

### **2017-2018 OU Physician Quality Pillar Goals**

1. OUP: Increase to 70% the diabetes composite score (HbA1c poor control, eye exams, foot exams and nephropathy screening) in diabetic patients (ages 18-75 years).
2. OUP: Increase to 60% the preventive services composite score (breast, cervical, and colorectal cancer screening) in primary care patients.
3. OUP: Increase to 75% the percentage of hypertension-diagnosed patients (ages 18-85 years) who had blood pressure adequately controlled (JNC8 targets).
4. OUP OCM: Reduce ED utilization for patients in the Oncology Care Model (OCM) by 10%.
5. OUP OCM: Achieve 100% care plan documentation for each OCM patient (containing the 13 components in the IOM Care Management Plan).
6. OUCP Increase to 50% the percentage of patients (ages 11 to 26) who have completed the 1<sup>st</sup> dose of the human papillomavirus (HPV) vaccine.
7. OUCP: Increase to \_\_\_% the proportion of children, ages 6 months to 18 years seen at least twice in the past year, with a diagnosis of asthma, who have an asthma action plan documented in the medical record.
8. OUCP: Decrease to \_\_\_% the proportion of SoonerCare patients, ages 6 months to 18 years seen in our clinics at least twice in the past year, who have an ED visit.

### **2017-2018 Adult Services Quality Pillar Goals**

1. OUP: Increase to 70% the diabetes composite score (HbA1c poor control, eye exams, foot exams and nephropathy screening) in diabetic patients (ages 18-75 years).
2. Increase to 60% the preventive services composite score (breast, cervical, and colorectal cancer screening) in primary care patients.
3. Increase to 75% the percentage of hypertension-diagnosed patients (ages 18-85 years) who had blood pressure adequately controlled (JNC8 targets).
4. Reduce ED utilization for patients in the Oncology Care Model (OCM) by 10%.
5. Achieve 100% care plan documentation for each OCM patient (containing the 13 components in the IOM Care Management Plan).

### **2017-2018 Children's Services Quality Pillar Goals**

1. OUCP Increase to 50% the percentage of patients (ages 11 to 26) who have completed the 1<sup>st</sup> dose of the human papillomavirus (HPV) vaccine.
2. OUCP: Increase to \_\_\_% the proportion of children, ages 6 months to 18 years seen at least twice in the past year, with a diagnosis of asthma, who have an asthma action plan documented in the medical record.
3. OUCP: Decrease to \_\_\_% the proportion of SoonerCare patients, ages 6 months to 18 years seen in our clinics at least twice in the past year, who have an ED visit.

## 2017-2018 OUMC Quality Goals

The top 5 hospital wide priorities for clinical quality improvements consist of:

- Mortality
- Complications
- CLABSI (Central Line Associated Blood Stream Infection)
- CAUTI (Catheter Associated Urinary Tract Infection)
- C. difficile

Suggested interventions in which physicians can implement to assist w/ improving the clinical quality improvement initiatives consist of:

- Mortality
  1. “Customers who have a Present on Admission Do Not Resuscitate diagnosis code, on their record, will no longer be included in mortality outcome numbers.” ~ HCA Clinical Services Group 2016
- Complications
  1. Improve documentation (review attachment).
- CLABSI
  1. NECESSITY! No device = no device related infections.
    - a. Although there are so many important issues being addressed as physicians round on their patients, it would be helpful if the physicians could assess every patient’s need for indwelling **central lines**; if it’s not necessary, remove it.
    - b. While assessing the patients, please ensure for **central lines**:
      - i. Each hub (not connected to the IV) is covered with an orange SwabCap.
      - ii. The dressing is clean/dry/intact.
      - iii. If the patient has a femoral central line—move the site if possible!
      - iv. If the devices need attention, please communicate with the nursing staff and ensure it is IMMEDIATELY addressed!
- CAUTION
  1. NECESSITY! No device = no device related infections.
    - a. Although there are so many important issues being addressed as physicians round on their patients, it would be helpful if the physicians could assess every patient’s need for indwelling **foleys**; if it’s not necessary, remove it.
    - b. While assessing the patients, please ensure for **foleys**:
      - I. There are no dependent loops; the green clips are used to help avoid dependent loops.
      - II. A stat-lock is used to stabilize the tubing on the anterior thigh.

- III. The red seal of the foley is not broken (If it is, find out WHY. If the foley is not a specialty foley and/or they are not being treated by urology - the patient needs a new foley!)
  - IV. If the devices need attention, please communicate with the nursing staff and ensure it is IMMEDIATELY addressed!
- C-difficile
    1. STRICTLY Observe Isolation Precautions!
      - a. If a patient is on isolation, it is our policy to don appropriate PPE prior to crossing the threshold of the patient's room; abide by these practices and hold each other accountable! No exceptions!
      - b. Educate family members/visitors/each other as to why it is important!
      - c. Wash hands when entering and exiting rooms! (If a patient is on C. diff precautions, wash hands with soap and water!!)
    2. NO PPE IN THE HALLWAYS!
      - a. PPE includes shoe covers, face masks, bouffant hats, gowns, gloves, etc. –not only is wearing PPE in inappropriate places an OSHA violation, it is a HUGE transmitter of infection!
  - Sepsis
    1. Screen patients for sepsis.
    2. If positive for sepsis screening:
      - a. Administer appropriate antibiotics within one hour.
      - b. Complete the Sepsis Bundle within 3 hours.

Contact Layne Shutler (Infection Prevention) at ext. 44562 for additional information regarding CLABSI, CAUTI, or C-difficile.

Sepsis is was included because it is a Core Measure and there appears to be an issue w/ recognition, as well as bundle compliance. Contact DeAmber Piel (Sepsis Coordinator) at ext. 31157 for additional information regarding sepsis.