

QI with Kid Gloves: Practical QI for Community Pediatric Hospitalists

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3:00pm - 4:15pm

Disclosures

We have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

We do not intend to discuss an unapproved/investigative use of a commercial product/device in our presentation.

Objectives

- Identify high-yield QI concepts and methodology relevant to pediatric community hospitalist settings
- Recognize specific QI educational needs and challenges faced by pediatric community hospitalists
- Develop a practical approach to leveraging adult community resources to support improvement work for pediatric services

Agenda

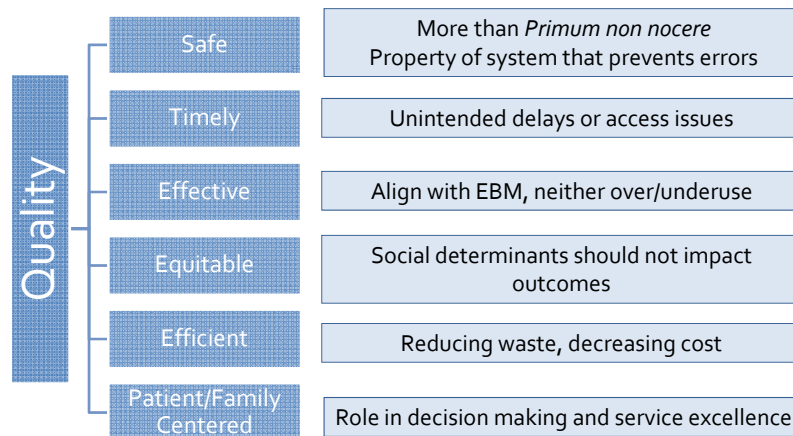
Introduction & QI Basics	15 min
• Defining quality	
• Developing an aim	
Breakout Session 1	15 min
Building Quality Measures	5 min
Stakeholders & Leveraging Adult QI Resources	15 min
Breakout Session 2	20 min
Conclusion and Q&A	5 min

What is health care quality?

“Degree to which health care services increase the likelihood of desired health outcomes and are consistent with current professional knowledge”

Wachter, Patient Safety Systems 2012

Institute of Medicine's "Crossing the Quality Chasm" Health Care Quality Domains



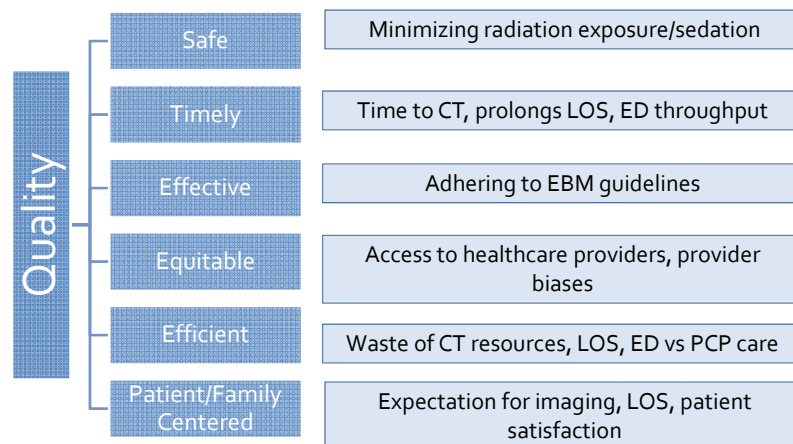
Illustrative Case

- An 18 month old boy presents with a “head injury” to the local community hospital emergency department
- Toddler was grocery shopping with parents; mom looked away from the grocery cart for “just a second”, the boy leaned over and fell out of the cart onto the floor
- Exam is reassuring, no LOC
- Should we do a head CT?



How do we define this case in terms of quality?

Institute of Medicine's "Crossing the Quality Chasm" Health Care Quality Domains



Developing a Problem Statement

Quality Question

- How do we reduce the rate of unnecessary head CTs?
- Domains: Effectiveness, Safety, Efficiency

Problem Statement

- ED performs too many unnecessary head CTs for minor head trauma



Developing an AIM Statement

- “What are we trying to accomplish?”
- SMART: **S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**imely
- Describe the target population
- For our case...
 - **Decrease over-utilization of head CTs for pediatric closed head trauma (> 6months of age) by 50% within 1 year**

Breakout Session 1

- Identify 1 perceived quality gap in your clinical setting
- Develop a Problem and Aim statement
- Identify the relevant IOM health care quality domains

Worksheet

Problem Statement <ul style="list-style-type: none">• Identify health care quality issue for improvement:					
IOM Health Care Quality Domains <ul style="list-style-type: none">• Identify the relevant health care quality domains:					
Safe	Timely	Effective	Efficient	Equitable	Patient-Family Centered
SMART Aim Statement <ul style="list-style-type: none">• Specific, Measurable, Achievable, Realistic, Timely• Describe your population and your specific goal• What are you trying to accomplish?					

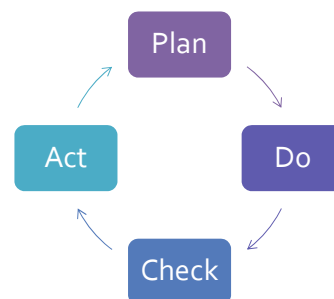
What is Quality Improvement?



Tools and Models for Improvement

FOCUS-PDCA

- **F**ind a process/problem that needs improvement
- **O**rganize a team
- **C**larify current process
- **U**nderstand causes and measure performance
- **S**elect actions



Quality Measures

How will we know that we are making improvements?

