UCLA Health
Quality Management Services

MOVERS Highlights

Issue Date: January 2020

MOVERS Highlights provides a quarterly snapshot of our comprehensive efforts to provide quality care to all of our patients. MOVERS is an acronym that represents the Quality Improvement initiatives we are focusing on as a Health System. Below is our performance in each area.

Reducing Risk Adjusted Mortality

Contact: Kim Ternavan; Jennie Kung (ACP/Palliative)

FY20 Focus Area: Sepsis, Early Recognition and Emergency Response
Improvement Activities:

1. Evaluation of current and new innovations: Modification of the sepsis order sets and sepsis IV fluid bolus to address ideal body weight, addition of procalcitonin to Sepsis Audit Graph
2. Data development: Phase 3 of Peds dashboard, integration of readmissions data, Phase 3 of Adult Innovations Tools dashboard, sepsis progression dashboard
3. Collaborations: ED/Inpt Sepsis Fallout Improvement Project (tool development), PSI-13 Improvement Project, UCOP Sepsis Simulation, Vizient Sepsis Early Recognition
4. Sepsis Response Pilot at SMH, currently in cycle 3
5. Collaboration with unit leadership (MDs and RNs) for sepsis fallout case review on inpatient units
6. Interdisciplinary group created to develop RT Sepsis Screening Tool
7. New Medical Director for Sepsis programming, Dr. Russell Kerbel.
8. Emergency Response tableau datasets utilized for focused QI projects
9. RESCU-narrator providing data, optimizations in progress, supporting CST team development
10. CDI team in conjunction with ICU MDs reviewing all mortality cases and possible opportunities
11. Emergency Response “crowd control” projects in process to improve team response and outcomes
12. Proposal for dedicated RRMC Emergency Response medical team in process.

Advance Care Planning:

1. Continued support and growth of Palliative Nurse Practitioner in Oncology. Exploration of potential new contract with Blue Shield as well as expansion opportunities across the outpatient setting.
2. Development of embedded Social Worker on Cardio Myopathy and scope increase to educational efforts with cardiologists.
3. ACP education in the primary care setting spreading throughout the health system.
4. Development and formation of the Advance Care Planning Strategic Plan.
5. Death database ownership, in coordination with hospice quality efforts.
6. ACP CareConnect Module has been rolled out as of October 2018, with efforts to disseminate into primary care practices and continued trainings throughout the system.
7. All 2.7 PRIME measures were funded last year, currently actively working on achieving them for this year.

Palliative Care:

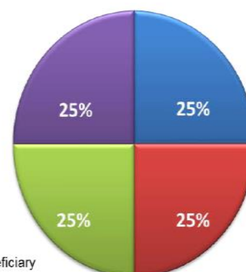
1. Working with the BOOST team and Performance Excellence to identify patients at risk for readmission due to unmet palliative care needs and enacting a combinations of primary and specialty palliative care interventions to ensure appropriate and necessary conversations about goals of care and advance care planning.
2. Continue to grow outpatient palliative care and build out full teams for inpatient service. Recently added two physicians on service. Growth of 29% between 2017 and 2018 for our RRUCLA Palliative Care Consult Service (478 consults in 2017, and 615 consults in 2018).
3. General Inpatient Hospice Patient (GIP) admissions grew 294% since the program started in 2014 to 126 admits in 2018. Created new process of streamlining admissions consults currently implemented for NeuroICU, Neurology, Solid Oncology, and Geriatrics.

Improving Process and Outcome Measures

Contact: Sherry Watson-Lawler

FY20 Focus Areas: Value Based Purchasing Ranking
Improvement Activities:

1. Business Owner of each of the VBP Domain presented current state and areas of opportunity
2. Business Owners monitor ranking per Domain using the VBP calculator in Tableau.
3. Committee members granted access to the Press Ganey VBP calculator, given tutorial to monitor performance per domain using PG VBP calculator.
4. Business Owners review initiatives to effect change in Domain performance ranking



Implementing Value Care Design

Contact: Christine Ahn

FY20 Focus Areas: ValU projects aligned to Health System PI Infrastructure
Improvement Activities:

1. Pediatric Epilepsy Care Redesign
2. Joint Replacement Care Redesign
3. Cardiac Surgery OR Scheduling Project
4. Orthopaedic Surgery OR Scheduling Project
5. Peds GI Care Redesign
6. Peds Cardiology Care Redesign
7. GI Hemorrhage Care Redesign
8. ICU LOS Reduction Initiative

Enhancing the Patient Experience

Contact: Marianne Rowan-Braun

FY20 Focus Areas: Physician Communication, Nurse Communication, MD-RN rounding, Patient/Family Feedback
Improvement Activities:

