Try to Stay . . .

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2013 Spring AAP Conference

Quality – Objective

- I have 1 single objective . . .

By the end, you say "YES" . . .

Quality – Objective

"Would you like to be involved in XXXX quality initiative?"

Why You Should Care

- Patient Care
- Life-long Learning
- MOC
- The “administration” does
- The “public” does
- Healthy Competition
- Reimbursement

Why You Should Care What I Have to Say

- USM
  - MS in Health Policy and Management
  - Capstone
- Bronchiolitis Guideline
- VIP
- Input into Quality Metrics
- 13% Withhold

Why You Want to be Involved When Metrics are Determined

- You know about your patients' needs
- You know where you can improve
- You know what is easy, a stretch, and impossible
- You will care more about the outcomes
- Your administration will trust you

What about Pre-Determined Metrics?

- Meaningful Use
- CMS
- Hospital-level
- State
- Federal
- Insurers

Finding the Time

- I'd argue that you do QI everyday
- Use established systems if you can trust them
  - Vaccine registry
  - Hospital-level – CPOE, medication reconciliation
  - Practice-level – reminders, next new appointment

Types of Metrics

- Direct Patient Care – vaccines UTD at 2 yrs
- Process Measures – prescribe controller meds
- Outcome Measures – ED visits for asthma pts
- Administrative Measures - CPOE
- Documentation Measures - BMI
- Surveys – like patient satisfaction
- Attendance – at staff meetings, etc.

Choosing Wisely

- Society of Hospital Medicine – Inpatient
  - No CXR for uncomplicated asthma/bronchiolitis
  - No bronchodilators in bronchiolitis
  - No systemic steroids in < 2 year olds with LRTI/bronchiolitis
  - No acid suppression in infants with GER or GERD
  - No continuous oximetry in acute respiratory illness unless receiving supplemental oxygen

Choosing Wisely

- AAP – Outpatient Pediatrics
  - No antibiotics for viral respiratory illnesses
  - No cough or cold medications for respiratory illnesses in < 4 year olds
  - No CT scans for patients with minor head injury
  - No neuroimaging for patients with simple febrile seizures
  - No CT scans for patients with routine abdominal pain

Performance Measure	LMc	JJ	JH	LMa	Goal	Benchmark	Data Source
Patient Care							
ASA documentation for sedation cases rate	100	100	100	100	≥90%	Not tracked for non-anesth IPU cases	MMC chart review-JJ, 10/1/12
n=	9	7	11	15	42		Oct-Sept cases
Medication Reconciliation rate on admission	100	100	100	100	≥80%	70-80% (MMC-in hosp, Jan-Sept '08)	Sue Curtis, Safety Obs. Nurse
n=							random charts pulled by RN,8/12
Asthma: Persistent Class. & D/C on Long-Term Meds	100	100	100	100	≥90%		MMC chart review-JJ, 10/1/12
n=	9	4	5	7	25		Oct-Sept cases
Teaching							
Lorraine: Dehydration/ORT (10/6/11 to ped residents)	5				≥3	1-5 scale (5 is best)	10.28.11 (summary from BY)
Leah: FEN (12/6/11 to FM residents)				4.82	≥3		12.08.11 (summary from FMed)
Jen J: Visual Diagnosis (9/20/11 to FM residents)		4.86			≥3		4.26.12 (summary from FMed)
Jen H: Physician Handoffs (1/26/12 to ped residents)			4.92		≥3		4.30.12 (summary from BY)
Lorraine: FEN 101 to peds residents, 7.5.12	4.83				≥3		7.12.12 (summary from BY)
n=	24	14		11			
Grand Rounds teaching evaluation (topic)						1-5 scale (5 is best)	J Harrison, 4/11/12
Jen J: Vaccines (2/9/12)		4.6			≥3		
Leah: Simulation Education (3/22/12)				4.2	≥3		
Jen H: Eye lesions (3/29/12)			4.6		≥3		
n=		46	27	24			
Administrative							
Participation in hospitalist group evaluations of res	19	22	21	22	≥10/yr		LM's records, 9/30/12
Participation in hospitalist core group business mtgs	6	6	6	6	≥4/yr		Meeting minutes, 8/27/12
Additional measures in FY12							
Efficiency/Financial Management							
% of D/C Codes w/ appropriate documentaion	100	100	90.9	100	≥90%		LMa will do audits, thru 9/30/12
n=	25	5	33	13	76		
Patient Access/Patient-Family Satisfaction							
Likert Scale for satisfaction	4.76	4.76	4.76	4.76	≥4	1-5 scale (5 is best)	LMa will do survey
"overall rating of doctors in charge of your care" n=					33		10.1.11-9.30.12
Quality/Safety/Clinical Outcomes							
Documentation of D/C Comm w/ PCP w/i 48 hrs of D/C	91.5	100	91.3	100	≥90%		LMa audit of SRM and d/c binder
n=	47	24	46	21	138		through 9.30.12
Academic/Teaching/Research/Leadership							
Resident Teaching evaluation (overall score)	4.75	4.79	4.62	4.65	≥4	1-5 scale (5 is best)	Jeannine, 10/12 (Oct-Sep evals)
n=	32	29	34	21		Faculty avg = 4.49	
Plan to check data every 3 mos and report every 6 mos to Chief of Pediatrics							updated: 10/17/12

