



*Start Measuring. Start Improving. Webinar Series*

# Measuring and Communicating Resuscitation Quality Improvement

Wednesday April 26, 2017  
12:00pm – 1:00pm CT

Presenter: Ronald R. Galfione, MD



# ***Measuring and Communicating Resuscitation Quality Improvement***



**Ronald R. Galfione, MD**

*Internal Medicine*

*Associate Quality Officer*

*Houston Methodist Hospital*

Learn more at [heart.org/resuscitation](http://heart.org/resuscitation)

# Measuring and Communicating Resuscitation Quality Improvement for Get with the Guidelines® Resuscitation

Houston Methodist Hospital

Ronald R. Galfione, MD

*April 26<sup>th</sup>, 2017*



# Speaker Introduction

**Ronald R. Galfione, MD**  
Internal Medicine  
Associate Quality Officer  
Houston Methodist Hospital



- Neither I nor any member of my immediate family has a financial relationship or interest with any proprietary entity producing health care goods, commercial products or services related to the content of this presentation
- I do not intend to discuss an unapproved/investigative use of commercial products/devices

# Learning Objectives

- Discuss data collection and dissemination process
- Review how opportunities for improvement drive process and performance initiatives
- Explain benefits of effective and standardized communication processes
- Describe future initiatives and sustainability of performance outcomes

# Overview

- About Houston Methodist Hospital
- About Code Blue/CERT Subcommittee
- Comparative measure outcomes data (2013-2015)
- Current initiatives
  - Drill downs on opportunities for improvement
  - Closed loop communication
  - Technology innovation
  - Policy review
- Future initiatives
  - EMR system Code Navigator/Narrator enhancements
  - Policy updates
- Summary

# Houston Methodist Hospital

HOUSTON  
**Methodist**<sup>SM</sup>  
LEADING MEDICINE



# Houston Methodist System: Leading Medicine™

- 7 hospitals
- A research institute
- A comprehensive residency program
- 2,043 operating beds
- 814,309 outpatient visits
- 101,508 admissions
- 20,000 employees
- More than 4,500 physicians
- Physician organization with 572 physicians
- Affiliated with the Weill Cornell Medicine, New York Presbyterian Hospital, Texas A&M University and Texas Annual Conference of the United Methodist



# Houston Methodist Hospital (HMH) Houston, TX (Texas Medical Center)

- 830 operating beds
- 78 operating rooms
- 1,479 affiliated physicians
- 7,395 employees
- 36,720 admissions
- 326,534 outpatient visits
- 72,399 emergency room visits
- 1,026 births
- More than 12,406 international encounters from 84 countries
- 36 ACGME-accredited (plus 7 non-ACGME) residency programs with 262 ACGME residents and 6 non-ACGME residents



# Code Blue/CERT - Subcommittee

## Quality and Patient Safety Steering Committee

Critical Care CMPI\*

Code Blue/CERT\*  
Subcommittee

**\*Note:** CMPI: Care Management Performance Improvement; CERT: Clinical Emergency Rapid Response Team

# Membership

- Associate Quality Officer (AQO)
- Vice President Sponsorship
- Code Blue Responders
  - Resident Physicians
  - Nurse Practitioners
  - Respiratory Therapy
  - Anesthesia
- Pharmacy
- Supply Chain
- Nursing Leadership
- Quality Specialists



# Subcommittee Activities

- Monthly meetings
- Facilitated by AQO
- Coordinated by Performance Improvement Specialist
- Utilization of PDCA (Plan-Do-Check-Act) Process
  - Disseminate and review of relevant data
  - Review & drill down opportunities for improvement
  - Brainstorm and identify action plans/initiatives
  - Implement & track outcomes of action plans/initiatives
  - Continue PDCA cycle

