AIAMC National Initiative VII
Capstone Presentations
Cohort Three

Clinical/Quality Outcomes

March 26th (1:30-3:00 ET)

Cohort Three teams

- Advocate Lutheran General Hospital (2 projects)
- Aurora Health Care – Family Medicine
- Community Health Network
- Good Samaritan Hospital
- Kaiser Permanente Northern California
- Ocean Medical Center
- UnityPoint Health - Des Moines

National Initiative

Capstone Questions

1. What did you hope to accomplish?

2. What were you able to accomplish?

3. Knowing what you know now, what might you do differently?

4. What surprised you and why?

5. Lessons Learned:

   The single most important piece of advice to provide another team embarking on a similar initiative and how to be successful?

National Initiative

KAISER PERMANENTE®
Northern California
Residency & Fellowship Programs

VMH
Vallejo Mobile Health
Providing Free Health Care to Our Community

AiAMC
Alliance of Independent Academic Medical Centers

NI VII Meeting Four – Capstone Presentation
Cohort Three: Clinical/Quality Outcomes

Vallejo Mobile Health: Teaming For an End to Homelessness

Emily Fisher, MD; Ted O'Connell, MD; Kat Dang, MS, MAS; Siddharth Selvakumar;
Jung Kim, PhD, MPH; Joelle Lee, MPH; Vanessa Franco, MD;
Theresa Azevedo-Rousso, DIO; Angela Jenkins; Michelle Loaiza

4TH SECOND
SYSTEMIC CHANGE FOR LIFE

National Initiative

What did you hope to accomplish?

- **Vallejo Mobile Health**(VMH) is a street outreach team seeking to reduce the burden of disease and improve wellness of Vallejo's people without homes through a multi-disciplinary, community-based approach

- ***Mission*:** We strive for wellness and the long term goal of facilitating housing stability for people without homes through the culturally-informed provision of supportive services including, but not restricted to, medical care, mental health, housing assistance, and case management.

Pre COVID-19 Plan:

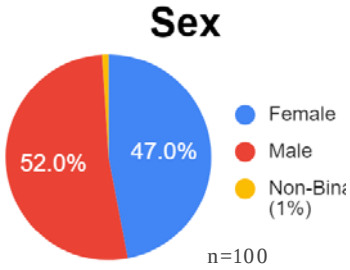
- Integrate medical care with mobile outreach and improve referral workflow process
- Track a) patient utilization with referrals

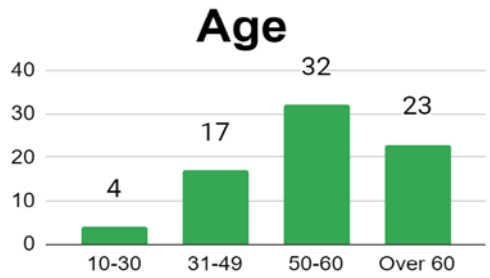
Post COVID-19 Plan:

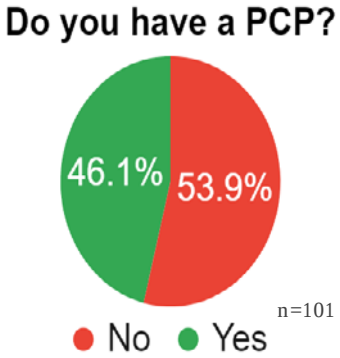
- Integrate medical care with Project Roomkey, formalize partnerships, integrate social services, expand to additional transitional housing sites
- Track a)patient utilization and

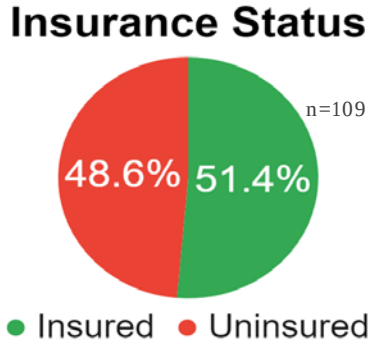
What were you able to accomplish?

