

**Department of Medicine, Internal Medicine
Residency Quality and Safety Quarterly**

Fall, 2017

This quarterly newsletter is a source for updates on current QI/safety efforts, educational curriculum, tips for better practice, and opportunities to get involved.

Highlighted in this newsletter are...

- I. Current Quality efforts: External female urinary catheter
- II. Medicine Inpatient and Outpatient Quality metrics since September
- III. Value Based Care: 6 steps towards high value care
- IV. Ways to get involved: Residents on committees

Cheers!

Rachel Cyrus and Aashish Didwania

I. Current quality efforts:

Check out this cool Quality Improvement project being led by **Victoria Behrend**

Problem: Foley catheters and diaper use in women lead to catheter associated UTI's (CAUTI's), skin breakdown, and discomfort.



Proposed solution: Purewick external catheter. This device is an external flexible rod which rests against the vulva and gently vacuums urine expelled through tubing to a wall canister.

- 2 month trial in the MICU and NSICU

Results so far:

- Data is promising so far without UTI's or skin breakdown with use
- 92% of RN's state urine capture was excellent and accurate
- 100% of RN's said it was easy to use and recommended future use
- Foley use prevented or foley's removed in 67% of patients. Absolute reduction of foley catheter use from 31-18% in MICU
- Diaper use completely avoided
- Potential net savings of \$1 million per year given reduced cost of CAUTIs and associated Medicare fines

Next Steps:

Expanded trial across all ICU's

Ila. Inpatient Medicine Quality goals: How are we doing?

Department of medicine quality goals are set each year by the department and aligned around national reportable quality metrics. Likelihood to recommend (LTR) is based on the overall patient experience and has to do with patient perceptions of **doctor communication and teamwork**.

Catheter associated infections are improving by reductions in catheter use and can be improved further by avoiding inappropriate culturing practices.

This is from patient surveys they receive upon discharge. We are improving here!

Relationships	FY2017 YTD through July	Target	FY2016 YTD through July	Baseline	FY2017 July	FY2017 Q4 through July
<input type="checkbox"/> Inpatient LTR Percentile Rank	66	≥ 64	54	53	79	80
<input type="checkbox"/> Likelihood to Recommend Top Box %	77.4%	≥ 77.2%	74.6%	74.5%	80.9%	81.1%
Reliability	FY2017 YTD through July	Target	FY2016 YTD through July	Baseline	FY2017 July	FY2017 Q4 through July
Safe Care						
<input type="checkbox"/> NHSN Reportable CLABSIs	10		11	12	0	2
<input type="checkbox"/> Central Line Utilization Rate	18.5%		19.6%	19.6%	19.6%	18.5%
<input type="checkbox"/> NHSN Reportable CAUTI	4		17	17	0	0
<input type="checkbox"/> Foley Utilization Rate	6.6%		8.2%	8.2%	7.3%	7.1%
<input type="checkbox"/> Falls With Injury Rate						
<input type="checkbox"/> Pressure Ulcer Prevalence	2.2%					
<input type="checkbox"/> OSHA Recordable Injury	27		29	32	8	9
Effective Care						
<input type="checkbox"/> 30-Day Unplanned Readmissions	0.0%		13.2%	13.3%	0.0%	0.0%
Timely Care						
<input type="checkbox"/> Discharges with a follow-up order (for PRS to schedule) placed	67.1%		70.1%	69.7%	64.8%	64.1%
Efficiency & Growth	FY2017 YTD through July	Target	FY2016 YTD through July	Baseline	FY2017 July	FY2017 Q4 through July
<input type="checkbox"/> Discharges before 2PM			31.5%	31.8%		
<input type="checkbox"/> Bed Assigned To Bed Occupancy						
<input type="checkbox"/> Case Mix Index	1.60		1.57	1.59	1.60	1.61
<input type="checkbox"/> Patient Days / Primary Statistics	12472		65575	71946		
<input type="checkbox"/> Average Length of Stay	4.6				4.2	4.2
<input type="checkbox"/> Observation Stays > 24 Hours	70.2%		71.2%	71.3%	68.9%	65.7%

Central Line Associated Blood Stream Infection (CLABSI) and Catheter Associated UTI (CAUTI) breakdown: Sept 2016 – July 2017

