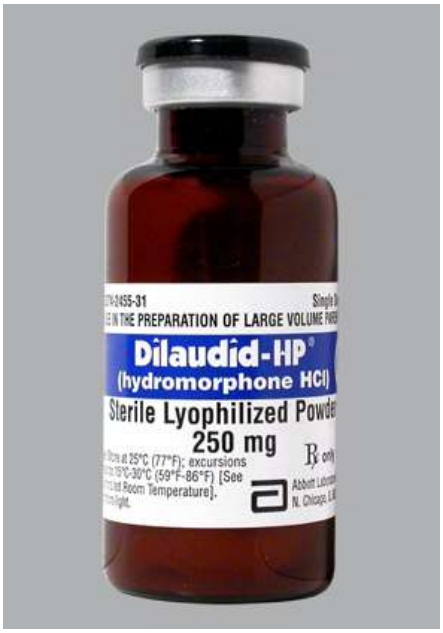
Northwestern Medicine

Department of Internal Medicine

Resident Quality and Safety Quarterly

Winter 2017-2018

Current Quality Efforts



Dealing with the Drug Shortages

- There is a weekly interdisciplinary meeting that includes pharmD managers, coordinators, inventory tech, and some key stakeholders (e.g. inviting folks from the anesthesiology leadership when discussing the opioid shortage).
- Meetings include reviewing back-order list of meds (e.g. IV fluids, opioids, diuretics) and prioritizing them by # of days left in the inventory or new additions to the list (e.g. last week there were over 200 items identified on this list).
- For critical meds (where <14 days worth of meds are left in stock), plans are developed (e.g. recommending reasonable alternatives if possible, encouraging frequent reassessment of whether critical meds are truly necessary).
- The art is in finding a balance between communicating the shortage to providers in a timely manner, but not creating false alarms or causing alarm fatigue.

Transition to Anti-Xa levels for Heparin gtt

- What we know as "therapeutic PTT range" is actually derived from anti-Xa results, because anti-Xa assays are more reliable and accurate.
- Therapeutic PTT and therapeutic anti-Xa levels are concordant only 54% of the time; so 46% patients on a "therapeutic PTT" are in fact over or under anticoagulated.
- The new "heparin order set" on Epic reflects this transition.

Quick Updates from Go Live

- This has been a massive transition effort given we had 19 years worth of electronic data on Cerner; not all of this data transfer has occurred yet, so may still need to open legacy epic/cerner from the past to look up patient info.
- P1 leadership is aware that there's been a mismatch in # of support staff available to outpatient clinics (especially not enough in specialty clinics) compared to inpatient; they're working on this!
- Continue to place tickets with any issues you run into with Epic/P1 – this will bring awareness the main issues!

Upcoming Events

M&M:

- April 9th and May 4th

Value-Based Care Session:

- April 6th

DOM Quality Committee:

Residents: Madeleine Heldman, Lauren Lee, Anna Rosenblatt

Faculty: Rachel Cyrus and Aashish Didwania

Q&A with Drs. Didwania and Cyrus

Q: Where do the QI topics come from?
A: CMS (government), National QI organizations, Local issues that have come up that we care about

Q: Where does QI work get done?
A: The Hospital Quality Committee & Subcommittees for specific projects; there's also CCEC ("Clinical Care Evaluation Committee" - a very specific committee that focuses on reviewing actual major errors in the hospital)

Q: Where is data pulled from?
A: EDW (EMR). Before EDW at NU they didn't have a good way to merge Epic and Powerchart. With P1, will be easier. How data is extracted depends on the measure and how the medical care can be captured (order, time stamps, dot phrases, notes, language) ← hence the importance of our documentation

Q: What are the measures/scorecard?
A: See below for some of the main inpatient medicine measures. See. Dr. Didwania's email from January on common measures in outpatient medicine.

Ongoing Quality Projects

CLABSI & CAUTI Reduction

- So far successful!
- Efforts included increased education with care and maintenance and aa root cause analysis for cases of infection followed by interventions.
- NMH experienced a reduction of 25% for CAUTI and 22% for CLABSI from FY16 to FY17. This is well below expected rates! FY18 goal is to sustain current efforts.
- One concern with these efforts has been difficulty obtaining accurate I/Os with decreased foley utilization, which may be a discussion for another area of improvement.

