**ABO IMPROVEMENT IN MEDICAL PRACTICE ACTIVITY**

**(NON-CLINICAL)**

**Topic**

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| **Title of Project**: | Improvement in Rates of Entry of Biopsy Results into the EMR |

**Project Description**

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| Describe the quality gap or issued addressed by this activity. (Included in your response to this question should be a description of the resources that informed your decision to pursue this topic, a description of what the literature says about the issue you identified, and the rationale for choosing to address this clinical project | The purpose of this project is to determine the rate of entry of biopsy results into the EMR system. Currently, the results are received from the pathologist as an electronic fax and are supposed to be flagged from an administrator to the ordering physician for review. The physician is then supposed to review the results and then type the results into the patient's electronic chart. If an administrator does not flag the physician, the results may go unreviewed which could be detrimental to patient care. |
| **Background Information**: The month you pulled the baseline IRIS performance report and any additional information that me be pertinent: | None |
| **Project Setting**: (Please select from options below):* Group Practice
* Healthcare Network
* Hospital
* Multi-Specialty Group
* Solo Practice
* Surgical Center
* Other
 | Group Practice |
| **Study population**: (describe the type of patient for whom the care process will be improved, e.g., all patients in your practice, patients with diabetes, patients presenting for emergency care: | All patients on which biopsies are performed on the eyelid |
| **Quality Indicators / Performance Measures**:It is important to carefully define outcome or performance measures that will be quantified at baseline (before the care process is changed) and at re-measurement (after you have implemented the proposed improvement) to quantify the impact of your care process change. There are two basic types of performance measures - process of care measures and outcomes of care measures. . Process of care measures (e.g. timely treatment of diabetic retinopathy) can influence outcome measure (e.g. decreased risk of severe vision loss); . Outcome measures can be linked to processes of care that can be improved. Generally, performance measures are expressed as rates, often as percentage rates. For example, if the intent of a project is to improve the quality of glaucoma care in your practice, you may choose to improve your rate of establishing a goal IOP in patients with newly diagnosed glaucoma, measured over a 3-month period. . The numerator of this process measure would be the number of newly diagnosed patients during this time who have a goal IOP recorded in the medical record.. The denominator would be the total number of patients diagnosed during that same time period. Continuous variables (e.g. the refracted spherical equivalent after cataract surgery) can often be simplified and transformed then into percentage rates by setting a quality threshold (within 0.5 diopters in the intended spherical equivalent) which, if attained, would qualify the patient to be in the numerator (e.g. number of patients within 0.5 diopters / total number of patients). It can be advantageous but not mandatory to have more than one quality measure in order to gauge the impact of your process change. In the example above, an additional outcome measure might be the percentage of patients in whom the goal IOP is attained within the first 6 months after diagnosis. If possible, measure quality indicators for at least 30 individual patients or data points during the baseline and again during the follow up period.  | **Measure Type:** Process**Measure Name:** Biopsy result correctly entered into patient chart**Numerator Statement:** Number of patients whose biopsy results were correctly entered into their chart**Denominator Statement:** 30 consecutive patients undergoing eyelid biopsy |
| We realize that this may not be feasible or appropriate for all projects. Please indicate at least one measure below; either a process or outcome measure: **Example Measure**:. Measure Type: Process Measure. Measure Name: Patient pain level during intravitreal injection. Numerator Statement: Number of patients in who pain levels decreased by 2 points on a 1-10 scale. Denominator Statement: 30 consecutive patients undergoing intravitreal injection. |  |
| **Project Interventions**:Quality improvement requires that you analyze your care delivery processes and identify changes, which if implemented, will improve care and outcomes. Generally, educational interventions are thought to be weak and demonstrate little impact. The introduction of tools, strategies or systematic approaches to care delivery is more powerful. A tool is a thing, for example a preoperative checklist, or written standardized process or protocol. Strategies include changes in procedures or policies like the introduction of a surgical time out before surgery is initiated. Systematic approaches to care delivery involve a comprehensive analysis of care process and the introduction of a combination of tools and strategies designed as a complete process. Please describe the changes to your care processes you intend to introduce: | In our office currently, biopsies are performed and sent to pathologist and patient is given an appointment for a 1 week follow up to review results. As biopsy report is received from pathologist, the physician is tagged to review. However, my concern is that if there is an oversight in administration tagging the physician or if the office never receives the biopsy report and the patient does not return for follow up, a biopsy could potentially go unreviewed and a skin cancer therefore undiagnosed. My plan is to review the biopsies to determine the rate in which biopsies are reviewed and results entered into the Studies tab of the patient's chart . Then, I will institute a procedure in which whenever a biopsy is performed, it is entered into the Studies tab as a biopsy that needs review. Therefore, it will be automatically be listed as a study that needs to be reviewed by the physician and will not be able to be removed unless the physician reviews the biopsy. The hope is that every biopsy will then be reviewed, and none will go unreviewed. This will be another safeguard along with having a patient have a scheduled follow up within a week to prevent unreviewed biopsies. |
| **Project Team**:(include roles for yourself and all members of your team):List the individuals who will be involved in your quality improvement project (i.e., solo project, partners in practice, office staff, OR personnel, anesthesiologists) and the roles they will contribute. | Solo Project |
|  Will any other ophthalmologists be requesting MOC credit for participation in this SD-PIM? | NO |

