Summary of Projects: Dr. Roxana Lazarescu, Division Chief Hospital Medicine, NewYork-Presbyterian Queens, was involved in two projects as part of the LEAD Academy capstones. The first project focused on the optimization of hospitalist attendings' participation in divisional and institutional initiatives and committees to create hospital wide standards and positively impact patient care and medical education. The second project goal was to improve the value of patient care by optimizing test utilization while implementing high value care strategies in the inpatient service and creating standards of care for high risk diagnoses like congestive heart failure, pneumonia, chronic obstructive pulmonary disease, gastrointestinal bleeding, stroke, and venous thromboembolism.

Project 1: Hospitalist Attendings’ Involvement in Hospital Wide Initiatives and Committees

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Summary:
The size of the NYPQ Hospitalist Division increased by 42% (from 14 to 22 FTEs) from 2014 to 2019, with the Division's footprint expanding from 25% to 56% of admitted patients with 24/7 coverage of multiple services such as teaching, nonteaching, night, admitting and co-management, and a current budget of over $6M. The division significantly improved metrics including length of stay, cost per case, wRVU, mortality and readmission rates. The goal of this LEAD Academy capstone project by Dr. Lazarescu was to optimize hospitalist attendings' participation in different initiatives and committees to create hospital wide standards and positively impact patient care and medical education.

Comprehensive Overview

With the growth of the Hospitalist Division by 42%, it was recognized that there was a need for standardizing patient care and improving the education experience for residents and students. In an attempt to identify areas of interest, strengths and challenges for the group members, a self-assessment survey was conducted in areas such as leadership skills, personnel management, personal and professional development, financial management and educator development. Based on the results of the survey, regular individual meetings were arranged and areas of interest were identified. Through direct mentorship, hospitalists were engaged in different workgroups and committees in the following areas: GME, Internal Medicine residency program, credentialing, hospital operations and patient safety and quality. Participation increased from 19% to 52% over the last year.

Next steps
One of the biggest challenges for the group was balancing daily patient care and clinical responsibilities with the time needed to fully participate and contribute to these different areas of interest. The group's next steps are to identify opportunities to optimize hospitalist contribution, to translate these ideas into an academic publication and to educate and engage trainees.
Summary:
NewYork-Presbyterian Queens (NYPQ) is committed to providing the best patient care by increasing value, augmenting the quality of care and reducing the cost (financial, physical and emotional) for all patients (V=Q/C). The goal of this LEAD Academy capstone project by Dr. Lazarescu was to improve the value of patient care by optimizing test utilization through culture change, staff training, technology optimization, process analysis, and improvement. This initiative followed a multidisciplinary approach involving attendings, residents, PAs and NPs, and included multiple departments, such as Medicine, Surgery, Radiology, Emergency and Quality.

Comprehensive Overview
The NYPQ High Value Care initiative is a multistep process that started in 2018 with the standardization of care for patients admitted with a diagnosis of heart failure, pneumonia, COPD, VTE, or GI bleeding by designing clinical pathways and drafting order sets, pocket cards and flowcharts. This initiative had a positive impact on length of stay, readmission rates, mortality, resource utilization and a cost saving of $1.2M at the end of 2018.

In 2019 the focus was on identifying areas to improve the value of patient care by optimizing test utilization while implementing high value care strategies in the inpatient service. Below are the initiatives started:
1. Decreasing unnecessary, high-volume, daily lab utilization rates in the inpatient service
2. Decreasing unnecessary echocardiogram and nuclear stress test utilization rates in the inpatient service
3. Decreasing PEG and PEJ utilization rates among dementia patients in the inpatient service
4. Decreasing unnecessary MRI/MRA utilization rates in the inpatient service targeting diagnoses like syncope, vertigo and TIA
5. Decreasing broad spectrum antibiotics utilization in the inpatient service

In collaboration with different departments (Medicine, Surgery, Radiology, ED, Neurology) and divisions (Cardiology, Palliative, ID, Hospital Medicine), standard recommendations were created and publicized through a pocket card. At the same time, multiple educational activities were initiated. Examples include a kickoff Medicine grand round, noon conferences for Internal Medicine and Surgery residents, monthly PA meetings, and a Hospitalist Division meeting to capture 300+ providers involved in direct patient care and responsible for ordering all these tests and procedures. While monitoring the impact of these educational activities on utilization rates, hospital polices were created to target some of the difficult areas like palliative team evaluation for patients considered for PEG/PEJ insertion, limiting ordering abilities for respiratory PCR, and an echocardiogram lab cancelation policy for tests ordered in less than 6 months.

In collaboration with the Finance Department, the total cost savings validated to date is $300,000.

Next steps
The High Value Care team will continue to sustain the 2019 initiatives by educating providers on appropriate utilization of tests and procedures in the inpatient service. In collaboration with NYP High Value Care committee, the team is looking to expand these initiatives at the NYP enterprise level.
For 2020, the team plans to work with GME to engage the residents in identifying further inpatient opportunities and, with the support of the NYP Enterprise HERCULES team and through the Shark Tank initiative, expanding the implementation of these new ideas at other NYP campuses.