Resident Involvement in Quality Improvement & Patient Safety at the University of Washington - Seattle

September 29, 2017
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QI my call, please!

- Problem: home call residents were getting paged too much/not enough/not for the correct issues
- Initial feedback prior to intervention brought up at resident QI meeting, collected via shared online doc
- Resident-driven and resident-run project, however, was collaborative with attendings and nursing/support staff on site
- After collecting data, specific feedback/education was provided to staff on site
- Outcomes: $n$ of appropriate/accurate calls and pages, call feedback and experiences of residents
Getting residents involved in QI: starting a committee

• HQSC origin story

• Mission statement: The University of Washington Housestaff Quality and Safety Committee (HQSC) is a trainee-led organization founded in 2011 with the vision of making UW Medicine the national leader in healthcare innovation and improvement.
You’ve got a committee. Now what?

- Goals for meetings: education and dissemination
- Model for Improvement, IHI, keynote speakers as resources
- Resident led, resident run: involve your process owners and change agents
Current HQSC Projects (a small selection...)

- Liaisons program – bringing information from the bedside to the boardroom
- QI Match website
- MRI safety screening
- Informed consent documents
- Reducing readmissions
- Standardizing handoffs - IPASS
The future of HQSC

• Growing our membership, both residents and faculty
  – Expanding involvement in hospital committees and other opportunities for representation

• Increasing presence on the national stage
  – Scholarships
  – Conferences

• Continuing to align our goals and those of the institution to effect change and improve patient safety
The role of GME

• How to increase resident participation in QI
  – Programs
  – Institutions
  – Data collection/monitoring

• By providing support, administrations and institutions can help residents gain experience with QI
  – Participation in multidisciplinary teams
  – Valuable, hands-on experience and education which can cause *institution-wide* change and improvement
Thank you!

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www.uwhqsc.org
A “CURRICULUM OF INQUIRY”
TEACHING QI AT UW BOISE
INTERNAL MEDICINE
VA CENTERS OF EXCELLENCE IN PRIMARY CARE EDUCATION

Welcome to the VA Puget Sound Healthcare System
Welcome to the Boise VA Medical Center
Welcome to the San Francisco VA Medical Center
VA Greater Los Angeles Healthcare System
Michael E. DeBakey VA Medical Center, Houston, Texas
Welcome to the Louis Stokes Cleveland VA Medical Center
Welcome to the Connecticut Healthcare System
Boise VA Center of Excellence

- Focuses on integrated multidisciplinary care through the Medical Home Model
- Our Quality improvement curriculum – called the “Curriculum of Inquiry” is one of several forums for interprofessional collaboration
- Internal Medicine residents participate during their R2 year
“Curriculum of Inquiry” Timeline

August + September: Four 60 minute QI workshops
  Workshop #1 – Intro to QI
  Workshop #2 – Process map/Fishbone diagram
  Workshop #3 – Aim Statements
  Workshop #4 – Run charts, PDSA

September: Trainees Select Projects and form teams
  - 1 mentor, 3-4 trainees, minimum 2 professions

December: “Works in Progress #1” session at noon conference
  - Teams present context and Aim statement

March: “Works in Progress #2” session at noon conference
  - Teams present initial results

June: Grand Rounds
  - Teams present their projects to the facility.
• Improving screening for cognitive disorders
  • Mentor: Jeff Sordahl (Psych)
  • Trainees: Julia Hammond (Psych Intern), Laura Wetherbee (Psych PD); Andrea Winterswyk (Pharm PGY2); Hanna Thomas (Psych Intern)

• Osteoporosis screening and management after hip fracture
  • Mentor: Moe Hagman (IM)
  • Trainees: Elaine Ding (IM PGY 2); Shelby White (Pharm PGY 1); Caitlin Kinahan (IM PGY 2)

• Improving care through interdisciplinary panel management
  • Mentor: Elena Speroff (ARNP)
  • Trainees: Kelley Groll (ARNP PGY1); Rich Doxey (IM PGY 2); Lindsey Hunt (Pharm PGY2)

• Improving chronic pain medication use/processes
  • Mentor: Lisa Inouye (IM)
  • Trainees: Maxwell Moholy (Psych PD); Shaye Lewis (IM PGY 2); Megan Turner (PharmD PGY1)

• Transitions of care for patients with Alcohol Use Disorder
  • Mentors: Mike Krug (IM)
  • Trainees: Joe Berendse (Pharm PGY 2); Duy Trinh (NPR); Jared Joffer (IM PGY 2); Angel Vasquez (Psych intern)

• Improving insulin management in the hospital
  • Mentors: Amber Fisher (PharmD)
  • Trainees: Carla Apezzato (IM PGY 2); Lindsay Crawford (Pharm PGY 2); Megan Carroll (Pharm PGY 1); Natasha Quinn (Psych Intern)

• Improving practice partner coverage on Silver team
  • Mentors: Bill Weppner (IM)
  • Trainees: Melanie Jackson (IM PGY 2); Bill Loome (IM PGY 2); April Heyde (RN)
Zombie Attacks

Victim attempts to run away

Faster than the Zombie?