- Completed asset mapping of Vallejo to create an easy-to use referral guide for people without homes
- Created a new referral workflow to use resource guide for outreach events at Curbside Communities
- Successfully integrated with groups across sectors and disciplines at Project Room Key to provide coordinated medical care, mental health, and case management



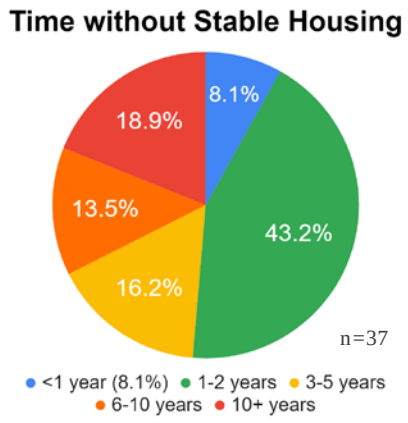


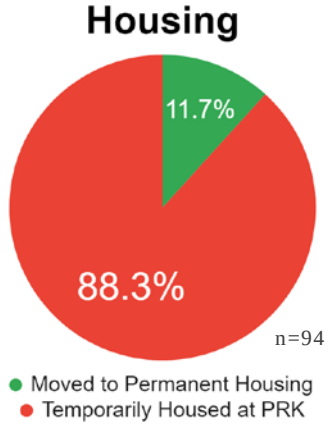


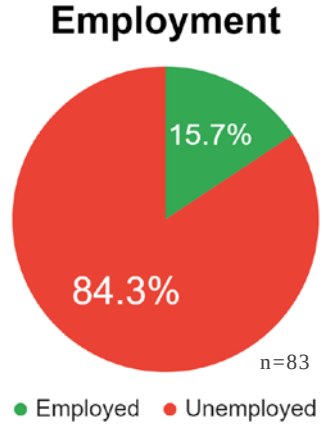


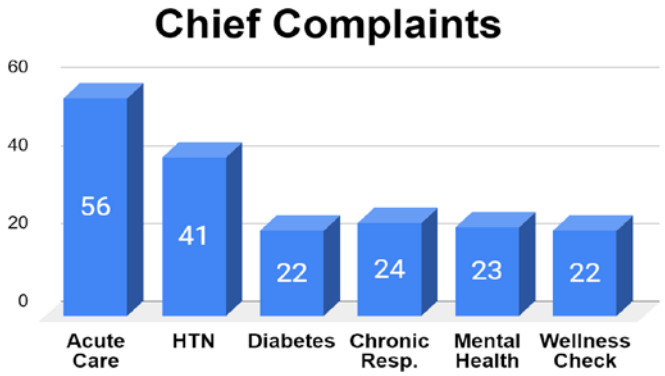
- Established long-term partnerships that will enable Vallejo Mobile Health to provide holistic and multi-faceted care to our patients even after Project Room Key's conclusion
- Began care at other alternative housing sites with these partners

What were you able to accomplish?









Knowing what you know now, what might you do differently?

- Establish data plans across the service providers from the very beginning,
- Make data collection as easy as possible so that it actually gets done.
- Create accountability and consistency in the volunteer base as soon as possible. We eventually found this in creating a Nurse Practitioner student rotation.
- Develop easy lines of communication between the outreach team and providers at each major medical home

What surprised you and why?

- Gathering data in an organized fashion across multiple service providers was surprisingly difficult. Data was:
  - Organized differently
  - Collected in unusable ways.
  - Or was not collected as expected
- A roof does not always equal better health. Especially when the hotel has poor conditions
- It was inspiring to incorporate Nurse Practitioner students who were always eager to take action and step in when needed.

Cohort Three – Lessons Learned

What would be the single most important piece of advice to provide another team embarking on a similar initiative and how to be successful?

Our keys to success:

- Clearly defined team lead who has passion and bandwidth for the project
- Clearly defined roles within the team to allow for successful delegation
- Clear communication despite being in separate spaces
- Collaborative teaming across service providers

QUESTIONS

National Initiative

AdvocateAuroraHealth

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Cohort Three: Clinical/Quality Outcomes

Expanding the role of the PCP in Hospital Medicine

Patrick Piper, MD
Judith Gravdal, MD
Franklin Chang, MD
Ben Kyi, DO

National Initiative

Q1. What did you hope to accomplish?

