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# STANFORD MEDICINE QI NEWSLETTER



Winter 2019 Edition

## GREETINGS FROM SHAPE

Dear Colleagues,

We are excited to bring you the **Winter 2019 Stanford Medicine Quality Improvement Letter**. For this issue, we discuss exciting results from QI projects regarding level of care appropriateness and use of limited transthoracic echocardiography. We also spotlight a new order set to help our patients sleep better at night. In addition, we include a tip to streamline Voalte usage on the general medicine, hematology, oncology, and cardiology services. Finally, **we reveal and congratulate one of our very own on becoming the new Physician Scholar in patient safety and quality at the VA Palo Alto next year!**

-Neel Chari, Swati Yanamadala

## CONTACT US

Have contributions to our next newsletter?

Interested in joining the Stanford Hospitalist Advanced Practice & Education (SHAPE) group?

Email us at [nchari@Stanford.edu](mailto:nchari@Stanford.edu) or [swatiy1@Stanford.edu](mailto:swatiy1@Stanford.edu)



# Promoting Better Night Sleep



**Samantha Wang, Julia Cremer, and Sarah Wachtel** participated in a QI project in 2018 centered around improving patients' sleep in the hospital. They identified odd medication timings, night vital signs, and beeping monitors as potential sources. The result of this is a new order set (see below) that is embedded in the admit order set! The order set can be manually found by the title "Promoting better night sleep".

## Promoting Better Night Sleep

✓ No vital signs over night

No vital signs overnight between the hours of 10pm to 4am in patients who are acute care. ICU level patients can be Q4hr., CONTINUOUS starting Today at 1915 Until Specified

✓ Offer patient ear plugs and eye masks

ONCE First occurrence Today at 1915

✓ Turn down lights and close doors if applicable

CONTINUOUS starting Today at 1915 Until Specified

✓ melatonin sublingual tablet 6 mg

6 mg, Oral, EVERY BEDTIME, First Dose Today at 2200, Until Discontinued

✓ Consult to Pharmacy

Reason for Consult: adjust medications to reduce administering between 10pm to 4am

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# Level of Care Appropriateness



Over the past year, a hospital-wide project has focused on decreasing inappropriate use of IICU level of care (vs Acute Care) with the use of a best practice alert. Over 15 divisions have been involved, and medicine has been a key part of this endeavor. Many thanks to participants from the Residency Safety Council and QI elective who helped make this project a success (and a winner of the hospital-wide Malinda Mitchell award!). Below are results from General Medicine and Cardiovascular Medicine.

GENERAL MEDICINE	Baseline 4/1/17 – 3/31/18	Post 4/1/18 – 1/13/19	12/31/18	1/7/19
% hrs on IICU	22%	11%	8%	8%
% hrs on ACU	71%	84%	85%	90%
Avg hrs on IICU	25	12	8	10
% Patients discharged on IICU	15%	4%	5%	0%
Total Patient volume	4,842	3,382	60	67

CARDIOVASCULAR MEDICINE	Baseline 4/1/17 – 3/31/18	Post 4/1/18 – 1/13/19	12/31/18	1/7/19
% hrs on IICU	56%	30%	28%	16%
% hrs on ACU	27%	53%	56%	66%
Avg hrs on IICU	69	42	37	23
% Patients discharged on IICU	55%	24%	18%	13%
Total Patient volume	1,640	1,324	22	31



# Documenting Debility



## Situation:

- Debility is currently under-documented, which may result in under-representation of severity of illness of our patients.
- Debility currently functions as a proxy measure for performance status/functional status (i.e., measured by ECOG or Karnofsky score), which is a well-known predictor of poor outcomes.

## Background:

- As part of the “debility” category, the diagnoses of “weakness”, “malaise” or “chronic fatigue” play a surprisingly large role in expected mortality equations relevant to our patients.
- For example, sepsis is the most common primary diagnosis on general medicine. For sepsis as a primary diagnosis, the co-morbidity of debility is weighted more in Vizient expected mortality equations than many other diagnoses, including chronic liver disease, GI hemorrhage, malnutrition, and acute renal failure

**Assessment:** The current capture rate for “debility” is under 10% for patients on general medicine.

## Recommendation :

The .rcc was updated in January so that “weakness”, “malaise” and “chronic fatigue” (each of which falls under the debility category) can be made in the .rcc for Medicine under the **new “functional status” category**. If you feel that a particular patient qualifies for any of these diagnoses on admission, please select it in the .rcc as a present on admission diagnosis.

Renal : {CDC Renal:34090::" "}

Hepatic : {SHC CDC Hepatic:304029233:p:" "}

Functional Status : {SHC CDC Functional Status:38036::" "}

*SBAR Lead: Jason Hom, MD*



## Decreasing Echocardiography costs through the use of a limited study



**Background:** Medicare spends almost \$1 billion on echocardiography, but some of these studies may be inappropriate. Stanford currently ranks 86/91 on Vizient in the number of inpatient full TTEs ordered per patient and 82/91 in the proportion of patients undergoing a full TTE. Offering a less expensive “limited” echocardiography for narrow clinical questions can reduce the number of inappropriate TTEs.

