

Housestaff Quality Council©

August 17th, 2010

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Housestaff Predictably Make Errors

- ✓ Forgetting DVT Prophylaxis
- ✓ Improper insulin adjustment on an NPO patient
- ✓ Delay administration of antibiotics in sepsis
- ✓ Leaving the guidewire behind during CVC placement
- ✓ Ordering unnecessary labs
- ✓ Dose conversion of Morphine to Dilaudid
- ✓ Not seeking help

“Residents are often **invisible** doctors in
quality improvement”

Ashton, 1993 Academic Medicine 68:823

Residents Remain Disengaged In Quality Improvement

Only 28 published articles(1990-2008):

- ✓ Lack of Time, Low Attendance, Long Hours, Demanding Patients
- ✓ Crowded Curriculum
- ✓ Away Rotations
- ✓ Lack of Analytic Capabilities
- ✓ Presumed Lack of Interest
- ✓ Program Expense
- ✓ Lack of Credibility
- ✓ Fear of Speaking Up

*“Residents’ Engagement in Quality Improvement: A Systematic Review of the Literature”
Patow et al, Academic Medicine Dec 2009*

Mission

“Improve patient care and safety at New York-Presbyterian Hospital by creating a culture that promotes greater housestaff participation.”

What We Proposed Dec 2007

- ✓ **“Buy-In”** through involvement in policy making
- ✓ **Dissemination** of knowledge to peers
- ✓ **Enforcement** of best practices and policies
- ✓ **Development** of relationships
- ✓ **Communication** of key changes
- ✓ **Measurement** of how we’re doing