- Our original project focused on improving the rates of completed advanced directives on hospitalized patients. However, hospital realignment, advancing technology including a new electronic health record, and the COVID pandemic created the opportunity for a broader and, perhaps, more impactful project!
- Our hospital continued to lag established goals in inpatient length of stay, readmission ratios and HCAHPS scores. We saw an opportunity to utilize the skill set of primary care physicians couple with advancing technology to augment those of the hospitalists in improving our lagging metrics.
- Numerous prior studies highlighted the potential advantages and disadvantages of utilizing primary care physicians as consultants in hospital care, however, none of these studies examined the potential impact of technology, specifically video visits, to mitigate this problem.
- We then set out to establish an expanding role for the PCP in the hospitalist
- Can an outpatient PCP help improve hospital metrics?
- Prior studies suggest some role
- Can experience with virtual visits expand role of PCP in hospital

Q2. What were you able to accomplish?

- Generation of idea for larger scale project targeting several Hospital KRAs (key result areas)
- Buy in from system level leadership and accountable care organization
- Recruitment of interested primary care physicians
- Alignment of project with new system level risk contracting
- Better understanding of technologic capabilities of existing EHR
- Development of process using existing resources/technology
- Small pilot study demonstrating feasibility of virtual visit
- Second pilot study receiving positive feedback

Q3. Knowing what you know now, what might you do differently?

- Started with small scale pilot project to present at system level
- Not disrupt prior scheduled weekly meetings
- Sought more support from IT at onset
- Develop contingency plans!

Q4. What surprised you and why?

- Large disparity in interest among primary care physician
- Less interest in hospitalist groups than anticipated
- High interest and high expectations from C-Suite
- More than anticipated positive response from individual nurses
- Variance in priorities among disciplines/hierarchy

Q5. Cohort Three – Lessons Learned

- *Contingency plans, particularly for leadership*
- *But also for pandemics!*
- *Consider alternating roles among teams*
- *Buy in may take time*
- *Focus on larger picture will hold interest*
- *Keep eyes open for all opportunities*

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An approach in teamwork – COPD Multidisciplinary Project

Farah Chaus

National Initiative

Q1. What did you hope to accomplish?

- The AIM of this pilot multidisciplinary clinic is to
  - improve our patients' understanding of COPD
  - improve patient compliance with recommendations.
  - decrease emergency room visits and hospital admission by 50% over the next five years (2016-2021)

Q2. What were you able to accomplish?

- Submitted an IRB project
  - ID: 6687, Quality Improvement Project Around Education of COPD Disease and Medications
- Once a month clinic
- Clinic model staffing needs:
  - 1 PSR
  - 1-2 MA/LPN
  - 1 Patient Advocate: Social Worker or Care Manager
  - Pharmacist
  - 1-2 Respiratory Therapist
- Session Structure
  - Rotating individual appointment with physician, respiratory therapist, and patient advocate
  - Initial Intake: 30 mins per individual appointment
  - Follow ups: 15 mins per individual appointment
- Patient Demographics
  - Looking at high risk utilizers of ED and readmission risks
- Received Advocate Lutheran General Health Plan Endowment Grant

Q3. Knowing what you know now, what might you do differently?

- COVID pandemic
  - As difficult as it was with the pandemic, telehealth still made visits possible
  - Applied for grants to improve technological use in our clinic
- More involvement of care management and transition team
  - This is so to improve the influx of patients into the clinic as we struggled with clinic numbers

Q4. What surprised you and why?

- Resilience of the team dynamics even in the pandemic
  - Surprised by it but very proud of the camaraderie of being part of it
- The lack of education on inhaler use and techniques
  - Not enough time during an Office visit to review this by health care providers
  - Pts were very appreciate of the time to review the techniques of using the inhaler with respiratory therapist and pharmacy
- Competing priorities within the pandemic
  - Lots of new terrain to learn and improvise
  - Innovative projects were put on hold due to so many unknowns!

Q5. Cohort Three – Lessons Learned

- *What would be the single most important piece of advice to provide another team embarking on a similar initiative and how to be successful*?

- Scheduled meetings to update team members and coordinate care so you can keep track of the progress of your project and also have a timeline/deadline to achieve target goals
  - With the competing priorties, having a set meeting monthly or weekly is very helpful to keep on track with projects

QUESTIONS

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Aurora Health Care

We are AdvocateAuroraHealth

AiAMC Alliance of Independent Academic Medical Centers

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Cohort Three: Clinical/Quality Outcomes

SEEKING TO IMPROVE HTN IN YOUNG ADULTS WITHIN TWO FAMILY MEDICINE CLINICS… DURING A PANDEMIC

Chella Bhagyam DO, Keyonna Taylor-Coleman MD, Lawrence Moore MD, Kim Schoen MSW, Catherine de Grandville MD, Pamela Graf MBA, Wilhelm Lehmann MD, Bonnie Bobot MD, Steven Murphy MD, Rambha Bhatia MD, Sarah Bowlby, Deborah Simpson PhD

Family Medicine Residency Program, Milwaukee, Wisconsin

National Initiative

Q1. What did you hope to accomplish?

