

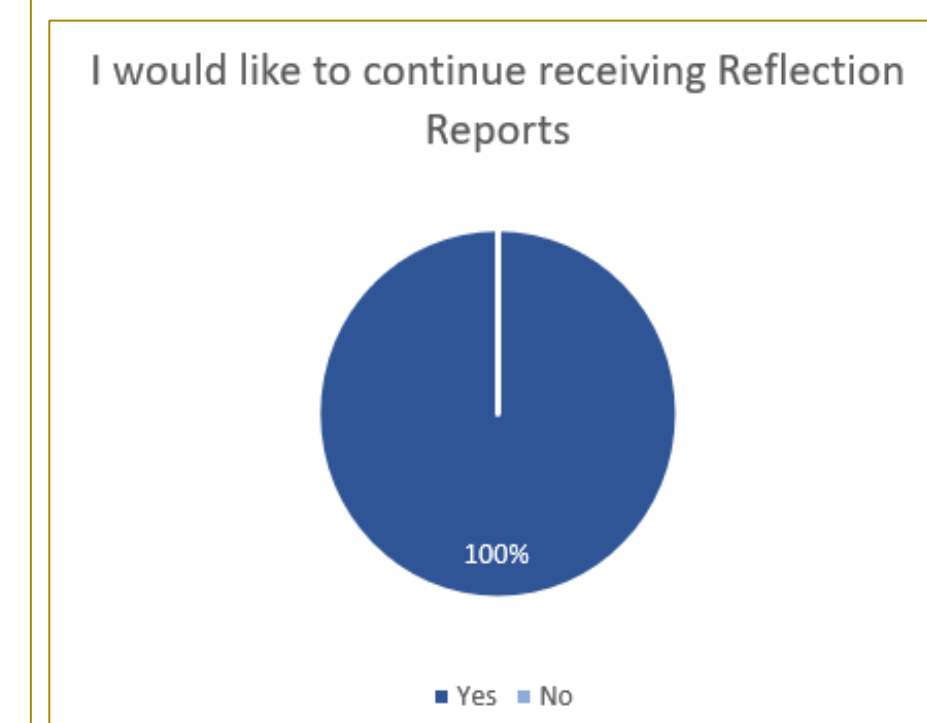
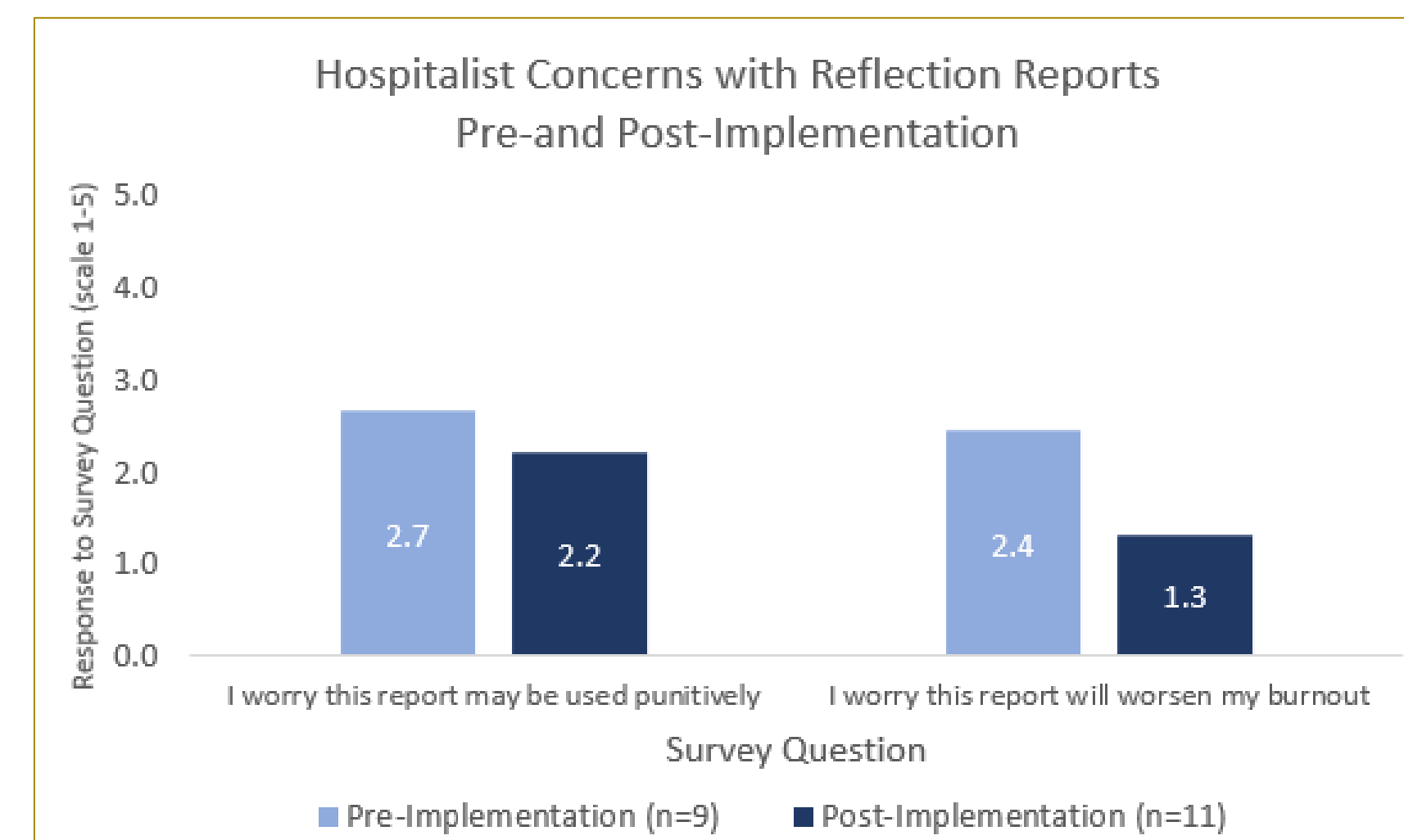
