

AQSI: Regional Updates

West Region



31 Program Graduates

AQSI Teams ARE *Interdisciplinary*: Physicians, Advanced Practice providers, Nurses, Pharmacists, Clinical Quality Leaders, Family Liaisons, Managers, Directors, and a CMO.

3 NM Hospitals are represented



Participants represent over **20** DEPARTMENTS



6 out of **6** teams *met* or *exceeded* their outcome metric(s)



40% decrease in the number of patients on telemetry until discharge at CDH



LTR by **23.4%** for CDH Interventional Labs



PERT team diagnosis to treatment time from **62** to **23.5** min



Above compliance target for pre-operative ICD management form at CDH and DH









100% of PICCs placed with guidance within **12 hrs.**



Physician burn-out *assessment* and *action plan* for Marianjoy

West Region AQSI Results

Expanded details of team results

Improved Outcome Metric	Project Title	Results
	Improving the IR Patient Experiences	Were able to reduce the process steps by 31%, decrease # of patient communication points from 8 to 1, and resulted in a 23.4% increase in likelihood to recommend and 33.7% in “how well staff worked together to provide care”.
	Establishing a Multidisciplinary Pulmonary Embolism Response Team (PERT)	Through establishing a PERT team, they were able to ensure that increase the number of patients receiving the “workup bundle” by 39% and decrease diagnosis to treatment time from 63 to 38.3 minutes . Long-term outcomes look promising as well (Mortality 7.4% to 0%, Hospital LOS 7.4 to 4.5 days, ICU LOS 2.5 to 0.8 days), but increases in the “n” will be needed to truly compare.
	Reduction in Inappropriate use of Cardiac Telemetry on Inpatient Units	Through editing the EPIC telemetry ordering process and requiring an indication for telemetry, they were able to decrease the number of patients on telemetry without an identifiable indication (39% to 14.6%), decrease the number of patients on telemetry until discharge (93% to 53%) , and decrease the overall number of people on telemetry. They are also seeing modest decrease in alarms and no change in RRT/code blues.
	Assessing physician Burnout at MarianJoy	Administered Maslach Burnout inventory/Worklife Satisfaction/Quality of Life surveys to assess burnout. They were able to adjust CY18 on-call schedule/expectations and put together a working group to push forward with improvements in work/life balance with multiple touchpoints and feedback to physicians.
	Improve PICC line access to pediatric patients through easy accessibility to IR	The team was able to ensure that 100% of pediatric PICC’s are being placed with imaging guidance (a national standard) within 12 hours of ordering (6.32 hrs average) . Other metrics are on P1 hold for specific order-sets.
	Perioperative cardiac implantable device management for non cardiac procedures	This was a phase II improvement project that was able to optimize CIED management at CDH and DH through improving documentation in the medical record, unplanned procedure clarification, and form updates. They were able to exceed target at both hospitals for completed CIED management forms, significantly increased documentation at both hospitals, and have decreased the number of reprogrammed CIED’s to below 25% for both hospitals .

West Region Team Members:

Project Title	Team Members (Leaders Bolded)
Improving the IR Patient Experiences	Kate Matousek, Stanley Kim, and Abby Doerr
Establishing a Multidisciplinary Pulmonary Embolism Response Team (PERT)	Jonathan Cooke, Jennifer Carlson, Neal Greenfield, Stanley Kim, Timothy McGee, Anna Niedzwiecki, and Erik Sloan
Reduction in Inappropriate use of Cardiac Telemetry on Inpatient Units	Nauman Mushtaq, Thomas Eiseman, Bridget Gulling, Alison Keck, Bretton Mularski, Robert Nierzwicki, Sarah Shapiro, and Carrie Vournazos
Assessing physician Burnout at Marianjoy	Jeffrey Oken, Michael DeLaRosa, Dennis Keane, Kim Pedersen, Patty Roberts, Anjum Sayyad, and David Weiss
Improve PICC line access to pediatric patients through easy accessibility to IR	Lavanya Shankar, Erin Beavers, Susan Fischer, Kate Matousek, and Renato Ripamonti
Perioperative cardiac implantable device management for non cardiac procedures	Omeed Zardkoohi, Rena Trieb, Scott Helm, Melissa Johnson, and Connie Steinman