# Data-Driven Performance Improvement

# Change in Practice/Structure

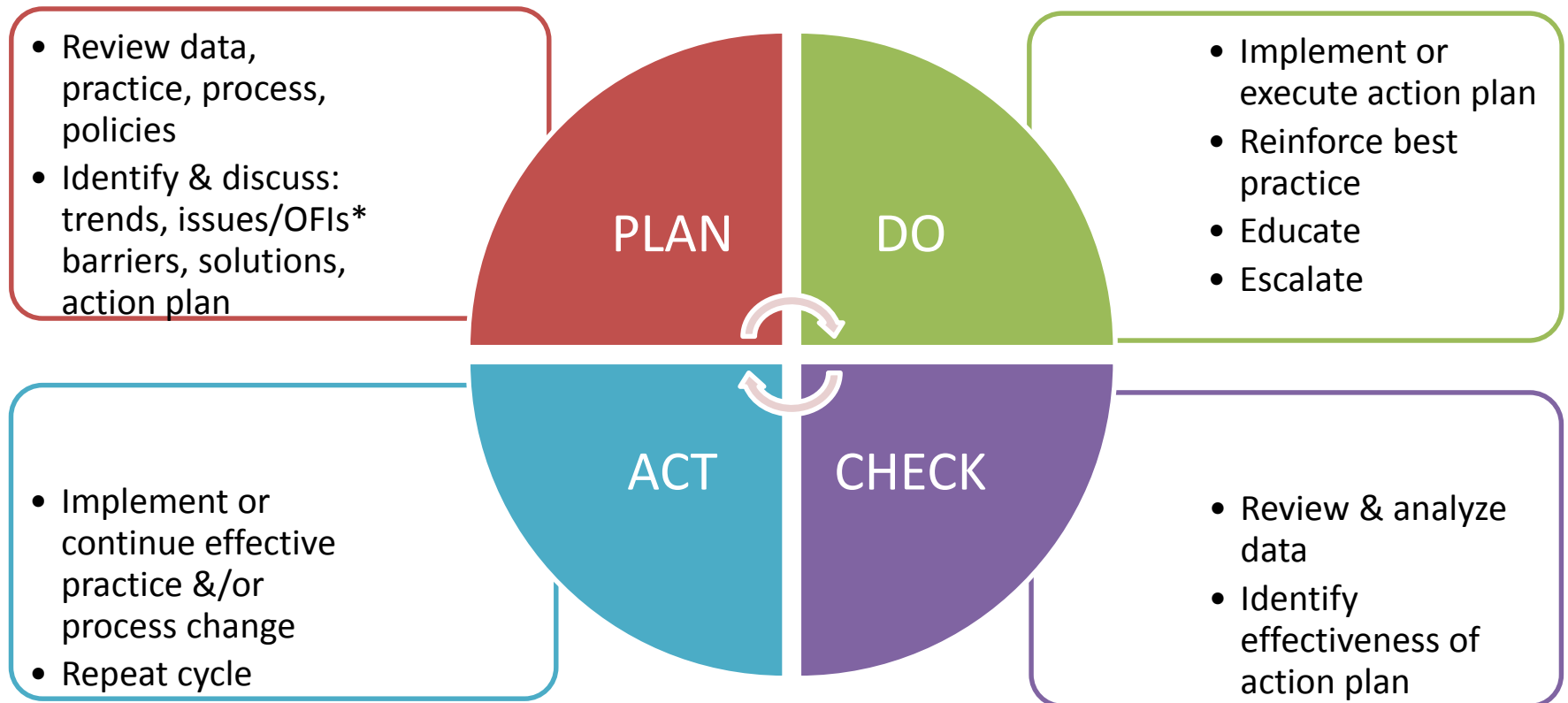
## Designated quality specialists for Resuscitation Registry





