

UTILIZING METRICS TO IMPROVE CARE FOR PATIENTS WITH SICKLE CELL DISEASE

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OBJECTIVES

- Describe the complexity of pain control for patients with sickle cell disease and the significance of effectively and efficiently managing pain.
- List the key processes to prevent readmissions.

KEY TAKEAWAYS

- Medication metrics were developed to help guide improvement and standardization of patient care, while still allowing for individual provider variability.
- Due to treatment variation and patient complexities, we recognized the need to develop a multidisciplinary team to integrate evidence-based practices to effectively and efficiently manage pain during crisis.

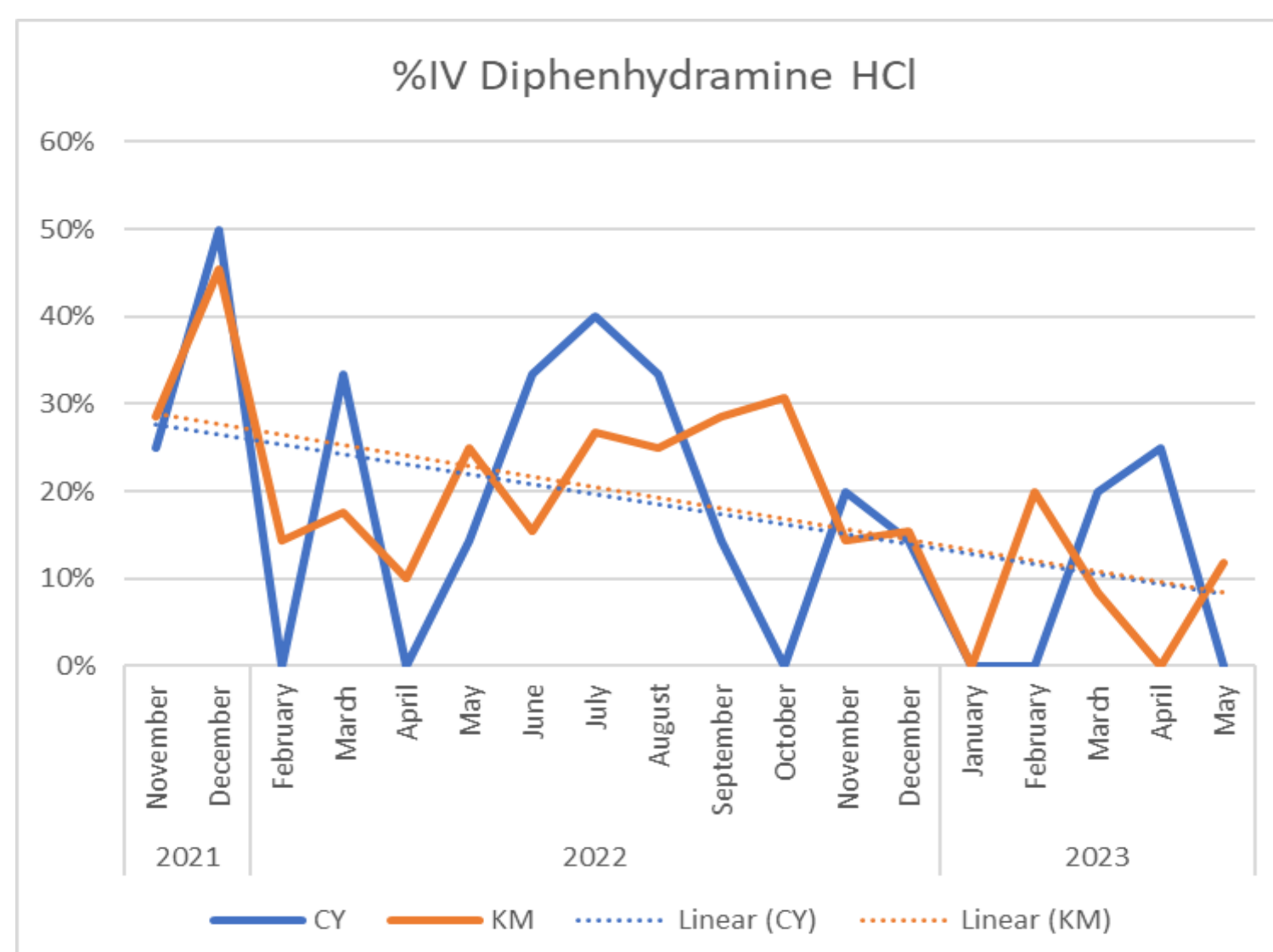
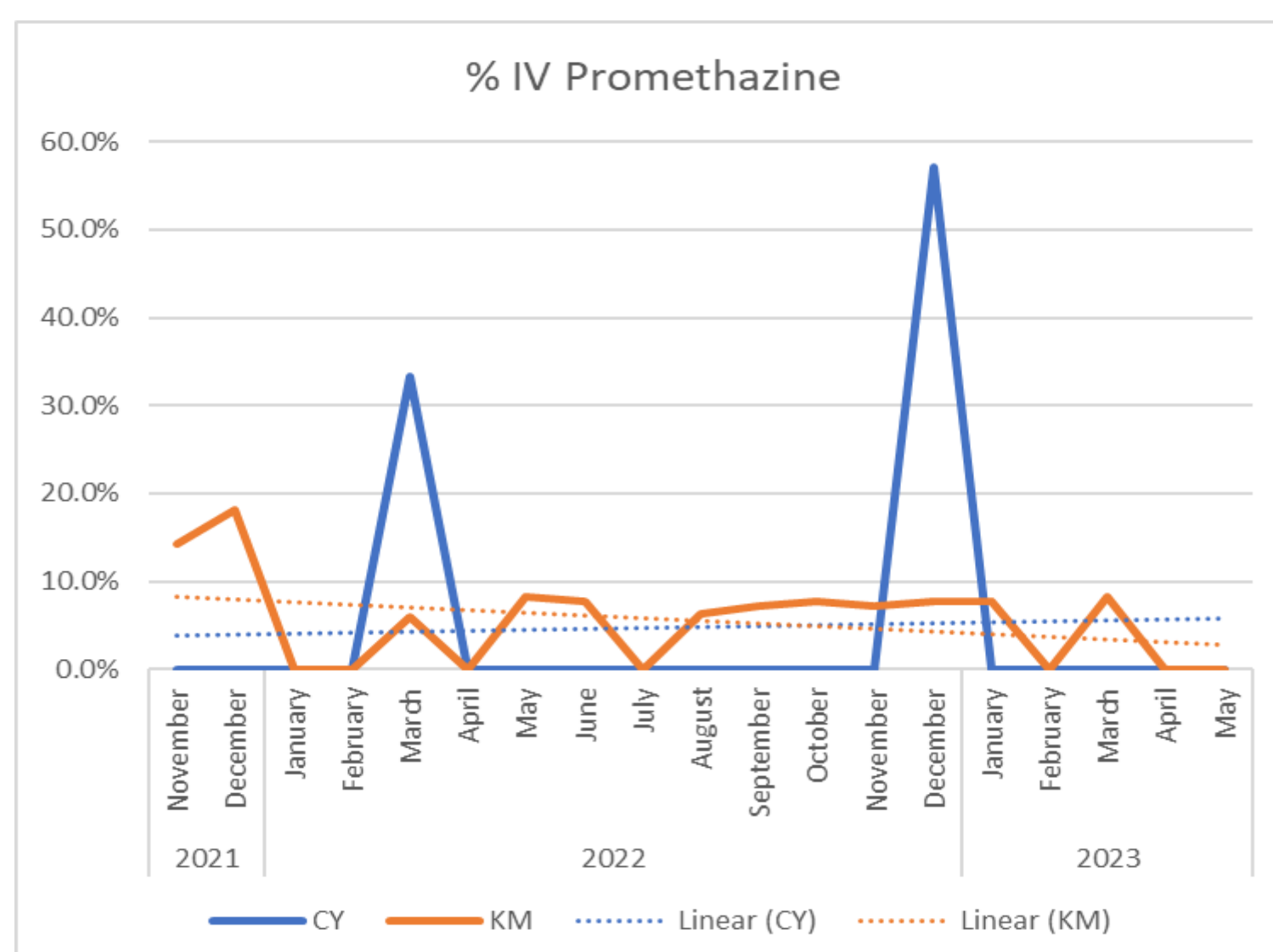
LESSONS LEARNED

- SCD is a very complicated and challenging population, both medically and socially.
- A multidisciplinary team approach is required for the SCD population, and the entire care team must be in alignment.
- Patient populations can change, and we need to consider this when developing reports based on MSDRGs.
- The care team can identify metrics to begin monitoring but can later adjust metrics as the program evolves in order to trend and identify future improvements.

