Making Health Care Better Together

Hospital Quality Improvement

Welcome from all of us!

COLLABORATORS:
Alabama Hospital Association
Alliant Health Solutions
Comagine Health
Georgia Hospital Association
KFMC Health Improvement Partners
Konza
Adverse Drug Event Cohorts

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Jennifer has 15 years of experience in clinical pharmacy in the acute care hospital setting and in various roles at Alliant Health Solutions working on the CMS contract for the Quality Innovation Network–Quality Improvement Organization (QIN–QIO). She currently serves as SME for Opioids and Adverse Drug Events for HQIC.

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Learning Objectives

• Learn Today:
  • Introduction to Adverse Drug Event Cohort structure
  • Understanding of expectations
    • From Subject Matter Experts
    • From QI Coach
    • From Hospitals

• Use Tomorrow:
  • Access available tools and resources to implement targeted interventions
Cohort Structure

• Targeted cohort members have been identified based on data
• Alliant supplies quantitative data
• Hospital supplies qualitative data – make it your program
  • What is happening in your building
  • What are your pain points around these topics
• Use quantitative and qualitative data to identify interventions
• Apply interventions in 1:1 dialogue based on barriers
• 30 day focus plans – small, fast tests of change
Expectations of QI Coach/Alliant SMEs

• Monthly 1:1 focus call with QI coach for cohort intervention only
  • SME will attend as invited
• Monthly review of data – portal access
• PDSA review and implementation with each coaching call
• Provide timely resources for specified interventions

Drop into chat what you expect or need from QI Coach/SME
Expectations for Hospitals

• Attend monthly 1:1 coaching calls for specific cohort topics
• Access portal data during coaching calls
• Brainstorm barriers for deficiencies based on available data (fishbone)
• With QI Coach – use barriers to determine a potentially successful intervention
• Implement intervention using rapid cycle (30 day) PDSA
• Continue rapid cycle improvement until change is embedded and implement additional interventions to amplify success
What’s in our toolbox?

- Fishbone Diagram
- PDSA Template/Examples/Recordings
- QI Bootcamp Series
- Coaching Packages
  - TOP 5
- HQIC Website Resources
- Portal Access
- Monthly Newsletter
- 1:1 Coaching
- Access to Subject Matter Experts
Fishbone Diagram

- Problem = Head of the Fish
  - Determined based on quantitative data
- Bones = major categories of contributors to the problem
  - Determined based on qualitative data
PDSA Template
PDSA Example: Naloxone Prescribing

• Plan: To prescribe naloxone for all patients discharged on an opioid
• Do: In EHR – complete a build for naloxone prescription to automatically populate in discharge medication list when any order is entered for a CII-CV. Non-EHR method – education discharge nurse/case manager on contacting physician for naloxone order for any discharge Rx for CII-CV.
• Study: Run internal discharge medication data to assess effectiveness. Data shows certain units not as effective at contacting physician for Rx.
• Act: For discharge planning check list – add Naloxone Rx line item.

REPEAT
Quality Improvement Basics Bootcamp

• 3 Part Series
• Tools/Recordings available on the Alliant HQIC Website
• Series Focus:
  • Quality improvement models and tools
  • Process improvement
  • Developing a quality improvement team/who should be at the table
  • Resources to be shared
Coaching Packages

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Coaching Package

Purpose: Use the evidence-based best practices and resources to create quality improvement action plans.

Category | Best practice/Interventions | Links to resources, tools, webinars, etc.
---|---|---
Care Coordination | Structure process and warm handoff for referral to providers for an opioid use disorder | U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) Directory of Opioid Treatment Programs

Care Coordination | Discharge summary sent to PCP if patient was discharged on an opiate | Pennsylvania Department of Drug and Alcohol Program, ED Warm Handoff Protocol

Disease Management | Leverage CDS/CPOE/Screening information | Substance Abuse and Mental Health Services Administration (SAMHSA)al, PHEP Guide for Healthcare Providers

Disease Management | Ensure patient has a prescription for Naloxone if discharged on opioids | Colorado Hospital Association, BH Hospital Opioid Management and Awareness Initiative, and Hospital Based Clinicians to Decrease Rates of Opiate Overdose Death

Disease Management | Integrate appropriate Hospital Opioid Prescribing Guidelines | Centers for Disease Control (CDC) Opioid Prescribing Guidelines

Disease Management | Before starting opioid therapy for chronic pain, clinicians should establish treatment goals | The Joint Commission (TJC) Pain Management Standards

Disease Management | Education | Prevent inappropriate counseling to patient being prescribed opioids | The CDC and State of Oregon - Medication Safety High-Alert Medication Learning Guides

Links to resources, tools, webinars, etc.

