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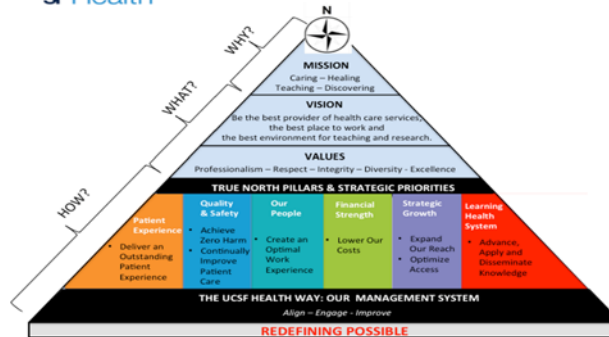
QUALITY IMPROVEMENT
DIVISION OF HOSPITAL MEDICINE

Welcome to the 73rd edition of The Quality Post. In this issue we feature a piece on the new DHM Systems Improvement Pathway. We also launch a new recurring section in the Quality Post on efforts around improving the DHM provider experience. Lastly, we review our performance on the DHM True North Quality Metrics.

UCSF Health True North Pillars and Medicine UBLT Initiatives

Focusing on the same core mission, vision, values, and True North strategic priorities is important in a an increasingly complex healthcare environment. The True North pillars (Patient Experience, Quality & Safety, Our People, Financial Strength, Strategic Growth, and Learning Health System) are featured on the recently distributed True North Performance Scorecard as well as True North Boards across ambulatory clinics and inpatient units, including the Medicine UBLT units of 14M, 14L, and 15L. These boards help illustrate local unit-based improvement work within the context of broader organizational goals.

UCSF Health



After focusing on the Patient Experience pillar (Improving Patient Understanding of New Meds) for the past few months, the Medicine UBLT is now redoubling our efforts on the Quality & Safety Pillar, which is defined as achieving zero harm and continually improving patient care. Each unit has different targets based on their quality gaps.

- 14M: CAUTI Reduction
- 14L: CLABSI Reduction (via CHG Bathing)
- 15L: Falls Reduction

The UBLT huddles weekly at the True North Board on Thursdays, 4-4:15 pm. If you'd like to join us to learn more about the work happening in the Medicine UBLT, please contact Jenica Cimino or Jennifer Feld to join us!

Make Your Meeting More Effective By Following Up

It's easy to think your work is done when you walk out of a meeting. But the decisions made in the room will only be effective in you carefully follow up.

Start by writing a succinct summary note, describing what was discussed and clear action steps with assigned responsibility to meeting attendees.

Attach any notes from the meeting. Draft this in a way that allows others to forward your message to anyone who missed the meeting or who cares about what occurred.

Record any task due dates in your calendar so you can make sure they're completed.

If there's someone who has a particular stake in the meeting outcome, such as your boss or another colleague, follow up in person to make sure they're aware of the decisions made and next steps.

Finally, spend some time reflecting on the meeting, how you did as a facilitator, and what you could do better next time.

Adapted from the Harvard Business Review Guide to Making Every Meeting Matter Ebook and Tools

Monthly Quality Improvement Newsletter for the Division of Hospital Medicine

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DHM Systems Improvement Pathway

Why Create a Pathway for DHM Quality, Safety, Value (Systems Improvement) Work?