Scope of Service: Start Small

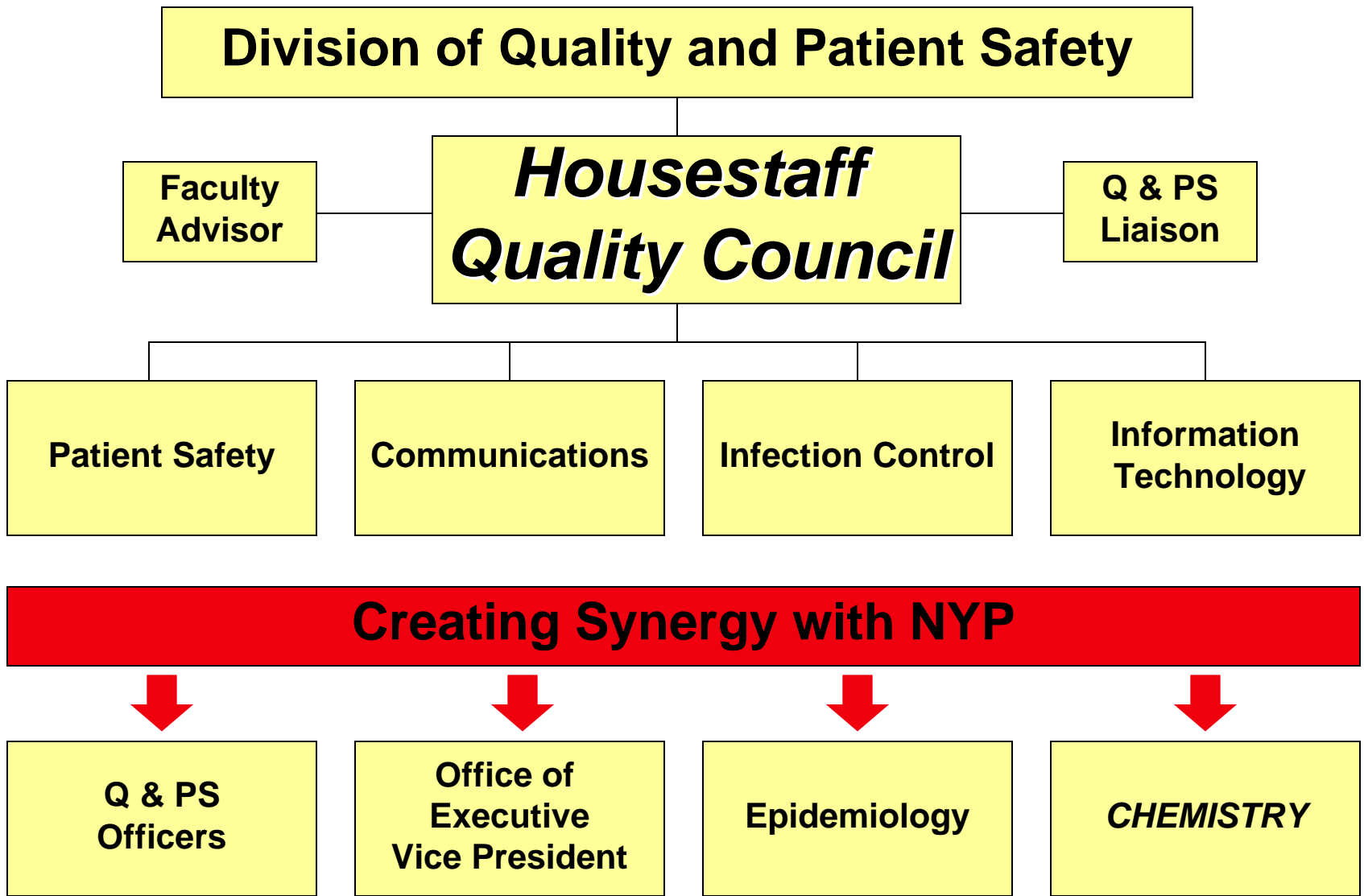


Initial Meeting April 2008

Quality Focus Area

- ✓ Medication Reconciliation
- ✓ >99% Compliance

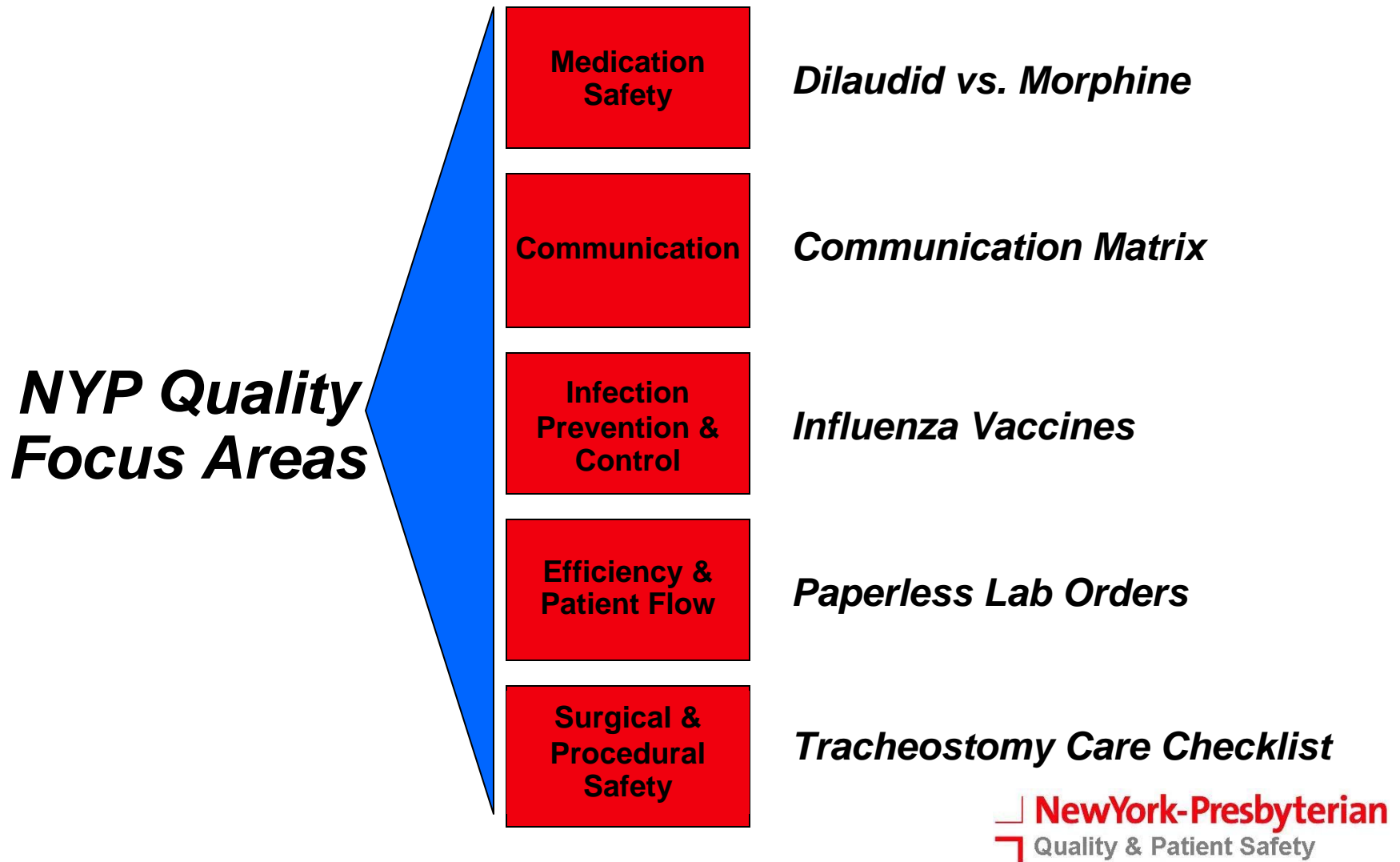
HQC Structure



Resident Quality and Patient Safety Officer

- ✓ Housestaff Quality Council Chair
- ✓ Attends Weekly QPS Officer Meeting
