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I'm often asked what motivates residents to do QI work. By the very nature of our appointments, we are transients. So what drives us to tackle the systems and structures in which we so briefly reside? Why bear the burden of paving this road if we are but temporary travelers?

Clearly, each individual has their own motivations. But I'm reminded of a moment from my intern year; I was falling asleep while finishing notes in the resident work room. As the hour got later, a senior night float began pressing me to get out of the hospital. Of course, this only irritated me—because it wasn't as if he was going to wrap up my half-written discharge summaries.

I was relieved when he finally left the room, seemingly in response to a page. Ten minutes later, he returned with a can of Gatorade in one hand and a Sprite in the other. He cracked them open and poured them into a cup of ice. "It's my special cocktail for days like this," he chirped. "Sometimes, the only redeeming factor about residency is that you get to help out your fellow residents."

While it's true our individual time as trainees is (thankfully) limited, let's not forget that this journey begins fresh for many in June. As we share in our effort to better care for our patients, we also encounter together many shared hurdles along the way. I've been inspired time and again by trainees who find innovative ways to provide better care for our patients while simultaneously improving the training experience for all future residents. Perhaps this is what drives many of us. But if nothing else, it's at least one redeeming factor.



Jay Zhu MD and Jared Bozeman MD  
HQSC Publications Co-Chairs

UW Medicine

GRADUATE  
MEDICAL EDUCATION

HOUSESTAFF QUALITY  
& SAFETY COMMITTEE

# HELP US IMPROVE SEPSIS CARE

## USING THE SEPSIS POWERPLAN

Carrie Hayes, MHA RN | UWMC Sepsis Committee

### SEPSIS FACTS:

- Sepsis is the #1 cause of hospital mortality
- It is the leading cause for ICU admissions
- It is one of the most common reasons for hospital readmissions
- In terms of aggregate cost, sepsis is the most expensive inpatient condition treated



*Did You Know That Prompt Diagnosis and Treatment of Sepsis Radically Improves Mortality?*

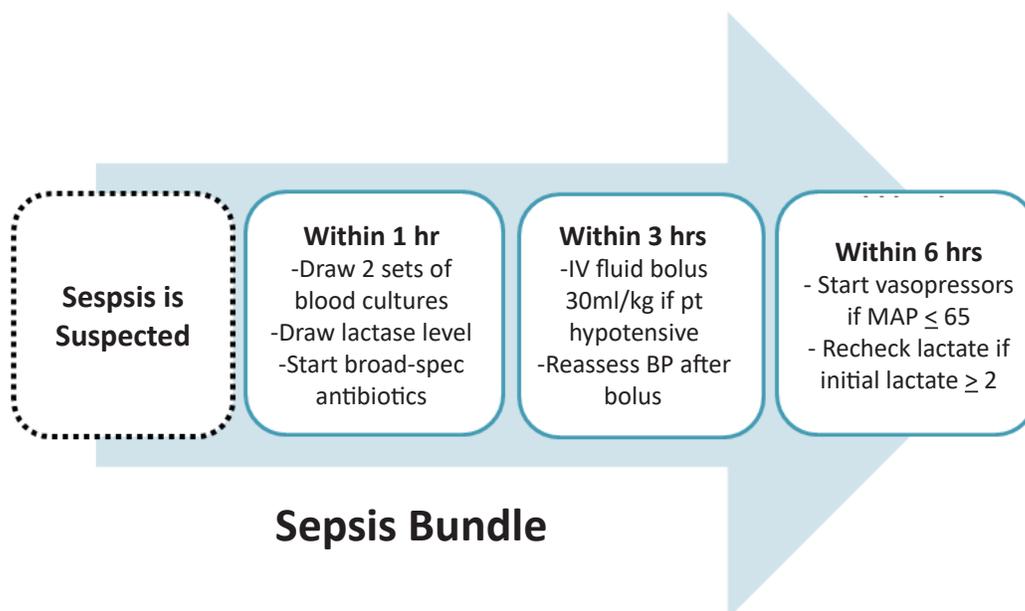
### How the Sepsis Bundle Works:

#### Early Detection:

- Electronic screening takes place on oncology and acute care units
- Alerts are triggered by vital signs, lab results, and other patient-specific risk factors
- Nurses triage initial alert, paging provider if infection is suspected

#### Expediting Treatment:

- Provider should assess patient and communicate with nurse within 30 minutes of receiving page
- If concern for sepsis is shared, **Sepsis PowerPlan should be used to initiate sepsis bundle**



#### Details:

- You can find the existing PowerPlan in ORCA
- The PowerPlan's orderset is designed to improve adherence to the sepsis bundle, which is based on the best available evidence & current recommendations

#### Questions?

Please contact [carieh@uw.edu](mailto:carieh@uw.edu) or [sepsisp2@uw.edu](mailto:sepsisp2@uw.edu)

# HQSC MINI-GRANT AWARD RECIPIENTS

The 2017-18 HQSC Mini-Grant Program was funded through the generosity of HQSC alumnus (and 2017 ACGME David Leach Award winner), Dr. Aalap Shah. This program provides a one-time \$250-500 grant to support trainees in launching or continuing an ongoing quality improvement project. We would like to congratulate the impressive list of winners below.