Victim attempts motivational interviewing

Zombies Reform?

Victim Escapes
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- Diabetes Registry
  - A1c, LDL, MAB/Cr, BP, Monofilament Foot Exam, PNA, Flu, and Insulin Therapy

- Opioid Registry
  - Active Benzo Rx
  - iMed consent signed

- Last UDS

- State Drug Database Rx Monitoring performed yearly by pharmacy

- Future PC visits scheduled

- PC and MH visits

**Panel Management Provider Dashboard Report**

The following represents your panel’s health data as of December 31st, 2016

**Diabetes Registry**

Your current rank among other trainees on Silver Team: **11** out of 26

Your absolute registry improvement since October 11th: **-8.29%**

This value is based upon the following performance measures:

<table>
<thead>
<tr>
<th># Veterans</th>
<th>HbA1c &gt; 9%</th>
<th>No UMA/B/Cr in 1 yr</th>
<th>No Foot Exam in 1 yr</th>
<th>Total DM patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>16</td>
<td>13</td>
<td>41</td>
<td></td>
</tr>
</tbody>
</table>

**Diabetes Registry Access of Teamlet 2 over the past 2 months:**

- Provider (you) 6
- Nurse (RN/LPN) 0
- Clerk 11

How to access the diabetes registry through CPRS:

Tools → Diabetes Registry → Select your attending from the ‘Select PCP’ dropdown → Click ‘Residents Only’ and select yourself from the drop down menu

If you do not yet have access, you can request it by emailing boij irresidency@va.gov

**Opioid Registry**

Your current rank among other trainees on Silver Team: **12** out of 26

Your absolute registry improvement since October 11th: **2.46%**

This value is based upon the following performance measures:

<table>
<thead>
<tr>
<th># Veterans</th>
<th>Concomitant benzos</th>
<th>No Opioid Contract Signed</th>
<th>No UDS in 1 yr</th>
<th>Total Opiate patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

**Opioid Registry Access of Teamlet 2 over the past 2 months:**

- Provider (you) 5
- Nurse (RN/LPN) 4
- Clerk 0
- Attendings 9

How to access the diabetes registry through CPRS:

Tools → More... → Opioid Registries → VSN 20 Opioid Risk Registry → Click the (+) next to Boise x2 and select the hyperlink after your own name
COMPLIANCE WITH DM REGISTRY

- A1c >9%
- No Foot Exam in 1 yr
- No Mab/Cre in 1 yr

Silver vs. Blue @ finish
- CHIsq= 12.4
- P<0.01
COMPLIANCE WITH OPIATE REGISTRY

Percent Compliant

Silver vs. Blue @ finish
- CHIsq = 0.18
- P = 0.669

Silver vs. Blue @ finish
- CHIsq = 0.055
- P = 0.815
2016-17 Curriculum of Inquiry QI Projects

• **Improving screening for cognitive disorders**
  - Mentor: Jeff Sordahl (Psych)
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Boise Veterans Affairs Medical Center
Center of Excellence in Primary Care Education (CoE) presents:
Trainee-Led Quality Improvement Projects Awards

After undergoing 4 workshops on the basics of Quality Improvement, seven teams of interprofessional trainees led by a staff mentor began the process of improving the quality of care provided at the Boise VA. Below are awards for standout projects.

The Best AIMS Statement Award:
*Stating a clear problem & goal is the start of any quality improvement project.*
Secondary Prevention of Hip Facture
Team: Elaine Ding, MD, Caitlin Kinahan, MBChB, & Shelby White, PharmD
Mentor: Moe Hagman, MD

The Best Process Map Award:
*Understanding the context of a problem is the key to the development of appropriate interventions.*
Improving transitions of care for alcohol use disorder
Team: Angel Vasquez, MS, Jared Joffer, DO, & Joe Berendse, PharmD, BCPS
Mentor: Mike Krug, MD
FMRI’s Transition to EMR-based Handoffs

Scott Hippe, MD
R2, Family Medicine Residency of Idaho
It is 3 a.m. and there is a problem...

• Problems with our document-based handoff
  – Only accessible on one computer at a time
  – Accessed through clunky intranet pathway
  – Needs continual tweaking of content
  – Crashes every morning at 3 a.m.
  – Always out of date
Evidence for a better way to do handoff?

Our Quality Process

• Adult medicine service: starting to use CORES application within Cerner Powerchart

• OB and newborn/peds service: using handoff tool within Epic
Unresolved issues

• CORES
  – doesn’t have list of useful phone numbers
  – Some data fields don’t populate in sign-off

• EPIC
  – Haven’t incorporated handoff on important but non-admitted patients (e.g. ectopic pregnancy watch list)
  – Also doesn’t have list of phone numbers
Outcomes

• “...still a few glitches to get worked out, but overall it's ... more useful than the old word document list. I love that the vitals and a.m. labs and current meds carry in.”

• “Way less error prone.” (x2)
Questions

• How can technology work for us (and not add to workload)?
• Is there a connection between quality and quality of life? (yes!)
• What information is useful when/where?