**Goal:** Examine TTE usage at Stanford

**Preliminary results:**

- In the 2018 fiscal year, 7073 full TTEs were ordered on 5927 different hospitalizations, leading to **1146 repeat studies**.
- Majority of hospitalizations had 2 TTEs/hospitalization
- Cardiac surgery, cardiology, and ICU ordered the most repeat TTEs
- Substitution of a limited TTE for each repeat TTE would correspond to an annual cost savings of >\$300,000

**Next steps:**

- Continue examining why certain services over-utilize full TTEs
- Increase awareness of criteria for full inpatient TTE
- Increase accessibility of a limited TTE option

**Criteria for using limited transthoracic echocardiography:**

- A full TTE has been completed in the system within the last 6-12 months
- Clinical question is limited and can be answered with limited views(LVEF assessment, signs of pericardial effusion, degree of pulmonary hypertension)

**Limited TTE can be found by searching “echo limited” in the orders tab  
Once selected, the dropdown menu is similar to when ordering a full TTE**



## Physician Scholar in Quality and Patient Safety



We are happy to announce that **Justin Slade**, one of our outstanding R3s, will be our new Physician Scholar in Quality and Patient Safety for the 2019-2020 academic year at the VA Palo Alto!



In this role, Justin will be:

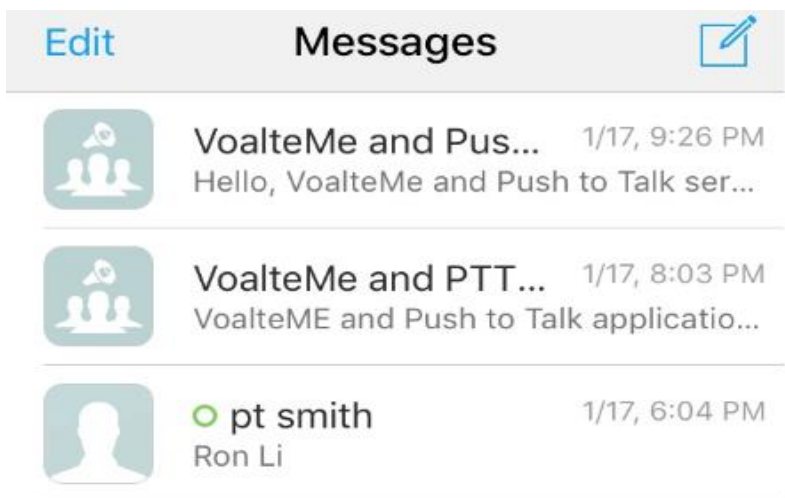
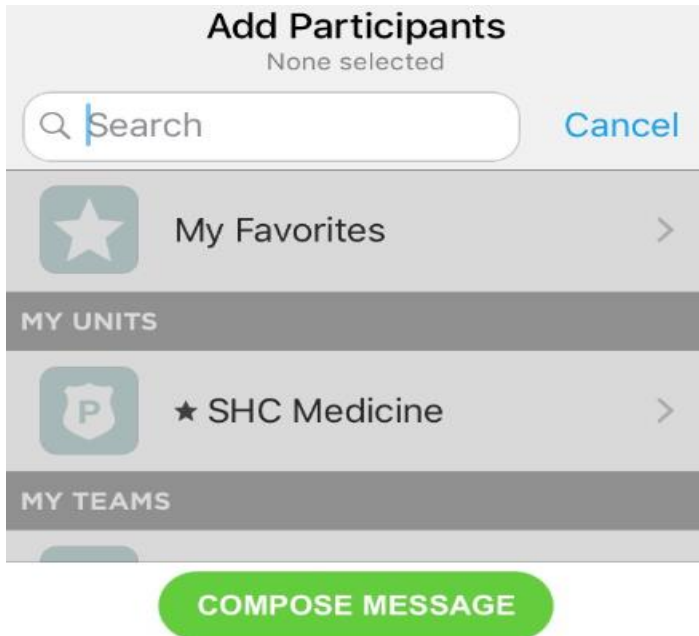
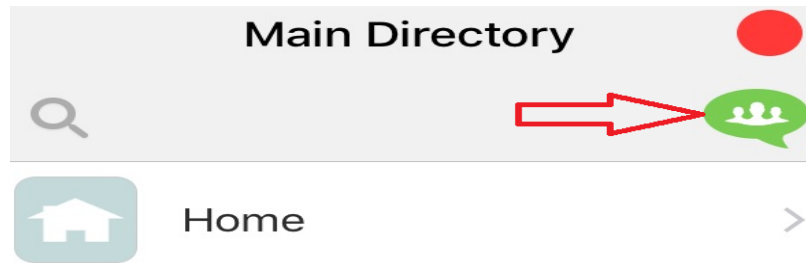
- Attending on VA wards and/or VA GMC
- Delivering bi-monthly QI presentations during morning report
- Coordinating the monthly SQUIRREL series(QI lectures as part of the VA Hospitalist Series)
- Organizing Patient Safety Conferences
- Participating in dedicated QI projects



# Voalte Tip



**Group messaging:** This feature allows you to name text conversations. This should allow you to easily scroll through your messages when trying to reach the RN for a certain patient. Example illustrated below. Select the green button to open group messaging, add the RN (or whoever you want) as your participant and hit compose message. Then, enter the patient's name (pt smith here) as your "Subject". When you view your message log, you will easily see the patient's name as the subject of the text as well as the participants name below it.





# 2019 Upcoming Professional Meetings



## **Society of Hospital Medicine Annual Meeting**

National Harbor, MD  
March 24-27, 2019



## **SGIM Annual Meeting**

Washington D.C.  
May 8-11, 2019



**Stanford QI & Patient  
Safety Symposium**  
Expected May 2019

