A Multifaceted Hospitalist led Quality Assurance Committee to Create a Culture of Continuous Improvement

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Summary

Objectives:
1. To identify and review cases to enhance safety and quality of care delivered
2. To educate and/or redesign how care should be delivered by the Hospitalist Service
3. To promote team reviews and learnings from the process
4. To create a climate of continual quality improvement in patient care

Background:
The delivery of healthcare is constantly changing, therefore the need for sustaining and improving the quality of care being delivered should be maintained. As the majority of Bridgeport Hospital's inpatient care is provided by Hospitalists, an internal Quality Assurance (QA) program was established to identify and improve internal areas of concern.

Methodology:
A multifaceted Quality Assurance (QA) committee with various areas of expertise (medical, process improvement, administration, QA/QI) was established to assess, measure, and improve the quality of care and performance on an ongoing basis. A standardized process for identifying, reviewing, reporting, and improving cases was created. De-identified cases, were reviewed by the committee, multiple areas for improvement per case were aggregated, and shared with the Hospitalist Department and Hospital Leadership.

After committee review, an evaluation of the findings will be determined by the committee. Cases may fall into the following categories requiring their respective actions:

Category	Action
Education	close loop individually
Systematic	determine need for QI/process improvement project
Further Evaluation	forward to Executive Director/VP Performance & Risk Management/Chair of Medicine

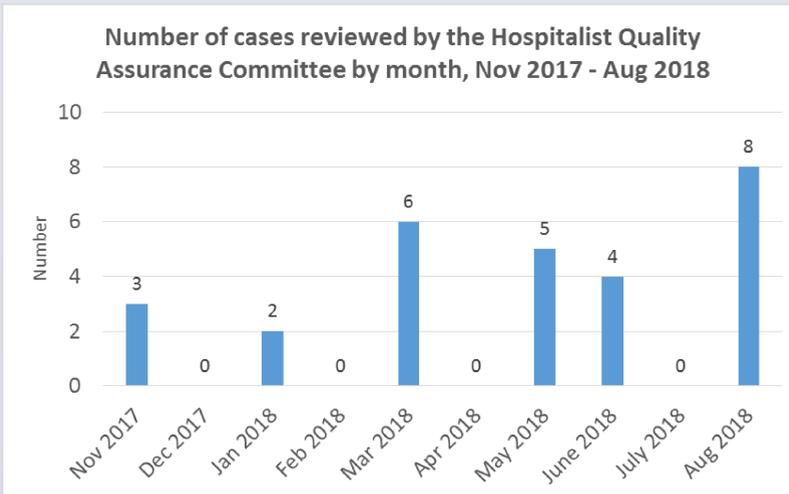Data were tracked in a locally created database.

Project Description

Bridgeport Hospital's Hospitalist Department Quality Assurance Flow
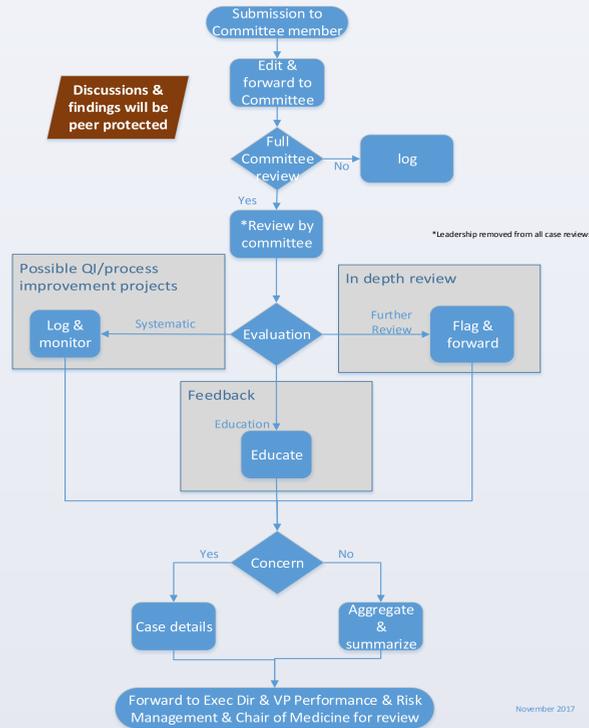
Results

For the time period of November 2017 – August 2018, 28 cases were reported to the QA committee, identifying 33 areas for improvement. The majority of areas for improvement had systematic flaws [17] identified which resulted in education and creation of workflows [13] and the creation of a multidisciplinary pharmacy group that created electronic alerts for high risk medications.

Number of cases reviewed by the Hospitalist Quality Assurance Committee by month, Nov 2017 – Aug 2018

BH Hospitalist Quality Assurance Reported Cases, Nov 2017 - Aug 2018

■ Total reviewed ■ Total NOT reviewed

Area for improvement	Number
Systematic	17
Education	12
Further review	2

Issue	Number
Med error	7
Handoff	4
Judgment error - med	4
System - communication	4
EPIC workflow - Admit/discharge process/Med Rec	3
Delay in giving med	3
Copying and pasting of notes	2
Wrong/missed diagnosis	2
Delay d/t knowledge	1
Systematic – onboarding	1
Resident oversight	1
Inappropriate level of care	1

Action items	Number
Hospitalist Group Education	13
Individual Education	9
Further review	6
Multidisciplinary pharmacy group	6
Logged & monitoring	4

Lessons Learned

Discussion
- Creating a structured reporting flow and a de-identified discussion helps create a culture of self-reporting and overall acceptance

- Majority of areas for improvement identified were systematic in nature identifying larger process areas where process improvement is needed

- More than half (51.5%) of all issues reported were medication related

- Routine discussions and involvement with pharmacy department resulted in the creation of an electronic alert for a high risk medication

- Hospitalists are receptive to feedback and the opportunity for growth

- Hospitalist departmental engagement continues to increase as aggregated data and de-identified instances are routinely shared with the team

- As more cases and instances are identified from a particular issue, more workgroups will be created to improve patient safety and processes

Implications
- Departmental Quality Assurance committees can add value and potentially enhancing many aspects of hospital care such as but not limited to: quality of care, patient safety, efficiency, cost savings, patient experience, etc...

- This process can be created in most departments and allows opportunity to grow with to begin monitoring other department metrics and processes.