- **Structure Measure:** Examines the organizational capacity
- **Process Measure:** Examines the actions carried out by health care professionals to deliver services
- **Outcome Measure:** Examines the results of care provided
- **Balancing Measure:** Examines if the implemented change introduces other problems

Measures in our case

Structure Measure:

- Presence of clinical decision tool/algorithm
- Training of staff

Process Measure:

- Utilization of head CT for minor closed head trauma
- Application of algorithm

Outcome Measure:

- ED LOS
- Cost per patient
- Patient satisfaction

Balancing Measure:

- Readmission rate
- Return ED visit rate

Building a Measure

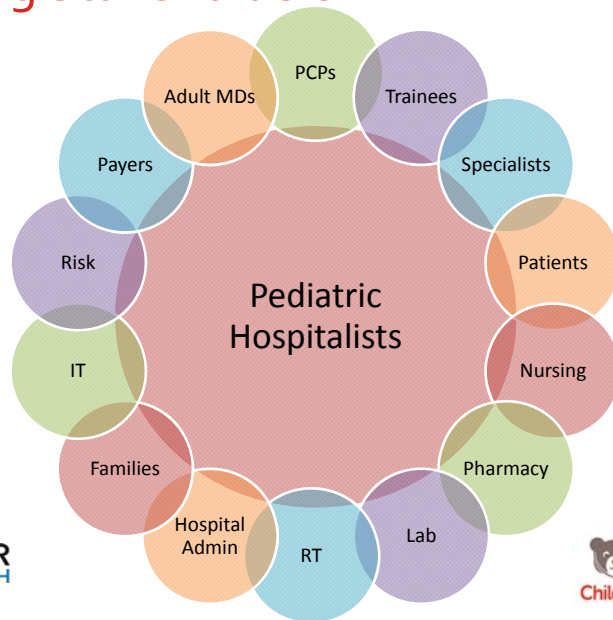
- Type of Measure
 - Structure, Outcome, Process
- Interval of measurement
- Identifying numerator and denominator
- Determine inclusion/exclusion criteria
 - Age, diagnoses, etc.
- Data Source
 - Financial database, Chart Review, etc.
- Resources
 - National benchmarks
 - Accreditation/Regulatory agencies



You've got a good measure when it is...

- Related to the Aim and linked to key changes
- Reasonably accurate (bad data worse than no data)
- Is easy to collect
- Is simple, yet meaningful
- Shows improvement quickly
- Can be displayed graphically over time

Engaging Stakeholders



Engaging Stakeholders

Strategies:

- Investigate the process
- Create forums for discussion
- Show the data
- Face time
- Go to the top

Pediatric QI in an Adult Hospital

- Part of the hospital process vs. separate entity
- Hospital committees:
 - Quality and Safety
 - Clinical Integrations
 - Pharmacy and Therapeutics
 - Transition of Care
 - Clinical Informatics/IT
 - Flow and Throughput
- Regional committees

Pediatric QI in an Adult Hospital

- Get to know your resources:
 - People → pharmacists, lab managers, nurse managers, RT managers, surgical and medical subspecialty providers, hospital administrators
 - Identify existing processes
 - Identify shared interests

Pediatric QI Opportunities in Community Hospitals

- Adult QI tracking and infrastructure is usually robust
- Some of the QI processes can (and should) include pediatrics
- Transition of Care:
 - PCP Communication
 - Discharge medications
 - Post-discharge phone calls and home visits
 - High risk patient identification
 - Chronic disease/disease specific transitions
 - Social needs assessment
 - Addressing preventable readmissions

Pediatric QI Opportunities (cont.)

- Chronic disease management/patient education:
 - Sickle cell
 - Asthma
 - IBD
 - Obesity
 - Social risk factors

Pediatric QI Opportunities (cont.)

- Flow and throughput:
 - ED, PACU to floor transfers
 - Direct admit process
 - Early discharge
 - Early decision to admit/decreasing ED LOS
- Specific high risk protocol development and implementation:
 - Sepsis protocol
 - Rapid Response (patients and visitors)
 - Infection control
 - Violence prevention/security

Shared Resources

- Data access and collection:
 - Know the existing reports
 - Know who to ask to filter for pediatrics
 - Dashboard: become a part of it

Shared Resources

- Return of Investment
 - Rarely work in isolation
 - More cost effective when Pediatric QI is a part of the hospital initiative
 - Look for “high-reimbursement” supporters: OB/GYN, Surgery, Critical Care, Orthopedics, ED
 - Resource Utilization QI projects
 - Regulatory compliance/safety projects

Breakout Session 2

- From your Aim Statement
 - Propose at least 1 quality measures
 - Identify key stakeholders
 - Identify forums for discussion
 - Identify potential hospital resources
 - Report back on your group’s proposal

Worksheet

Quality Measure

- Related to aim and desired change
- Types of measures: structure, process, outcome, balancing
- Realistic data collection method
- Potentially have benchmark ability

Measure	Type	Interval	Numerator	Denominator	Source
(1)					
(2)					
(3)					

Stakeholders

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Forums for Discussion

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Potential Hospital Resources

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Questions ??

Take Home Points

- Be creative with your hospital leadership, quality resources and data sources!
- Select a QI topic that has shared interest with other departments and/or potential for ROI
- Suggested Change in Practice
 - Apply the worksheet to an area of improvement in your clinical setting
 - Identify and build at least 1 new relationship in your hospital

Additional Quality Resources

- AAP COQUIPPS, VIP Network
- Agency for Healthcare Research and Quality
- American Society for Quality
- IHI Open School
- National Committee for Quality Assurance
- National Institute for Children's Health Quality
- National Quality Forum
- National Quality Measure Clearinghouse
- Spath, P. Introduction to Healthcare Quality Management, Second Edition, 2013

Contact Information

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QI with Kid Gloves Worksheet

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