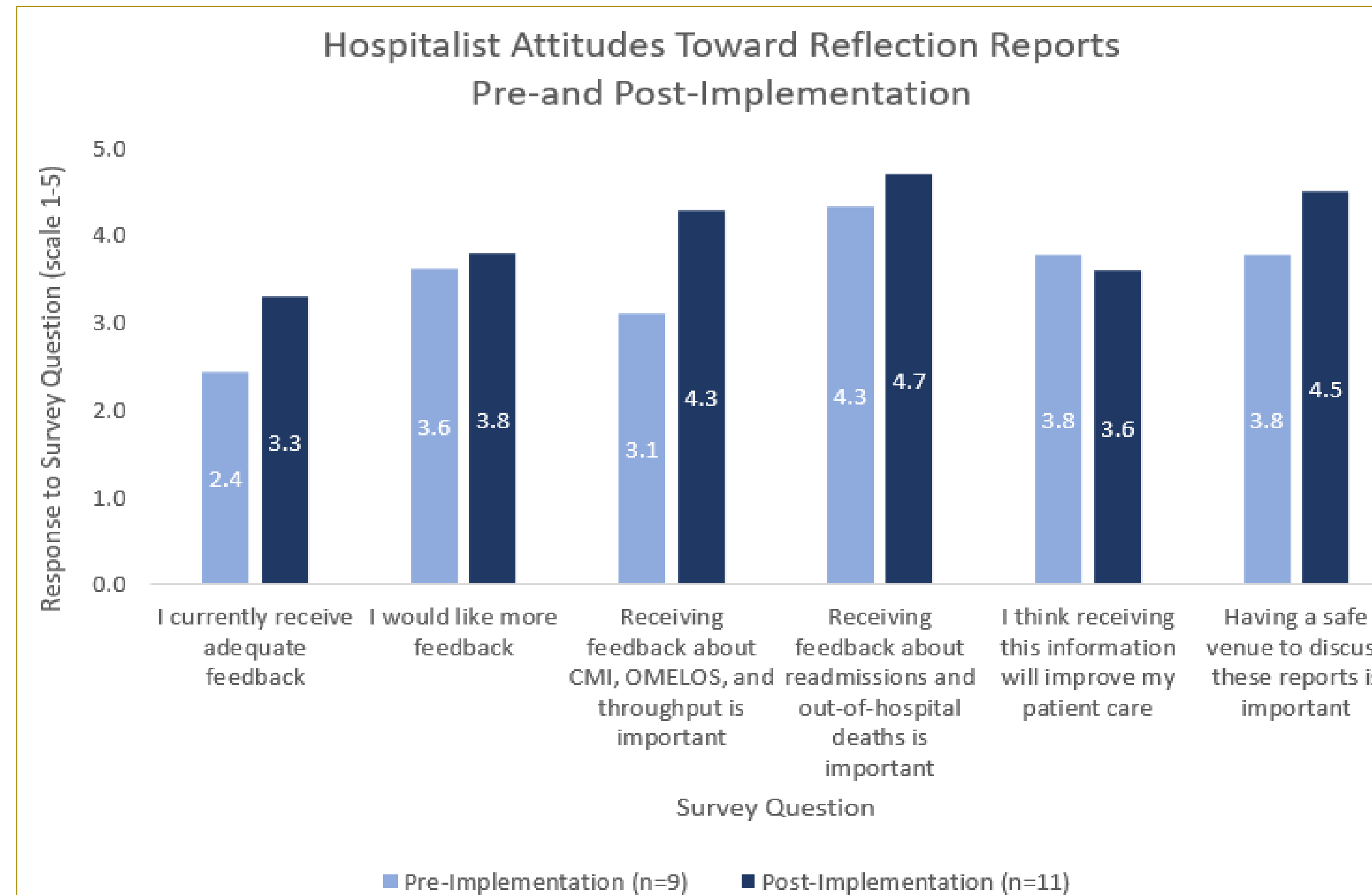
Results