For further details, please visit the [HQSC website](#).

**Aynsley Duncan**, Internal Medicine - *Using Probiotics to Prevent Clostridium Difficile*

This project looks to test the use of probiotic kefir supplementation and PPI stewardship in decreasing rates of C.Diff infection in an ICU setting.

**Sonali Sheth**, Family Medicine - *Improving the Management of Clinic Inbox Notifications*

Dr. Sheth is working to standardize the communication and management of abnormal test results in the outpatient setting. This project is focused on improving how providers interface and respond to these results in Epic.

**Clint Orloski**, Critical Care Medicine - *Studying Delays in ED-to-ICU Transitions*

Dr. Orloski is working with a team to study the cause and impact of delays in transferring critically ill patients from the Harborview ED to the ICU. The concern is that these delays may be negatively affecting patient outcomes

**Katy Hicks**, Internal Medicine - *Engaging Trainees in Patient Safety Reporting*

UW Trainees seem to rarely report medical errors and near misses. This project aims to increase patient safety event reporting across training programs at UW Medicine

**Kevin Labadie**, General Surgery & **Rishi Sekar**, Urology - *Assessing Post-operative Opioid Use*

This team is working to develop an easily accessible clinical tool to quantify post-operative opioid consumption. They aim to use this tool in creating standardized care pathways to treat post-op pain.

**Sandeep Krishnan**, Cardiology - *Reducing the Duration of Bedrest After Cardiac Catheterization*

Dr. Krishnan is involved in a randomized clinical trial examining the safety of decreasing the duration of bedrest following transfemoral catheterization. The trial hypothesizes that reducing bedrest times will lead to improved patient satisfaction, less back pain, and shorter lengths of stay.



## 2018 GENE PETERSON AWARD



Gene Peterson (left) with Julie Duncan (right), Director of the Center for Clinical Excellence.

This award recognizes a faculty member who demonstrates commitment to resident learning in the areas of quality improvement and patient safety. It is named in honor of Dr. Gene Peterson, who worked for many years as Associate Medical Director at UWMC and Co-Director of the Center for Clinical Excellence. Dr. Peterson was a pioneer in quality and safety, and built a lasting legacy of integrating resident education with the medical center's quality and safety initiatives.

We are excited to announce that **Dr. Anneliese Schleyer** has been selected as the 2018 recipient of the Gene Peterson Award. Dr. Schleyer is the Associate Medical Director for Quality and Patient Safety; and Associate Professor of Medicine at Harborview Medical Center. She has been integral to the success of UW GME's Housestaff Quality and Safety Committee (HQSC). Along with her leadership in a variety of major HMC improvement initiatives, Dr. Schleyer has actively involved and mentored countless trainees. Those who have had the privilege to work with Dr. Schleyer have seen that she is tireless both in her dedication to the patient, as well as her commitment to empowering residents in quality improvement. This award honors her outstanding mentorship



***Prior award winners include:***

2016 - Dr. Elizabeth Broussard | Gastroenterology

2017 - Dr. Mark Snowden | Psychiatry

# NURF and HQSC: Health Care Equity Conference

*Reflection by HQSC Co-Chair  
Stephanie Carr MD*

At UW Medicine, residents and fellows witness disparities in medical care and outcomes. They are well-positioned to implement quality improvement solutions that address these problems. In March 2018, the Housestaff Quality and Safety Committee (HQSC) and the Network of Underrepresented Residents and Fellows (UW-NURF) joined together to host the first UW Medicine Healthcare Equity Conference, a forum for healthcare trainees, faculty and executive leads to come together and share ideas about how to address issues of healthcare equity within the UW Medicine system.



The conference started with Dr. Paula Houston, UW Director of Healthcare Equity, and Dr. Dave Flum, UW Associate Chief Medical Office, shared exciting news about the [UW Medicine Healthcare Equity Blueprint](#). The initial goals within the blueprint are to increase diversity amongst UW faculty and employees and cultivate relationships with community partners. They will also have a few focused projects that they will sponsor--including projects around improving language access and delivery of LGBT care.



*Dr. Paula Houston*

Later in the evening, attendees broke out into small groups to discover common interests and concerns within those topics, and ultimately opportunities for QI and process improvement. Some wonderful ideas for collaboration came out of the event, including an idea for a palliative care project to look at cultural and ethnic variability in end of life care and palliative care access, and another project led by social workers and fellows in ID to look at using peer guidance for outpatient HIV treatment.

We are really proud of this event, and look forward to working with the leadership teams at UW and Harborview to make this an annual event. HQSC also hopes to encourage members and trainees to apply a healthcare equity lens on an everyday basis.

# GET YOUR WORK OUT THERE!



**HOUSE** is the QI journal for the University of Washington HQSC

Publishing in HOUSE provides:

- (1) improvement to the quality of patient care at UW
- (2) recognition within the UW community
- (3) a boost to your CV

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[Click here to read 3rd edition](#)

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We are currently considering the following for our 3rd edition:

- QI or patient safety research or review paper
- Write-up on process improvement or intervention
- An essay or artistic work reflecting on patient care

## [CLICK HERE TO SUBMIT TO HOUSE](#)