Department of Medicine Internal Medicine
Residency Quality and Safety Quarterly

Spring, 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…

1. **Current Quality efforts: Evidenced based culturing practice, New CAP guidelines**
2. **Medicine Inpatient and Outpatient Quality metrics since September**
3. **Value Based Care – Reducing daily labs**
4. **Ways to get involved – AQSI submissions/ trach project**

Cheers!
Rachel Cyrus and Aashish Didwania

Current quality efforts:

Remember: guidelines are just that. Still use your best clinical judgment for each individual scenario.

Evidenced based culturing (Inpatient)

Blood and urine cultures should not be obtained more frequently than every **48h** unless new or worsening sepsis/septic shock during the interim or concern for blood stream infection (eg: Endocarditis, rigors, recent central line removal, neutropenic/ immunosuppressed).

Did you know??

Signs of Catheter Associated UTI (CAUTI)

- New confusion or functional decline (with NO alternative diagnosis AND leukocytosis)
- New suprapubic or CVA pain
- New hypotension (no alternative source)
- Acute pain in testes, epididymis, or prostate
- Frank pus from around catheter

Signs of bacteruria but **not** necessarily infection (Do NOT Culture for this alone)

- Urine color
- Urine smell
- Urine sediment
- Cloudy urine
- Pyuria (WBC's in urine)
- Positive dipstick

New CAP guidelines

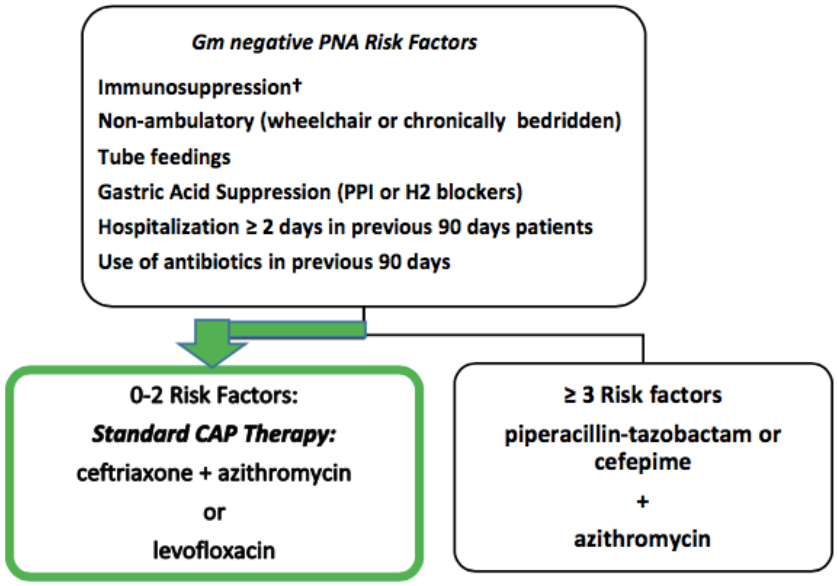
We are often overtreating for gram negatives and MRSA. The new guideline aims to evaluate risk factors for these to guide therapy.

STEP 1:

Choose *Standard CAP Therapy*
Or Expanded Gram Negative Therapy[1]

†**Immunosuppression**:

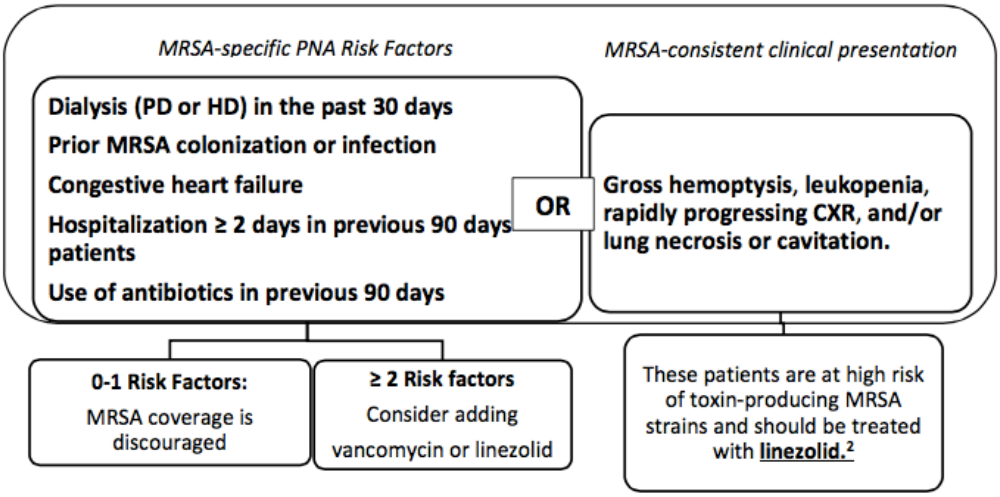
- congenital or acquired immunodeficiency
- hematologic diseases
- treatment with immunosuppressive drugs within past 30 days
- corticosteroids in daily doses of at least 10 mg/day of a prednisone equivalent for more than 2 weeks.
- neutropenia (<1,000 cells/mm^3)
  - For chemotherapy-associated neutropenic fever do not use this guideline. Go to neutropenic fever in empiric guideline



STEP 2:

Add Vancomycin or Linezolid?

