowledge communication barriers, with special attention on the computer and time limitations
- Recognize another's perspectives and concerns--
- Negotiate an agenda for an encounter
- Ask questions using skilled open-ended inquiry
- Elicit another's story
- Listen reflectively and respond with empathy

Target Audience:
UCSF Health Physicians and Advanced Health Care Providers (CRNA, PA, NP, Midwife) CME will be offered.

Registration and More information:

- For more information visit: http://cech.ucsf.edu/
- To register for training please contact Mandy McClain, UCSF Health Experience at mandy.mcclain@ucsf.edu or call 415-353-7963.

Upcoming Events:

Help us spread the word!

Our very own DHM faculty will be trainers at Oct/Nov events.

All trainings held from 8-5pm
Lunch provided

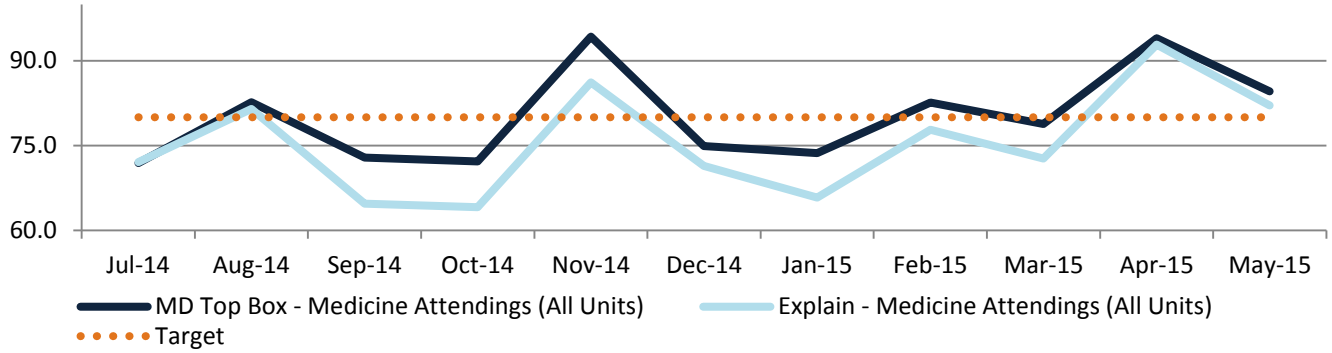
10/6/2015 (Parnassus Library CL 223)	Trainers: **Lynnea Mills,** Ryan Laponis
10/12/2015 Oberndorf Auditorium at Mission Bay	Trainers: **Michelle Mourad,** Eric Crossen
10/20/2015 Parnassus Library CL223	Darlene Lee Young, Nina Botto
11/2/2015	**Diane Sliwka,** Anna Meyer

FY15 Division Incentive Metric Performance

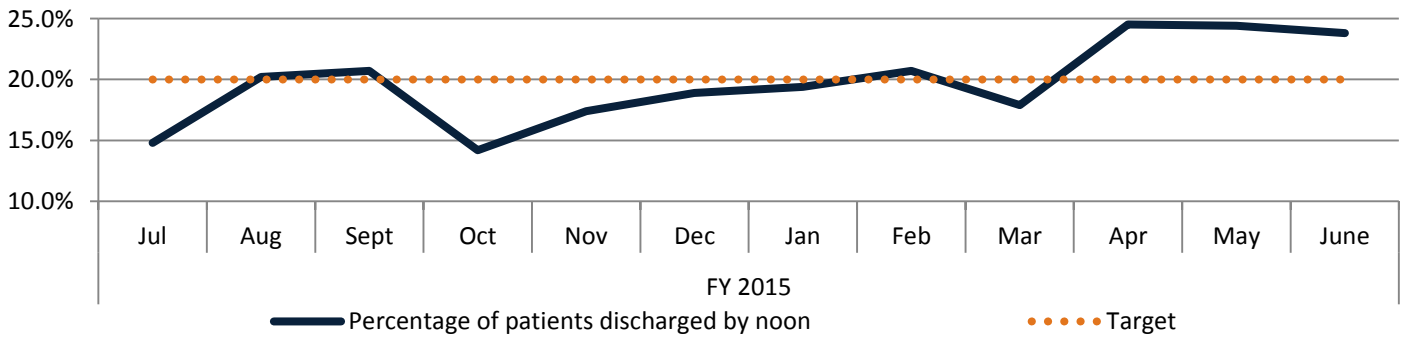
Decrease number of total phlebotomy draws by from 2.05 to 1.9 sticks (7.3%) per hospitalized patient per day							3 of 12 months					
FY2014 Baseline	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**
2.05	1.96	2.02	1.97	1.91	**1.82**	**1.85**	**1.72**	**1.70**	**1.57**	**1.68**	**1.60**	**1.54**

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	33.8	38.8	34.5	37.2	42.5

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	73.7	**83.0**	76.7	**96.0**	**84.6**	



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**	17.9	**24.5**	**24.4**	**23.8**



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	76.2	73.1	74.8	78.4	74.4