

## QUALITY IMPROVEMENT PORTFOLIO

### I. FACULTY NARRATIVE

I have been involved in Quality Improvement and Patient Safety since my fellowship in hospital medicine in 2008. My primary activities have been in the Division of Hospital Medicine with an emphasis in the following domains: Transitions of Care, Patient Satisfaction, High Value Care and Clinical Documentation Improvement and Case Review. As the Director for Quality Improvement and Patient Safety for the Division, I oversee efforts to improve the discharge process, medication reconciliation, inpatient satisfaction, case review, procedural safety and cost awareness. During my time as Director, the Division has developed a divisional dashboard to track quality of care in the Division. A Quality Improvement Committee, now meets monthly to review the quality of care in our division and prioritize and review the success of interventions to improve care. Our Division also plays a large role in education and mentorship of house staff in quality improvement activities.

Increasingly, I have been asked by the medical center to partner in broader QI activities: Readmission task force, Sepsis working group, Hospital Acquired Conditions, Antibiotic Stewardship, and Clinical Documentation Improvement. In the future I hope to take on larger Medical Center roles in leading quality improvement initiatives.

### II. QI LEADERSHIP

- 2010 – present **Director of Quality, Division of Hospital Medicine**
  - Review the quality of care on the inpatient Medicine Service prioritize improvement efforts in hospital acquired conditions, transitions of care, readmissions, patient satisfaction, sepsis care, mortality, efficiency and resource utilization and cost-effective medicine
- 2010 – present **Project BOOST (Better Outcomes for Older Adults through Safe Transitions), Physician Chair**
  - Engage a multidisciplinary team to improve the safety of the discharge process
  - Review process and outcome measures related to discharge safety and patient satisfaction with discharge to guide improvement initiatives
- 2010 – present **UCSF Heart Failure Program, Advisor**
  - Advise the UCSF Heart Failure Program on how best to engage physicians, nurses and pharmacists in the care of heart failure patients at UCSF
- 2010 – present **Medical Records Committee, Co-Chair**
  - Oversee quality of medical documentation and coding, timely signature of verbal orders, and timely completion of medical charts.
  - Review the accuracy of coding of hospital acquired complications
- 2012 – present **Medical Director, Clinical Documentation Improvement**
  - Improve the documentation and coding of all diagnoses, procedures, co-morbidities and complications
  - Ensure documentation and coding accurately and completely reflect the clinical complexity of patients and the quality of their care
- 2012 – present **Division of Hospital Medicine High Value Care, Mentor**
  - Created framework for identifying, designing, and promoting projects specifically aimed at improving healthcare value at a large academic medical center
  - Raise cost awareness, reduced unnecessary resource utilization, increase efficiency and patient throughput, and create stewards of high value, responsible health care.

## II. QI PROJECT ACTIVITY

### A. TRANSITIONS OF CARE

Project Title	Implementation of Project BOOST: Use of Multi-Disciplinary Team to Improve the Discharge Outcomes in Older Adults
Project Timeframe	March 2009 – present
Time Commitment	3 hours per month (36 hours per year)
Project Goal	To decrease the readmission rate on the Medicine Service
Role/Contribution	Physician Leader: prioritized interventions, chaired subgroups, ran team meetings.
Other Project Members	Nurses, Case Managers, Social Workers, Pharmacists, Hospitalists
Project Outcomes	Since the groups inception <b>30-day readmission rates in adults &gt;65 years of age</b> on the medicine service have steadily fallen: 30-Day Readmissions CY 2008: 17.8% 30-Day Readmissions CY 2009: 16.36% 30-Day Readmissions CY 2010: 13.65% 30-Day Readmissions CY 2011: 14.79% 30-Day Readmissions CY 2012: 13.7%
Project Title	Implementation of an electronic discharge summary (EDCS)
Project Timeframe	March 2009 – June 2011
Time Commitment	2 hours per week (242 hours in total)
Project Goal	To improve the timeliness and quality of discharge summaries through an electronic format compared to dictation
Role/Contribution	Project Leader/Mentor: Developed template based on best practices and focus groups, engaged residents, IT, HIMS quality leaders, ran pilots as proof of concept and provided data and feedback to encourage timeliness and quality. Mentored housestaff participating in the housestaff incentive program around discharge summary timeliness.
Other Project Members	Internal Medicine Housestaff, HIMS, Information Technology, Hospitalists
Project Outcomes	Decreased discharge summary completion time from 4 days to 0.5 days and attending signature from 9 days to 2 days. Also improved compliance with all recommended and required elements of a complete discharge summary
Dissemination	EDCS adopted by Medicine, Cardiology, CHF, Malignant Hematology, Neurosurgery. Oral presentation at National Meeting, published in <i>BMJ Quality and Safety</i>
Project Title	Implementation of Medicine Post-Discharge Hotline and Follow Up Phone Call Program
Project Timeframe	January 2010 to July 2011
Time Commitment	2 hours per week (154 hours in total)
Project Goal	To call all patients discharged home from the medicine service within 72 hours with the goal of reducing adverse events after discharge.
Role/Contribution	Project Leader; Met with key stakeholders to secure funding, provided project updates and presentations to medical center leadership, led monthly meetings at the start of project initiation.
Other Project Members	Nurses, Case Management, Service Excellent, Patient Relations
Project Outcomes	Developed a patient hotline for patients to call after discharge and organized nurses to call discharge medicine patients. Used patient responses to drive further innovations to improve discharge safety.
Dissemination	Two poster presentations at national meetings, manuscript in preparation. The Medicine Service phone call program has served as the model for similar programs being initiated in Cardiology, Neurology, Orthopedics and Pediatrics.