- ✓ Institutional Point Person for Engaging Housestaff
- ✓ Training Opportunity for Future QPS Leaders

HQC Scope of Service - 2009



Creating Culture Change

Patient Safety Awareness Campaign



Measuring Culture Change

New York Presbyterian Hospital-Weill Cornell Medical College Safety Attitudes Survey

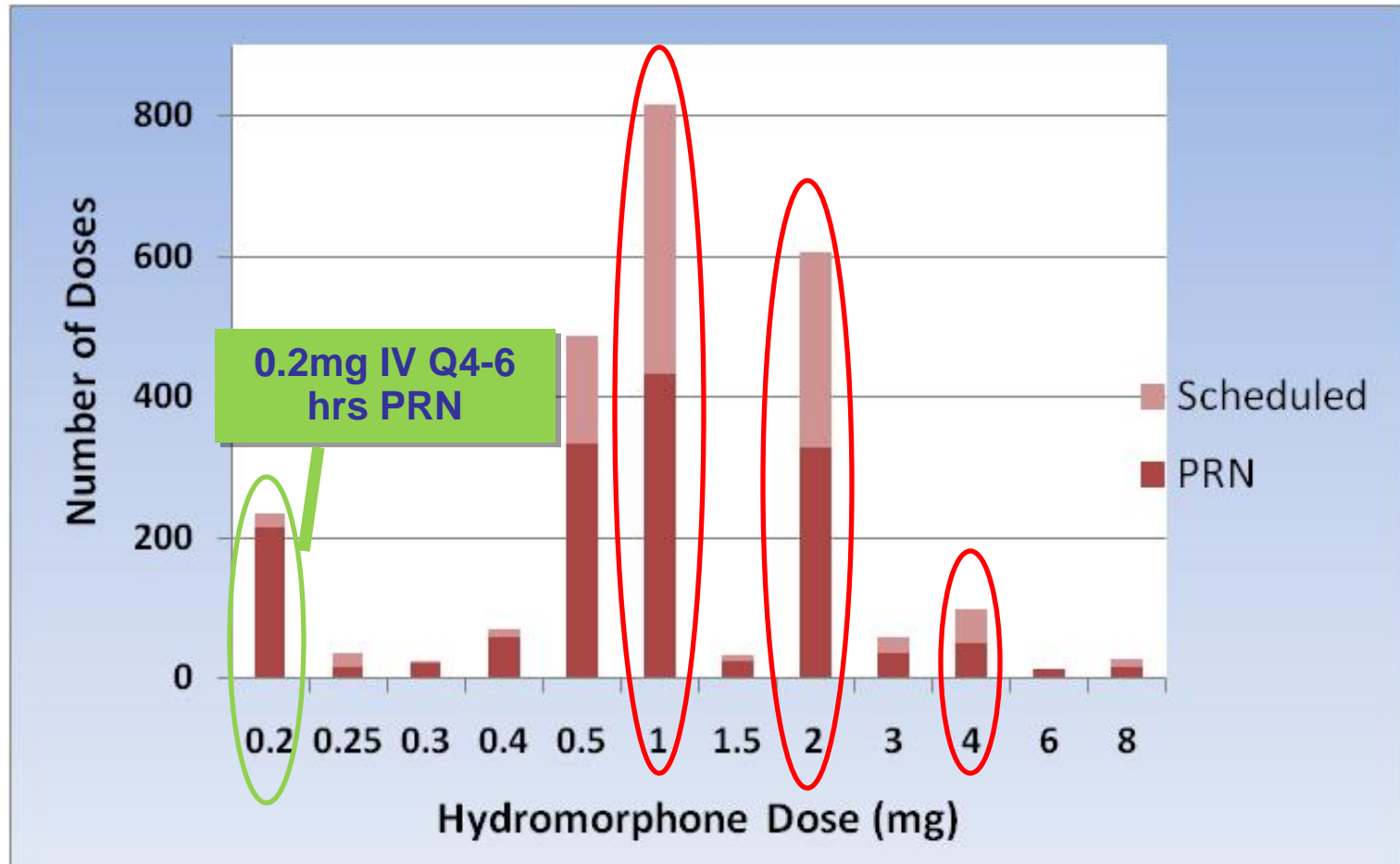
Department: _____ Training Level : _____ Gender: M / F

