

Performance/Quality Improvement and Patient Safety Projects

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Background

What Is It?

- ❖ Performance/Quality Improvement (PI)
 - Improving implementation of evidence-based practices
 - Increasing efficiency and reducing waste
- ❖ Patient Safety (PS) – Reducing:
 - Medication errors
 - Procedure errors
 - Hospital-acquired infections
 - Venous thromboembolism
 - Skin pressure ulcers
 - Falls and injury
 - Failure to rescue (delay in diagnosis or treatment)

Impetus

- Hospitalist imperative
- Room for improvement at UMMC

Draw

- Hospital Medicine Interest Group
- Free food*

Challenge → Opportunity

- Negative Energy → Channel
- Perceived Lack of Time → Selection of Self-Motivated Residents

Tools

Institute for Healthcare Improvement online modules on leadership, QI, and PS

- <https://www.ihl.org/users/login.aspx>
- Register as a Teacher (faculty members) or Student (residents) for free access

Internal Resources

- * - Jonathan Gottlieb, MD, CMO → global support
- Ingrid Connerney, DrPH, Senior Director of Quality, Safety and Clinical Effectiveness → networking and infrastructure support
- Marty Reynolds, Clinical Effectiveness → automated data collection

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Ongoing Projects

- ❖ Predicting adverse outcomes before interhospital transfer (UMMC)
 - Objective: to create and implement a prediction tool to improve accuracy of over-the-phone triage of Express Care patients before transfer
 - PI/PS focus: reducing failure to rescue (delay in diagnosis or treatment)
 - Residents: *Elizabeth Lamos, Ryan Scilla*

- ❖ Catheter-associated UTI initiative (UMMC)
 - Objective: to reduce catheter-associated UTI using a hospital-supported IHI tool and interdepartmental collaboration
 - PI/PS focus: reducing hospital-acquired infections, improving implementation of evidence-based practices
 - Residents: *Randi Kestler, Christopher Koltz, Tina Gupta*

- ❖ Physician notification of failure to phlebotomize (UMMC)
 - Objective: to reduce time between phlebotomy failure and physician notification of such
 - PI/PS focus: reducing failure to rescue (delay in diagnosis), increasing efficiency
 - Residents: *Jonathan Snyder, Ryan Scilla, Kami Hu, Jonathan Daining, Toni Biskup*

- ❖ Physician notification of flagged pharmacy orders (VAMC)
 - Objective: to reduce time between flagging of an incorrect order and administration of the medication
 - PI/PS focus: reducing failure to rescue (delay in treatment)
 - Residents: *Adam Brenner, Amy Hwang, Vishal Bhatnagar, Negin Ahadi, Katherine Schrenk*

- ❖ Reducing catheter-related bloodstream infections, urinary tract infections, and unnecessary use of telemetry by increasing physician awareness of their patients' catheters and telemetry use (UMMC)
 - Objective: to increase physicians' awareness of their patients' central venous catheters, urinary catheters, and use of telemetry resources with support from the quality research team, with an aim to reduce overuse of each of these interventions (three concurrent projects with three separate outcome measurements)
 - PI/PS focus: reducing hospital-acquired infections, reducing venous thromboembolism, reducing waste, increasing efficiency → reducing failure to rescue (delay in diagnosis or treatment)
 - Residents: *Leroy Vaughan, Christopher Koltz, Adam Brenner, Randi Kestler, Rita Ganesan, Kami Hu, Rebecca Krochmal, Chris End, Dante Suffredini, Lydia Fisher, Meng Wang*

- ❖ Resident resource over-utilization review (UMMC)
 - Objective: to measure resident diagnostic test ordering habits and identify outliers
 - PI/PS focus: improving implementation of evidence-based practices, reducing waste, increasing efficiency → reducing failure to rescue (delay in diagnosis)
 - Residents: *(pending)*