BRICK

Newsletter of the University of Washington
Housestaff Quality & Safety Committee

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UW Medicine
GRADUATE MEDICAL EDUCATION
HOUSESTAFF QUALITY & SAFETY COMMITTEE

LIFE WITH PURPOSE

Late winter in Seattle can feel like a drag. Long work days, scarce sunlight, and steady drizzle may lead to a sense that spring will never come. Yet in my first year as editor of BRICK, I'm struck by how many of the diligent residents and faculty doing QI work are immune, or at least sheltered, from such doldrums. As you read these pieces, you may notice, as I did, a sense of optimism and determination motivating the work we have highlighted.

Our contributors have noticed disparities in cancer screening, but rather than be dismayed, they set out to define them and develop solutions to level the playing field. Others bring a lighthearted approach to improving daily weight measurement at the VA. Our nursing staff has collaborated with a national foundation to celebrate our institution and those who keep the focus where it should be - squarely on patient safety. The cardiology group saw that information overload was making it challenging to make the most out of specialty consults, and is using technology to better both patient and provider experiences. Our own Housestaff Quality and Safety Committee (HQSC) has created new opportunities to get involved in QI work, in addition to publishing and disseminating the findings from those projects in our ever popular HOUSE journal. I certainly don't see any grey clouds over the folks working so hard on these encouraging projects.

A recent Medicine Grand Rounds lecture given by Dr. Sanjiv Chopra of Beth Israel Deaconess Medical Center discussed dharma, happiness, and a life with purpose. He suggested that happiness is often found through service, duty, and living life the right way. I hope you'll find, as I did, that the work described in this issue is inspiring for its dedication to doing things the right way. These individuals offer up the results of a life lived with purpose.

Jacob Stein, MD/MPH
Editor in chief

Defining Disparities

Colorectal Cancer Screening at HMC and UW

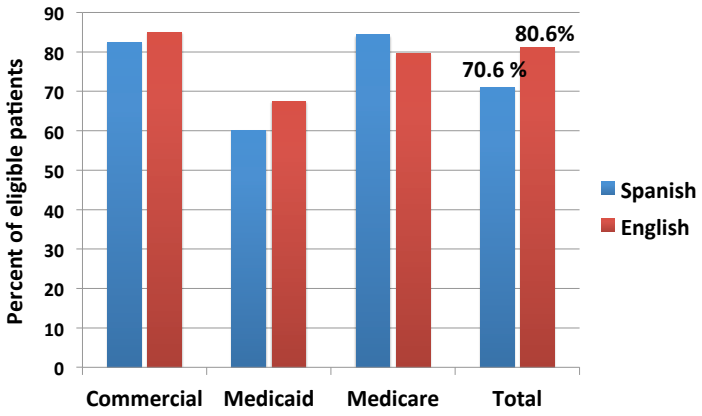
Background:
A multidisciplinary group evaluated disparities in colorectal cancer screening rates between Spanish and English speaking patients at HMC and UW Neighborhood Clinics.

Methodology:
They compared data from HMC and UW clinics on screening rates among patients by language and insurance status, then conducted surveys and patient focus groups to explore barriers and potential solutions to low screening rates.

Results:
They identified significant gaps between the two medical centers. Of eligible patients, only **67% were screened at HMC**, versus **83% screened at UW clinics**, while **four times** as many Spanish speaking patients were screened at HMC. Gaps emerged when the groups were subdivided by insurance and language status, highlighting that differences went beyond site alone.

Survey data revealed that the two hospital systems go about identifying patients for CRC screening in different ways. At HMC, the process was largely **MD driven**,while UW used MAs and nurses much more frequently. Also, **HMC clinics relied on records review**, while **UW used EMR based reminders** the bulk of the time.

CRC screening by insurance and language



Lastly, through focus groups, patients highlighted several barriers. They expressed concerns about **knowledge** gaps, **cost**, **fear** of the procedure and results, **embarrassment**, and competing interests (i.e. needing money or time for something else). Patients offered potential solutions to address these gaps, such as increasing **public awareness** through **social media** and television.