Please select your response according to the scale below:

1 = Strongly Disagree 2 = Slightly Disagree 3 = Neutral 4 = Agree Slightly 5 = Agree Strongly

- | | | | | | |
|---|---|---|---|---|---|
| 1. It is difficult to speak up if I perceive a problem with patient care. | 1 | 2 | 3 | 4 | 5 |
| 2. I have the support I need from other personnel to care for patients. | 1 | 2 | 3 | 4 | 5 |
| 3. It is easy for personnel here to ask questions when there is something that they do not understand | 1 | 2 | 3 | 4 | 5 |

Residents Misunderstand Dilaudid Dosing Guidelines



Multimodal Action Plan

- ✓ Eclipsys Change
- ✓ Patient Safety Alert
- ✓ Clinical Updates Newsletter
- ✓ Written Communication
- ✓ Opioid Conversion Card

Forcing Function with CPOE

penicillin

Me Other: Source:

Time:

Reason:

Searching for ...

dilaudid

Order	Cost
<input type="checkbox"/> Dilaudid Drip (Hydromorphone DRIP) PED 20 mg/D5W 100 ml (Dilaudid) IM/SC/IV - HYDRomorphine is 6 to 7 times more potent than morphine	
<input type="checkbox"/> Dilaudid Inj (Hydromorphone Inj) 0.2 MG (Dilaudid) IM/SC/IV - HYDRomorphine is 6 to 7 times more potent than morphine	
<input type="checkbox"/> Dilaudid Inj (Hydromorphone Inj) 0.4 MG (Dilaudid) IM/SC/IV - HYDRomorphine is 6 to 7 times more potent than morphine	
<input type="checkbox"/> Dilaudid Inj (Hydromorphone Inj) 0.8 MG (Dilaudid) IM/SC/IV - HYDRomorphine is 6 to 7 times more potent than morphine	

Buttons: Add, View, Item I, Messa, Drug I, Edi, Del, Cop

HQC Clinical Updates

Weill Cornell Housestaff Quality Council (HQC)
CLINICAL UPDATES
Housestaffquality@nyp.org November 2009
 Supported by the New York-Weill Cornell Medical Center Alumni Council (CAC)

HQC Project UPDATES

- COMPLETE A CENTRAL LINE CHECKLIST AND TIME OUT each time you insert a central line!
- PICC LINES: Follow PICC line placement with a CXR to confirm proper placement. *Be sure you look at the film yourself!*
- VERBAL/TELEPHONE ORDERS are limited to emergent situations when an *immediate* written/electronic order is not feasible.
- NYP EMAIL ADDRESSES should always be used when communicating hospital and patient information
- Ensure that your **DELINEATION OF PRIVILEGES** forms are completed and submitted to your department Resident Coordinator. Check your privileges at <http://msow.nyp.org/msow/msopt.aspx>
- The HQC InfoNet website was launched in July. The site received more than 1,500 hits during the first 2 weeks and contains many helpful links for housestaff. Visit the website at <http://infolnet.nyp.org/HQC/index.asp>
- ECLIPSYS improvements on the way! In August Dr. Rob Green held a focus group with members of the WC-HQC to discuss possible improvements in Eclipsys intended to enhance med rec, ordering of x-rays and labs, and the use of universal nomenclature for names of various tests. Stay tuned for updates.
- GET YOUR FLU SHOT no later than November 30th!