1. **Physician Communication:**
   (1) Care Team Chair pilot: RR & SM
2. **Nurse Communication:**
   (1) Care Team Chair pilot
   (2) Patient concerns focus on effective response hierarchy
3. **MD-RN rounding:**
   (1) MD-RN rounding interdisciplinary workgroup and Transformational Leadership Magnet Council are working to improve MD-RN rounding.
   (2) Current focus is to increase the occurrence of MD-RN rounding by involving unit secretaries in facilitating the rounding and helping doctors find nurses prior to rounding.
4. **Epic CRM (Customer Relations Management) implementation:**
   (1) Building the infrastructure for expansion of CRM
   (2) Implement inclusion of Office of Patient Experience by CY20 Q1
   (3) Design Spread Plan for CRM expansion by CY20 Q2
5. **Binary Fountain, Natural Language Processing and Ambulatory Text Surveys:**
   (1) Building vehicle for compilation of patient voices and using analytics for review and response
   (2) Implementing real time text messaging survey for ambulatory patients across the continuum.

Reducing Preventable Readmissions

Contact: Sherry Watson-Lawler

FY20 Focus Area: Reduce 30-Day Unplanned Readmission by 12%
Improvement Activities:

1. Safe Transition Report Pilot – on going
   a) What: Use of Safe Transition Report with in CC (LACE+ 8P BOOST)
   b) Where: Pilot Units: RR- 7E & 8N SMH- 5NW & 4MN
   c) Who: All disciplines caring for patients in the pilot units (MD, RN, CM/SW, Pharm, PT)
   d) When: July 1,2019
   e) Why:
      - To determine how to best integrate the Safe Transition Report into the current workflow of all disciplines
      - Standardize interventions to each of the risk condition to prevent readmission
      - Standardize documentation of interventions
2. Focus Area #1: Outpatient Optimization
   i. Priorities: (A) Implementation / tracking of referrals to Extensivist Clinic (B) Evaluation of post DC visit use at Suite 420 to Thousand Oaks (C) Planning with Focus group 2 on <48 hours LOS
3. Focus Area #2: Patient Readiness for Discharge
   i. Priorities: (A) palliative Care – appropriate intervention identified for when risk condition identified in the BOOST tool (B) Pharmacy- current state (c) Improve workflow processes- RN/MD Rounding, IDR Rounds
4. Focus Area #3: Transition of Care
   i. Priorities: (A) Work with F2 in achieving seamless transition from UCLA to PAC (B) Explore a process to enable preferred Skilled Nursing Facilities to work with Enhanced Home Health Agencies (EHH) to enhance patient experience (C) Standardize the on-site visit (warm hand-off) for EHH (D) Provide continuing education to post-acute providers on best practices

Strengthening Patient Safety

Contact: Anet Sinanyan, Shaunte Walton

FY20 Focus Areas: AHRQ Patient Safety Indicators (PSI-90), HAPU, fall w/ Injury, CAUTI, CLABSI
Improvement Activities:

1. Fully transitioned to 3M 360 Encompass - a software that is interfaced with Care Connect that can identify quality indicators resulting from ICD-CODES (working or final) concurrently, flags cases that need further review /action regarding patient care. Mainly used by Quality Dept. for HACs and PSIs.
2. Working closely with the CDI specialists in concurrently monitoring physician documentations on POAs & suspected conditions, clarifying documentations with MD champions for possible HAC or PSI case reversal.
3. Working closely with Coding Dept. to ensure cases are coded correctly.
4. HAC/PSI cases with care management issues are for referral for Peer Review.
5. Coding Dept. providing physician education on appropriate documentation.
6. HAC/PSI case reporting to Medical services and other appropriate committees for trending, education and resolution planning.
7. HAC/PSI monthly update and discussion with CMOs
8. Quality & Coding Depts are working with specific medical services on reducing their HAC/PSI cases
9. CLABSI:
   (1) System wide focus on CLABSI bundle, including hand hygiene, appropriate insertion practices, dressing change standardization, optimal site selection, and daily review of line necessity.
   (2) System wide Nursing/Infection Prevention CLABSI event review performed to identify deviations in practice. Infection Prevention recommendations and education conducted concurrently.
   (3) Multidisciplinary CLABSI Task Forces at SMH and RRUMC continue to evaluate CLABSI trends. Action plans created to address challenges identified. To date, interventions have led to significant CLABSI reductions.
   (4) Challenges with Active Daily Management identified as the root cause of CLABSI events across the health system. CLABSI Task Forces coordinating efforts to increase Active Daily Management observations and implement staff accountability initiatives to improve bundle compliance.

10. CAUTI:
    (1) Multidisciplinary CAUTI workgroup targeting Active Daily Management and nurse-driven protocol optimization.
    (2) Continued participation in a best practice program offered by Bard to further reduce CAUTI events across the system.
    (3) Current evaluation of external urinary device for men (PrimoFit) as the optimal product for UCLA Health.