Conclusions: Successful colorectal cancer screening workflow involves use of the **electronic health record** to flag patients eligible for screening and **empowering medical assistants as champions** to identify and assist patients with screening efforts. **Social media** offers a patient centered solution to **raise awareness** and address barriers.

Potential Strategies to Reduce Disparity in CRC Screening:
»Use of EHR
»Empowering MAs
»Social Media

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Representing the Departments of Psychiatry, Medicine, and GI, in collaboration with Interpreter Services, UW Neighborhood Clinics and HMC Medical Center.

QI Q&A:

Talking Improvement with Medicine Residents

Featuring: Stewart Schaefer

Michael Harms

A couple of second year internal medicine residents got involved in a QI project this year, and we sat down to discuss their experience, QI in general, and thoughts for future interested QI participants.

[interview edited for clarity and length. SS - Stew Schaefer, MH - Michael Harms]

Q: *Tell me about your project, and how you got involved.*
SS: We looked into **daily standing weights in VA** patients admitted with heart failure. We found a lot of variability and began to wonder, **how can we improve this process?**
MH: Plus, Stew needed a copilot on the **magic carpet ride** of attempting to change a systems process. And it seemed just crazy enough to try.

Q: *What surprised you about getting involved in this project?*
MH: Simple problems are not actually simple problems.
SS: Yes, and often even simple measurements, such as daily weights, lack a standardized approach to measurement. Getting these weights is not as easy as I thought it would be!

Q: *What advice would you have for someone looking to get involved in QI work?*
SS: Simple questions are the best ones. Also, when a process becomes a barrier in your daily routine, be **curious** and **ask questions** - that's often the start of a QI project!
MH: Involve everyone. Nurses, ward clerks, patients, residents, and IT. Everyone wants the same thing, and asking everyone questions is how you find roadblocks.

Q: *What do you enjoy about QI, and what role do you see it playing in your career?*
SS: It is NOT the bench research you did in college (thank God). It is more tangible and immediately gratifying. **And it is also actually fun**. I'm going into hospital medicine, so I see it as integral to my work.
MH: QI is great, and **you can make an impact fast**. The work is fun, and you're working to problem solve and make things easier on you and the people you work with everyday.

Q: *Which do you prefer- a fishbone diagram or a PDSA cycle?*
SS: PDSA cycle, of course.
MH: Fishbone.

Patient Safety Week!

Celebrating the Focus on Quality Care

By **Jessica Yanny-Moody**, MS CNS CCRN
Associate Director of Safety and Quality

Devin Sumaoang, Inventory Control Manager, UW Medicine Supply Chain, discusses a poster

Sponsored by the National Patient Safety Foundation, Patient Safety Awareness Week (March 12-18) is dedicated to promoting the focus on patient safety. **Everyone in the health care process plays a role in delivering safe care.** UWMC successfully celebrated Patient Safety Awareness Week with an educational poster fair. A total of fourteen posters created by UWMC faculty and staff were on display in the front lobby highlighting patient safety and quality improvement projects across the hospital.

Tonya Cahoj RN and **Heather Owen RN** of the UWMC Operating Room stand by their poster

Each year we celebrate faculty and staff who have gone above and beyond to intervene on behalf of patients and create a safe environment for patients. We started this program to **raise awareness** and **give thanks** to faculty and staff who think outside the box to ensure that the safest possible care is delivered to every patient who comes through the door at UWMC. **Our staff is the foundation of patient safety** here at UWMC, so it is only fitting to recognize a select group of individuals who went above and beyond to advocate and intervene for patients and to promote safe practices across our institution. This year, we recognized **20 outstanding faculty and staff** at UWMC as Patient Safety Heroes.

