

Value Improvement Committee Meetings

Balance Your Emotional Intelligence Skills

Informatics Randomized Controlled Trials

DHM Pulse Shout-Outs

DHM True North Quality Metrics

Monthly Quality Improvement Newsletter for the Division of Hospital Medicine

June 2017 | Issue 4

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Greetings from Cat, Nader and Jenica

QUALITY IMPROVEMENT DIVISION OF HOSPITAL MEDICINE

Welcome to the 76th edition of The Quality Post. In this issue we feature a recap of our Value Improvement Committee meetings. We also include pieces on Informatics Randomized Controlled Trials and provider recognition. Lastly, we review our performance on the DHM True North Quality Metrics.

In case you missed it:

The last two Value Improvement Committee meetings have been dedicated to quality and value metrics. The first was about provider-level metrics and the second was about division-level metrics. The former is new for our group. Other institutions, such as Johns Hopkins, have been measuring and disseminating individual provider metrics for years.

Goals for developing provider-level metrics:

- Improve value
- Promote self improvement
- Understand the factors behind performance
- Reduce practice variation
- Identify trends
- Compare against external groups or institutions

Individual provider metrics challenges:

- Allocation of responsibility: 100% to discharge provider? Percentage based on number days with that patient?
- Faculty with different clinical composition
 - teaching versus non-teaching
- Normalization to clinical workload/busyness
- Concern that provider-level metrics will be used to evaluate job performance
- Accuracy of data
- Method of data feedback - e-mail, dashboard, in-person review

Goals for metrics:

- Meaningful, measurable, actionable
- Not simply fixed with an EHR change
- Room for improvement

Balance Your Emotional Intelligence Skills

Having emotional intelligence, often referred to as EI, is an important part of being a stronger, more effective leader. But too many people assume that it's all about being sweet and chipper.

Sure, some EI competencies are related to sociability, sensitivity, and likability, but others are connected to leadership skills like achievement, influence, and conflict management.

The key is to have a balance. If you're strong in some of the softer, emotional skills, then focus on honing skills like giving unpleasant feedback.

For example, rather than using your EI to smooth over interactions with a coworker who is overbearing and abrasive, work on bringing up the issue to your colleague directly, drawing on conflict management to give direct feedback and on emotional self-control to keep your reactivity at bay.

[Adapted from "Emotional Intelligence Has 12 Elements. Which Do You Need to Work On?" by Daniel Goleman and Richard E. Boyatzis](#)

Informatics Randomized Controlled Trials



Information technology is a powerful, modifiable tool for influencing healthcare processes and outcomes

- Possible EHR interventions
 - Order sets - “Nebs No More”
 - Recommended prescribing - weight-based plaquenil dosing
 - Best-practice alerts - telemetry, blood cultures
 - Views of data - cost display in primary care
 - Note templates
- Unit of randomization
 - Patient, Provider, Team
 - Balance contamination (patients within a team) vs. loss of power due to clustering
- Similarities to usual RCT’s
 - Inclusion/Exclusion Criteria - e.g. not ICU, not immunocompromised
 - Primary and secondary outcomes
 - Balancing/harm measures - an intervention that influences provider practice can cause harm
- Differences from usual RCT’s
 - Inclusion/Exclusion criteria determined electronically - missing or erroneous data can mislead the intervention
 - Interventions are limited by Epic software capability
 - Can often measure the response to interventions - provider X cancelled the alert Y times
- Approval and scalability
 - IRB - expedited review ~2-3 weeks
 - Ticket to AC3 - Raman, Sara, Andy
 - Usual build time estimate: 3-4 months
 - Scalability is not easy, even if another institution uses Epic
- Future directions
 - Application Programming Interfaces (API’s) - create apps with EHR data
 - Predictive analytics package in Apex - incorporate machine learning into the EHR

Four-legged stool of QI: EHR (systems) change still requires provider education, audit and feedback, and culture change



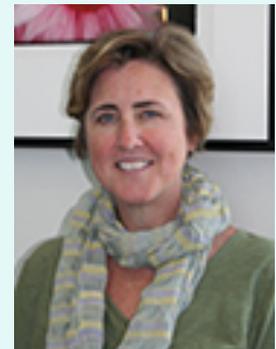


Thank you to all of you who continue to share suggestions regarding ways we can improve your quality of life at work — both as members of the DHM and as clinicians.



Congratulations to Carla Kuon for her tireless efforts over the past couple years to launch the Massage Consult service for BMT patients! It was officially rolled out on **May 16th**.

For almost a month, **Carolyn Tague** has been visiting the BMT service to work between 4-5 hours on any patients admitted to the BMT service who have an active massage consult request. Consults will be staffed on a once weekly basis, each Tuesday.



If you would like a BMT patient to receive a consultation, simply **place a "massage consult" order in Apex and specify reasons and goals** for consult request. A provider (NP or MD) approval form must be signed and placed in the patient's chart (the form is attached to the apex order so easily downloadable from the order set). The forms are also available on the T:CRI folder under "massage service." There is also a powerpoint presentation as well as duplicates of forms. The survey forms are also housed there.

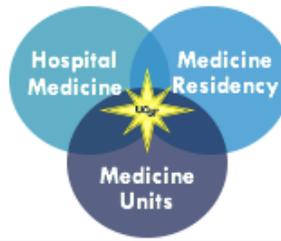
Outpouring of Thanks for UCSF Doctors on Facebook

Hundreds of patients left grateful messages for their UCSF doctors on the UCSF Medical Center and UCSF Benioff Children's Hospital San Francisco Facebook pages in honor of National Doctors' Day. See their comments here: <http://ucsfh.org/2qcaDIC> (children's hospital) <http://ucsfh.org/2oBlx6j> (adult hospital)

"A special thanks to **Diane Sliwka** and **Dr. Stephanie Rogers**. Our patients are blessed to be cared for by them, and our Volunteer Team appreciates their support and collaboration! Happy Doctor's Day!"

"All of your hard work and dedication is truly noticed and appreciated. In the words of a patient recently cared for on the medicine service, "It's the little things you do at UCSF that makes a difference. It's the smile and wave when you walk by my room. It's when you take the time to sit down to speak with me, not at me. This is the best hospital I've been to."

DHM True North Quality Metrics



FY2017 True North Quality Metrics	FY16 Base-line	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
#SleepVitals Discharge ≥45% of patients with sleep promoting TID vital signs 8 of 12 months	15%	33%	48%	48%	43%	48%	58%	51%	50%	53%	52%	61%
#DeliriumOrder Complete ≥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%	54%	55%	45%	48%	55%
#HighQualityAVS Achieve ≥ 75% of patients with High-Quality AVS 6 of 12 months	69%	56%	61%	57%	62%	71%	69%	74%	80%	79%	79%	76%
#MDexplain Achieve ≥ 77% score for HCAHPS “MD Explains in way patient understands” 6 of 12 months	77%	74%	82%	60%	85%	66%	65%	87%	85%	60%	67%	—
#NewMeds Achieve ≥73% score for HCAHPS “Tell you what new medicine is for” 6 of 12 months	70%	77%	75%	78%	73%	78%	75%	84%	89%	87%	52%	—
#MedRec Achieve ≥90% of patients who have had all meds reconciled before discharge 4 of 12 months	88%	87%	89%	86%	76%	81%	80%	78%	78%	77%	79%	81%
#POLST Achieve ≥ 60% of patients (not full code) with POLST completion 8 of 12 months	55%	61%	67%	69%	74%	64%	58%	58%	58%	65%	64%	65%