# Change in Process

## Utilized PDCA cycle to guide continuous performance improvement

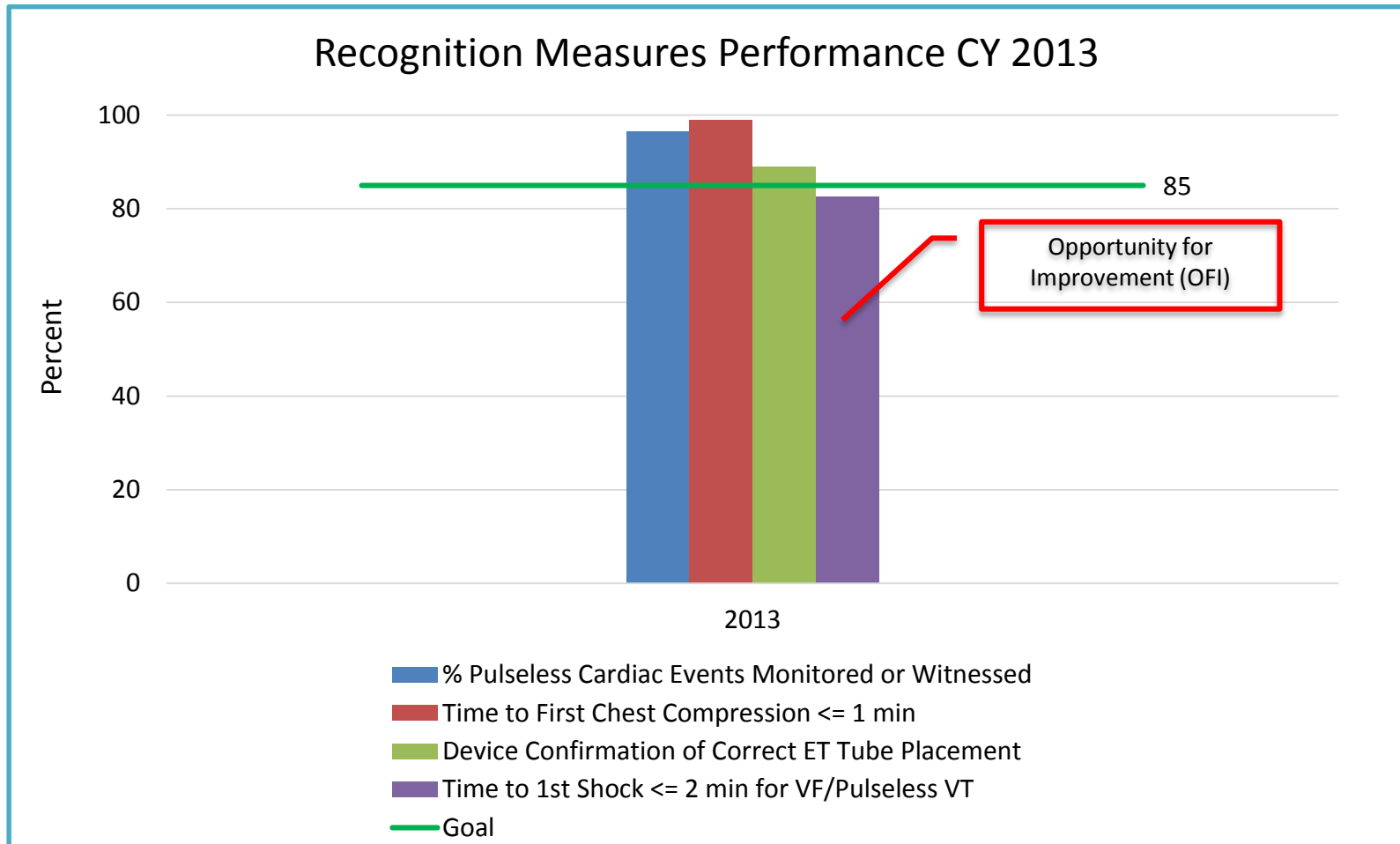


\*OFIs: Opportunities for improvement

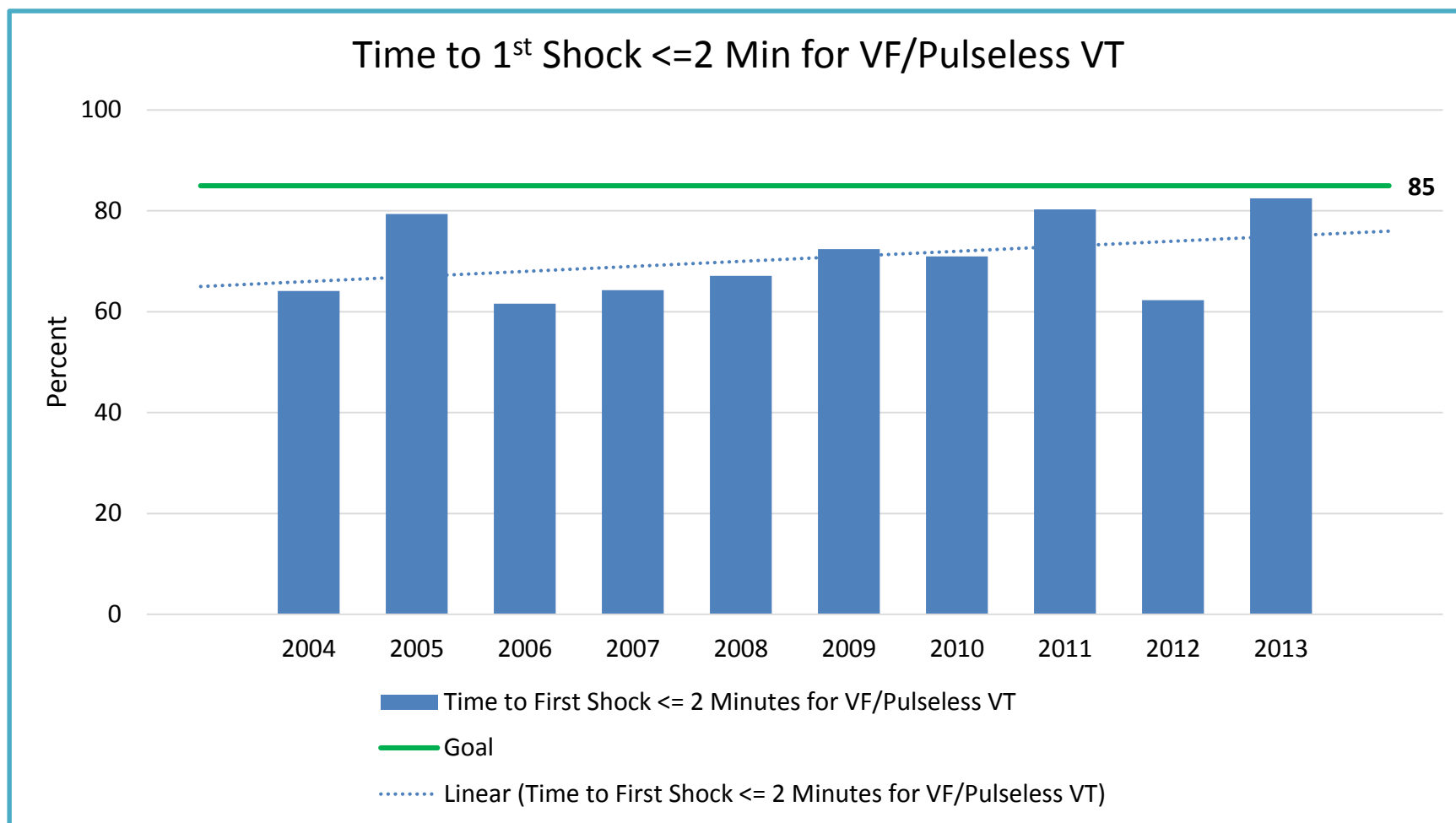
# Advantages

- Quality department leadership oversight
- Dedicated abstractor
  - ✓ Reviewed medical records & submitted registry data
  - ✓ Educated staff when OFIs occur
- Dedicated Performance Improvement (PI) Specialist
  - ✓ Liaison between abstractor & clinical staff/leadership/code blue subcommittee
- Performance Improvement (PI) Specialist or Abstractor
  - ✓ Clarified & verified accuracy & completeness of documentation (phone, email, face-to-face)
  - ✓ Provided more timely feedback & education to unit staff/leadership/Code Blue team