Introduction

- Traditional quality metrics are challenging to apply to hospitalists
 - Difficulty with attribution
 - Variable resource utilization across service lines
 - Unavoidable nature of some readmissions and deaths
 - Interdisciplinary nature of work
- Metric reports vary significantly across institutions
 - Hospitalists express dissatisfaction with reports
 - Unsure how data is gathered
 - Unsure how data applies to their individual performance
 - Unsure how to use data to drive personal growth
- “Reflection Reports”
 - Novel tool
 - Hospitalists receive confidential and personalized data
 - Coupled with safe venue to discuss patient safety and clinical learning pearls

Methods

- Hospitalists anonymously surveyed before implementation of Reflection Report to assess for concerns and attitudes
- Secure dashboard created with monthly discharges from RMR Eastern Colorado VA
- Hospitalists given confidential report with group averages and personal discharges, CMI, OMELOS, throughput, 30-day readmissions and deaths
 - Provided with worksheet to help analyze data with goal of identifying possible patient safety or system issues
 - Provided with confidential workgroup where unexpected findings or patient safety concerns could be discussed
- After 3 months, hospitalists were anonymously re-surveyed to assess for changes in attitudes and fears about reflection reports



Conclusions

- Survey response rates were high
 - 60% of daytime hospitalists participated in pre-survey
 - 73% participated in the post-survey
- Hospitalists already felt feedback about readmissions and deaths was important
 - This did not change significantly post-implementation (4.3 → 4.7)
 - Hospitalists remained neutral about impact of reports on patient care (3.8 → 3.6)
- Favorable reception to performance report
 - Perception of adequate feedback improved by 0.9 points
 - Perception of CMI, OMELOS, and throughput importance improved by 1.2 points
 - Desire for a safe venue to discuss results increased by 0.7 points
 - Concern that reports would be used punitively decreased by 0.5 points
 - Concern about worsening burnout decreased by 1.1 points
- 100% of respondents want to continue receiving reports
- Limitations include small practice size

Implications

- Giving hospitalists meaningful qualitative data about performance is difficult
 - Hospitalist satisfaction may improve if given discrete patient data points to investigate readmissions and deaths
 - Readmission metrics without patient identifiers are of minimal help
- Metric reports should be framed within a goal of enhancing patient safety and quality hospitalist care