ORIGINAL AIM: Improve BP control in younger hypertensive patients to reduce the age disparity

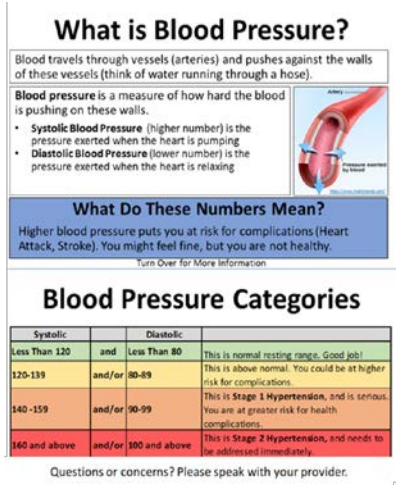
PIVOT OBJECTIVES IIO COVID 19:

1. Increase patient awareness of hypertension-related sequelae
2. Standardize clinician response to elevated BP during clinic visits (virtual/in-person)
3. Develop creative solutions to push toward achieving these aims despite pandemic disruptions

Q2. What were you able to accomplish?

INTERVENTIONS:

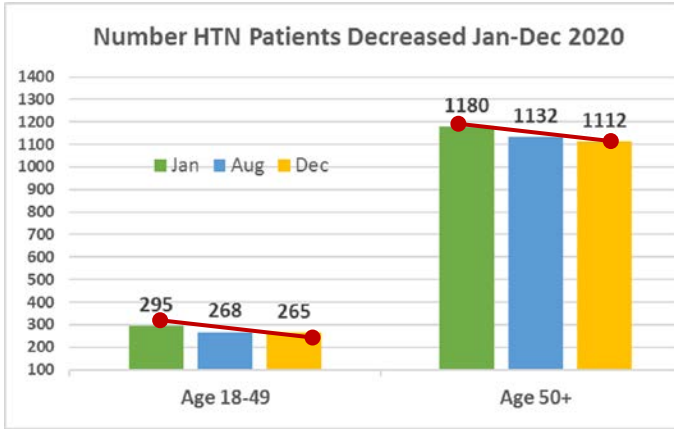
- Education on HTN Management - use of Rxs in younger adults
- Patient education cards created/given to patients with elevated BP
- Designed team-based workflow (MAs, RNs, physicians)
- Utilized EPIC reporting functionality to define at risk population within individual clinicians' panels and their use of patient portal
- Created "Covid-19" outreach using EPIC based patient portal



ALL CLINICS	JANUARY 2020				AUGUST 2020				DECEMBER 2020			
	Control	Un Controlled	% Control	Age Disparity Gap	Control	Un controlled	% Control	Age Disparity Gap	Control	Un-controlled	% Control	Age Disparity Gap
Age 18-49	206	89	69.8%	10.8%	194	74	72.4%	6.3%	177	88	66.8%	12.1%
Age 50+	951	229	80.6%		891	241	78.7%		877	235	78.9%	

Q3. Knowing what know now, what might we do differently?

- **Avoid the pandemic!!**
  - > Starts, stops, and pivots, makes non pandemic related teamwork difficult
  - > Sustaining team member project engagement always a challenge but…
- Recognize that our other variables impact QI data
  - > Clinic relocation
  - > Pandemic waves/surges impacting patients' ability to access care
  - > QI Denominator Change Difficult

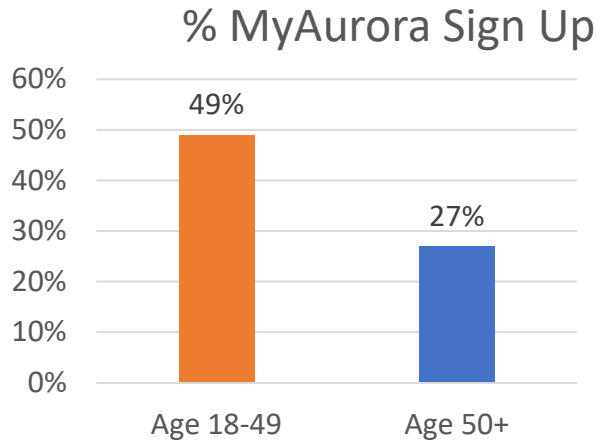


Q4. What surprised you and why?

