Department of Medicine Clinical Quality Program

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DOM Quality Goals

- Achieve excellence in each of the 6 Quality Domains: Safety, Timeliness, Efficiency, Efficacy, Equity, and Patient-Centered Care
- Set, achieve, and sustain departmental Quality Improvement goals that align with BMC quality priorities
- Foster an interprofessional quality culture
- Communicate on quality performance and safety initiatives
- Train faculty and trainees in Quality Improvement methodology
- Promote scholarly output in Quality Improvement

BMC Quality Structure

- Support for Physician Quality Leaders beginning July 2012
- BMC goals:
  - Professional development of an experienced QI leadership group across BMC
  - Standard framework and improved support for QI work
  - Clear ownership and monitoring of metrics with clinical and/or business importance
  - Improved performance on key metrics and important aspects of care
  - QI better incorporated into the culture and daily work at BMC

DOM Physician Quality Leaders

- Cardiology: George Philippides
- Endocrine: Sara Alexanian
- Geriatrics: Winnie Suen
- GI: Brian Jacobson
- GIM: Peter Davidson
- Heme-Onc: Gretchen Gignac
- ID: Nahid Bhadelia
- Pulm/CC: James Murphy
- Renal: Andrea Havasi
- Rheum: Mike York

*BMC Providing 0.2 FTE salary support for each Quality Leader

Quality Leader Role

- Form and lead a section Quality and Safety Steering Committee
- Catalog, track, and advise all QI activities in the section
- Conduct a minimum of one Quality Improvement project per year using standard QI tools and approaches
- Function as a liaison for residents/fellows to identify Quality Improvement mentors and projects in the section

Quality Leader Role, cont.

- Oversee section Morbidity and Mortality
- Communicate as least quarterly with the section and clinical staff on the following realms
  - BMC/DOM priority safety topics
  - Performance on specialty-specific quality metrics
  - How to incorporate quality initiatives into clinical practice
- Solicit input for future quality efforts

Resources for Quality Leaders

- Quality Council
  - Meet 2nd and 4th Wed of the month 2-3pm
    - All are invited!
  - Led by Karin Sloan
  - Information regarding metrics and BMC performance
  - QI tools
  - Project guidance
  - Promotion of scholarship
- BMC has provided a Senior Quality Improvement Data Analyst to support the DOM QC
- BMC Quality and Patient Safety Steering Committee
  - Meets once monthly
  - BMC-wide forum for sharing of Quality efforts
- All Quality Leaders will be funded by BMC to attend Institute for Healthcare Improvement Conference "Quality Improvement from Chairs and Chiefs"
- In planning stages: BMC team-based QI training program
  - Likely a 2-day program to occur every 3 mos
  - QI project application process

Draft Department QI Projects

- All clinics: Schedule > 80% of new patient referrals within 14 days
- Provide next-day appts in endocrine clinic for patients with uncontrolled DM seen in ED
- Improve the safety of inpatient insulin therapy
- Standardize the corticosteroid treatment of IBD patients with the goal of decreasing post-op complications
- Improve adenoma detection rate on screening colonoscopy

QI projects, cont.

- Improve Hepatitis A and B vaccination rates for patients with Hepatitis C in GI clinic
- Decrease time to delivery of chemotherapy and improve length of stay for elective heme-onc admissions
- Improve Hep B screening and monitoring for patients requiring rituxumab in heme-onc clinic
- Increase number of HIV patients with undetectable viral load in ID clinic
- Increase the use of sedation vacations for all BMC adult ICU patients on continuous sedation

QI projects, cont.

- Improve care and decrease rate of pressure ulcers in the ICU
- Increase pneumovax rate in pulmonary clinic
- Decrease hypotensive episodes in the inpatient hemodialysis unit
- Improve compliance with KDOQI guidelines regarding secondary hyperparathyroidism assessment in outpatient renal clinic
- Increase the Hepatitis B vaccination rate % of CKD Stage 3-4 patients who received Hep B vaccination in outpatient renal clinic

QI projects, cont.

