## Hospital Medicine - Clinical Quality Overview

### Division Clinical Units and Leads
- Division Chief: Vineet Chopra
- Division Administrator: Marisa Rodriguez
- Quality Council Representative: Jeff Rohde; Chris Petrilli
  - Robert Chang
  - Dave Wesorick

### Quality Committees and Roles
- **Quality Groups and Committees**
  - General Medicine Quality Committee
- **Institutional Quality Roles with Division Lead**
  - Health System Clinical Quality Committee
    - Member: Scott Flanders
  - Medical Staff Quality Committee
    - Member: Scott Flanders

### Highest Volume Conditions
- Infections
- COPD
- CHF

### Division Specific Specialty Conditions
- Renal transplant
- Anemia perioperatively

### Choosing Wisely – Selected Measures

#### Choosing Wisely Continued:
1. Don’t prescribe medications for stress ulcer prophylaxis to medical inpatients unless at high risk for GI complications.
2. Avoid transfusions of red blood cells for arbitrary hemoglobin or hematocrit thresholds and in the absence of symptoms of active coronary disease, heart failure or stroke.
3. Don’t order continuous telemetry monitoring outside of the ICU without using a protocol that governs continuation.
4. Don’t perform repetitive CBC and chemistry testing in the face of clinical and lab stability.
5. Don’t place, or leave in place, urinary catheters for incontinence or convenience or monitoring of output for non-critically ill patients.

### Choosing Wisely Continued:
- Reduction of unnecessary bloodwork
- Appropriateness of laboratory draws
- Evaluation of VTE prophylaxis algorithm
- CAUTI/C.Diff reduction

### Measurement – Peer Review Metrics
- Rate-Based Indicators
  - Inpatient mortality
  - Return to ED within 3 days of discharge
  - 14 day readmissions
  - Blood transfusions not meeting appropriateness criteria
  - DVT prophylaxis for high risk patients
- Case-Based Indicators
  - Review all inpatient deaths, medical legal concerns, and patient safety concerns

### Measurement – Registries and Other Data
- Registries
  - None