the**quality**post

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

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Welcome to the 57th edition of The Quality Post. In this issue we feature a piece on preparing for your next presentation and skills to navigate challenging communication encounters. We also present updates on Team-Based dashboards, Lean Kaizen activities, and data on our 4+1 metrics.

Challenging Communication Encounters: Skills to Teach Your Teams

Last month, Diane and Lynnea kicked off a quarterly noon conference series for housestaff on difficult communication scenarios. Their first session was a skills-based workshop to provide tools for managing interactions involving anger. Below are a few **PEARLS** we hope you'll share with your teams:

Partnership: "Together we'll figure this out."
Empathy: "This must be really hard for you."
Apology: "I'm sorry you feel that way."
Respect: "I respect your honesty/persistence."
Legitimization: "Anyone would feel frustrated in these circumstances."
Support: "Our team will be available to help."

A few additional suggestions:
- To respond effectively, take a step back from the task at hand, focus on listening for feelings, and practice reflective listening: "I think I hear you saying…" or "it sounds like you are…"
  - You're worried about what will happen next.
  - No one is listening to you.
  - You're helpless to make things better.
  - You're worried about how you will manage.
- Lastly, repair the relationship:
  - Acknowledge: "Today was a difficult conversation."
  - Demonstrate investment in the relationship and shared goals: "I'm committed to working on this."
  - Commit to follow-up: "Can I check back in with you later this afternoon?"

Diane and Lynnea's presentation is also available on the DHM Patient Experience Wiki. We encourage you to check it out!

Make the Audience a Priority During Your Next Presentation

When preparing a presentation, we think about what to say, the data we need, and which visuals to include. But what about the audience? Your presentation has to be tailored to their goals and concerns in order to make an effective case. To learn what makes them tick, consider:

• What roles do audience members play in the organization? Knowing where they fall on the org chart helps you understand their responsibilities — and how you can help make their work easier.

• Will some attendees' goals conflict with others'? If so, acknowledge that up front and explain how what you have to offer may help.

• What do people already know? You want to give people just enough background to understand what you're saying and how it affects them.

• How well does the audience know you? If you don't have strong relationships with them, establish a rapport by opening with an amusing personal anecdote.

Adapted from "The Best Presentations Are Tailored to the Audience," by Harvard Business Review Staff.
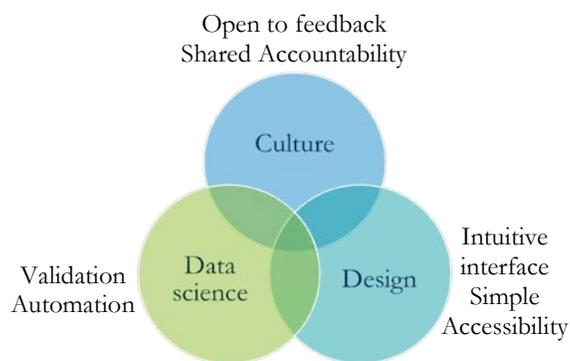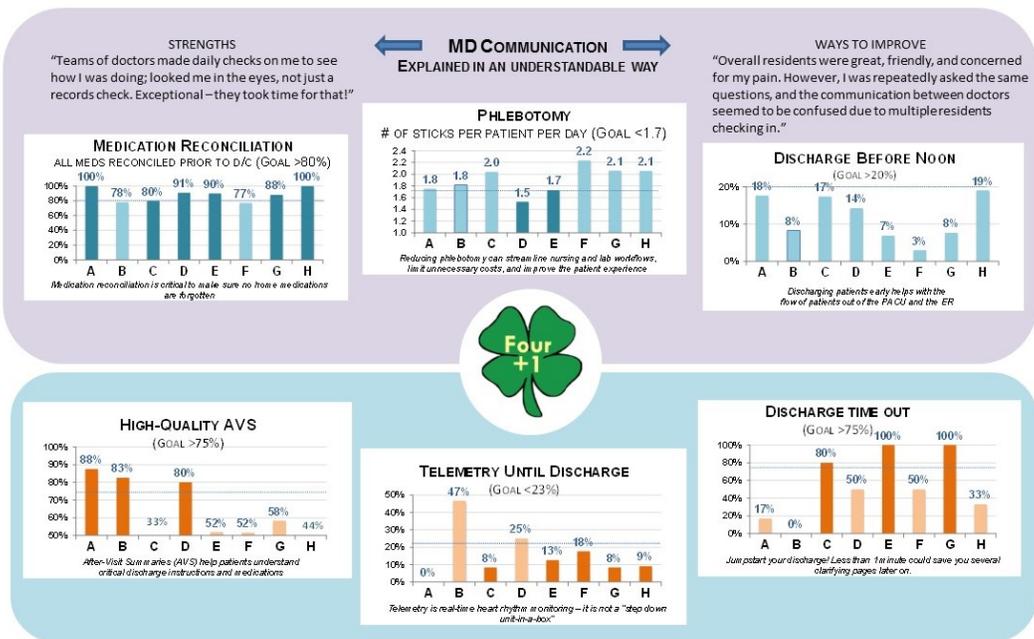
Team-Based Dashboards

