BRICK

Newsletter of the University of Washington
Housestaff Quality & Safety Committee

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UW Medicine
GRADUATE MEDICAL EDUCATION
HOUSESTAFF QUALITY & SAFETY COMMITTEE

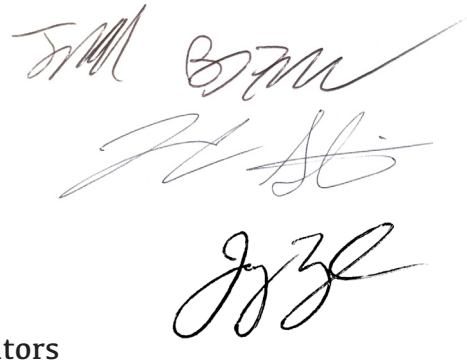
QI AS A TEAM SPORT

Welcome to November! For sports fans, baseball just wrapped up with the Houston Astros winning their first World Series, and both football and basketball seasons are well underway. Every year, the best players strive to become part of the best teams, as individual talent and effort are not enough to win it all. Michael Jordan could not have led the Bulls to so many NBA championships without Scottie Pippen, Dennis Rodman, and coach Phil Jackson, and the Seahawks relied on Russell Wilson as much as Earl Thomas and Richard Sherman for their 2014 Super Bowl victory.

Like any sport, medicine is team based and we can only succeed when we work as a cohesive unit. As residents, we see this every day, and this issue of BRICK highlights the importance of that teamwork. First, our HQSC co-chairs discuss QI Match, a program to facilitate collaboration between housestaff and mentors on QI work. We interview a 3rd year psychiatry resident about her efforts to improve inpatient handoffs through the implementation of IPASS. We also feature a cross disciplinary study looking at how to increase efficiency in primary care clinics by examining huddles between providers, nurses and MAs to facilitate better communication and patient care.

Wherever you are working this winter, it is important to remember the system in which we work. Everyone from nurses to phlebotomists to music therapists to residents play a huge role in the care of our patients. QI work similarly depends on input and effort from all stakeholders. Just as a quarterback cannot succeed without a good offensive line, a clinician works best when surrounded by a team focused on quality care and continuous improvement. We hope you enjoy reading about a few of these all star teams!

Cheers!



Jared Bozeman, MD
Jacob Stein, MD, MPH
Jay Zhu, MD

HQSC Publications Co-editors

A Letter from the HQSC Co-Chairs

Quality Improvement (QI) is now recognized as a key part of Graduate Medical Education (GME) by ACGME. It is widely accepted that housestaff benefit from the addition of experiential, on-the-ground training that is only achieved from actively participating in QI work. Simultaneously, hospital leaders are realizing the real benefits of having housestaff leadership and guidance when implementing QI initiatives in teaching hospitals where trainees are on the front lines.

HQSC, in conjunction with the UW Medicine GME office, is pioneering a new approach to connect housestaff with QI projects across UW Medicine. This work has led to QI Match, an online platform designed to do just that! Hospital leaders and project mentors from across the UW Medicine system will be able to easily log in using their UW NetID to submit project opportunities for trainees. We anticipate the full release this winter. For updates and access, please visit the HQSC website at www.uwhqsc.org, or click the QI Match logo below.

iQMATCH
Connecting people to projects...passion to possibility

As co-chairs of HQSC, we so excited about QI Match! It is our ultimate vision not only to provide housestaff with resources to guide them through the QI process, but to also encourage the scholarly, data-driven approach to this work. With the help of UW GME funding, we have developed scholarships to encourage housestaff to present at QI-related conferences. In addition, many of our guest speakers this year have and will discuss topics related to QI data presentation and publication.

We look forward to UW and the HQSC continuing to be a leader in residency QI education. Please contact either of us if you are interested in being a part of this exciting work.

Stephanie Carr MD, MBA, Alicia Fuhrman MD
HQSC Co-Chairs

QI Q&A: Resident Driven Quality Improvement

I-PASS is an evidence based system that has been incorporated by residency programs around the country and at UW by several departments to standardize patient hand offs.
Dana Deiringer MD is a 3rd year psychiatry resident who is working on implementing I-PASS on the inpatient psychiatry service. Dana was kind enough to answer some questions about her work. The following conversation was edited for clarity and length.