HCV/HIV screening pilot project

- Now launched with P1! Nurses have begun screening new admits (see the yellow stickie on computer screens in patient rooms)

Floor Secretaries the "Ambassador of the Unit"

- Role: provides customer service, maintenance of the medical record (assist with OSH records!!), assist with tracking patient transport on/off the floor, maintain desk flow/clerical records

Project to reduce the burden of heparin-induced thrombocytopenia (HIT)

- The goal is to reduce unnecessary labs. We are over testing: 83% of HIT Ab sent at NMH are true negatives, 94% of HIT Ab testing has <5% chance of being true HIT!
- We, in Gen Med, are the second largest HIT ordering providers after Gen Surg.
- One proposal under way is to prompt for a 4T score calculator at the time of ordering a HIT Ab test on the EMR. This will prompt us to risk stratify using the 4 Ts (degree of thrombocytopenia, timing of thrombocytopenia, presence of thrombosis, and consideration for alternate causes of thrombocytopenia) – some clinical pearls on HIT (https://blogs.nejm.org/now/index.php/heparin-induced-thrombocytopenia/2015/07/17/)
- Educate on limiting UFH exposure to limit incidence of HIT
- If there's no strong preference for unfractionated heparin (e.g. ACS, peri-procedurally when heparin's quick turn on-off function is helpful), consider LMWH.

Medicine Score Cards

How are we doing?

Here is the latest medicine scorecard, reported through November 2017. This data is taken from EDW. Some measures are easier to influence (CAUTI, CLABSI), whereas others are less clear as to what affects them, but still important (Likelihood to Recommend or LTR). The scorecard contents are proposed and agreed upon by nurse managers, medical directors, and quality leaders in DOM. They are aligned around national reportable quality metrics.

NMH Inpatient General Medicine

FY2018 YTD through Nov

Tricia O'Sullivan; Kevin O'Leary

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	Relationships	FY2018 YTD through Nov	Target	FY2017 YTD through Nov	Baseline	FY2018 November	FY2018 Q1 through Nov
☐	Inpatient LTR Percentile Rank	52	~~≥ 64~~	58	67	71	52
☐	Likelihood to Recommend Top Box %	74.0%	~~≥ 77.2%~~	75.4%	77.7%	79.0%	74.0%
	Reliability	**FY2018 YTD through Nov**	**Target**	**FY2017 YTD through Nov**	**Baseline**	**FY2018 November**	**FY2018 Q1 through Nov**
	Safe Care						
	NHSN Reportable CLABSI	4		3	10	0	4
	Central Line Utilization Rate	18.2%		20.2%	18.9%	18.4%	18.2%
	NHSN Reportable CAUTI	1		3	6	0	1
	Foley Utilization Rate	5.8%		7.4%	6.6%	4.7%	5.8%
	Falls With Injury Rate		0.40				
	Pressure Ulcer Prevalence		1.4%	1.4%	2.3%		
	OSHA Recordable Injury	0		0	0	0	0
	Effective Care						
	30-Day Unplanned Readmissions			0.0%	0.0%	0.0%	0.0%
	Timely Care						
	Discharges with a follow-up order (for PRS to schedule) placed	63.3%		67.5%	67.3%	63.3%	63.3%
	Efficiency & Growth	**FY2018 YTD through Nov**	**Target**	**FY2017 YTD through Nov**	**Baseline**	**FY2018 November**	**FY2018 Q1 through Nov**
	Discharges before 2PM	40.7%		36.1%	39.0%	39.3%	40.7%
	ED Bed Ordered to Bed Occupy (hours)	1.7		1.6	1.6	1.6	1.7
	Case Mix Index						
	Patient Days / Primary Statistics			12472	12472		
	Length of Stay (Vizient Overall O/E)	1.0		1.1	1.1	1.0	1.0

Get involved!

The following committees are currently looking for resident involvement:

Sepsis Subcommittee: the DMAIC happened 2 years ago now, and currently we have a team of residents review sepsis cases annually to find areas of opportunities. Otherwise, the only other commitment is the meetings, which happen on the 4th Monday of every month from 1p-2p.

Pressure Ulcer project in the CTICU: this new committee will go through the DMAIC process to problem solve a solution for our growing pressure injury problem.

If you are interested in joining, or have any questions, please reach out to Dr. Cyrus (rcyrus@nm.org) and our Clinical Quality Leader Jackie O'Reilly (joreilly@nm.org).