	Patient	Age	MR Number	Date of Procedure	Provider	Indication	Form in chart Y/N	ASA assigned I-III	Time Out Y/N
Oct		3y		10.03.11	LMa	oligoarticular JIA- L ankle injection	Y	I	Y
		13y		10.04.11	LMa	IBD associated spondyloarthropathy- L and R ankles	Y	II	Y
		11y		10.04.11	JH	JIA- ankle injection x 4 (see note---->)	Y	II	Y
		22m		10.11.11	JH	JIA, b/l Knee injection	Y	I	Y
Nov		9y		11.1.11	JH	polyarticular JIA	Y	II	Y
		15m		11.14.11	JH	buttock abscess	Y	I	Y
Dec		7y		12.9.11	JH	oligooart. JIA	Y	II	Y
		2y		12.9.11	JJ	dystonia- needs sedated LP	Y	II	Y
		9y		12.16.11	LMa	oligoarthritis- JIA v psoriatic (b/l ankles and wrists)	Y	I	Y
Jan		15y		1.12.12	JH	JIA	Y	II	Y
		2y		1.22.12	LM	Buttock abscess I&D	Y	I	Y
		2y		1.24.12	LM	Burn debridement	Y	I	Y
		2y		1.25.12	JH	Burn debridement	Y	I	Y
Feb		12y		2.14.12	LMa	JIA	Y	I	N
		2m		2.15.12	LM	CT w/ contrast	Y	I	Y
		2m		2.16.12	LM	CT w/ contrast	Y	II	Y
		2y		2.27.12	LM	I&D of abd wall abscess	Y	I	Y
Mar		16y		3.6.12	LMa	JIA	Y	II	Y
		4y		3.27.12	LMa	JIA	Y	I	Y
April		5y		4.3.12	LMa	dermatomyositis	Y	II	Y
		2y		4.04.12	JJ	R/O neurotransmitter deficiency, LP	Y	II	Y
		3y		4.09.12	LM	?Seizures, EEG lead placement	Y	II	Y
		5y		4.24.12	JH	Joint Injection	Y	I	N
		2y		4.24.12	JJ	Joint Injection	Y	I	Y
		11y		4.30.12	JJ	Joint Injection	Y	I	Y
May		5y		5.1.12	LMa	JIA	Y	I	Y
		8y		5.24.12	JH	JIA	Y	II	Y
June		14y		6.12.12	JH	JIA	Y	II	Y
		3y		6.18.12	JJ	Arthritis	Y	I	Y
July		5y		7.10.12	LMa	JIA	Y	I	Y
		4y		7.13.12	LMa	JIA	Y	I	Y
		4y		7.16.12	LM	Trauma pt - forehead lac ~40 stitches removed	Y	I	Y
		15y		7.24.12	JH	Psoriatic arthritis	Y	II	Y
		6m		7.24.12	LMa	I and D	Y	II	Y
		14y		7.25.12	LM	GSW-CT placement for hemothorax	Y	I	Y
Aug		6y		8.7.12	LMa	JIA	Y	I	Y
		7y		8.21.12	LMa	facial trauma/ MVC/ lac repair	Y	I	Y
		16m		8.28.12	LMa	JIA	Y	I	Y
Sept		8y		9.13.12	JJ	JIA	Y	I	Y