What inspired you to study I-PASS as a sign-out method for inpatient psychiatry?
I am really interested in the medical care of patients with mental illness. Unfortunately, patients with chronic mental illness have significantly reduced life expectancies. I have been interested in ways that we can reduce medical errors and improve the quality of our care. Communication errors during handoffs are some of the top causes of sentinel events in hospitals. So, I was really excited to learn about UW's initiative to start I-PASS across residency programs! I have been fortunate to join and be a part of it.

What are the similarities and differences in the sign-out process in psychiatry compared with other services?
Psych sign-out is unique in many ways. One big difference is that a lot of our sign-out involves involuntary psychiatric treatment and compelled antipsychotic meds. Also, our attendings are often involved in the sign-out process since our inpatient psychiatry ward teams consist of one resident and one attending. We do not have a traditional "senior resident" system. This means that sign-out training includes not just residents, but faculty as well. For the most part, however, there are more similarities than differences.

I-PASS
BETTER HANDOFFS. SAFER CARE.

QI Q&A: Resident Driven Quality Improvement

Can you briefly describe your project design?
I am helping build I-PASS handoff tool training curricula and resources for psychiatry residents and then delivering these materials at in-person trainings. I am helping disseminate I-PASS at HMC and at other sites while working with IT to help modulate current psych-specific CORES reports. I am measuring fidelity to the handoff tool.

Communication errors during handoffs are some of the top causes of sentinel events in hospitals.

How are you measuring your intervention's effect?
I review the written handoffs in CORES and record whether it contains the necessary I-PASS pieces. I am also working on observing verbal handoffs so we can track not just the printed information, but how the information is communicated from resident to resident.

Have you had any challenges with this project?
I have encountered challenges in providing training that reaches all residents. Like many UW residency programs, psych residents are scattered among many different sites and rotations. Trying to provide an I-PASS training to all of the interns simultaneously, for example, is nearly impossible.

What are the next steps for this project?
I am really excited about getting to train medical students to observe verbal sign outs and collect data regarding I-PASS fidelity. I really need to thank Jay Zhu - surgical resident and I-PASS extraordinaire - and Jennifer Zech [Center for Scholarship in Patient Care Quality and Safety] for leading this project and inviting me to join. They have provided me with a lot of help and resources.

Thank you Dana!

I-PASS
BETTER HANDOFFS. SAFER CARE.

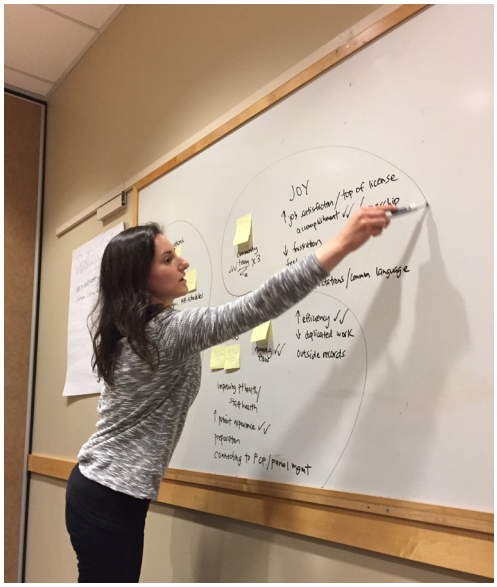
Huddle Up!