## What did 2013 data say?



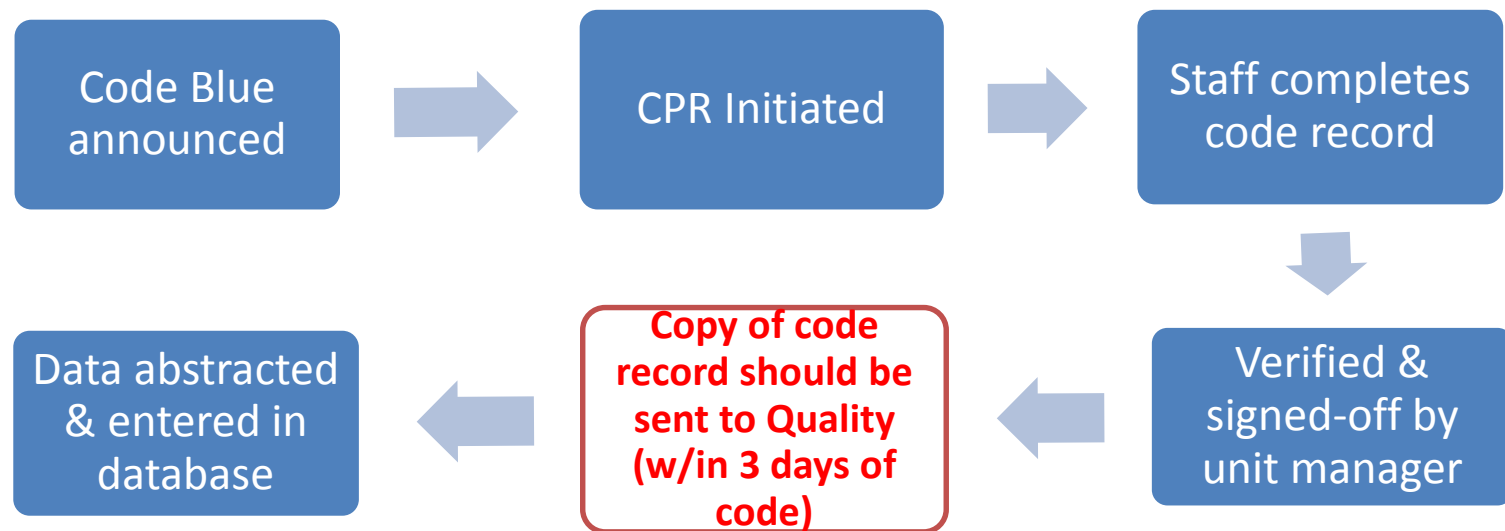
## Is this an old or new OFI\*?



\*OFI: opportunity for improvement

# Barriers

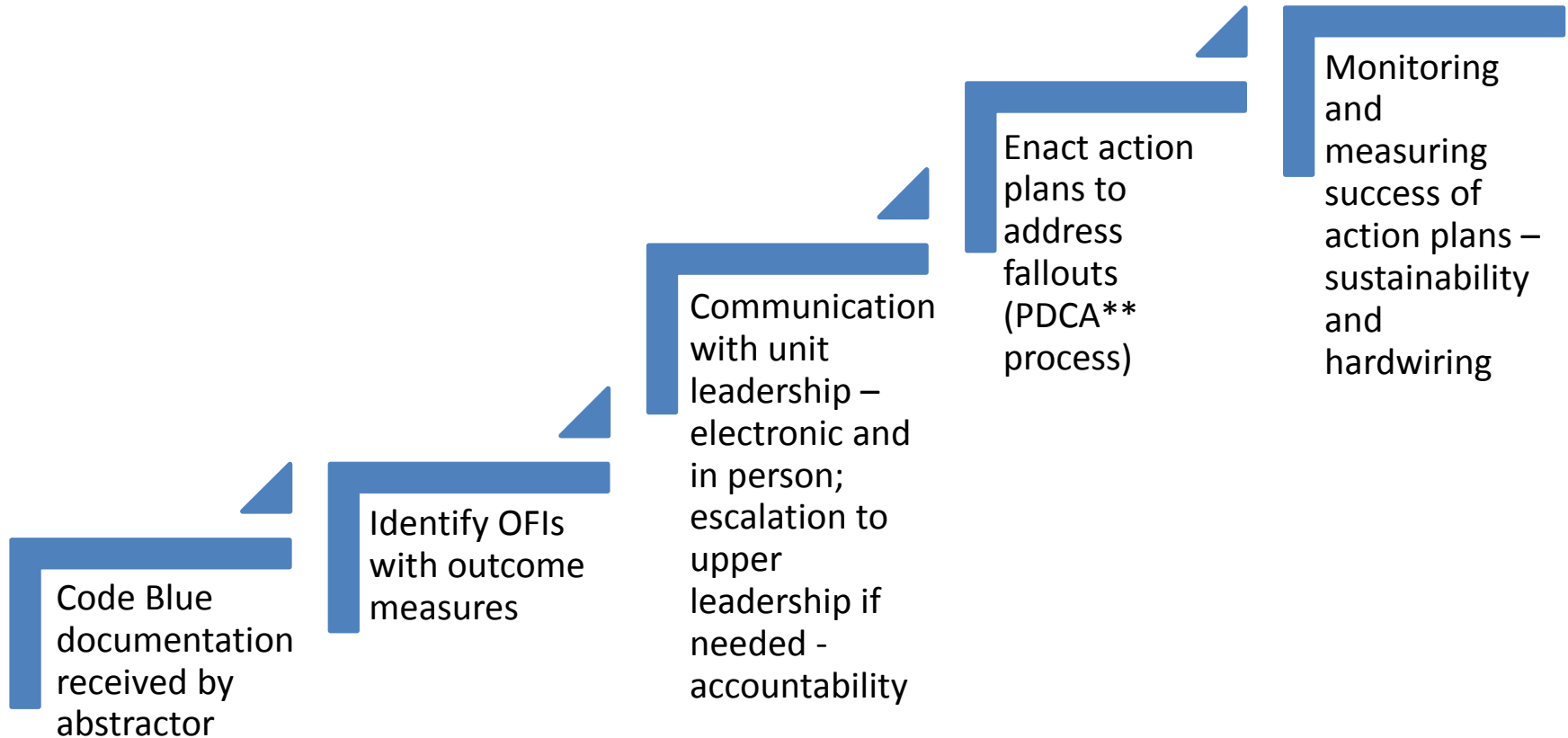
- Mean turn around time (TAT) of code record to Quality > 3 days from date of code event