	Patient	MR Number	Date of Discharge	Provider	Classification	Controller	Asthma Education
Oct			10.2.11	DH	Mod Persistent	Asthmanex	Y
			10.1.11	DH	Severe Persistent	Qvar/Singulair	Y
			10.5.11	LMu	Mod Persistent	Budesonide	Y
			10.19.11	LMa	Mod Persistent	Flovent	Y
			10.5.11	AT	Mild Intermittant	Flovent	Y
			10.21.11	LMa	New Diagnosis	Flovent	Y
			10.20.11	LMa	Persistent	Flovent	Y
			10.20.11	LMa	None	Flovent	Y
Nov			11.13.11	JJ	Mod Persistent	Flovent	Y
			11.21.11	LMa	Severe Persistent	QVAR; Singulair; Advair	Y
			11.29.11	JH	Mild Persistent	Asthmanex	Y
Dec			12.1.11	JH	Mod Persistent	Flovent	Y
			12.10.11	KH	Mod Persistent	Flovent/Singulair	Y
			12.7.11	KH	Persistent Asthma	Flovent	Y
			12.12.11	LM	? First Episode	Flovent	Y
Jan			1.2.12	DH	Mild Persistent	Flovent	Y
			1.10.12	LMa	Severe Persistent	Singulair; Advair	Y
			1.17.12	KDF	Mod to Severe	None	Y
			1.19.12	KDF	None	Singulair; Asmanex; Flovent	Y
			1.19.12	KDF	Moderate	Singulair; Pulmicort	Y
			1.21.12	LM	None	Singulair; Pulmicort	Y
Feb			2.9.12	LM	Persistent	Flovent; Singulair	Y
			2.12.12	KDF	Persistent	Flovent; Singulair	Y
			2.17.12	LM	Mod Persistent	Pulmicort	Y
			2.23.12	LMa	Mod Persistent	Flovent; Singulair	Y
March			3.7.12	KH	Mod Persistent	Flovent; Asmanex	Y
			3.19.12	LMu	Mod Persistent	Advair	Y
			3.27.12	LMu	Mod Persistent	Flovent/Singulair	Y
			3.28.12	LMu	Mild Persistent	Flovent	Y
			3.30.12	LMu	Mild Persistent	Flovent	Y
April			4.1.12	JH	Mod Persistent	Flovent	Y
			4.5.12	LM	Severe Persistent	Advair	Y
			4.6.12	LM	Mod Persistent	Flovent, Singulair	Y
			4.7.12	LMu	Mild Persistent	Flovent	Y
			4.13.12	LM	Mild Intermittant	None	Y
			4.29.12	JJ	Severe Persistent	Qvar, Advair, Singulair	Y
			4.30.12	JJ	Mod Persistent	Flovent	Y

	D/C Date	Name	Med Record #	>30 min documented?	D/C attending
Oct	10.01.11			yes	DH
	10.01.11			yes	DH
	10.02.11			yes	DH
	10.04.11			yes	Lmu
	10.04.11			yes	Lmu
	10.15.11			yes	Lmu
	10.15.11			yes	Lmu
	10.16.11			yes	Lmu
	10.16.11			yes	Lmu
	10.16.11			yes	Lmu
Nov	11.02.11			yes	Lma
	11.02.11			yes	Lma
	11.03.11			yes	Lma
	11.06.11			yes	LMc
	11.06.11			yes	LMc
	11.15.11			yes	LMa
	11.15.11			yes	LMa
	11.15.11			yes	LMa
	11.16.11			yes	LMa
	11.16.11			yes	LMa
Dec	12.01.11			yes	JH
	12.02.11			yes	JH
	12.03.11			yes	Lmu
	12.04.11			yes	LMu
	12.04.11			yes	LMu
	12.15.11			yes	LMc
	12.15.11			yes	LMc
	12.15.11			yes	LMc
	12.16.11			yes	LMc
	12.17.11			yes	PT
Jan	1.01.12			no	DH
	1.02.12			no	DH
	1.02.12			yes	DH
	1.02.12			yes	DH
	1.03.12			yes	DH
	1.16.12			yes	KDF
	1.16.12			yes	KDF
	1.16.12			yes	KDF
	1.17.12			yes	KDF
	1.17.12			yes	KDF

Foley Use in Pediatric Hospitalist Patients: Quality Measure: Documentation of Necessity

	Attending							
Quarter 1 (Oct-Dec)								
Name		Age	MRN	Indication	Chart documentation for Indication	Complication (UTI,mechanical)	Time foley in (Days)	Date audited
none								
Quarter 2 (Jan-March)								
Name		Age	MRN	Indication	Chart documentation for Indication	Complication (UTI,mechanical)	Time foley in (Days)	Date audited
	Hayman	16y		Anticholinergic toxicity/retention	Yes- (urinary retention)	none	<1	1/8/2013
	McElwain	22m		Urinary retention, ?viral assoc v naroctic	Yes- (urinary retention)		1	1/28/2013
	McElwain	16y		AMS/status epilepticus	Yes- present from transfer and removed at admit	none	<1	2/25/2013
Quarter 3 (April-June)								
Name		Age	MRN	Indication	Chart documentation for Indication	Complication (UTI,mechanical)	Time foley in (Days)	Date audited
Quarter 4 (July-Sept)								
Name		Age	MRN	Indication	Chart documentation for Indication	Complication (UTI,mechanical)	Time foley in (Days)	Date audited

BBCH QI Project

- Reviewed care of patients with primary or secondary diagnosis of bronchiolitis before and after guideline development and implementation
- Criteria
  - Between November and May
  - < 2 years old
  - Not in PICU
  - Not < 37 weeks gestation
  - Not receiving prophylaxis
  - No apnea
  - No bacterial infection (except AOM)
  - Otherwise healthy
  - Mild to moderate bronchiolitis
  - Not nosocomial-acquired

BBCH

- www.bbch.org

BBCH IPU

DEMOGRAPHICS

Patients (number)
Ave Age (months)
Admitting Criteria

- Resp Distress
- Hypoxia
- Feed Diff
- Unclear Dx
- Poor Social Sit
- Sepsis
- PCP Request
- Not Apparent
- Other