Category | Best practice/Interventions | Links to resources, tools, webinars, etc.
---|---|---
Care Coordination | Discharge plan tailored to the individual patient with diabetes | Agency for Healthcare Research and Quality: Readmissions and Avoidable Events After Discharge

Disease Management | Insulin should be administered using validated insulin delivery systems | Diabetes Care in the Hospital: Standards of Medical Care in Diabetes 2022

Disease Management | Standardized protocol and order set addressing glycemic-lowering treatment in patients | Institute for Safe Medication Practices (ISMP) Medication Self Assessment for High-Alert Medications

Disease Management | Optimize glycemic management, including meal time, seeing and insulin administration | ISAG: Hypoglycemic Event Analysis Tool (HEAT)

Education | Diabetes self-management knowledge and behaviors obtained in admission | Diabetes Care in the Hospital: Standards of Medical Care in Diabetes 2022

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Education | American Diabetes Association Low Blood Glucose | Cleveland Clinic Discharge Checklists for People with Diabetes

Targeted Interventions: Top 5 Opioids

• Formation of an Opioid Stewardship Committee
• Prescribe Narcan at discharge for patients who have a prescription for opioids
• Patient not concurrently prescribed opioids and benzodiazepines
• Patient offered non-pharmacologic comfort interventions for pain control
• Opioid committee/pharmacy reviews ADEs with use of reversal agents and audits documentation for s/s leading up to reversal agent administration
Targeted Interventions: Top 5 Hypoglycemic

• Hypoglycemic episodes and adverse drug events are evaluated for a root cause
• Ensure patients are not receiving sliding scale insulin alone
• Discharge plain tailored to the individual patient with diabetes
• Notification process for patients who have BG < 100
• Notification process for patients who are on glycemic agents who are suddenly NPO
HQIC Website Resources/Tools

HQIC Resources

- COVID-19
  - Health Equity
  - Hospital Acquired Pressure Injuries

- Infection Prevention
  - Medication Safety/Adverse Drug Event (ADE)
  - National COVID-19 Resiliency Network (NCRN)

- Opioid Stewardship
  - Patient and Family Engagement
  - Readmissions
HQIC Website Resources/Tools

Glycemic Adverse Drug Events

Alliant Resources
- HQIC Coaching Package: Adverse Drug Events
- Anticoagulants and Antihypoglycemics
- Diabetes Zone Tool

National Resources
- HHS: National Action Plan for ADE Prevention
- The Glycemic Control Implementation Guide
- 9) Diabetes Care in the Hospital: Standards of Medical Care in Diabetes 2022
- ISMP Medication Self-Assessment for High-Alert Mediations
- Society of Hospital Medicine, Glycemic Control for Hospitalists
- Beers Criteria Medication List
- IHI Global Trigger Tool for Adverse Events
- IHI How-to Guide, Prevent Harm from High-Alert Medications
- 9) Consumer Medication Safety High-Alert Medication Learning Guides

Glycemic ADE Articles
- Effectiveness of a Computerized Insulin Order Template in General Medical Inpatients With Type 2 Diabetes: A Cluster Randomized Trial
- 9) Impact of Glucose Management Team on Outcomes of Hospitalization in Patients with Type 2 Diabetes Admitted to the Medical Service
- Hospital Guidelines for Diabetes Management and the Joint Commission-American Diabetes Association Inpatient Diabetes Certification
- Know Your 'Five Rights': The Pharmacist’s Role in Medication Safety
Portal Access

Please enter your email address and create a password.

All fields are required.

Email Address

Enter Password

Your password must have at least 8 characters, including one number and one uppercase letter.

Confirm Password

Sign Up
Monthly HQIC Newsletter

- Timely journal articles on all HQIC topics
- Links to registration for all of our educational events
- Success stories from top performing hospitals
- Latest news from CMS
- Linked on HQIC website
Month 6 Sharing

• Which Top 5 Intervention was implemented at your hospital
• PDSA Examples
• Barriers faced
• How barriers were overcome
• Lessons learned
• Best practices
Resource Links:

• QI Tools:
  • PDSA Template
  • Fishbone Template

• Coaching Packages
  • Opioids
  • Hypoglycemic Agents

• HQIC Website:
  • Opioid Stewardship
  • Medication Safety/Adverse Drug Event

• Portal:
  • Portal Instructions
  • Portal Registration and Multifactor Authentication
  • Portal Navigation and Feature Overview

• QI Bootcamp Series:
  • Session 1
  • Session 2
  • Session 3
Key Takeaways

• Learn Today:
  • Understand new HQIC Cohort Structure
  • Understand expectations for SMEs, QI Coaches and hospitals

• Use Tomorrow:
  • Use available resources to implement positive change in your hospital for adverse drug events

How will this change what you do? Please tell us in the poll…
Questions?

Email us at HospitalQuality@allianthealth.org or call us 678-527-3681.
HQIC Goals

Behavioral Health Outcomes & Opioid Misuse
- Promote opioid best practices
- Decrease high dose opioid prescribing and opioid adverse events in all settings
- Increase access to behavioral health services

Patient Safety
- Reduce risky medication combinations
- Reduce adverse drug events
- Reduce C. diff in all settings

Quality of Care Transitions
- Convene community coalitions
- Identify and promote optical care for super utilizers
- Reduce community-based adverse drug events
Upcoming Events

QI Coaches will be scheduling 1:1 calls soon!

Opioid/ADE SME:
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Thank you for joining us!
How did we do today?