Victoria Valencia, Alvin Rajkomar, Michelle Mourad, Sumant Ranji and others have been hard at work planning the next phase of the Team-Based Dashboards. With Alvin's mentorship, Victoria has developed an incredible interactive, online version of the dashboard! The team is currently planning a randomized control trial to study the effectiveness of this method for delivering performance feedback.

How are teams currently getting feedback about their performance?

Hana Lim, an R2, and a team of housestaff are continuing to send team-based data every two weeks via email. The information is organized around the "4+1" campaign, the prioritization strategy for DHM and the medicine residency.

The four core priorities this year are medication reconciliation, phlebotomy, discharge before noon, and MD "Explained in an Understandable Way." A fifth QI focus (the "plus one") is left to each team to choose based on personal interests. The emails contain improvement strategies for each metric.

STRENGTHS
"Teams of doctors made daily checks on me to see how I was doing; looked me in the eyes, not just a records check. Exceptional – they took time for that!"

MD COMMUNICATION
EXPLAINED IN AN UNDERSTANDABLE WAY

WAYS TO IMPROVE
"Overall residents were great, friendly, and concerned for my pain. However, I was repeatedly asked the same questions, and the communication between doctors seemed to be confused due to multiple residents checking in."

MEDICATION RECONCILIATION
ALL MEDS RECONCILED PRIOR TO D/C (GOAL >80%)
A 100%, B 78%, C 80%, D 91%, E 90%, F 77%, G 88%, H 100%
Medication reconciliation is critical to make sure no home medications are forgotten

PHLEBOTOMY
OF STICKS PER PATIENT PER DAY (GOAL <1.7)
A 1.8, B 1.8, C 2.0, D 1.5, E 1.7, F 2.2, G 2.1, H 2.1
Reducing phlebotomy can stream line nursing and lab workflows, limit unnecessary costs, and improve the patient experience

DISCHARGE BEFORE NOON
(GOAL >20%)
A 18%, B 8%, C 17%, D 14%, E 7%, F 3%, G 8%, H 19%
Discharging patients early helps with the flow of patients out of the PACU and the ER

Four +1

HIGH-QUALITY AVS
(GOAL >75%)
A 88%, B 83%, C 33%, D 80%, E 52%, F 52%, G 58%, H 44%
After-Visit Summaries (AVS) help patients understand critical discharge instructions and medications

TELEMETRY UNTIL DISCHARGE
(GOAL <23%)
A 0%, B 47%, C 8%, D 25%, E 13%, F 18%, G 8%, H 9%
Telemetry is real-time heart rhythm monitoring – it is not a "step down unit-in-a-box"

DISCHARGE TIME OUT
(GOAL >75%)
A 17%, B 0%, C 80%, D 50%, E 100%, F 50%, G 100%, H 33%
Jumpstart your discharge! Less than 1 minute could save you several clarifying pages later on.

Open to feedback
Shared Accountability

Culture

Validation
Automation

Data science

Design

Intuitive interface
Simple
Accessibility

Accurate | Team based

Timely | Clear

What is the vision for the next phase?

Rather than sending feedback via email, the team-based data will be available online. Teams will have access to even more timely information that is truly actionable while they are still on service. The hope is that providing more granular, timely, and actionable feedback in this new interactive format will be even more impactful than our current strategy.

How can you help with this next phase?

As the team plans for the RCT, please send any input you have on the following:
- Do you envision using this type of an online tool with your teams?
- Metric attribution is currently done on a team level. Would provider-level attribution be useful?
- Should all metrics be added to the dashboard or should it be a curated view based on current priorities?
- Any other thoughts to make this as effective as possible?