OUTCOMS OF INTEREST

LOS (hours)
Readmission
ABG
CXR
RSV Wash
FEN – Regular, IVF, NGT, Thicken
O2 Ave (hours)
Neb Ave (hours)
Nebs – 0, 1, >1
Ave # Nebs
Neb Type – None, Albumin, Vapo, Both

BBCH IPU RESULTS
Pre (2001-2) and Post (2006-7)

Test/Intervention			2006-7
CXR			Decresed
RSV Wash			Decreased
Thicken Feeds			Close
> 1 Neb			Decreased
Hours of Nebs			Decreased
# of Nebs			Decreased
Only One Neb			No Change

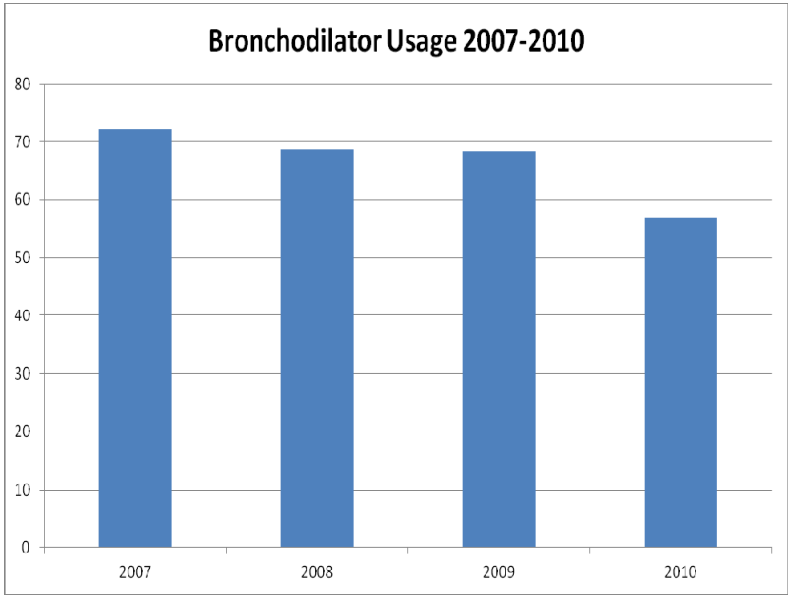
Value in Pediatrics Network (VIP)

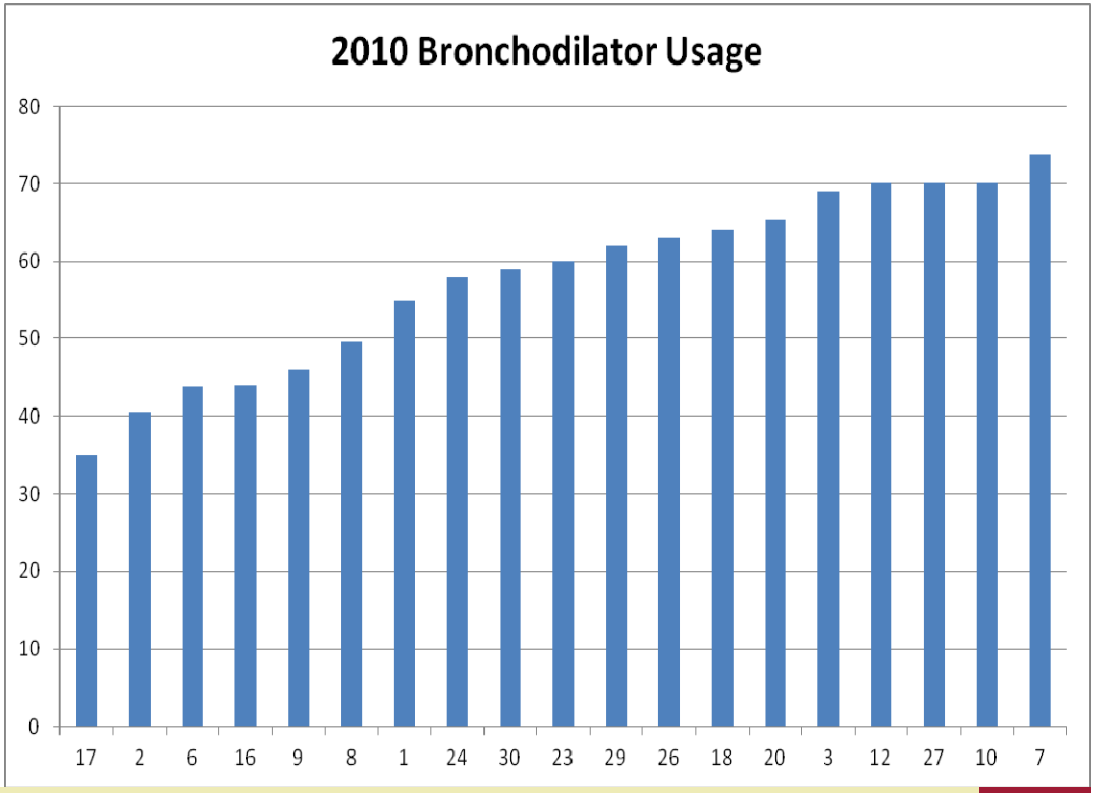
- 2008-2010
- 17 hospitals submitted bronchiolitis data
- 13 CHWH; 2 FSCH; 2 other
- Most had residency programs
- Most had medical students
- 15 bronchiolitis guideline/protocol by 2010