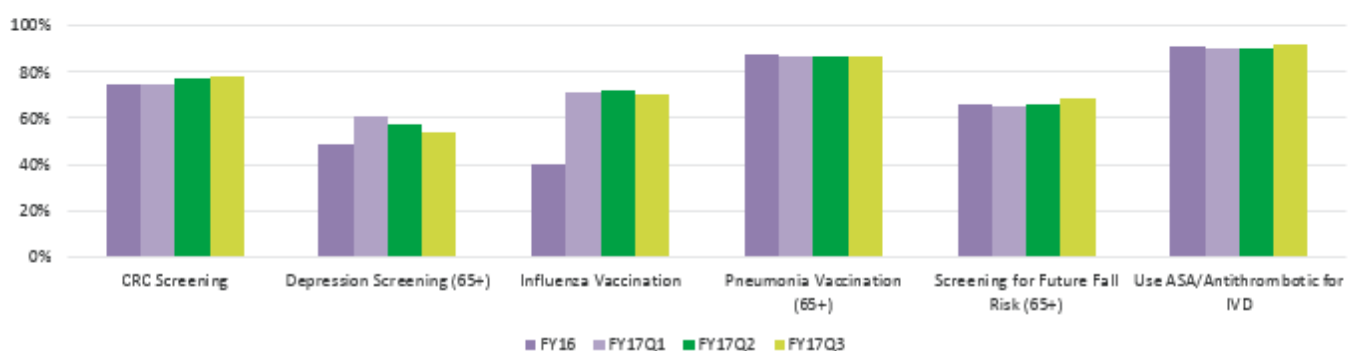
Unit	# of NHSN Reportable CLABSI	# of NHSN Reportable CAUTI
13E	1	0
13W	2	1
14E	1	1
MICU	1	1

IIb. NMFF Outpatient Clinic Quality Metrics: How are we doing?

Primary care has been an early adopter of quality measures with current insurers using these for clinic comparisons and rewards/penalties based on clinic and individual performance. Some measures have improved population health (vaccinations and cancer prevention) while others have evolved with changing evidence (HTN, Statin guidelines, Mammography).

Primary Care Galter 18 Performance report: All (resident and attending)

Measure	Performance Rate at This Practice	Performance Rate of Top Quintile Practices	Performance Rate of Top Performing Practice
Colorectal Cancer Screening ¹	77%	≥ 70%	83%
Depression Screening (Age 65+) ²	55%	≥ 57%	93%
Influenza Vaccination ³	70%	≥ 70%	87%
Pneumonia Vaccination (Age 65+) ⁴	88%	≥ 87%	94%
Screening for Future Fall Risk (Age 65+) ⁵	70%	≥ 73%	91%
Use of ASA/Antithrombotic for IVD ⁶	92%	≥ 92%	96%



III. Value based care tip

➔ 6 steps toward high value care (ACP)

1. Understand the benefits, harms, and relative costs of the interventions that you are considering.
Ex: CTA for someone with low risk wells and renal dysfunction
2. Decrease or eliminate the use of interventions that provide no benefits and/or may be harmful
Ex: Treating asymptomatic UTI with antibiotics
3. Choose interventions and care settings that maximize, benefits, minimize harms, and reduce costs (using comparative- effectiveness and cost- effectiveness data)
Ex: Chemotherapy regimens that can be done in the outpatient setting
4. Customize a care plan with the patient that incorporates their values and addresses their concerns.
Ex: Choosing between hemo and peritoneal dialysis
5. Identify system-level opportunities to improve outcomes, minimize harms, and reduce waste
Ex: EMR flags for DVT prophylaxis

IV. Ways to get involved

These residents are representing on various **Quality Committees**. They will be sending updates throughout the year.

Department of Medicine Quality Committee: Victoria Behrend, Sarah Chuzi, Madeleine Heldman, Lauren Lee, Anand Patel, Anna Rosenblatt

- This committee focuses on quality metrics for inpatient medicine.

Sepsis Quality Subcommittee: Thomas Byrd, Quinn Halverson, Fred McLafferty, Cindy You, Punit Vachharajani

- Evaluates our sepsis response to national guidelines.
- Special thanks to those who worked on the Sepsis Chart Abstraction Project – Chen Xie, Ravi Kesari, Cindy You, Quinn Halverson, Tom Byrd

Glycemic Control Committee: Emily Nosova

- Providing better care for our diabetic patients

CCEC (Clinical Care Evaluation Committee): Sarah Chuzi, Kirti Johal, Chen Lin, Anand Patel

- Reviews the serious events or near misses (NETS!)

Ongoing and Upcoming topics in Quality and Safety!.

Recent and upcoming conferences

- Value based care conferences – **Next on 9/22**
- [M&M and Root Cause Analysis \(RCA\)](#) – 8/3, 8/25, **Next on 10/20**
- Patient Safety grand rounds- 7/18, next TBD
- Medicine Grand Rounds
- Patient engagement coach rounding on inpatient wards

Want more resources?

- Visit the DOM education quality home page [DOM Quality homepage](#)