Current Quality Efforts

Urinary Tract Infections - The Latest Recommendations

- Preferred Empiric antibiotic for UTI for Non-ICU patients, able to take oral medications
  - Cephalexin PO or Nitrofurantoin PO (latter if creatinine clearance is ≥30 mL/min)
- Preferred Empiric antibiotic for UTI for Non-ICU patients, unable to take oral medications
  - Cefazolin IV
- The above recommendations replace IV ceftriaxone as the preferred empiric antibiotic for this indication for those patients who do not have recent history of resistant gram-negative organisms or recurrent Enterococcal UTI’s (typically within the past 3-6 months).

Inpatient versus Observation Status

Inpatient Status
- You expect the patient will require medically necessary care that crosses two midnights (starting from the time of the ED provider’s note)
- Medically necessary care means IV abc, IV diuretics, supplemental oxygen, 1:1 sitter, or inpatient only procedures
- Midnights over the weekend which are spent waiting for procedures that only occur Monday through Friday DO NOT COUNT AS TWO MIDNIGHTS

Observation Status
- It is unclear if the patient needs to stay more than 1 midnight
- The clinical course over the next 24 hours will determine if the patient can be discharged OR if the patient will need to be admitted as an inpatient

FAQs
1. The status order can always be UPGRADED from observation to inpatient but that status order CANNOT be downgraded from inpatient to observation
2. Always document in your note the reason for the particular designation - this will help your patients!!
3. Reaching out by paging QUALITY during the day when you have a question is a helpful resource
Resident Inpatient Quality Metrics

Improving Patient Care Through the Following Metrics

- Follow-up Appointments at Discharge
- Appropriate Medical Therapy for Patients with Systolic Heart Failure
- Inpatient Blood Sugar Control

Who is Involved in Subcommittees?

Department of Medicine Quality Management Committee
- Mady Heldman, Lauren Lee, Anna Rosenblatt, Patrick Campbell, Elyse Linson, Peter Glynn, Erin Cleveland

Sepsis Quality Committee
- Thomas Byrd, Quinn Halverson, Todd Vankerhoff

Clinical Care Evaluation Committee
- Patrick Campbell, Elyse Linson, Blair Golden, Lauren Lee

Glycemic Control Committee
- Martin Gruca

Nets (error reporting) Working Group
- Sarah Hale, Chen Lin
Current AQSI Projects

See what cool and interesting projects your friends and colleagues are doing this year!

<table>
<thead>
<tr>
<th>Team Leader</th>
<th>Topic</th>
<th>Residents</th>
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<tbody>
<tr>
<td>Dr. Secunda</td>
<td>Improving documentation and timeliness of shared decision making meetings with patients and surrogate decision makers in the MICU</td>
<td>Quinn Halverson</td>
</tr>
<tr>
<td>Dr. Bregger</td>
<td>Acute alcohol withdrawal syndromes in patients admitted to general medicine inpatient units.</td>
<td>Jasleen Ghuman</td>
</tr>
<tr>
<td>Dr. Wilson</td>
<td>Crisis management guidelines</td>
<td>Dom Farina</td>
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<tr>
<td>Dr. Loke</td>
<td>Optimizing pregnancy testing in the ED</td>
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<tr>
<td>Dr. Ward</td>
<td>Reducing the amount of interruptions for patients during the night <em>(Cluster don’t Fluster!)</em></td>
<td>Eleanor Yang, Elissa McEachern, Lauren Lee</td>
</tr>
<tr>
<td>Dr. Kaltman</td>
<td>Repeat dosing of antimicrobial agents on sepsis patients boarding in the ED.</td>
<td>Jamie Treadway</td>
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<tr>
<td>Dr. Walters</td>
<td>Communication and collaboration between gen med and consulting services</td>
<td>Jordan Gavin, Nisha Raiker</td>
</tr>
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Get involved!

Do you have an M&M case to present? Email Erin Cleveland to get involved!

Upcoming Dates
- 12/10 at 7:30am (NMH)
- 12/10 at 12:00pm (VA)
- Upcoming in January....TBD...

Become an Actor and Participate in our Root Cause Analysis Sessions!

Upcoming Dates
- 3/15 at 12:00pm (NMH)

END OF REPORT FUN FACT

Did you know that the US prescribes 80% of the world’s narcotics! YIKES

Please email us with any questions!

Your Quality Management Committee: Elyse Linson, Patrick Campbell, Peter Glynn