- Disparity ↑ in targeted age group between Aug-Dec 2020
  - >At clinic which moved its location September 1

- % patients in targeted age disparity gap who had signed up to use MyAurora
  - > High disparity population

- Secured funding for BP Cuffs
- UWSMPH TRIUMPH Student!



Q5. Cohort Three – Lessons Learned

The single most important piece of advice

Be Agile:

- Plan for things to change – as unexpected ***always*** happens
  - > Shift thinking about community-based approach

Onboarding of New Team Members

- Purpose & Goals
- Use a "flow chart" to orient them to project (and all its pivots and intricacies)
- Define the roles and responsibilities
  - > Who does what, when
  - > New team member's role

QUESTIONS

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Community Health Network

AiAMC Alliance of Independent Academic Medical Centers

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Providing a Framework to Address Disparities in Healthcare

Areef S. Kassam, MD, MPA, Kasey Windnagel, PhD, Kim Jones, LCSW, Holly Wheeler, DO, Laura Ruekert, PharmD, Peter Karalis, MD, Kathy Zoppi, PhD, MPH

National Initiative

Q1. What did you hope to accomplish?

- Provide a framework to bringing the "unconscious" to the "conscious" as an intentional way to address health care disparities

- Four workshops directed at laying a foundation for faculty, staff, and learners
  - > Health Care Disparities
  - > Implicit Bias
  - > Microaggressions
  - > Cultural Humility

- Enhance conversations and familiarity with the concepts of diversity, equity, and inclusion

THEME:

- Diversity, Equity, & Inclusion (DEI) within healthcare relationships & systems

GOAL:

- Improving the experience of patients, providers, teams, and research by providing tools to recognize & address personal and institutional gaps in DEI

OBJECTIVES:

- Take a deeper look at personal, team, and systemic behaviors towards DEI and its impact the quality of care rendered
- Recognize systematic influences and impact on patients
- Understand why diversity in the workplace makes a difference on patient health
- Empower us to have productive conversations within our teams

METRICS:

- ACGME Survey – Diversity Subsection

Q2. What were you able to accomplish?

- Our team completed three out of four workshops, with our last workshop scheduled for 05/2021

- We walked our teams through
  - The What? (Health Care Disparities)
  - The Why? (Implicit Bias)
  - The How? (Microaggressions)

Q3. Knowing what you know now, what might you do differently?

- Setting Foundation/Baseline
- Group Facilitation
- Call-In vs. Call-Out
- Plan of Action moving forward

Q4. What surprised you and why?

- Baseline
- Aggressive resistance
- Avoidance of concepts

Q5. Cohort Three – Lessons Learned

- *What would be the single most important piece of advice to provide another team embarking on a similar initiative and how to be successful*?

- Slow down! It is important to do this work right.

Project Overview

THEME:

- Diversity, Equity, & Inclusion (DEI) within healthcare relationships & systems

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- Empower us to have productive conversations within our teams

METRICS:

- ACGME Survey – Diversity Subsection

Framework to recognize the need and to support strategies for interdisciplinary, diverse healthcare teams

Curriculum Outline

1. AIAMC Intro & Diversity, Equity, and Inclusion
2. Implicit Bias & Influence on Healthcare Systems
3. Microaggressions & Communication
4. Using Cultural Humility to Provide Patient Centered-Care & Address Disparities

QUESTIONS

National Initiative

INDIANA UNIVERSITY
SCHOOL OF MEDICINE
SOUTHWEST INDIANA INTERNAL MEDICINE RESIDENCY

Good Samaritan

Ascension St. Vincent

AiAMC
Alliance of Independent Academic Medical Centers

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The Effect of Teaming on Opiate Prescribing and Usage in a GME Naïve Education Consortium

Dr. Christopher Neely, MD
Dr. Margaret Beliveau, MD, FACP
Dr. Adrian Singson, MD
Brian Chang, PharmD
Christi Trimabth, PharmD
Dr. Kengo Soghoyan, MD
Dr. Scott Fraser, MD
Dr. Robert Ficalora, MD, FACP

National Initiative

Q1. What did you hope to accomplish?