**Project Outcomes/Results**

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| **Project Summary** | In the following sections, please prepare a brief summary of the project highlighting the data collected, effectiveness of your measurement approach, interventions, and the overall impact of the project. |
| **Baseline Data**:Quantify each of the quality indicators / performance measures described above for the baseline period (before interventions for improvement were introduced). Report the numerator, denominator and the calculated percentage rate for each measure. | Number of patients biopsied: 30Number of those patients whose biopsy results were correctly entered into the EMR: 25 percentage of patients whose biopsy results were correctly entered into the EMR: 83.3% |
| **Follow-up Data**:Quantify each of the quality indicators / performance measures described above for the re-measurement period (the period following implementation of the interventions for improvement). | Number of patients biopsied after quality measure had started: 10 Number of patients whose biopsy results were entered into the EMR: 10Percentage of patients whose biopsy results were correctly entered into the EMR: 100% |

**Project Impact**

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| Compare the baseline data to the re-measurement / follow-up data and quantify the impact of the process of care changes (your project interventions). The project hopefully resulted in improvement; however, some projects may result in a diminution in quality. If a lack of improvement or reduction in quality occurred, suggest other strategies that might be more effective. | The percentage of patients whose biopsy results were correctly entered into the EMR increased from 83% to 100%. This was achieved by the physician performing the biopsy entering that the biopsy was performed in the Studies tab (which is the tab under which biopsy results are supposed to be entered) on the date that it was performed. By doing this, a "pending study" is listed in the physician's notifications section as a reminder that this is a biopsy that needs to be followed up on to get the result. Therefore, even if a patient does not follow up at 1-week post op as scheduled, the biopsy and result will not be lost. This eliminates any need to rely on the lab always faxing the results to the clinic each time a biopsy is performed and also the need to rely on the office staff to alert the physician on EMR when the result is received. Therefore, a potential malignancy will not be missed. Also, having the biopsy correctly entered into the Studies tab allows for accurate recording and viewing of patient's procedure history in a quick way over time. |

**Project Reflection**

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| Did you feel the project was worthwhile, effective? | YES |
| How might you have performed the project differently? | I would have also added any radiological studies ordered (CT, MRI, etc.) or lab work so that a reminder to view these results is not dependent upon the patient appropriately following up, the imaging center sending the results, or the office staff appropriately tagging the physician to review the studies. Also, by adding scans and labs, this would have increased the number of patients that qualify for the study. |
| Please offer suggestions for other ophthalmologists undertaking a similar project. | Physicians need a way to have an ongoing notification list or reminder of any biopsies performed or labs/scans ordered so that none of these results get lost and potentially dangerous diagnoses go unseen. |