Updates in Lean

The **Third** Lean Transitions of Care Kaizen this year focused on improving **Medication Reconciliation at Admission.** This week brought together a multidisciplinary group of ED and Medicine pharmacists, housestaff, an attending and an RN. Special thanks to Stephanie Rennke, Alice Nguyen, Ali Khaki, Josue Zapata, Amanda Johnson, Hana Lim, Jane Zhu, Alan Tan, Nick Miller, Megan Pintens, and Marilyn Stebbins for participating on the team!

Why is an accurate home medication list important?

Efficiency: Frontloading the work at admission 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 future clinical care

Med Rec At Admission Kaizen Workshop Goals

Improvement Request	Deliverables
Clarify roles & responsibilities for admitting MDs, oversight MDs, pharmacists and RNs	Ideal state swim lanes
Test best practices developed by the med rec committee & finalize standard work	Final standard work for each team member involved
Test/revise educational/reference materials	Final education/reference materials
Develop training/dissemination plan	Concrete dissemination plan for training/reference materials
Develop/test feedback strategy from audit process	Concrete feedback strategy from audit process

Defining the Problem

Waste Walk: Looking for the 7 Wastes

- Transport
- Inventory
- **Motion**
- Waiting
- **Overprocessing**
- Overproduction
- **Defects**

The team found the most waste in the following categories: **Motion** (clicking and moving between screens in Apex), **Overprocessing** (duplication of work between team members), and **Defects** (e.g. discontinuing vs deleting meds).

Going to the Gemba

"What is your current process?"

What did we learn from interviewing and observing housestaff?

Gaps in knowledge:
- "What is SureScripts?"
- "I usually enter home medications as New Orders"

Updates in Lean

New Standard Work & Training Materials for Housestaff

3 minute Training Video

- Step-by-Step Guide with tips and tricks!
- Available on BOX blog and the Wiki (search "Med Rec Video")
- Will be shown at intern orientation and attached to orientation emails

Other Materials

- Posters
- 9th floor bathroom flyers
- Comprehensive Med Rec Guide

More Streamlined Pocket Cards

New Audit and Feedback Strategy

- Alice Nguyen will be auditing patients two days after admission
- Teams will receive information about medication discrepancies & will be encouraged to update the UCSF Amb med list tab

What is your role as the attending?

Set med rec expectations with your team and help us spread the word about the incredible educational/training materials now available!

1. Prior to the first day on service consider composing an email to the team with Introduction and Expectations (see email template on Wiki):
   Include in the text of the email—
   - Housestaff Incentive program includes Medication Reconciliation as the 2015-2016 priority. Please remember to do the following for every patient admission: Obtain medication history via two sources (e.g. patient and Surescripts)
   - Under "Orders Rec-Sign" or "Ord Rec-Sign&Hold" complete Tab 2 "Review Home Medications" and Tab 3 "Reconcile Home Medications"
2. During the first team meeting ~30-45 minutes total
   - Review Housestaff Incentive program and 4+1 using the 1-page guide
   - Teach team to include "PTA Med Rec (real time)" column on the patient list, indicates incomplete medication review as a reminder
   - Review the steps of medication reconciliation
   - Point team to resources: med rec video, pocketcard and comprehensive guide (Wiki and on BOX blog)

Duration of Stay	PTA Med Rec (Real Time)
10d	
1d	🔴
1d	

DHM/Residency "4+1" Priorities

POLST completion, discharge time-out (DTO), telemetry, AVS quality, in-hospital C. diff

Four Core Metrics:

Achieve ≥ 75% score for HCAHPS Communication MD "Explained in Understandable Way" ↘ **7 of 12 months**

FY2015 Baseline	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
74.8%	70.3											

Sustain number of total phlebotomy draws by achieving ≤ 1.7 sticks per hospitalized patient per day ↘ **6 of 12 months**

FY2015 Baseline	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
1.7	1.56	1.51										

Achieve ≥ 85% of patients who have had all medications reconciled before discharge ↗ **6 of 12 months**

FY2015 Baseline	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
77.7%	76.5	86.7										

Achieve ≥ 20% of hospital medicine discharges by noon ↘ **8 of 12 months**

FY2015 Baseline	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
20.1%	19.9	15.9	13.1									

Plus One Metrics:

Achieve ≤ 23% of patients on telemetry until discharge (with LOS > 48hrs) ↗ **6 of 12 months**

FY2015 Baseline	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
22.6%	23.0	24.2										

Achieve ≥ 75% patients with High-Quality AVS ↗ **6 of 12 months**

FY2015 Baseline	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
74.4%	65.1	69.1										