Best Practices



The HQC-driven Patient Safety Awareness Campaign was launched on July 30th at the WC-HQC Welcoming Reception, held in the Harkness Courtyard. Residents from various clinical departments volunteered to put their photographs on posters describing fictional adverse patient events in an effort to demonstrate how easily medical errors can occur when taking care of patients.

The campaign will focus on potential medical errors such as hydromorphone (dilauidid) vs. morphine sulfate potency. For example, did you know Dilauidid **1 mg** = Morphine **8 mg**!!!

Other potential errors that will be highlighted by the Patient Safety Awareness Campaign include DVT prophylaxis, timely antibiotic administration, ordering labs, and not seeking help.

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New York- Presbyterian
 HOUSESTAFF QUALITY COUNCIL

News from the Chair

As of October 1st, the *Paperless Lab Ordering Project* expanded from the ICU to ALL INPATIENT FLOORS. All patient specimens must be labeled with a bar coded label from the Cerner printer. Paper forms, as illustrated below, will no longer be used. This change will improve priority assignment and turnaround time, facilitate selection of the proper sample for collection, and eliminate duplication.



If you are having any problems with the printing of labels, please contact the Patient Care Director for the nursing unit or email us at housestaffquality@nyp.org. Unless there is computer downtime, no paper forms will be used as of January 1st.

"The mission of the HQC is to improve patient care and safety at New York-Presbyterian Hospital by creating a culture that promotes greater housestaff participation."

HQC Patient Safety Alert Email

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

Welcome William C. Nugent Help Sign out

Inbox Housestaff Qual

Reply Reply All Forward Move Print Delete

Subject: **Housestaff Quality Council PATIENT SAFETY ALERT** Date: 03:53 PM
To: wcn9001@nyp.org From: Housestaff Quality Cou

Housestaff Quality Council Patient Safety Alert

Are you giving your patients too much IV hydromorphone (Dilaudid)? The NYP Housestaff Quality Council has identified hydromor

The problem:

- Adverse events disproportionately involve hydromorphone (Dilaudid)
- Hydromorphone (Dilaudid)IV is 5-8 times more potent than morphine
- Data from Eclipsis and Pyxis machines suggest residents are ordering improperly large hydromorphone (Dilaudid) doses

What you should know:

- 0.2mg IV Q4-6hrs is the recommended starting dose in narcotic-naïve adults
- Eclipsis dosing defaults have been changed to 0.2mg, 0.4mg, and 0.8mg to support this dosing