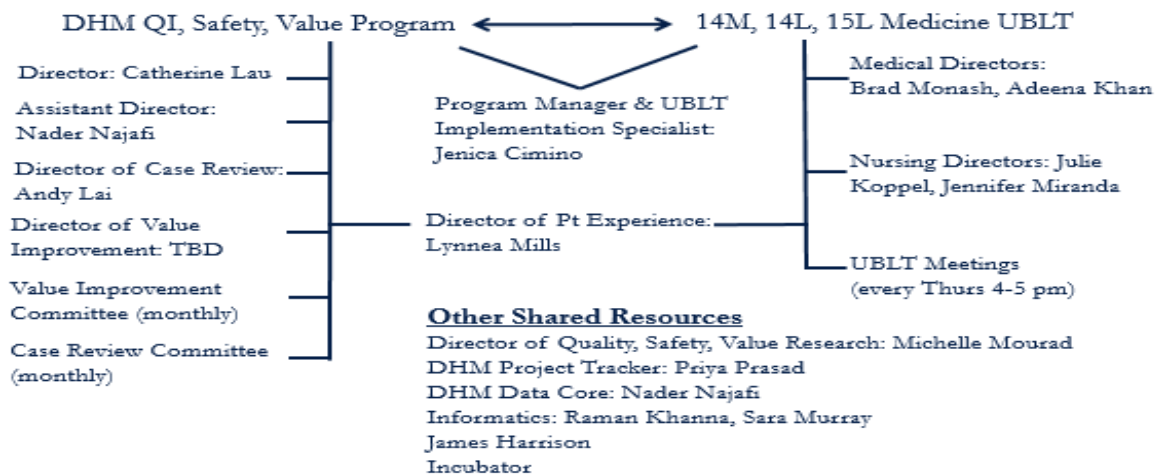
Currently, Quality, Safety, and Value, or Systems Improvement, projects are primarily done on an ad-hoc basis by interested DHM faculty, fellows, and staff. Mentorship and access to data resources exists but is not standardized and can result in confusion and possible delays. In addition, the formation of the Medicine UBLT has led to the feeling of possible redundancies in our current process. We want to improve this process.

The goal of this pathway is to streamline efforts, provide needed coaching and data resources, and reduce confusion about the process of quality, safety, and value improvement efforts in the Division.

If you have an improvement idea or want an improvement idea, you can follow our Systems Improvement Pathway to better connect with coaching/mentoring and data resources.

Is there an Organization Chart for DHM Quality, Safety, Value (or "Who's in Charge of What?")

DHM Quality, Safety, Value Organization Chart



What are the Areas of Responsibility for the QI Director and UBLT Medical Director?

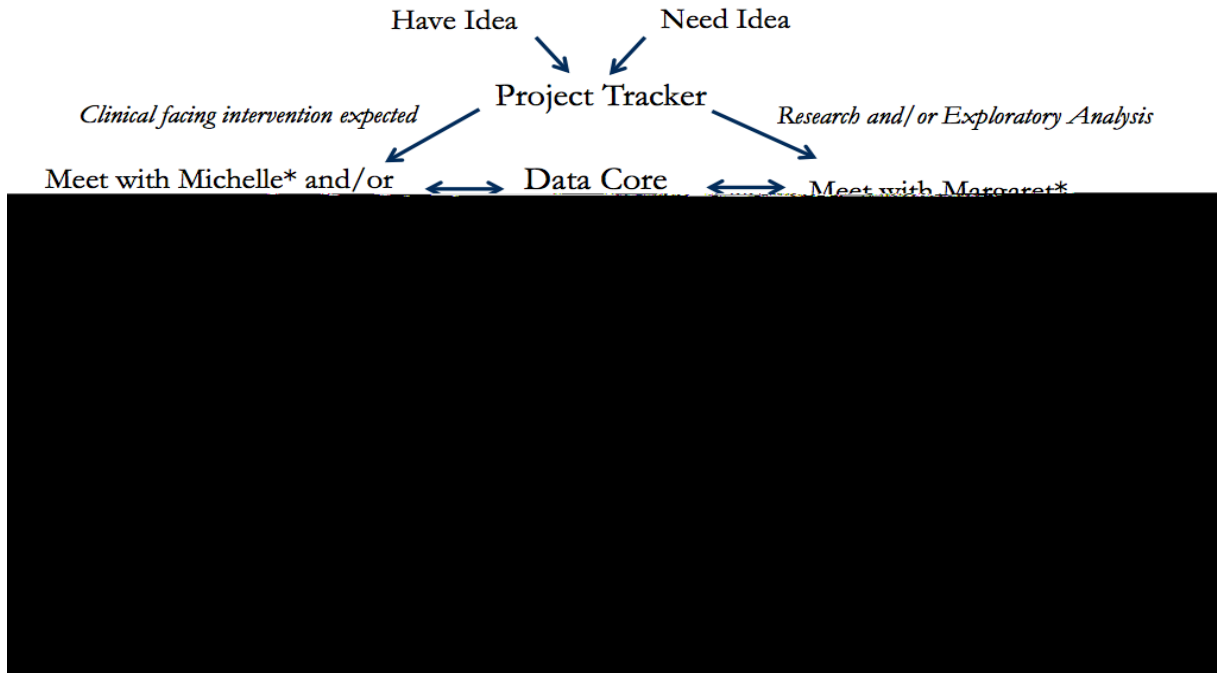
Cat Lau (Director of QI, Safety, Value)

