

Practice Management and Quality Update

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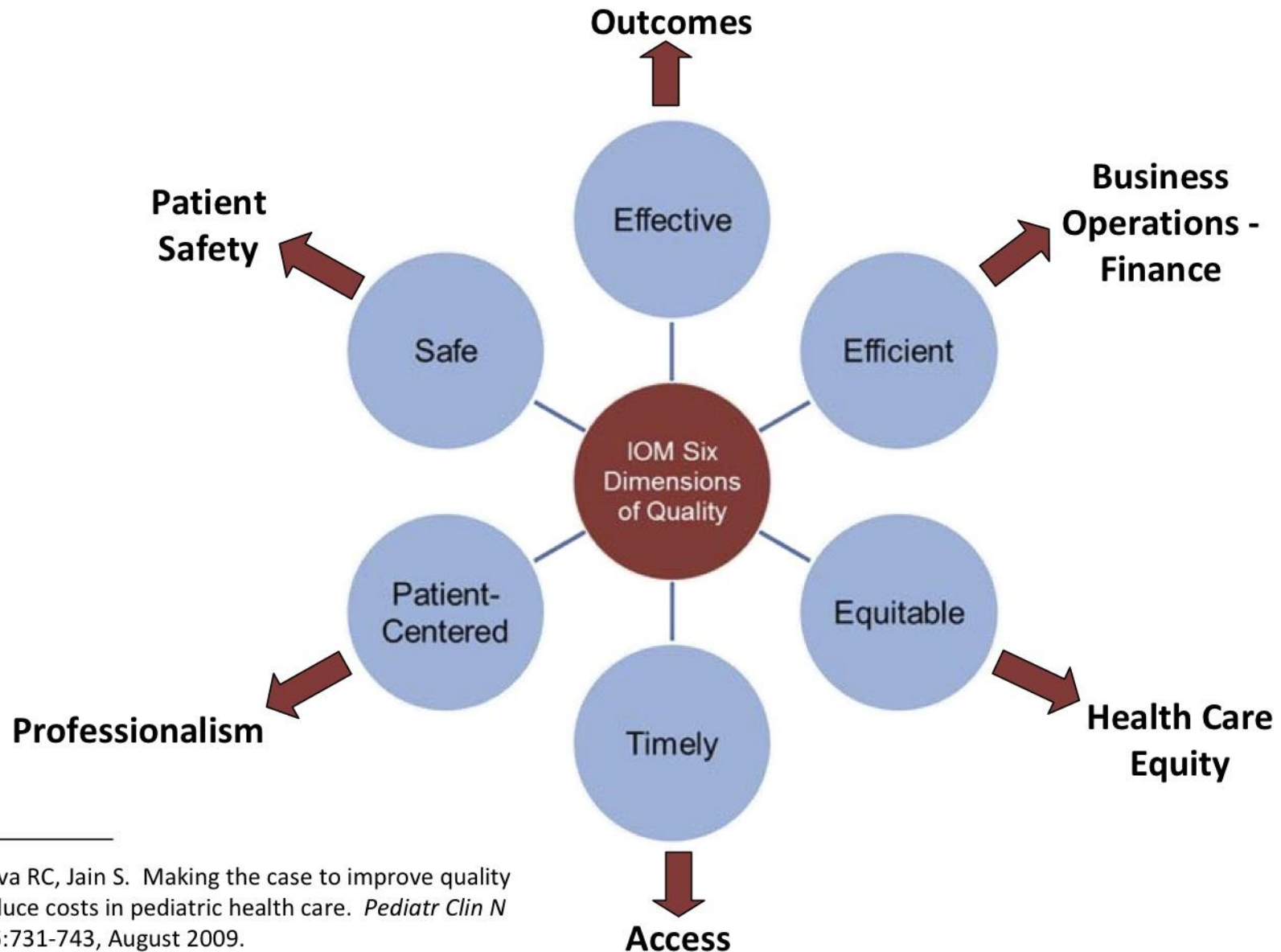
Associate CMO for Specialty Care & Diagnostics, SFGH

What is Quality?

Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge

The Breadth of Quality

Clinical and Operational Quality



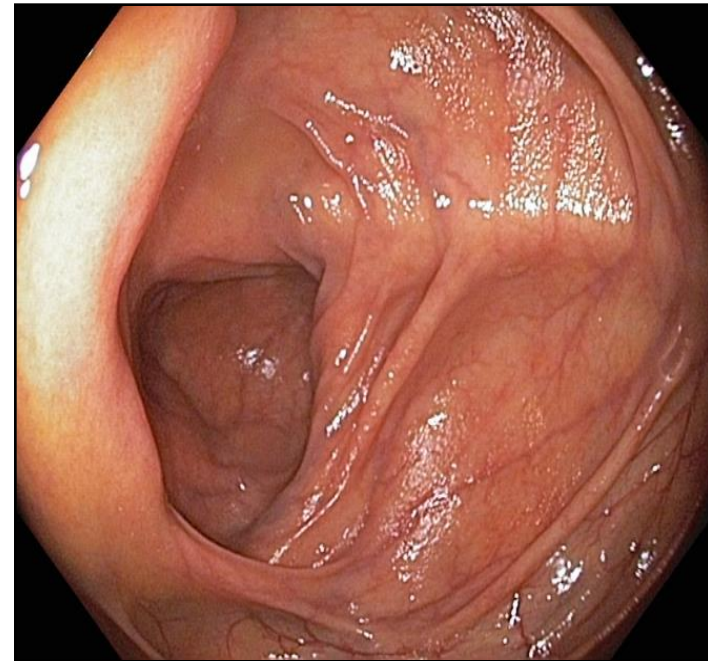
ENDOSCOPISTS AND QUALITY

..Are we doing this to ourselves?

- Timing of colonoscopy for patients
 - Among 24,071 Medicare patients who had a negative screening colonoscopy in 2001-03
 - ✓ 1 in 4 of all study patients had a repeat colonoscopy < 7 years
 - ✓ No clear indication for the early repeat examination in almost half
- Recommendations and follow-up from colonoscopy
 - Recommendations consistent with guidelines < 40% of the time
 - ✓ Normal colonoscopy => 56% told to return in 5-9 years
 - ✓ Hyperplastic polyps => 46% told to return in 5-9 years, and 43% told to return in < 5 years
 - ✓ 1-2 small adenomas => 68% told to return < 5 years

High quality endoscopy

- Patients receive an indicated procedure
- Correct and relevant diagnoses are recognized or excluded
- Any therapy provided is evidence-based
- All steps are taken to minimize risk



Quality indicators for endoscopy

Colonoscopy

- Frequency adenomas are detected in screening colonoscopy for average-risk individuals
- Frequency of photo-documentation of cecal landmarks
- Recommended 10 year repeat colonoscopy after a negative screening colonoscopy with adequate bowel cleansing

Upper Endoscopy

- Endoscopic treatment is performed for ulcers with active bleeding/non-bleeding visible vessels
- Test for *H. pylori* infection is documented for patients diagnosed with GU/DU
- Prophylactic antibiotics are given in patients with cirrhosis with acute UGIB
- PPI is used for suspected peptic ulcer bleeding

Quality indicators for advanced endoscopy

ERCP

- Frequency with which ERCP is performed for an appropriate indication and documented
- Rate of deep cannulation
- Success rate of extraction of CBD stones < 1 cm
- Success rate for stent placement for biliary obstruction
- Rate of post-ERCP pancreatitis

EUS

- Frequency with which all GI cancers are staged using AJCC/UICC TNM staging
- Incidence of adverse events after EUS-guided FNA
- Diagnostic rates and sensitivity for malignancy in patients with EUS-guided FNA of pancreatic masses

Moving the needle towards better quality

- Providing *competitive feedback* to endoscopists on specific quality indicators
- Distributing *report cards* with minimal standards of practice established
- On going *journal clubs* with discussions from high performing endoscopists
- *Directed educational programs* for underperforming individuals
- *Plenary feedback* on inter-hospital differences with regards to quality



PATIENTS AND QUALITY

What is satisfaction?

