

Infectious Diseases - Clinical Quality Overview

Division Clinical Units and Leads	Quality Committees and Roles
Division Chief: Powel Kazanjian Quality Council Representative: Kevin Gregg, John Mills Division Administrator: Jennifer Hawkins ACU Medical Director Pod D: Jamie Riddell	<i>Institutional Quality Roles with Division Lead</i> <ul style="list-style-type: none"> • Antimicrobial stewardship → Leads: Tejal Gandhi, Emily Shuman, Carol Chenoweth • Infection control → Lead: Laraine Washer, Carol Chenoweth
Highest Volume Conditions	Division Specific Specialty Conditions
1. HIV (outpatient); rate-based indicators available through Ryan White registry * 2. Bacteremia/endocarditis * 3. Clostridium difficile infection *	1. HIV * 2. Transplant infections * 3. Travel Medicine * 4. Outpatient IV antibiotic therapy (for many different conditions) # <i>Note: For high volume and specialty conditions, indicate with an * what your division does well, and with a # what your division does poorly.</i>
Choosing Wisely – Selected Measures	Quality Improvement Priorities
1. Don't treat asymptomatic bacteruria with antibiotics 2. Avoid prescribing antibiotics for upper respiratory infections 3. Don't use antibiotic therapy for stasis dermatitis of lower extremities 4. Avoid testing for Clostridium difficile infection in the absence of diarrhea 5. Avoid prophylactic antibiotics for the treatment of mitral valve prolapse Status: Work being done with hospitalists to address #1 above	<ul style="list-style-type: none"> • Stewardship • Infection prevention and control
Measurement – Peer Review Metrics	Measurement – Registries and Other Data
<i>Peer Review</i> <u>Rate-Based Indicators</u> <ul style="list-style-type: none"> • None <u>Case-Based Indicators</u> <ul style="list-style-type: none"> • Practitioner has made appropriate assessment of the medical problem that requires IV antibiotics • Practitioner has made appropriate plan of care and IV antibiotic choice and duration • Practitioner has made appropriate laboratory monitoring at time of receiving IV antibiotic • Practitioner has made appropriate assessment of response to antibiotic • Inpatient notes must have documentation that is timely and appropriate • Outpatient notes must have documentation that is timely and appropriate 	<u>Registries</u> <ul style="list-style-type: none"> • HIV (“Ryan White”) <i>Regularly Reviewed Data</i> <u>Quality Analytics</u> <ul style="list-style-type: none"> • <u>Dashboards</u> <ul style="list-style-type: none"> • Division dashboard - HIV