»14 Posters Highlighting Safety, QI Efforts

»20 Patient Safety Heroes (Faculty/Staff)

»Supported by the National Patient Safety Foundation

Photo Credits: Jessica Yanny-Moody

A View of the Heart

Using Mobile Technology to Aid Clinical Decision Making

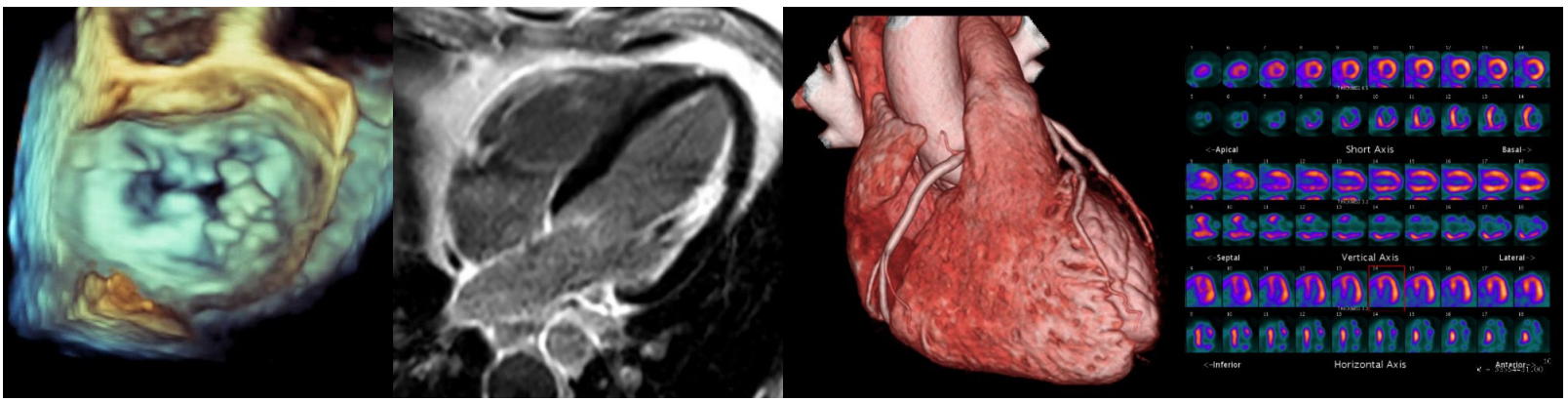
James Lee, MD
Richard Cheng, MD
Adam Alessio, PhD
Jim Kirkpatrick, MD
Rachael Edwards, MD
Laurie Soine, ARNP
Elizabeth Kaplan, MD
Tiffany Chen, MD
Katie Benzinger, MD
Department of Cardiology

Numerous options exist for cardiac imaging, including transthoracic echocardiography, cardiac CT, cardiac MRI, and nuclear medicine studies such as single-photo emission computed tomography (SPECT) and position emission tomography (PET). A group in the cardiology department has laid out a plan to guide clinicians in selecting between these myriad options.

Dr. Lee and others have formed a multidisciplinary work group to create a point-of-care tool for cardiac imaging test selection that can be accessed in a smartphone friendly format. Their tool integrates imaging decision trees for commonly used decision pathways, offers tips on deciding between tests, and has screenshots on how to order the various tests in the EMR.

They hope to show that such an algorithm is beneficial for quality and cost-effective care. They have laid out a plan to help the internal medicine clinics improve cardiac imaging workflow and reduce order review by utilization managers. With appropriate testing completed prior to the visit, cardiology consultations may be more efficient and better serve the patient and referring provider. Finally, they plan to work with the Emergency Department and other departments to tailor cardiac imaging pathways for specific needs.

Impact will be assessed by a combination of manual abstraction and working with the UW Institute of Translational Health Sciences on collection of metrics via Amalga and Leaf queries. Overall, they hope to demonstrate that implementation of this algorithm will be beneficial for quality care that is cost effective and focused on patient safety.



QMATCH

Home for QI/Safety Projects

QI Match is an online platform designed to connect housestaff with quality improvement and patient safety projects across the UW medical community. Originally launched in 2015 with modest adoption, we've learned important insights into the needs of users. This served as the backbone of the QI Match redesign over the past year, and we look forward to launching early this summer!