- We planed to investigate and construct teaming and its impact on opioid prescribing in a 4-hospital, GME-naive medical education consortium.

- This involved nursing, pharmacy, the established nurse and pharmacy residency programs, and an inaugural internal medicine residency program.

- This combination of disciplines was well-suited toward focusing on opioid prescribing across the consortium, with one project spanning several environments.

- Despite loss of momentum due to the COVID-19 pandemic and challenges with initial data mining, we were able to complete the orthopedic arm of the project.

- The orthopedic arm was a single-center, 1-month trial involving elective total joint replacement patients and engaging them in patient education and individualized opioid prescribing upon discharge in conjunction between physicians and pharmacists.

- Since completion of the orthopedic arm, we have pivoted toward an outpatient application in the Resident-Faculty Practice and are now submitting a pilot to the IRB for a proposed multimodal treatment algorithm for chronic low back pain.

Q2. What were you able to accomplish?

- We were able to decrease the number of prescribed opioid tablets and tablets used after elective total joint replacement in a 1-month, single-center trial using a combination of patient education and individualized pain prescribing protocols.

- We have taken these concepts and apply them to an outpatient arm of the project involving the Resident-Faculty Practice with the intent of piloting a multimodal pain control algorithm for patients with chronic low back pain.

- The outpatient arm now involves our inaugural internal medicine residents, which has invigorated momentum in the project despite the COVID-19 pandemic as well as brought on board prior research experience.

- The outpatient arm is preparing to submit a pilot to the IRB for approval.

Q3. Knowing what you know now, what might you do differently?

- The COVID-19 pandemic had deleterious effects on project momentum, but has also opened new avenues of communication useful to our multi-hospital medical education consortium.

- In retrospect, we should have had earlier incorporation of virtualized meetings and an earlier shift in file-sharing technology to reduce physical barriers to team involvement.

- We should also have engaged the inaugural internal medicine residents earlier in the project, as many of them bring prior research experience and enthusiasm.

- Given the GME-naive status of the medical education consortium, we have used the above lessons to better balance the educational and patient care responsibilities of the internal medicine residents with their project responsibilities during the COVID-19 pandemic.

Q4. What surprised you and why?

- We were pleasantly encouraged by the impact of on-site teaming with orthopedic surgery, pharmacy, and internal medicine consultation on opioid prescribing in the orthopedic arm.

- We were encouraged by the effect of the inaugural internal medicine residents on teaming in the outpatient arm of this project. They brought enthusiasm, renewed momentum in the project, and challenges in guiding the team during the COVID-19 pandemic.

- We were surprised by the challenge in data mining from state and institutional data for the orthopedic arm. This was originally thought to be an easy task, but proved to be cumbersome.

Q5. Cohort Three – Lessons Learned

- *What would be the single most important piece of advice to provide another team embarking on a similar initiative and how to be successful*?

- Appropriately sizing the project to the environment and available resources.

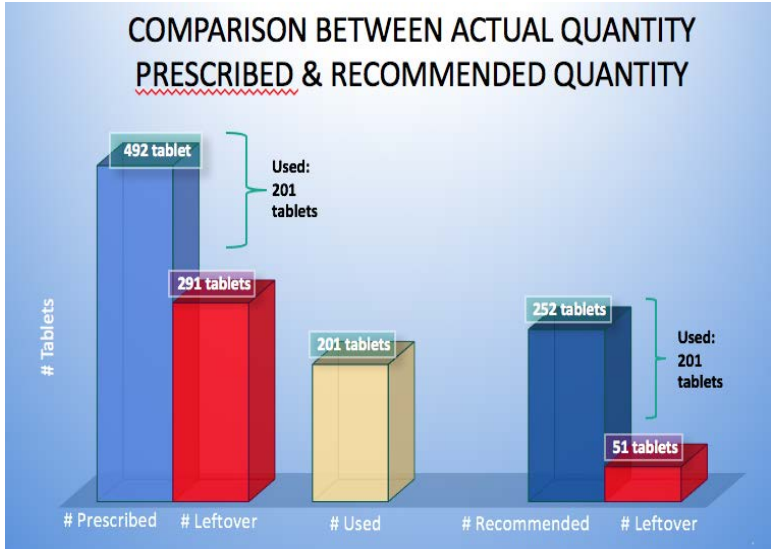
- Initial resources included state data, a new orthopedic hospital, and a multidisciplinary team of orthopedic surgeons, internal medicine consultants, pharmacists, and nurses.