<b>Project Title</b>	<b>Use of the Teach back method for Patient Discharge Education on the Medicine Service</b>
<b>Project Timeframe</b>	June 2009 – June 2010
<b>Time Commitment</b>	1 hour per week (52 hours in total)
<b>Project Goal</b>	To improve discharge education on the Medicine Service through the use of the teach back method and a patient-centered discharge educational tool
<b>Role/Contribution</b>	Physician Champion; Spoke with nursing leaders speak at faculty meetings, provided physician education, designed new patient-centered discharge education materials and supervised roll out of forms to medicine and neurology floors
<b>Other Project Members</b>	Med-Surg Nurses
<b>Project Outcomes</b>	Implementation of a patient-centered discharge summary form for nursing discharge education, and establishment and audits of a nursing competency for teach back.
<b>Dissemination</b>	Presentation at nursing quality meeting, local dissemination of teach back and new forms to all nursing inpatient units, the ED and several outpatient areas.
<b>Project Title</b>	<b>A Discharge Medication Teaching Schedule for Patient Education</b>
<b>Project Timeframe</b>	June 2009 – June 2010
<b>Time Commitment</b>	1 hour per week (52 hours in total)
<b>Project Goal</b>	To routinely provide patients with a medication schedule with stopped, started and continued medications at discharge.
<b>Role/Contribution</b>	Team member, participated in design and implementation of medication schedule, performed audits on its use.
<b>Other Project Members</b>	Pharmacists and nurses
<b>Project Outcomes</b>	Successful Implementation (90% compliance) of a patient-centered medication list for all patients discharged home from the Medicine service used in teach back education regarding medications.
<b>Dissemination</b>	None
<b>Project Title</b>	<b>Communication with Primary Care Providers on the Inpatient Medicine Service</b>
<b>Project Timeframe</b>	July 2009 – June 2011
<b>Time Commitment</b>	3 hours per month (72 hours in total)
<b>Project Goal</b>	To improve inpatient physician communication with primary care providers at admission and discharge
<b>Role/Contribution</b>	Team Member; devised implementation and audit/feedback strategy for PCP communication by housestaff on admission and in the subsequent year for hospitalist faculty
<b>Other Project Members</b>	Housestaff, Hospitalist Faculty, Division of General Internal Medicine Faculty
<b>Project Outcomes</b>	Achieved >80% communication with PCPs by housestaff in 3 of four quarters in FY2010 and >80% communication with PCPs at discharge by hospitalists in FY2011.
<b>Dissemination</b>	2 poster presentations at national meetings, manuscript published in <i>American Journal of Medical Quality</i>
<b>Project Title</b>	<b>Improving Access and Timeliness to Primary Care Appointments</b>
<b>Project Timeframe</b>	July 2011 – June 2012
<b>Time Commitment</b>	3 hours per month (36 hours in total)
<b>Project Goal</b>	To provide timely follow up appointments for all UCSF primary care patients discharged from the Inpatient Medicine Service
<b>Role/Contribution</b>	Team Member. Provided data audit and feedback to residents and attendings regarding rates and timeliness of PCP communication, working with PCPs to streamline process for providing appointments before and after discharge.
<b>Other Project Members</b>	Housestaff, Hospitalists, UCSF Primary Care Physicians
<b>Project Outcomes</b>	Provided follow up appointments for >80% of patients discharged from the inpatient