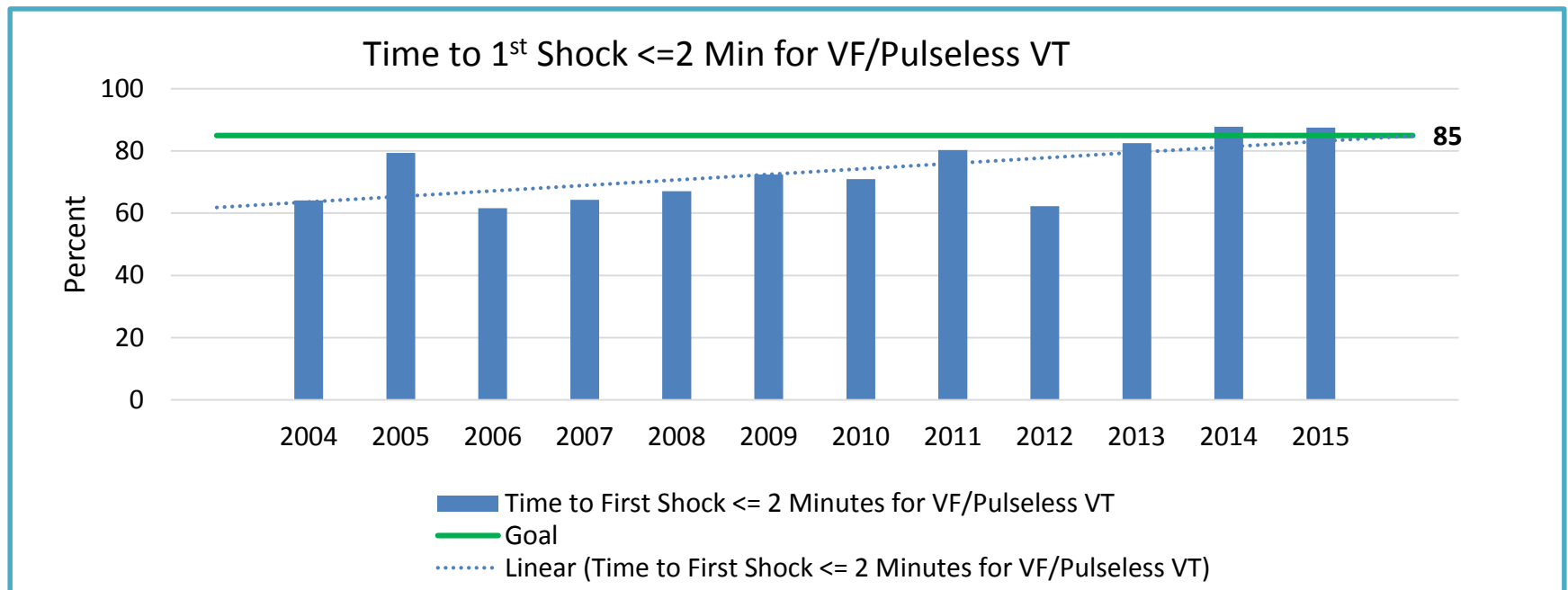
- No opportunity to address documentation issues timely
- Lack of buy-in and engagement from front-line staff
- Lack of knowledge regarding resuscitation best practices and registry measures