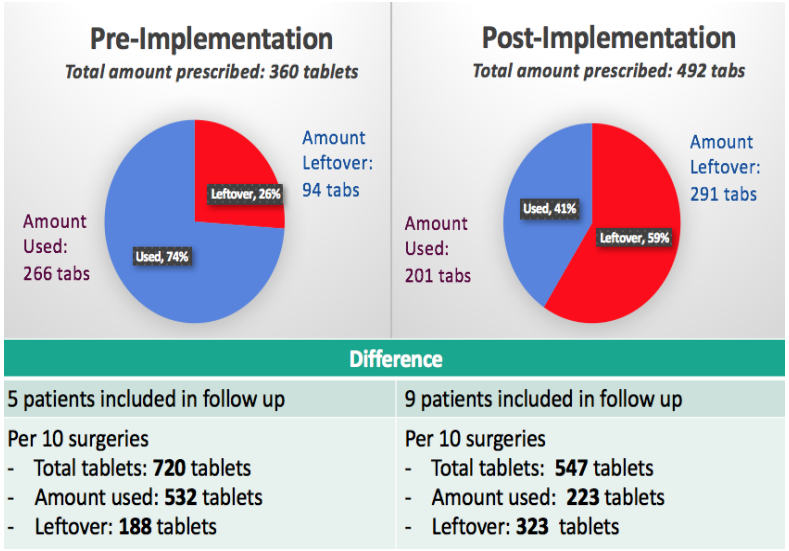
- This enabled us to achieve completion of the orthopedic arm of the project and pivot toward the outpatient arm.

- In addition, we obtained additional resources in the form of the inaugural internal medicine residents and GME. Appropriate sizing of the project enabled us to effectively engage them in the outpatient arm.

- One element we did not account for was the difficulty in data mining from state and institutional data prior to starting.

Optional – Graph, table picture, etc., to aid in telling your story





QUESTIONS

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Hackensack Meridian
Ocean Medical Center

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Cohort Three: Clinical/Quality Outcomes

Utilizing Inter-professional Teaming To Reduce Inpatient Length of Stay (LOS)

K. Ussery-Kronhaus MD, C. Bader DO, M. Halari MD
J. Tang MD, J. Bland MSN RN, K. Rasinya LCSW CCM,
K. Kronhaus MD, P. Cheriyath MD, W. Mink, G. Filice MD

National Initiative

Q1. What did you hope to accomplish?

- Develop a team of professionals that implements interdisciplinary rounding to improve patient care and reduce CMI adjusted LOS
- Strengthen rapport and communication between the Family Medicine Teaching Service, Case Management, Patient Progression, and resource departments
- Increase patient satisfaction of hospital care
- Improve communication to ease transitions of care

Q2. What were you able to accomplish?

- Develop a method for synchronous interdisciplinary rounding
- Improved communication and teamwork between the Family Medicine Teaching Service, Case Management, Patient Progression, and resource departments
- Sustain the intervention despite disruptions and strains of the COVID-19 pandemic

Q3. Knowing what you know now, what might you do differently?

- Implement education on discharge planning early on in the residency or at least PGY-2 year while incorporating communication with case management, and the use of the rounding tool
- Link utilization of the rounding tool in the resident evaluation under the competencies of professionalism, interpersonal and communication skills and systems based practice
- Continue to allocate time during rotations for residents to spend time with case management to better understand the department and discharge planning
- Additional participation with Office of Patient Experience

Q4. What surprised you and why?

- The sustainability of the project through the various stressors during the COVID-19 pandemic allows us to adapt to uncontrollable changes.
- The ease of participation & implementation of the intervention even if it requires the participation of multiple departments.

Q5. Cohort Three – Lessons Learned

- Engage with hospital administration early on and discuss any projects/initiative that can be of asset to the organization.