- “A patient’s...evaluation of a health-care provider’s performance is based on...[both] experiences and perceptions”
- “Quality of care from patient’s perspective”

Current landscape

- Hospital Consumer Assessment of Healthcare Providers and Systems (H-CAHPS) 2008
 - Mandatory reporting on inpatient experience
 - Publicly available data for comparison
 - Ties to payment
- No mandatory reporting for ambulatory setting yet
- Trend toward standardized and publicly reported satisfaction measures

Important domains for endoscopy

1. Technical quality of care (endoscopist skills and personal manner)
2. Comfort, anxiety and tolerability
3. Personal manner of staff (“art” of care)
4. Adequate explanation of the procedure
5. Pre- and post-procedure communication with physician
6. Endoscopy unit environment
7. Wait time
8. Procedure length

Recommendations for your assessment tool

- Annual assessment using written survey
- Short specific questions
 - “Overall, how satisfied were you...”
 - Scale 1 to 5
- 1-2 open ended questions
- >200 responses to draw conclusions
- Mailed preferable to personally distributed/emailed
- Anonymous with option to include name

| B. FACILITY | very | poor | poor | fair | good | very |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | 5 | |
| 1. Comfort of the registration waiting area | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Comfort of your room or resting area in the Center | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Comfort of the waiting area for your family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Attractiveness of the Surgery Center | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Cleanliness of the Surgery Center | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Information and instructions given to you on the day of your pre-operative assessment visit (if applicable)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

| C. BEFORE YOUR SURGERY OR PROCEDURE | very | poor | poor | fair | good | very |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | 5 | |
| 1. Instructions you were given by our staff about how to prepare for your surgery or procedure..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Waiting time before your surgery or procedure began | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Friendliness/courtesy of the physician | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Explanation the physician gave you about what the surgery or procedure would be like | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Anesthesiologist's explanation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Friendliness/courtesy of the nurses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Skill of the nurse starting IV..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Information nurses gave you on the day of your procedure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Your confidence that OR staff correctly identified you and your procedure prior to surgery..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments (describe good or bad experience): _____

Tangible ways to improve satisfaction

- Ease of access to endoscopy
- Shorten appointment wait time
- Minimize procedural discomfort/manage patient expectations
- Prompt consultation with patient after procedure
- Personal manner and etiquette of endoscopist and staff



ENDOSCOPY CENTER AND QUALITY

Infection Prevention & Control

Fueling the Fire to Promote the Quality Agenda



30 COMMENTS

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Hepatitis C outbreak springs from Endoscopy Center of Nevada; 40,000 at risk

By [Sun Staff](#) · February 27, 2008 · 2:41 PM

Southern Nevada Health District officials announced today they have identified six cases of [hepatitis C](#), five of which stemmed from procedures occurring on the same day that involved anesthesia at the Endoscopy Center of Nevada.