Maine Medical Center
VIP Network: Bronchiolitis Study
Patients Age 0-2, Discharged CY 11, Primary Dx 466.11 & 466.19, excluding PICU and selected secondary diagnoses
Source: SDSM/SCM;
CPI/jm; 6/29/2012

ENCOUNTER_NUMBER	DischDate	LOS	Readmit <3 Days	Bronchodilators	Steroids	CXR	RSV test	Variable Direct Costs (VDL, VDS, VDO) Pharmacy	Variable Direct Costs (VDL, VDS, VDO) Radiology	Variable Direct Costs (VDL, VDS, VDO) Respiratory	Variable Direct Costs (VDL, VDS, VDO) Other	Total Direct Variable Cost
	1/29/2011	1	0	1		1	1	$ 3.13	$ 34.92	$ 24.27	$ 1,329.72	$ 1,392.04
	12/31/2011	4	0	1	1	2	1	$ 272.94	$ 59.00	$ 340.95	$ 4,267.67	$ 4,940.56
	3/20/2011	3	0			1	1	$ 27.01	$ 34.92	$ 27.91	$ 3,142.40	$ 3,232.24
	3/7/2011	1	0			1	1	$ 3.09	$ 34.92	$ 41.25	$ 1,003.96	$ 1,083.22
	2/16/2011	1	0	1		1	1	$ 2.46	$ 34.92	$ 24.27	$ 1,897.48	$ 1,959.12
	4/2/2011	1	0	1		1	1	$ 13.46	$ 69.64	$ 144.39	$ 1,527.98	$ 1,755.47
	2/6/2011	2	0	1				$ 2.02	$ -	$ 20.63	$ 2,961.18	$ 2,983.82
	2/26/2011	3	0			1		$ 2.52	$ 34.92	$ 3.64	$ 4,589.12	$ 4,630.20
	2/23/2011	2	0			1	1	$ 142.49	$ 34.92	$ -	$ 2,622.17	$ 2,799.57
	3/15/2011	1	0			1	1	$ 4.76	$ 34.92	$ -	$ 1,060.55	$ 1,100.22
	1/13/2011	2	0			1	1	$ 7.33	$ 34.92	$ 10.92	$ 3,024.32	$ 3,077.49
	2/26/2011	1	0	1			1	$ 6.30	$ -	$ 20.63	$ 1,904.01	$ 1,930.94
	3/3/2011	1	0			1	1	$ -	$ 34.92	$ -	$ 2,717.23	$ 2,752.15
	3/27/2011	2	0	1		1	1	$ 10.95	$ 34.92	$ 61.88	$ 2,756.38	$ 2,864.12
	2/23/2011	1	0					$ 17.29	$ -	$ 7.28	$ 2,682.35	$ 2,706.92

Value in Pediatrics Network (VIP)