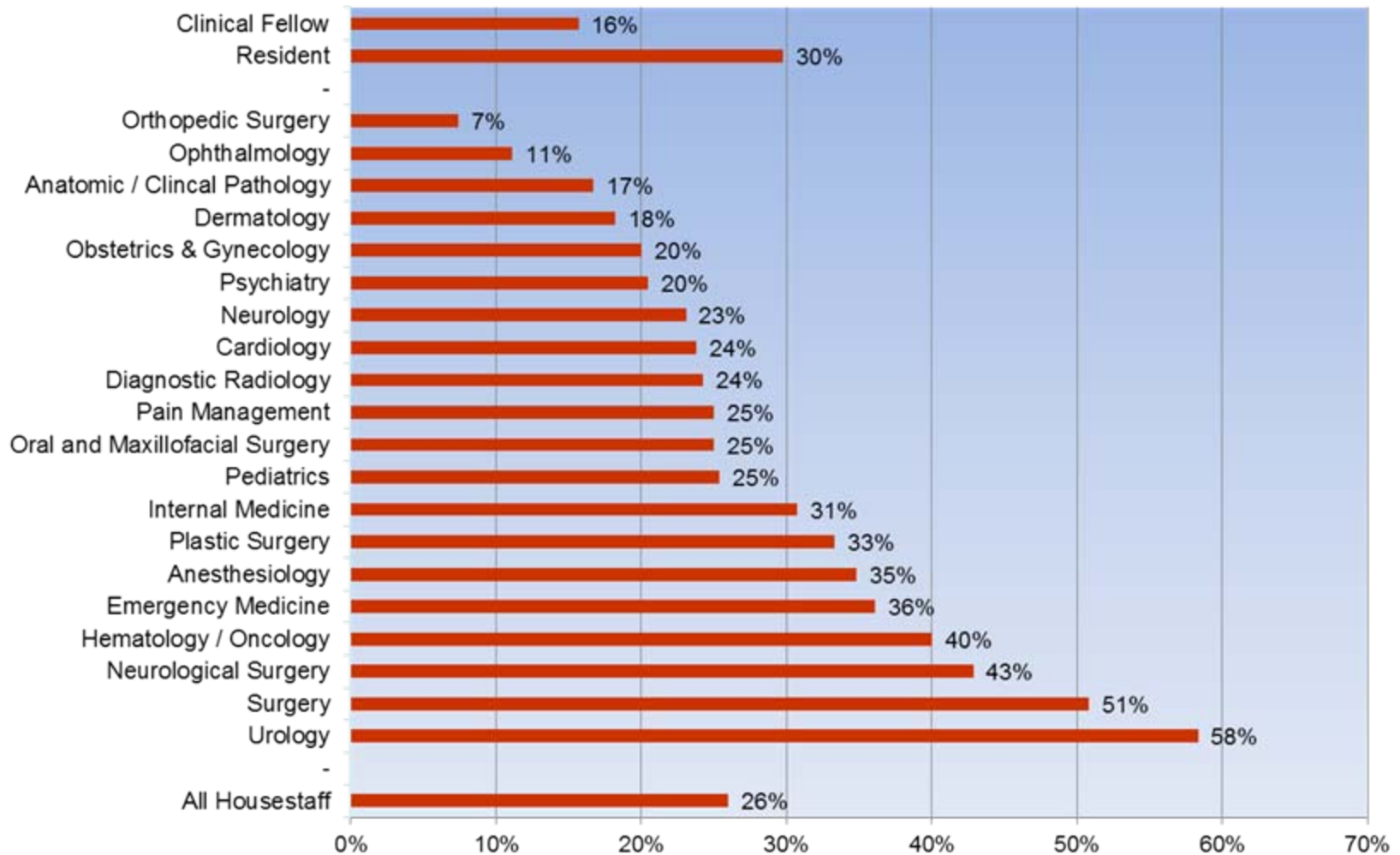
Please [click here](#) if you have read this message.