QUESTIONS

National Initiative

UnityPoint Health
Des Moines

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Cohort Three: Clinical/Quality Outcomes

Antimicrobial Stewardship: Decreasing Vancomycin Usage in the Intensive Care Unit

Hayden Smith, Steven Craig, Chanteau Ayers, William Yost, Amanda Bushman, Frank Caligiuri, Julie Gibbons, Rossana Rosa, Samuel DuMontier, Brooke Delpierre, Vali Potter, Austin Boeckman, Laura Elliott, Jonathan Hurdelbrink

National Initiative

Q1. What did you hope to accomplish?

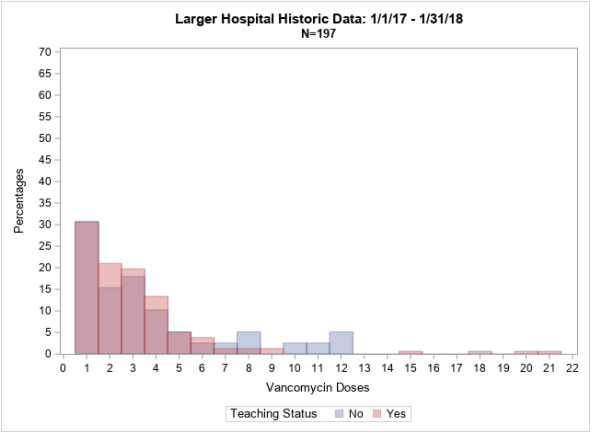
> To better understand and address vancomycin usage in the ICU by targeting patients with a negative MRSA screen receiving the drug.

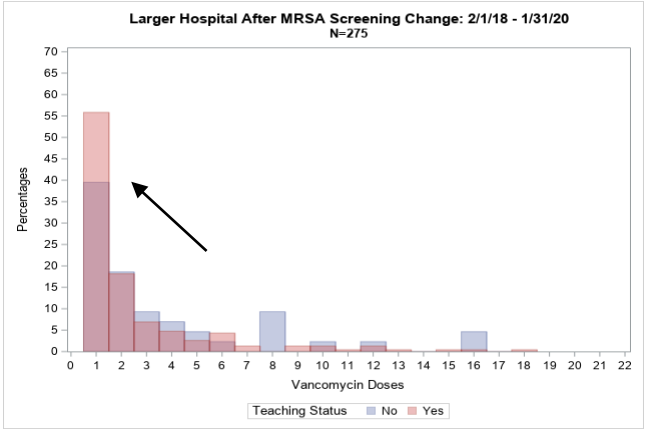
- In particular, to decrease the number of doses in the target group via a change in testing and increased pharmacist role.

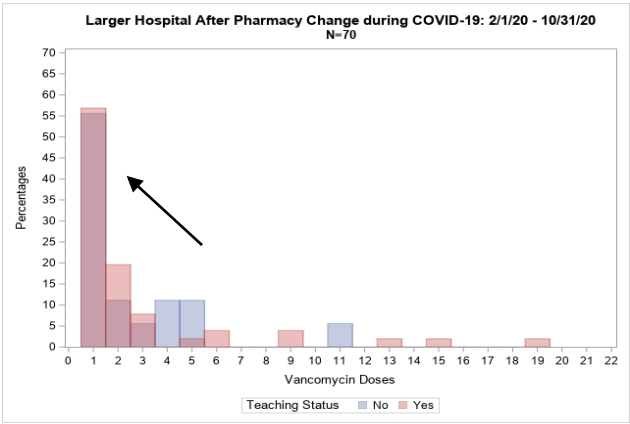
Q2. What were you able to accomplish?

- Decreased the number of vancomycin doses in respiratory patients with a negative MRSA screen across two ICUs;

- Expand Pharmacy Collaborative Practice Agreement to include ordering MRSA nasal PCR for respiratory/pneumonia indications.







Figures: Vancomycin doses in target patients across time at larger ICU.

Q3. Knowing what you know now, what might you do differently?

- Stayed engaged during the first six-months of the pandemic to ensure progress is being made on the project.

- Try to figure out ways to hard wire the communication of negative screening results back to the ordering physician in a timely and efficient manner.

Q4. What surprised you and why?

- That not all ICU patients received the required MRSA screening.
- How difficult it was to define days of vancomycin therapy.
- How difficult it was to find a time that everyone could meet.

Q5. Cohort Three – Lessons Learned

- We would recommend others explore what data may be available in your EMR early on - in order to understand issues related to being able to identify all elements of your question (e.g., sample [inclusion/exclusion criteria], interventions, outcomes).

QUESTIONS

National Initiative