Accessible

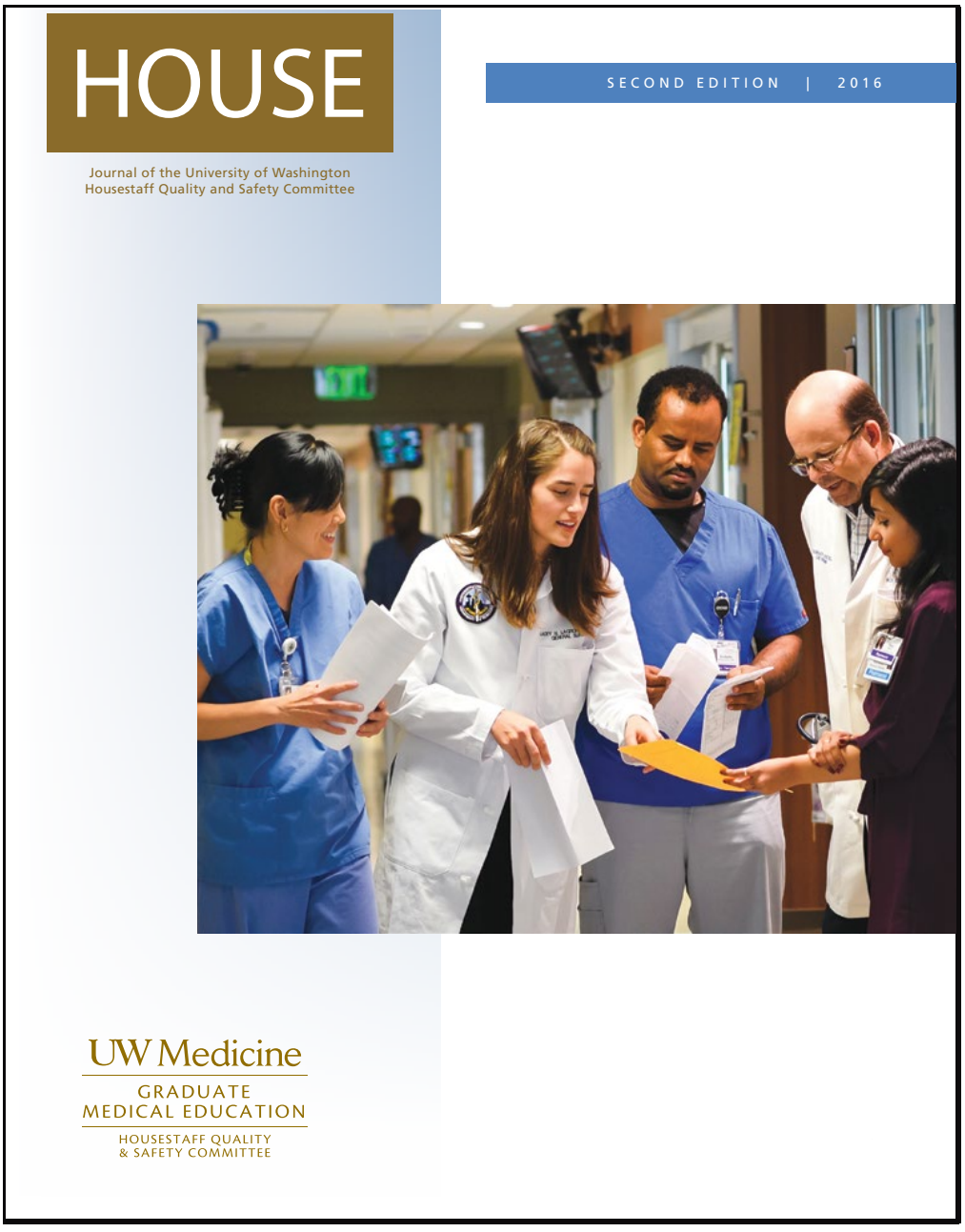
All users with a UW NetId have access to QI Match, including employees at Seattle Children's and the Neighborhood Clinics. After logging in and creating a profile for the first time, a user will be able to view and apply to any reviewer-approved projects. Project mentors will also be submitting opportunities through the same interface.

Transparent

Because involvement in QI is increasingly emphasized as a resident competency, QI Match enables housestaff to make visible connections across the medical community to find a suitable endeavor. All department leadership as well as hospital/clinic committees will be encouraged to use this resource.

qimatch.com

GET YOUR WORK OUT THERE!



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 the following for our 3rd 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

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