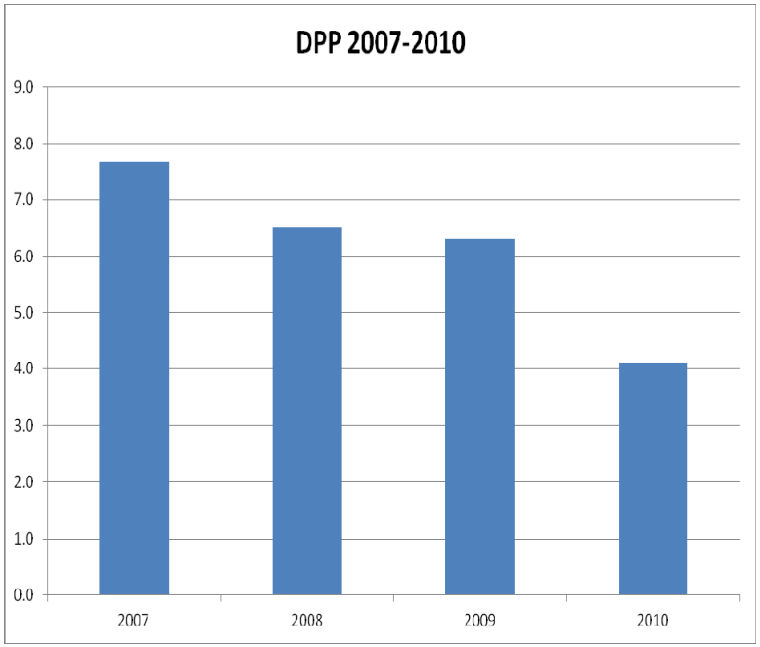


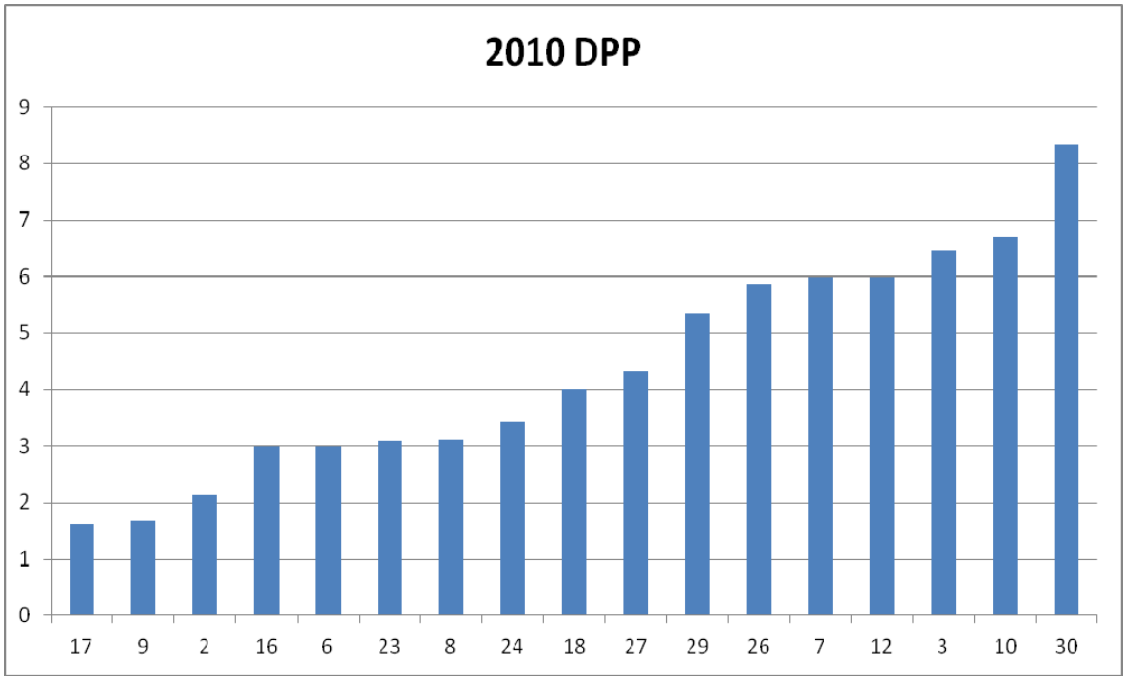


BBCH: 41%

Ave: 58% (48, 67)

Value in Pediatrics Network (VIP)





BBCH: 2.1

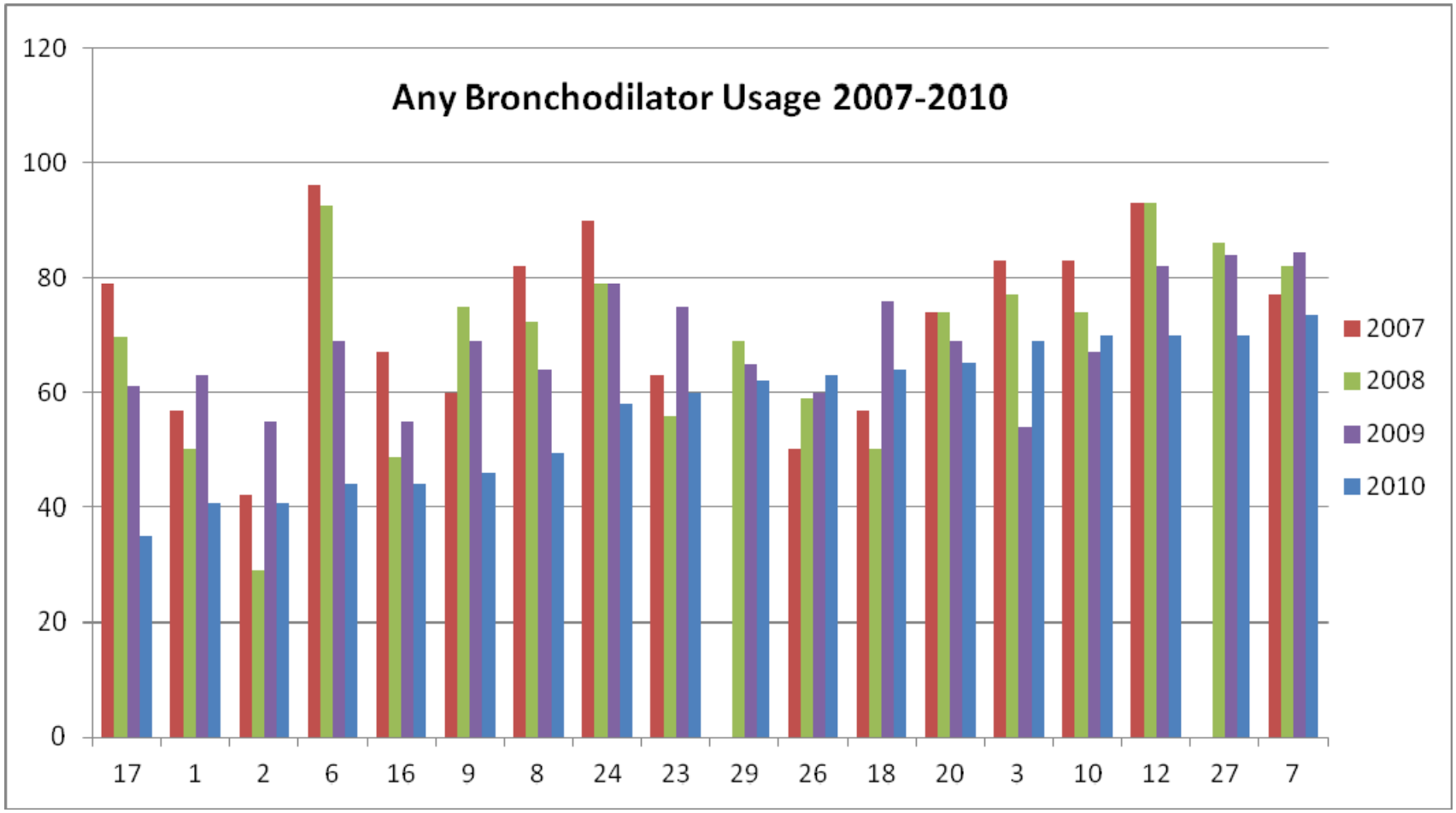
Ave: 4.4 (3, 6)