- Tracked code sheet turnaround time
- Presented data regularly to Code Blue/CERT Subcommittee
  - Holds people more accountable
  - Underpins transparency
- Drilled-down, discussed, and learned from OFI
- Communization loop process
- Presented to Nursing Leadership Council, Unit Nursing Leadership and Chief Nursing Officer

# Initiatives (con't): Communication Feedback Loop



## What changed in 2014 & 2015?



Before 2013

- Abstractor not under Quality
- Had other job functions

2013

- Designated abstractor under Quality

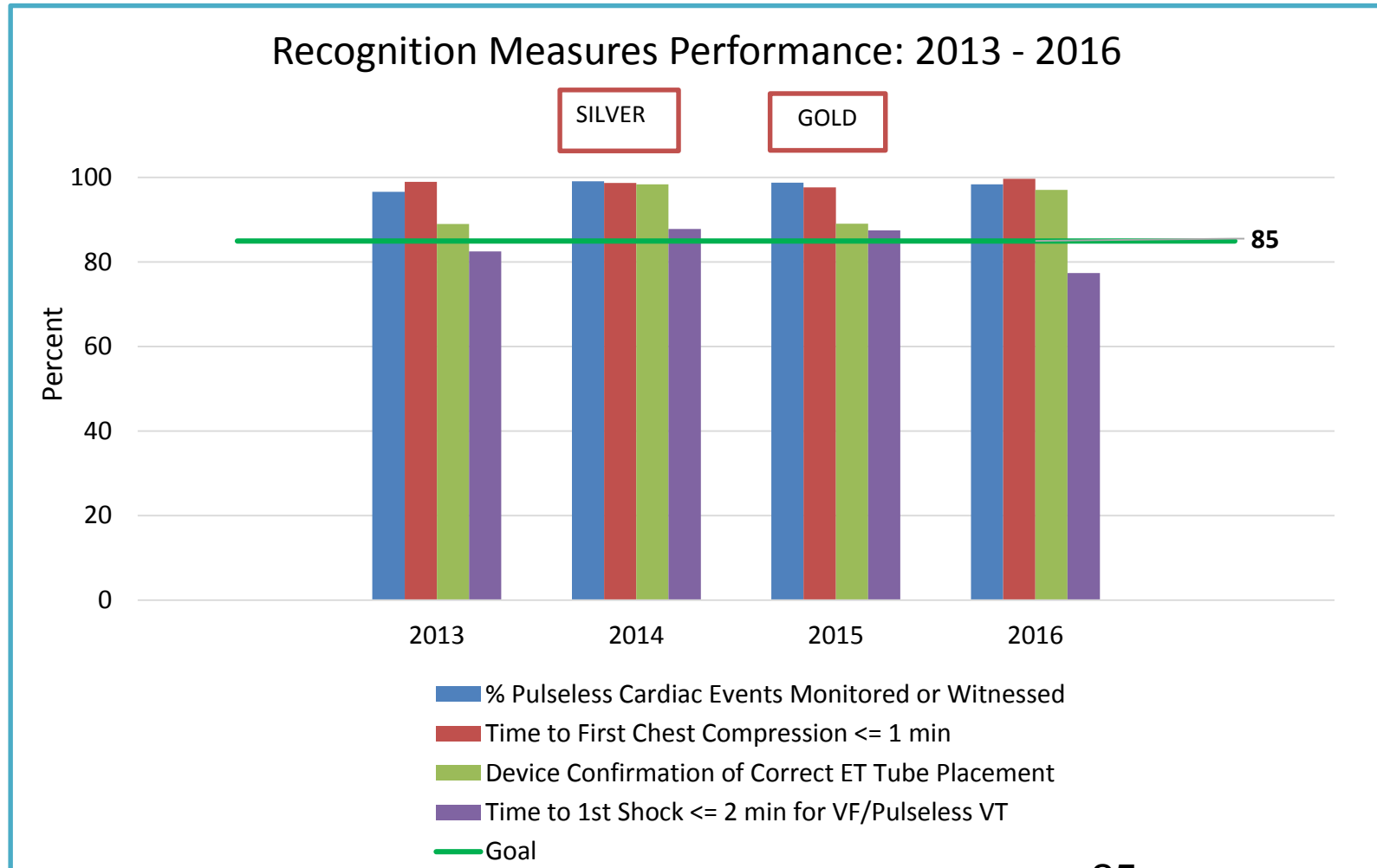
2014 - Present

- Abstractor
- Performance Improvement (PI) Specialist
- Initiatives implemented



# Measure of Success

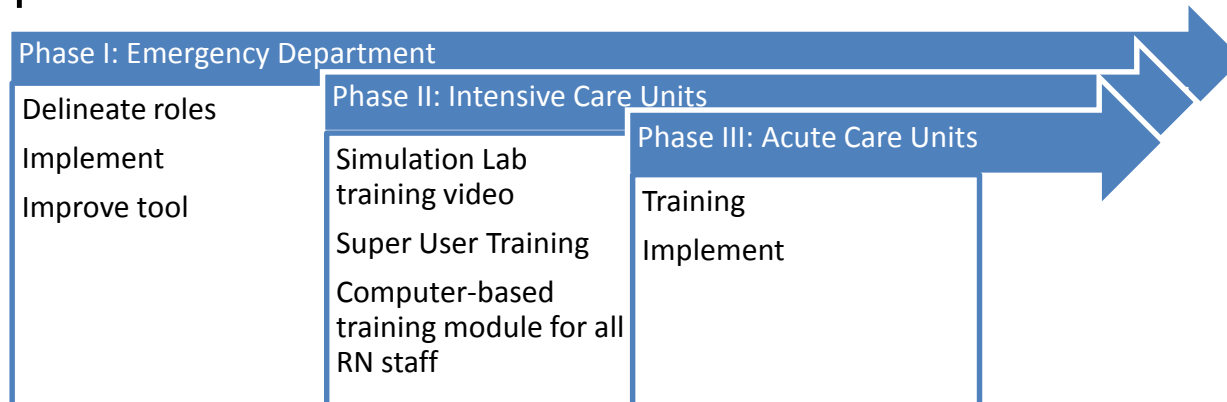
***How did the data look when changes were implemented?***



- Hardwire communication feedback loop
  - Timeliness of communication
  - Accountability
  - Collaboration with unit leadership & staff
  - Timely identification of OFIs
  - Code Blue Debriefing
    - ‘Hot’ and ‘Cold’ processes
  - Development & implementation of process improvement initiatives at point of care
    - Process ownership of frontline staff

# Sustainability (cont.)

- Innovation – Integration of Technology
  - EMR\* system Narrator/Navigator Project (capability to provide real time feedback)
  - Collaboration with end users, upper leadership, education, quality and code responders
  - Mock codes/training before implementation
  - Stepwise Rollout:



\*EMR: Electronic Medical Record

# Sustainability (cont.)

- Code Blue Debriefing
  - Collaborative discussions regarding successes and barriers after code blue event