NOTE: Most patients receiving *Standard CAP Therapy* do not need vancomycin or linezolid.



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.

We are successfully reducing foley use.
Now we have to work on when (not) to culture

Relationships	FY2017 YTD through March	Target	FY2016 YTD through March	Baseline		FY2017 Q3 through March
Inpatient LTR Percentile Rank	59	≥ 64	54		53	53
Likelihood to Recommend Top Box %	75.7%	≥ 77.2%	74.9%		74.5%	74.5%

Reliability	FY2017 YTD through March	Target	FY2016 YTD through March	Baseline	FY2017 March	FY2017 Q3 through March
Safe Care						
NHSN Reportable CLABSI	6		9	12	1	1
Central Line Utilization Rate	19.2%		19.6%	19.6%	18.7%	18.7%
NHSN Reportable CAUTI	4		2	17	0	0
Foley Utilization Rate	6.7%		8.2%	8.2%	7.8%	7.8%
Falls With Injury Rate			0.41	0.33		
Pressure Ulcer Prevalence	2.2%		1.1%			
OSHA Recordable Injury	13		21	31	0	0
Effective Care						
30-Day Unplanned Readmissions	14.5%		13.0%	13.3%	13.8%	13.8%
Timely Care						
Discharges with a follow-up order (for PRS to schedule) placed	67.9%		72.1%	69.7%	68.7%	68.7%

Efficiency & Growth	FY2017 YTD through March	Target	FY2016 YTD through March	Baseline	FY2017 March	FY2017 Q3 through March
Discharges before 2PM	37.4%		29.1%	31.8%	39.5%	39.5%
Bed Assigned To Bed Occupy						
Case Mix Index	1.57		1.55	1.59	1.53	1.53
Patient Days / Primary Statistics	12472		41625	71946		
Average Length of Stay						
Observation Stays > 24 Hours	71.3%		71.1%	71.3%	69.8%	69.8%

NMFF and VA 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).

See below for NMFF clinic measures comparing attending cohort of patients to resident cohort **(well done on cardiovascular disease management!)**. Individual reports will be finished this spring and sent to you and your preceptor. VA clinic measures will also be reviewed with your preceptors.

		Mar-17	Attendings		Residents (all)	
			Eligible	% Satisfied	Eligible	% Satisfied
CAD - 7	ACE or ARB (CAD & DM, or LVSD)		1015	88.5	138	92
Care - 2	Fall Screening		5429	69.5	399	67.4
DM - 2	A1c, Poor Control (>8.0)		2515	26	305	32.1
HF - 6	Bets Blocker in LVSD		188	91	29	96.6
HTN - 2	Controlling High Blood Pressure		7797	61.5	757	56.4
IVD - 2	Alt antiplatelet drug in IVD		2209	82.7	291	80.1
Prev - 10	Tobacco cessation intervention		17701	91.2	2070	85.5
Prev - 7	Influenza Vaccination		15955	54.9	1885	42.2
Prev - 8	Pneumococcal Vaccination (>= 65)		5468	88.9	404	69.8

Value based care tip

Don't perform repetitive CBC and chemistry testing in the face of clinical and lab stability.

- This is consistent with the choosing wisely guidelines choosing wisely - daily labs
- Consequences of excess phlebotomy includes significant anemia and excess cost (see attached pdf's)
- Note the recent change in ordering at Northwestern such that **labs ordered "Daily" in admission ordersets will be discontinued after 3 days**
- Can you avoid daily labs and think each day about what is needed tomorrow?

Ways to get involved

Academy for Quality and Safety Improvement (AQSI)

This seven month (Free!) certificate program is designed to equip you to effectively lead initiatives in quality improvement. Have a project idea or want to join a team? Reach out to Aashish, Rachel, or Kevin O'Leary.

- **Call for applications** in late May /Early June
- Your colleagues on AQSI projects this year include

    - **Lauren Chiec, Sarah Chuzi -** "Inspire"
    - **Baljash Cheema, Hawkins Gay, Quentin Youmans -** "Make Discharge Instructions Great Again"
    - **Victoria Behrend, Keerthi Ranganath -** "Sedation Vacation"
    - **Arie Sommer -** "Calling Dr. Fairbanks"
- For more information http://www.medicine.northwestern.edu/about/academic-affairs/aqsi1.html

NMH Tracheostomy Care Process Improvement Project

GOAL: streamline trach care in order to provide consistent and safe care to our patients

- Time Commitment: Monthly 1 hr meetings as well as one several hour improvement exercise. This will last through the end of the calendar year if you are a PGY3 you would need to be staying on for fellowship.
- If interested or for more information please contact Abra Fant at abra.berg@northwestern.edu

Ongoing and Upcoming topics in Quality and Safety!.

Recent conferences

- Value based care razor cases – 2/16, 3/2, 4/14
- M&M – 3/15, **4/28 morning report**
- Patient Safety grand rounds- 2/20, 3/21, 4/20
- Resident Quality conference **6/14 noon conference** – AQSI project presentations
- MGR on Colonoscopy - 4/3
- MGR on High Value Care – 4/7
- MGR on hypertension 3/28
- Patient engagement coach rounding on inpatient wards

Want more resources?

- Visit the DOM education quality home page DOM Quality homepage