Value in Pediatrics Network (VIP)

Other 2010 Data

- LOS: BBCH 2.0 days; Ave 2.5 (2.2, 2.9)
- Readmission: BBCH 0%; Ave 1.5% (0.9, 2.0)
- Steroids: BBCH 0%; Ave 16% (11, 24)
- CXR: BBCH 43%; Ave 60% (50, 74)

Value in Pediatrics Network (VIP)



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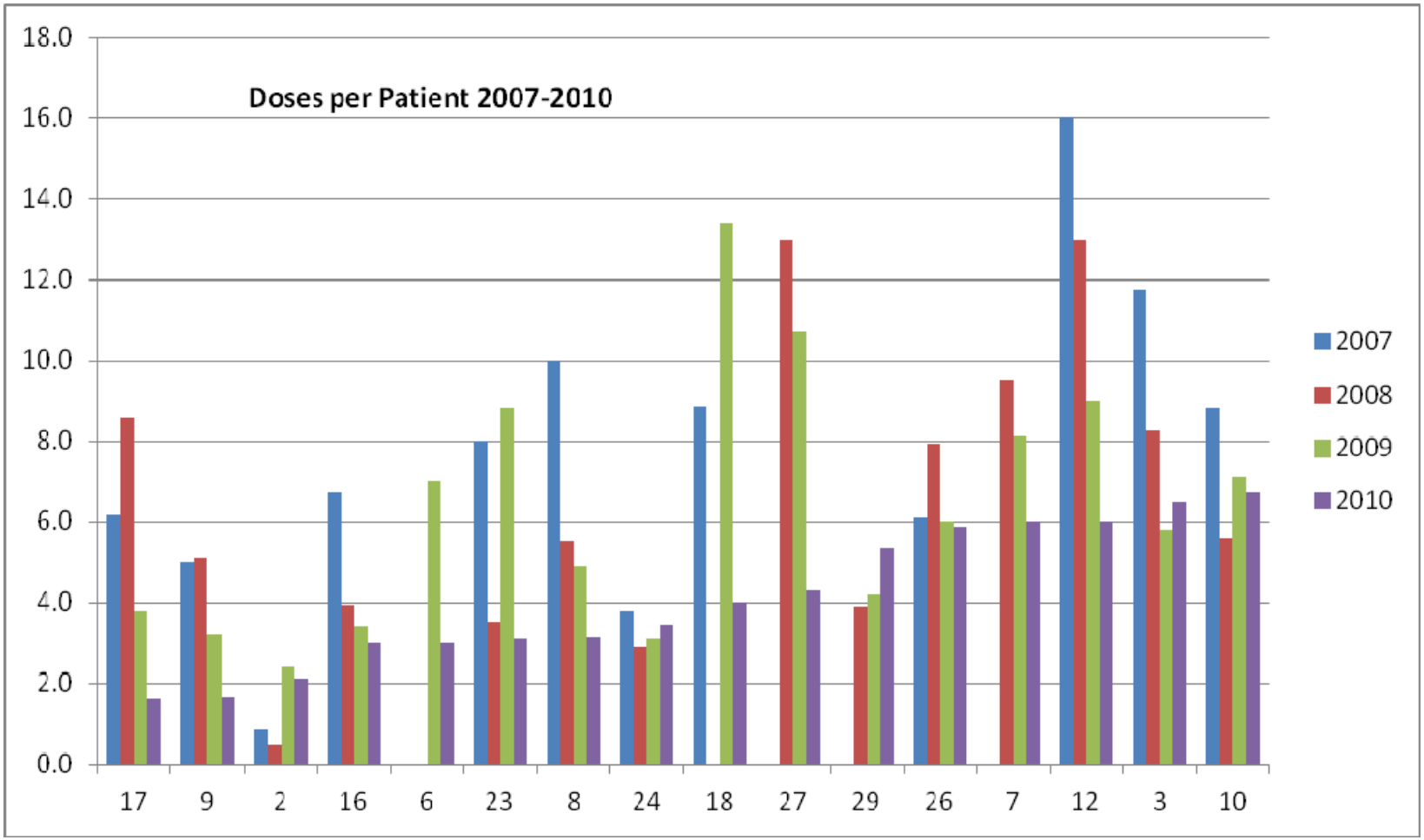