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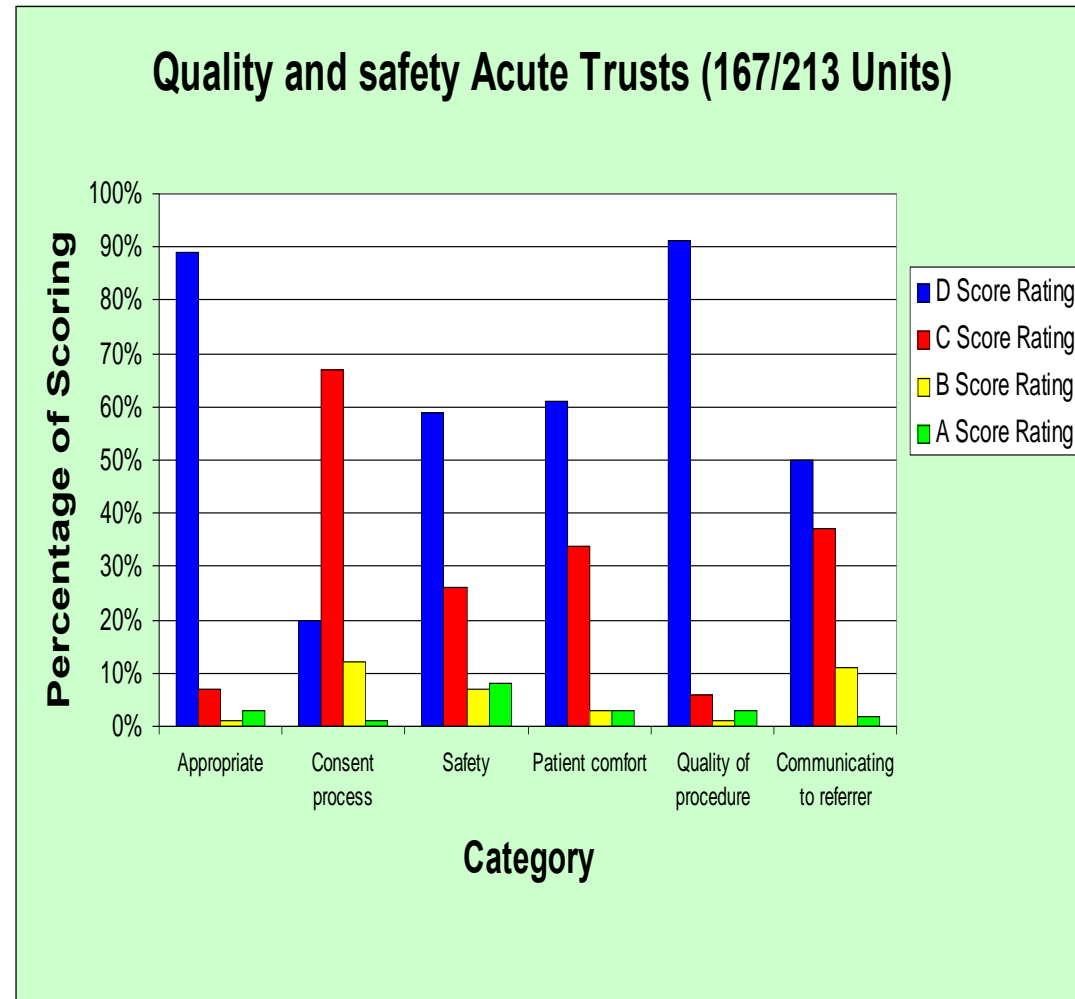
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MOST READ DISCUSSED EDITORS' PICKS

1. Station Casinos announces grand opening of Aliante Station
2. Transcript of McCain interview
3. Day 1: Vegemite, thank-yous and a Aussie hello
4. SEIU's top two leaders quit (UPDATED)
5. Pointed plan for energy

Worldwide experience

- Performance indicators developed for endoscopy units in other countries
- Aimed at improving processes in endoscopy unit
- Improved outcomes
 - reducing wait times
 - identifying service gaps
 - increasing patient satisfaction
 - reducing adverse events



Why the big focus on unit quality?

- High quality units lead to more satisfied patients and providers
- Leads to greater case volume and physician recruitment to use the facility
 - Higher revenues for institution and reduced costly errors
- Poor quality and especially safety problems can be catastrophic to all parties
- Payers are watching, but patients remain the biggest potential driver

In summary...

- Quality indicators for endoscopists have been developed and mechanisms exist to help improve performance gaps
- Patient satisfaction and experience has and will continue to have increasing relevance
- Endoscopy unit indicators have been developed globally and will likely hit the U.S. very soon
- Overall goal with quality work is to promote the well-being of our patients