- Improve safety and decrease delays for patients ordered for chemotherapy in Shapiro rheumatology clinic who receive it in Moakley
- Improve geriatric patient flow through clinic visit
- Improve the number of patients with LDL checked and at goal in Primary Care
- Improve lipid control for patients with peripheral vascular disease in cardiology clinic
- Improve the mammography screening rate in Primary Care
- Decrease acute MI 30-day readmissions

Residency QI Curriculum

- Led by Winnie Suen, MD and Gouri Gupte, School of Public Health
- Last year:
  - 4 QI sessions during academic half-day
    - Introduction to QI and QI at BMC
    - Process Mapping
    - Identifying areas of inefficiencies
    - Project Presentation
  - Resident and Public Health Student teams
  - Designed projects but did not implement
- This year:
  - Expectation for implementation of QI projects
    - Logistics being worked out
  - Possible addition of Engineering students to teams for applicable projects
  - Quality Leaders as advisors

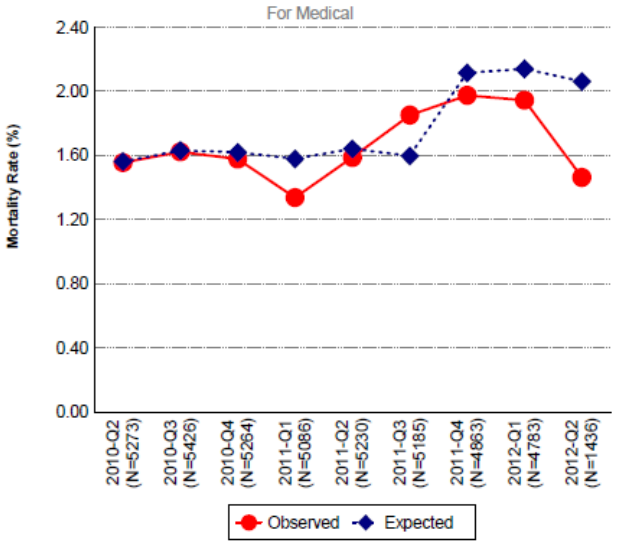
BMC Mortality

Medical Patients

Mortality Summary Table

	Medical			
	Denom (Cases)	Observed Mortality % (n)	Expected Mortality[2] % (n)	O/E Ratio
2010-Q2	5273	1.6% (82)	1.6% (82)	1.0
2010-Q3	5426	1.6% (88)	1.6% (88)	1.0
2010-Q4	5264	1.6% (83)	1.6% (85)	1.0
2011-Q1	5086	1.3% (68)	1.6% (80)	0.8
2011-Q2	5230	1.6% (83)	1.6% (86)	1.0
2011-Q3	5185	1.9% (96)	1.6% (83)	1.2
2011-Q4	4863	2.0% (96)	2.1% (103)	0.9
2012-Q1	4783	1.9% (93)	2.1% (102)	0.9
2012-Q2	1436	1.5% (21)	2.1% (30)	0.7
Overall	42546	1.7% (710)	1.7% (740)	1.0

Quarterly Observed and Expected Mortality Rate Trend



- Observed/Expected Ratio Improving
- Improvement in expected mortality likely attributable to improved coding as of October 2011
  - Thank you for your documentation efforts

Mortality Reduction Initiative

- Effort to increase attending involvement and level of supervision of residents
- Twice-daily rounds on the Medical Floors
- Attending signout from ER for admissions to Intermediate Care Unit and ICU
- MD cards: have been distributed to sections
  - On back: Indications for contacting attending
    - Changes in treatment Plan
    - Attending requested
    - Labile condition
    - Location change

Future Directions

- Better prioritization of quality metrics
- Increasing capture of opportunities for improved patient care on medical services
- Making patient safety part of our daily discussion
- Implementing and sustaining improvements in performance related to quality
- Incorporating quality from the outset in new EMR
  - EMR decision to be made in next couple of months