- Harm Reduction
- Transitions of Care
- High Value Care
- Patient Experience
- Case Review

Brad Monash (UBLT Medical Director, Director of Medical Service)

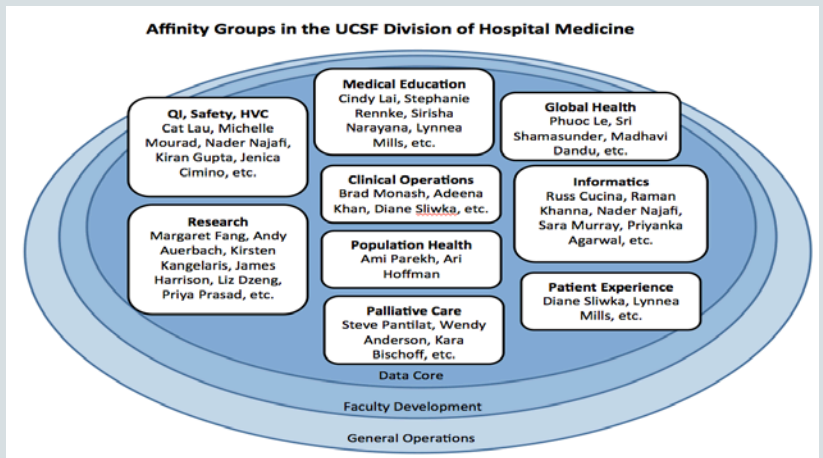
- Service Operations
 - Provider Experience
- Throughput
- Length of Stay
- Cost Per Case

What is the DHM Systems Improvement Pathway?



What is the Academic Nucleus?

Margaret, Michelle, and Nader will meet weekly to review all submissions to the Project Tracker. Depending on Divisional, Health system, and individual project needs and priorities, the Academic Nucleus will ensure timely access to Data Core resources and connect project leads with appropriate faculty mentors in DHM Affinity Groups.



What is the Data Core and How Do I Access These Resources?



The Data Core lead is Nader. We are about to hire our first Data Core analyst. The purpose of the Data Core is to provide project leads with a clear destination for data acquisition and data analysis needs. In addition, Data Core can help with data manipulation and visualization if needed. Lastly, the Data Core will also assist in the exploration and creation of new data sources.

To access the Data Core, project leads will need to submit to the Project Tracker and meet with either Margaret or Michelle first to discuss the project and determine data needs.

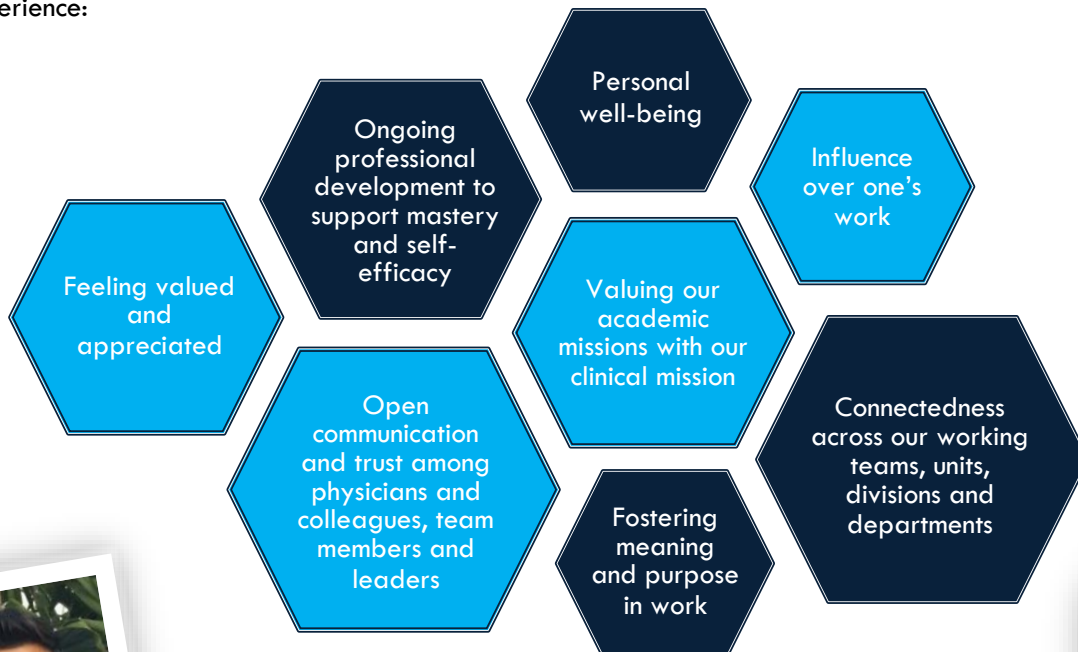
Project leads will be expected to participate in dataset validation and protect information security. Authorship and partnership will be determined on a case-by-case basis.