Thank you,
NYP Housestaff Quality Council
housestaffquality@nyp.org

Unique click-through URL

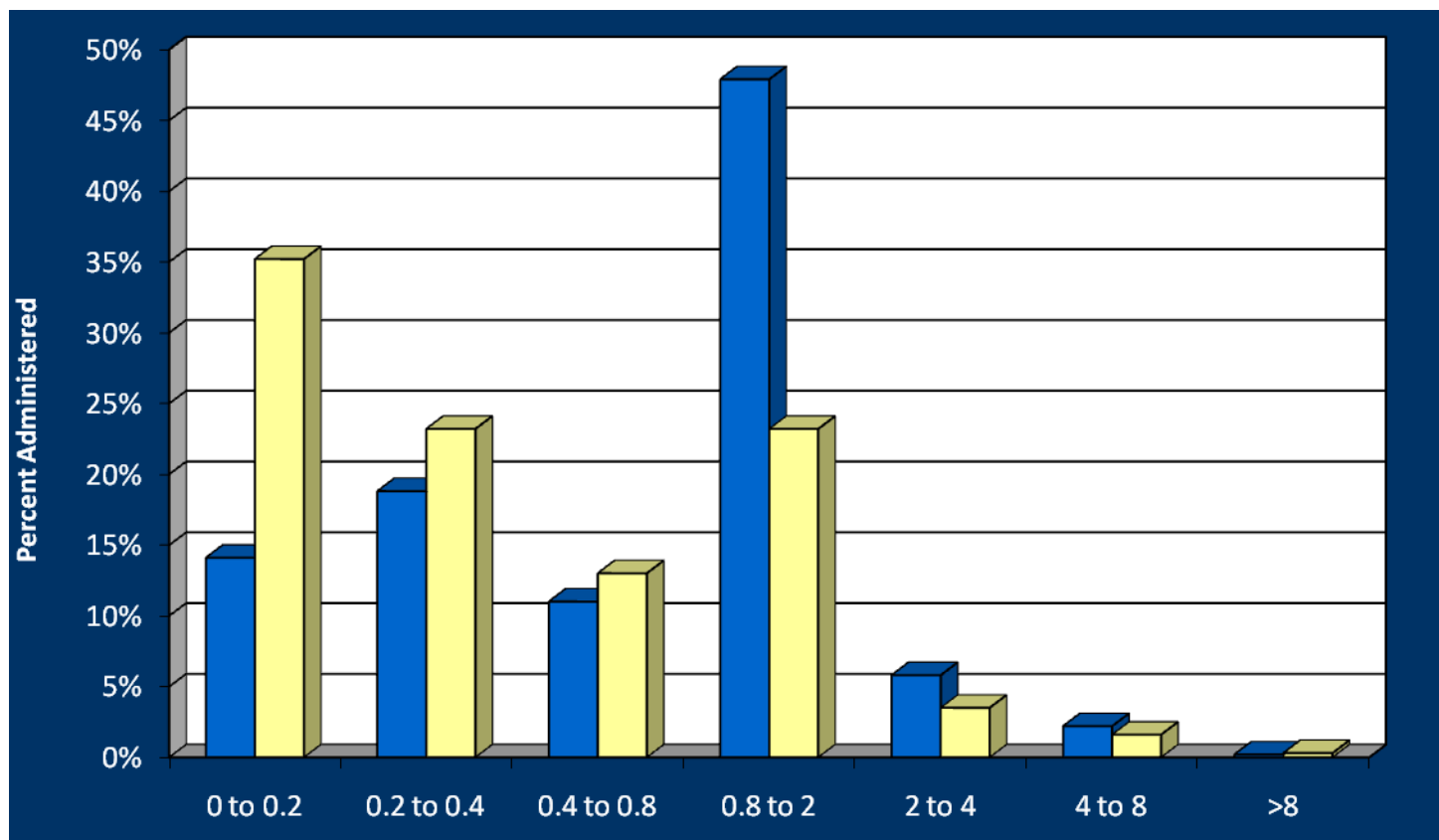
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HQC Alert Tracking: Who's Reading it?



Percent of Alerts Opened (48 hrs Tues-Thursday)

Results: Changes in Dosing Behavior



■ January to July 2009

■ December 2009

Preaching to the Choir

New York Presbyterian Hospital Annual Kick-Off



HALFWAY THROUGH PHILIPPIANS 2,
REVEREND PAUL MATTHEWS REALIZED
HE WAS PREACHING TO THE CHOIR.

Faculty Concerns

- ✓ Is the message being delivered?
 - ✓ CLABSI
 - ✓ Hand hygiene
 - ✓ Infection control
 - ✓ NPSG's
- ✓ How do we reach Housestaff - the “unconverted”?
- ✓ What is the best mode to communicate?
- ✓ Do we need to think outside the box?

Faculty Concerns

- ✓ Not employed by hospital
- ✓ Dealing with conflicting interests of hospital and medical school
- ✓ Being able to discuss serious concerns and sharing the data without putting hospital at risk
- ✓ Being able to develop creative ways to join employees of medical school and hospital to work on issues
- ✓ Utilizing residents effectively as they work fewer hours

Current Challenges

- ✓ Communication
- ✓ Effective Representation
- ✓ Sustainability
- ✓ Data Transparency
- ✓ Exportability

Acknowledgements

- ✓ Laura Forese, MD Chief Medical Officer
- ✓ Elliot Lazar, MD, MBA, Senior VP, Chief Quality and Patient Safety Officer
- ✓ Richard Liebowitz, MD, VP Medical Affairs, Director GME
- ✓ William Nugent, MD, MBA, HQC Vice-Chair
- ✓ Susan Faggiani, RN, BA, CPHQ, QPS Liaison
- ✓ Maureen Kelsay, QPS Coordinator
- ✓ Bryan Sexton, PhD, Director of Patient Safety, Research and Training, Duke University Health System

Questions?

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