AQSI: Regional Updates

North Region



AQSI Teams ARE *Interdisciplinary:* Physicians, Residents, Advanced Practice Providers, Nurses, IR Technologist, Clinical Quality Leaders, Managers, and Directors

Our teams' projects included **BOTH** the



Hospital & North Region clinics



5 out 5 the 5

teams *met* or *exceeded* their outcome metric(s)



Patients with delayed INR results >48 hours from decreased 12% to 3%.



Decreased patients with hypoglycemia prior to surgery from 29% to 0%.



Increased peripheral artery disease screening by **55%.**



100% of the IAI exposed babies roomed with mother, not special care nursery



Decrease low risk chest pain patients admitted to the hospital by over 20%.



North Region AQSI Results

Expanded details of team results

Improved Outcome Metric	Project Title	Results
\bigcirc	Establishing care and treatment of well appearing infants exposed to intraamniotic infection (IAI) in the general nursey as opposed to the SCN	By restructuring the care and staffing, 100% of the IAI exposed babies were rooming with their mother as opposed to the SCN. Overall, their interventions have lead to increased patient satisfaction in the bonding time with the infant. Also, the group was able to increase the percentage of breast milk feedings for IAI exposed infants.
\bigcirc	Improve quality and safety of North Region Coumadin Clinics	Through the intervention of an missing INR results at >24 hrs email, the clinic was able to decrease the number of patients with delayed INR results >48 hours from 12% to 3%. Overall this helped improve the overall percentage of patients in TTR of >70% by 10%.
\bigcirc	Improve screening and identification of patients with vascular disease	The team was able to increase the percentage of patients screened for peripheral artery disease by 55%. Of the patients that screened positive for PAD, they were able to refer 10% for further diagnostic testing and 30% were able to complete the diagnostic testing.
\bigcirc	Evaluation and management of low-risk chest pain patients in the NLFH-ED	During the pilot, the team was able to decrease the percentage of low risk chest pain patients admitted to the hospital by over 20%. 17 patients were discharged with a scheduled outpatient stress echo testing; all tests were negative and the majority of echos were complete within 48 hours of discharge. Along with the follow-up, the median length of stay for the patient population was decreased by 4.7 hours.
\bigcirc	Improve perioperative glucose control in total joint patients	The glucose pilot for surgical total join replacement was able to increase the percentage of patients that had an A1C drawn in the past sixty days by 49%. They were also able to increase the detection of prediabetes/DM by 39% and decrease the percentage of patients with hypoglycemia prior to surgery from 29% to 0%. In combination, this pilot has contributed to decreasing the SSI rate from 4 to 1.



North Region Team Members:

Project Title	Team Members
Establishing care and treatment of well appearing infants exposed to intra-amniotic infection (IAI) in the general nursey as opposed to the SCN	Misha Garg, Debbie Margulis, Jill Alden, Mary Scopelliti, and Shayna Mancuso
Improve quality and safety of North Region Coumadin Clinics	Micah Eimer, Johanna Benavides, Juan Micah Guzman Jr., Jane Harrison, Karen O'Heath, Sarah Plaskett, and Phylis Rosebrook
Improve screening and identification of patients with vascular disease	Timothy Provias, Tiffany Holland, Lizzie Kibler, Seth Klein, Aaron Komsri, Katie McGrath, and Sarah Plaskett
Evaluation and management of low-risk chest pain patients in NLFH ED	Trevor Hamilton, Rebecca Bruce, Ryan Golden, Lizzie Kibler, Nancy Nozicka, Trish Osterman, and Sarah Plaskett
Improve perioperative glucose control in total join patients	Anthony Pick, Jennifer Baralli, Olusina Akande, Elizabeth Kunreuther, Jennah Lahood, Harjyot Sandhu, Aditya Shah, and Julia Silver