  - ‘Hot’ and ‘Cold’ processes
- Frequent policy review
  - Addressed geographical barriers
    - > Possible delay in code team arrival > poor outcomes
  - Align with practice
  - Integration with electronic medical record system



# Sustainability - Future

- Clinical decision support in EMR system Code Narrator/Navigator
  - Standardize & hardwire EMR system solutions
  - Complete & accurate documentation in real time
  - Comply with quality and outcome measure requirements
- Investigate new technology in driving efficiency and effectiveness of care

# Recognize & Celebrate



American Heart  
Association Quality  
Achievement Awards

House of Blues New  
Orleans

November 14<sup>th</sup>, 2016

# Summary

- Assign dedicated quality specialists to registry
- Standardize processes
- Provide timely feedback
- Be transparent with data
- Utilize PDCA Process for continuous process improvement
- Engage leadership & clinicians
- Learn from opportunities for improvement
- Align best practices with policies, practice, EMR\* system
- Leverage technology to improve process, practice, & outcomes
- Recognize & celebrate successes

# Contact Information

## Contact Information

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# Thank You for Joining!

## We welcome your questions on Get With The Guidelines-Resuscitation

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Learn more at [heart.org/resuscitation](http://heart.org/resuscitation)



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start improving.**

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RESUSCITATION