

QUALITY AND SAFETY MEASURES UPDATE
May 2016

CORE MEASURES 2015

See attached Results

Joint Commission and CMS Core Measure Dashboard updated with most recent data available: Q1 2015 – Q4 2015. A revised dashboard with ZSFG-defined targets will be presented in September.

Highlights of results and improvement work:

- **Perinatal measures:** Continued performance on all measures better than UHC median.
- **VTE measures:**
 - ICU Prophylaxis** –ICU VTE prophylaxis increased to 98% (n=41). The ICU Performance Improvement team conducts real time audits with feedback, and added application of Sequential Compression Devices (SCDs) to the ICU report card.
 - Overall Prophylaxis** – Overall VTE prophylaxis decreased to 83% (n=84). Prophylaxis is being ordered, however there is no evidence of SCD use. Current performance improvement efforts include collaborating with medical surgical nursing leadership to evaluate the SCD process and the possibility of smaller SCD machines in Building 25. In addition, written and video patient education material are being developed to explain and encourage VTE prophylaxis.
 - Warfarin Therapy Discharge Instructions:** Warfarin therapy discharge instructions are at 79% (n=19). Improvement work includes:
 - In-service education for staff on warfarin discharge education was held in April.
 - Clinical Nurse Leader students developed and shared an educational handout with 5D related to warfarin discharge education.
 - Partnership with discharge pharmacists to evaluate and improve the process for discharging patients on warfarin therapy
- **Emergency Dept Throughput** – Median times continue to be longer than UHC Median.
 - Median time from arrival to departure admitted patients increased to 487 (from 422 – Q3 2015).
 - Median time from Admit decision time to ED departure time for admitted patients increased to 211 (from 190 - Q3 2015).
 - More recent throughput data and distributions are included in the Patient Care Service Report.
 - Current Emergency Department performance improvement efforts are focused on Fast Track. The next Kaizen is scheduled for the 3rd week of June.
- **Immunization Measures**
 - In November, ZSFG implemented an electronic change in nursing workflow to require vaccination screens prior to discharge. Compliance was 80% in November and 90% in December 2015. Psychiatry adopted this change in January 2016, and improvements are expected in Q1 2016.
- **Psychiatry measures:**
 - Confusion with abstraction methods and clinical workflow led to 0% compliance on the TOB-2 (Tobacco Use Treatment/Practical Counseling Provided or Offered) measure. Performance Improvement leadership met with Psychiatry leadership to develop a documentation plan; the plan is in the process of being implemented and compliance is expected to significantly increase.