We want your feedback! Please contact Cat Lau or Jenica Cimino with any feedback or questions.



Introducing **The DHM Pulse: Recognizing All That You Do**

We are excited to introduce *The DHM Pulse*, a new section in the Quality Post that highlights recent and ongoing efforts to improve the DHM experience. We will cover improvements implemented by Division leadership based on faculty feedback, and will also showcase DHM faculty who are working to improve the experience of their colleagues. This section will highlight efforts that address the 8 domains of provider experience:

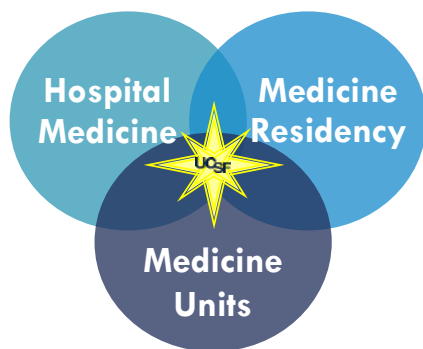


This month we'd like to highlight the opening of the **Faculty Lounge**, an effort spearheaded by **Diane Sliwka**. This lounge is located in **M622** and features coffee/tea/water service, lockers, vending machine, microwave, refrigerator, work stations, phone charger cords, meditation/reading nook and other amenities. We'd also like to recognize **Lynnea Mills** for leading the **DHM Peer Observation** initiative, which offers a tool for faculty to hone their teaching and clinical skills. We'd like to recognize **Saj Patel**, who is helping to lead our division in **overcoming barriers to advancing our patients' care** (such as those factors that lead to delays in patients getting their endoscopies). Finally, based on faculty feedback regarding high patient volumes, the DHM leadership will be **extending funding for Goldman 5** through the end of February 2017.

We value your input regarding how we can improve your experience in and out of the hospital. Please send any/all improvement ideas to Brad Monash (Bradley.Monash@ucsf.edu) and also let us know if you'd like to recognize your colleagues for their efforts to improve others' well-being.



DHM True North Quality Metrics



FY2017 True North Quality Metrics	FY2016 Baseline	July	Aug	Sept	Oct	Nov	Dec
#SleepVitals Discharge $\geq 45\%$ of patients with sleep promoting TID vital signs (8 of 12 months)	15%	33%	48%	48%	43%	48%	58%
#DeliriumOrder Complete $\geq 50\%$ delirium order set for Nu-Desc and AWOL positive patients within 12 hours (4 of 6 months)	n/a	5%	0%	0%	21%	33%	36%
#AVS Achieve $\geq 75\%$ of patients with High-Quality AVS (6 of 12 months)	69%	56%	61%	57%	62%	71%	69%
#MDexplain Achieve $\geq 77\%$ score for HCAHPS "MD Explains in way patient understands" (6 of 12 months)	77%	79%	81%	61%	79%	66%	---
#NewMeds Achieve $\geq 73\%$ score for HCAHPS "Tell you what new medicine is for" (6 of 12 months)	70%	77%	75%	78%	73%	78%	---
#MedRec Achieve $\geq 90\%$ of patients who have had all meds reconciled before discharge (4 of 12 months)	88%	87%	89%	86%	76%	81%	80%
#POLST Achieve $\geq 60\%$ of patients (not full code) with POLST completion (8 of 12 months)	55%	61%	67%	69%	74%	64%	58%