Medicine service within 14 days for those discharged home and 30 days for those discharged to SNF	
<b>Project Title</b>	<b>Brown Bag Medication Project</b>
<b>Project Timeframe</b>	April 2011 – May 2012
<b>Time Commitment</b>	3 hours per month (42 hours in total)
<b>Project Goal</b>	To deliver discharge medications to vulnerable patients at the time of discharge
<b>Role/Contribution</b>	Physician Leader/Mentor; mentored housestaff through working with Walgreens nursing and pharmacy to create a medication delivery program on pilot units
<b>Other Project Members</b>	Housestaff, Nurses, Pharmacists, Social Workers
<b>Project Outcomes</b>	Created a “pharmacy consult” program to evaluate and aid patients on high risk medications for pharmacy teaching and medication delivery program
<b>Dissemination</b>	Poster presentation finalist at national meeting, Featured in <i>The Hospitalist</i> magazine.
<b>Project Title</b>	<b>Readmission Awareness Project</b>
<b>Project Timeframe</b>	September 2011 – May 2012
<b>Time Commitment</b>	1 hour per week (36 hours in total)
<b>Project Goal</b>	To access and improve nursing and physician awareness of readmitted patients with the goal of addressing discharge needs earlier in the course of admission
<b>Role/Contribution</b>	Team Member; Assess baseline readmission awareness, developed strategies to improve nurse and physician awareness of readmissions
<b>Other Project Members</b>	Hospitalists, Nurses, Social Workers
<b>Project Outcomes</b>	Improved housestaff and attending awareness of readmissions, created an alert email to notify the previous discharging team and admitting team of readmitted patients to encourage dialogue and problem solving
<b>Dissemination</b>	Poster presentation at national meeting, Brief research report in progress
<b>B. PATIENT SATISFACTION</b>	
<b>Project Title</b>	<b>Communication Checklist</b>
<b>Project Timeframe</b>	April 2011 - present
<b>Time Commitment</b>	3 hours per month (36 hours per year)
<b>Project Goal</b>	To develop and implement an evaluation tool to improve physician communication
<b>Role/Contribution</b>	Project sponsor/team member: Proposed idea to team, aided in development of checklist items, project plan for educational sessions and checklist observations
<b>Other Project Members</b>	Hospitalists, Patient Relations
<b>Project Outcomes</b>	Audited hospitalist communication with patients in which hospitalists demonstrated improving communication with use of checklist items.
<b>Dissemination</b>	Poster presentation finalist at national meeting, manuscript in progress
<b>Project Title</b>	<b>Medicine Service Focus Group</b>
<b>Project Timeframe</b>	July 2011 to April 2012
<b>Time Commitment</b>	1 hour per month (10 hours in total)
<b>Project Goal</b>	To host a focus group of medicine patients and care providers to understand ways to improve care and communication on the medicine service
<b>Role/Contribution</b>	Project advisor, helped with dissemination to hospitalists, recruitment, advertising and dissemination of findings
<b>Other Project Members</b>	Hospitalists, Patient Relations
<b>Project Outcomes</b>	Focus group held in May with several families interested in becoming part of a medicine service advisory board.
<b>Dissemination</b>	Accepted for publication in <i>American Journal of Medical Quality</i>

Project Title	Face Cards
<b>Project Timeframe</b>	July 2012 – June 2013
<b>Time Commitment</b>	1 hour per month (12 hours total)
<b>Project Goal</b>	To promote the use of standard introductions to the medicine team and to facilitate communication of team roles to patients.
<b>Role/Contribution</b>	Project advisor, helped with securing funding, engaging Medical Center leadership, and dissemination to hospitalists
<b>Other Project Members</b>	Hospitalists, Patient Relations
<b>Project Outcomes</b>	Increased provider satisfaction and ease communicating team roles. Currently measuring impact on Patient Satisfaction
<b>Dissemination</b>	None

### C. RESOURCE USE AND COST-AWARENESS

Project Title	Reducing Radiology Utilization on the Inpatient Medicine Service
<b>Project Timeframe</b>	July 2011 to March 2012
<b>Time Commitment</b>	2 hours per month (18 hours total)
<b>Project Goal</b>	To increase the value of care provided on the inpatient medicine service by improving the appropriateness of radiology tests
<b>Role/Contribution</b>	Project Member; contributed to development of educational intervention, dissemination of information to attendings and housestaff, and survey collection
<b>Other Project Members</b>	Hospitalists, Quality leaders from Department of Medicine
<b>Project Outcomes</b>	Decreased radiology utilization through the dissemination of test costs and radiation side effects
<b>Dissemination</b>	Published in <i>JAMA Internal Medicine</i> and poster presentation at a national meeting

