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 2\textsuperscript{nd} and 4\textsuperscript{th} 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

- 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