Designing and Implementing A Pre-clinic Huddle in Primary Care

Stefanie Deeds, MD and Allyson Goldberg, MD, MS

Stefanie Deeds

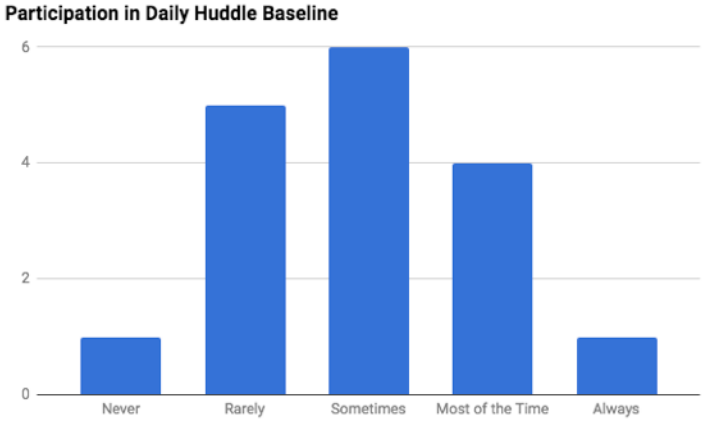
Background: Healthcare huddles are increasingly being used to improve the quality and coordination of patient care and are identified as a critical factor in primary care clinics. However, huddling is logistically challenging given the many providers at General Internal Medicine Center (GIMC) at Roosevelt, most of whom work part-time or are residents. There are also inconsistent pairing with medical assistants (MAs) for each clinic session. A pre-intervention survey (Figure 1) indicated disparate conception of "team" and that communication was an issue. We set out to establish huddling practicies to enhance communication with an interdisciplinary workshop.

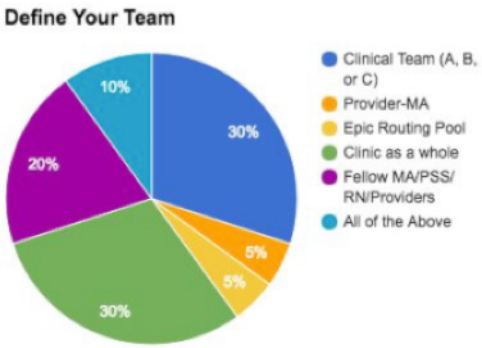


Allyson Goldberg, conducting the RPIW

Methodology: We held a resident-led interdisciplinary Rapid Process Improvement Workshop (RPIW) to discuss barriers and solutions to huddling in our clinic, and to design a daily provider-MA huddle. In the half-day session, through guided discussions and break out groups, we created shared goals for huddling such as improving efficiency, patient care, and communication. We identified a way to implement huddling between MAs and providers within our time and scheduling constraints. After a period of training, the practice of huddling was rolled out to the entire clinic. The same survey was then distributed to clinic staff and providers as follow-up to assess for change since the initial roll-out.

Figure 1: Pre-Intervention Data





Huddle Up!

Designing and Implementing A Pre-clinic Huddle in Primary Care

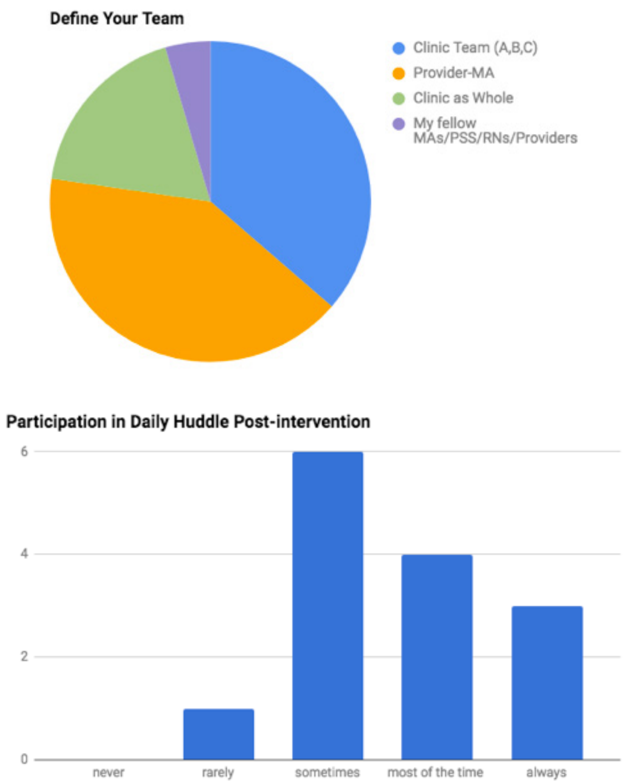
Figure 2: Sample Clinic Checklist

Pre-Huddle Sheet

Provider:________________ Clinic Date:________________ Circle one: AM or PM MA:________________