Project Title	Improving Appropriateness of Nebulizer Therapy on the Inpatient Medicine Service
<b>Project Timeframe</b>	March 2012 – present
<b>Time Commitment</b>	4 hours per month (36 hours per year)
<b>Project Goal</b>	To decrease inappropriate utilization of nebulizer therapy on patients without respiratory disease and increase the appropriate transition of patients with respiratory disease to MDI
<b>Role/Contribution</b>	Project Mentor; help with project charter, stakeholder analysis, dissemination strategies and system changes
<b>Other Project Members</b>	Medicine Service Line, Hospitalists, Respiratory Therapy, Pharmacists and Nursing
<b>Project Outcomes</b>	Creation of a project team with broad support for project goals, Reduced nebulizer use on the medicine service by 50%.
<b>Dissemination</b>	Brief Report in <i>JAMA Internal Medicine</i> , and poster presentation at a national meeting

### D. DOCUMENTATION AND QUALITY REPORTING

Project Title	AHRQ Patient Safety Indicator (PSI) Reporting
<b>Project Timeframe</b>	January 2011 – present
<b>Time Commitment</b>	1 hour per week (52 hours per year)
<b>Project Goal</b>	To improve correct physician attribution of AHRQ PSI, increase physician response rates to AHRQ PSI queries, and use reasons for physician disagreement to improve documentation and coding of hospital acquired complications
<b>Role/Contribution</b>	Project Leader; aid HIMS with physician attribution, feedback response rates to services and engage service directors in improving response rates and collaborate with HIMS and quality in understanding reasons for physician disagreement.
<b>Other Project Members</b>	Service Directors, HIMS, Department of Quality

<b>Project Outcomes</b>	Physician attribution improved from a 20% misattribution rate to ~5%, AHRQ PSI query response rate improved from 60% to 80%, and creation of PSI specific guidelines for documentation and coding
<b>Dissemination</b>	None

<b>Project Title</b>	<b>Clinical Documentation Improvement</b>
<b>Project Timeframe</b>	April 2011 – present
<b>Time Commitment</b>	4 hours per week (624 hours per year)
<b>Project Goal</b>	Documenting, capturing, and coding all diagnoses, procedures, co-morbidities and complications to accurately and completely reflect the clinical complexity of our patients and the quality of their care.
<b>Role/Contribution</b>	Physician Champion (Medical Director); responsible for developing process for physician query, engaging inpatient services, and reporting results
<b>Other Project Members</b>	Service Directors, Quality Department, HIMS
<b>Project Outcomes</b>	Successfully engaged service directors and gathered the project team Increased Medicare CMI by 10%.
<b>Dissemination</b>	None

#### E. OTHER IMPROVEMENT PROJECTS

<b>Project Title</b>	<b>Case Review</b>
<b>Project Timeframe</b>	July 2010 – present
<b>Time Commitment</b>	3 hours per month (36 hours per year)
<b>Project Goal</b>	To review cases of harm and potential harm on the medicine service, disseminate findings and prioritize interventions
<b>Role/Contribution</b>	Project Member; Review individual cases with a housestaff reviewer, disseminate cases to faculty and housestaff through case conferences and quality newsletter, prioritize interventions through DHM Quality Improvement Committee
<b>Other Project Members</b>	Hospitalists, Internal Medicine Housestaff
<b>Project Outcomes</b>	Monthly case review meeting, monthly quality case M&M, housestaff engagement in quality, 5 cases reviewed monthly
<b>Dissemination</b>	None

<b>Project Title</b>	<b>Improving Sepsis Care</b>
<b>Project Timeframe</b>	July 2011 to present
<b>Time Commitment</b>	4 hours per month (48 hours per year)
<b>Project Goal</b>	To improve compliance with a Sepsis Care Bundle with the goal of improving sepsis morbidity and mortality
<b>Role/Contribution</b>	DHM Physician Co-Champion; development of data audit strategy, physician engagement strategy and provide feedback to hospitalists and housestaff
<b>Other Project Members</b>	Nursing, Pharmacy, hospitalists, Intensivists, ED physicians and housestaff
<b>Project Outcomes</b>	Implementation of a nursing sepsis screen with feedback to physicians, ongoing implementation of a sepsis bundle to improve sepsis care. Improvement in Sepsis bundle compliance from 42% to >80% on the Medicine Service.
<b>Dissemination</b>	None

#### IV. QI TRAINING

2010 – 2011	Institute of Physician Leadership Received training in Project Leadership, Measurement Strategies and Change Management
2012 – 2013	Participated in LEAN training and Value Stream Mapping aimed at improving Transitions in Care.