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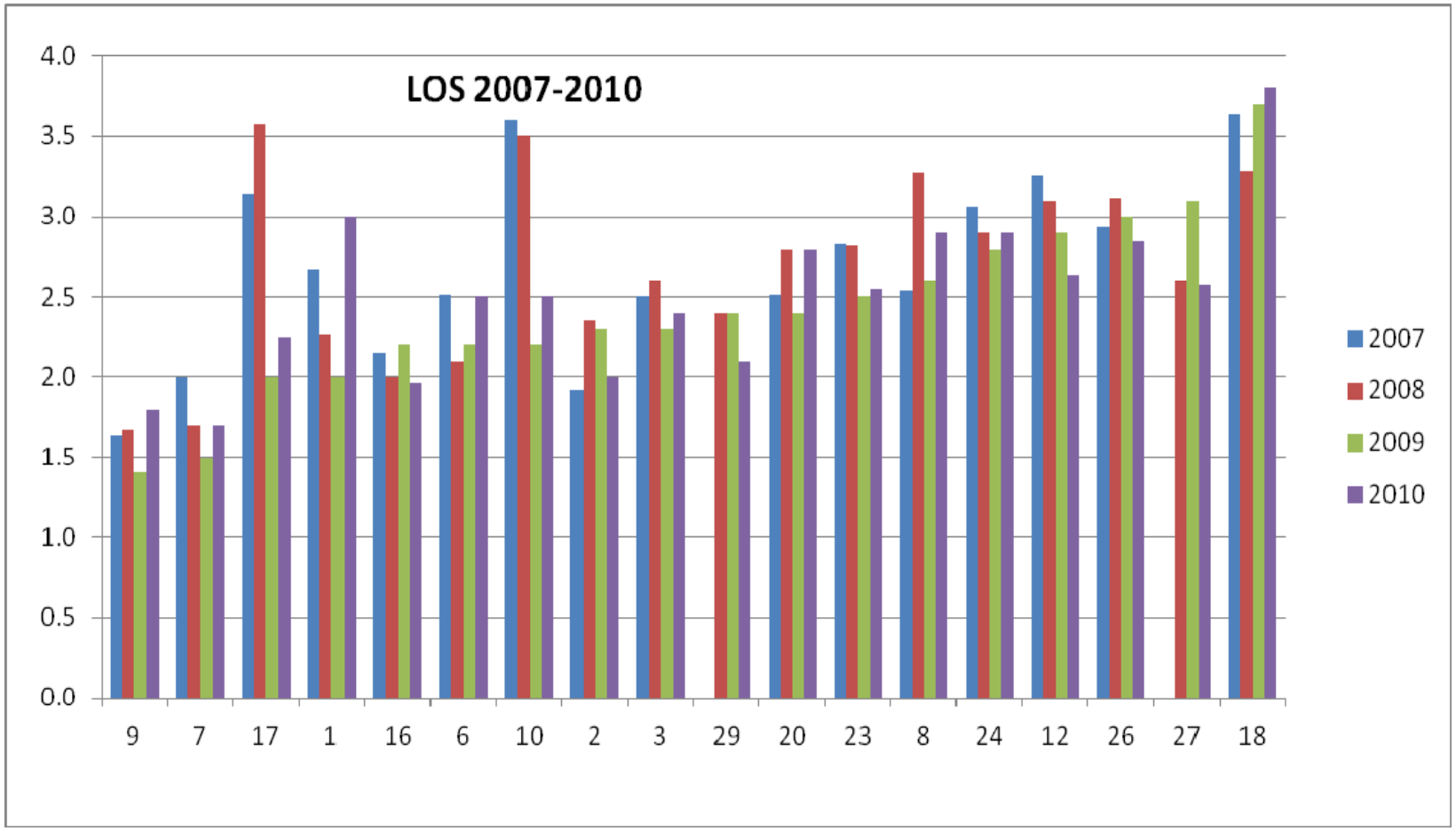

Value in Pediatrics Network (VIP)

Intra-hospital change in any bronchodilator utilization