Appt Time	Last Name	New or F/U? Reason for Visit	Outside Records	Pre-clinic Labs	Screening/ Immunization Needed	Rooming Needs*	Follow Up (Post Huddle or Appt)
	□ PCP	□ New □ Est □ Wellness □ F/U Reason:	□ Fax Request □ Mindscape/ CareEverywhere	□ Done □ Not Done □ No Orders	□ Td/TdaP □ Colon □ Pneumovax □ Mammo □ Prevnar □ PAP □ Influenza □ Other: □ HPV □ Zoster	□ Wellness Forms □ PAP setup □ PHQ9/GAD7 □ Hoyer Lift □ Urine Specimen □ EKG □ O2 sat □ Temp	
	□ PCP	□ New □ Est □ Wellness □ F/U Reason:	□ Fax Request □ Mindscape/ CareEverywhere	□ Done □ Not Done □ No Orders	□ Td/TdaP □ Colon □ Pneumovax □ Mammo □ Prevnar □ PAP □ Influenza □ Other: □ HPV □ Zoster	□ Wellness Forms □ PAP setup □ PHQ9/GAD7 □ Hoyer Lift □ Urine Specimen □ EKG □ O2 sat □ Temp	
	□ PCP	□ New □ Est □ Wellness □ F/U Reason:	□ Fax Request □ Mindscape/ CareEverywhere	□ Done □ Not Done □ No Orders	□ Td/TdaP □ Colon □ Pneumovax □ Mammo □ Prevnar □ PAP □ Influenza □ Other: □ HPV □ Zoster	□ Wellness Forms □ PAP setup □ PHQ9/GAD7 □ Hoyer Lift □ Urine Specimen □ EKG □ O2 sat □ Temp	

Figure 3: Post-Intervention Data



Results: Four months after initiating huddling at GIMC, providers and a paired MA huddled at the beginning of a clinic session 76% of the time. Results were tallied in a check list (figure 2). A follow-up survey of 15 staff and providers after 5 months showed a significant shift in the concept of team to be mostly provider-MA pairs (Figure 3), and that staff members felt that the needs of providers were clearly communicated "most of the time." Every respondent had participated in daily huddling, and half had participated "most of the time" or "always." Finally, 86% of respondents are now "definitely" interested in huddling, compared with 71% prior to the intervention (Figure 2).

Conclusions: Pre-clinic huddling allows for clear, regular communication within the care team, and improves provider and staff engagement. Additionally, the RPIW provided effective ways to involve residents in interdisciplinary QI projects in the outpatient setting and make positive changes in clinical practice.

GREAT IDEA FOR A QI PROJECT?

- HQSC is offering up to $500 to support ongoing or new QI projects!
- If you're a member of the HQSC, put together a brief application including background, objective, hypothesis, materials and methods, and a plan to report your findings, and you could get your QI work funded!
- Next deadline is December 15th, but there will be more opportunities throughout the year!

Contact Kevin Seitz (kseitz4@uw.edu) or Aileen Kim (axkimx@uw.edu) for further details.

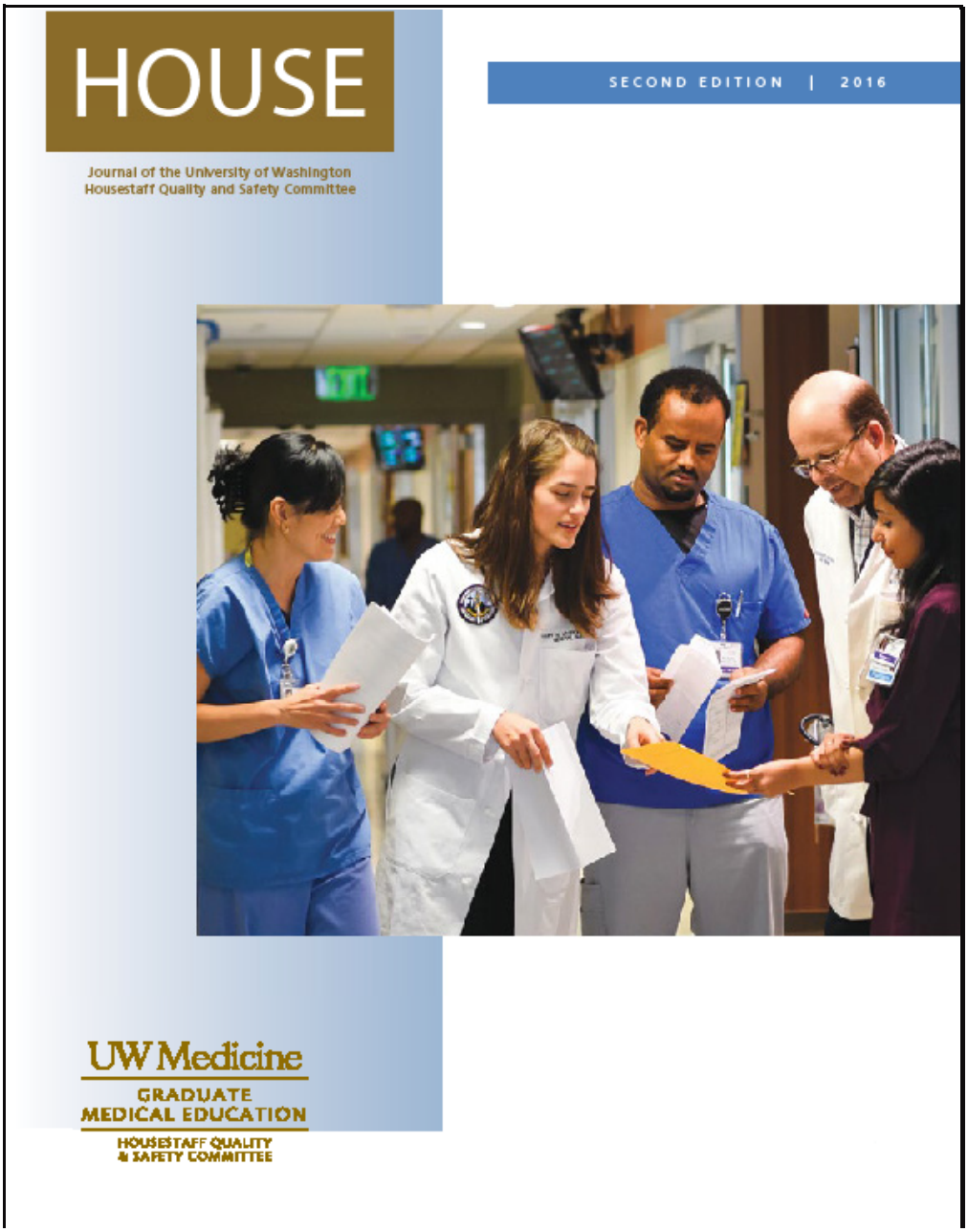
PRESENT YOUR WORK!

- Already have great QI work to present? HQSC is offering a travel scholarship to help get you to that conference you've always wanted to attend!
- Again, membership to HQSC is a requirement, but send in a conference invitation and the abstract you want to present, along with a brief application form, and you could get up to $1000 to support your travel and fees!
- No specific deadline, but make sure to submit at least 4 weeks prior to the conference to be considered.

Contact Kevin Seitz (kseitz4@uw.edu) or Aileen Kim (axkimx@uw.edu) for further details.

SUBMIT TO HOUSE

GET PUBLISHED IN HOUSE!



HOUSE is the QI journal for the University of Washington HQSC

Publishing in HOUSE provides:

(1) improvement to the quality of patient care at UW

(2) recognition within the UW community

(3) a boost to your CV

Click cover to read 2nd edition

We are currently considering submissions for our 4th edition:

- QI or patient safety research or review paper
- Write-up on process improvement or intervention
- An essay or artistic work reflecting on patient care
- Any other meaningful work advancing the quality of care

Keep an eye out, our 3rd edition is coming this winter!

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