CHANGES IMPLEMENTED

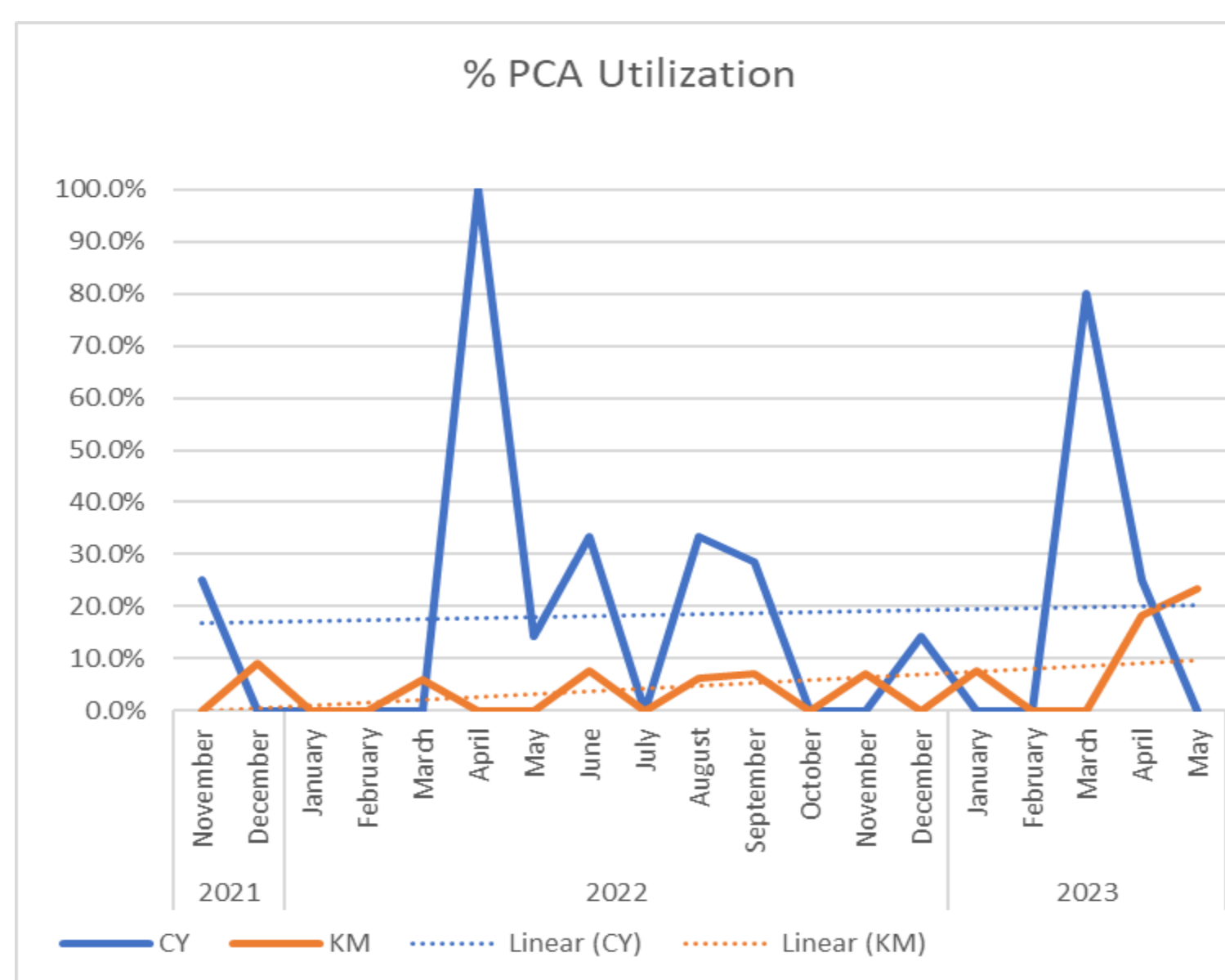
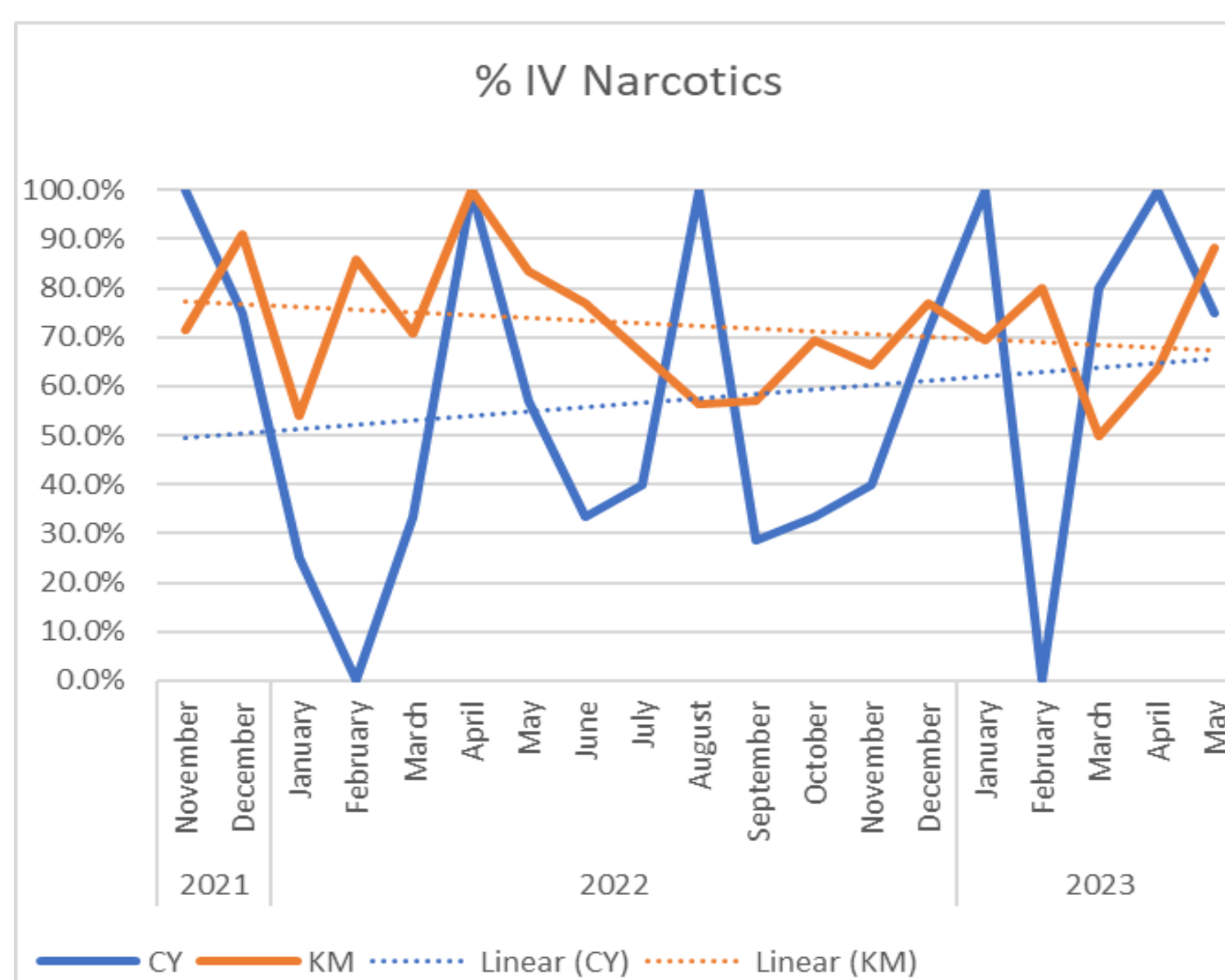
- Dashboard developed using key metrics to identify opportunities for improvement and to track progress.
- Pilot initiated at Memorial Hermann Katy and Memorial Hermann Cypress with monthly "report cards" for each campus to track and trend improvement.
- Changes to medication management implemented including:
 - Substituting intravenous (IV) Diphenhydramine HCl or Promethazine with the oral or PR route.
 - Partnering with Clinical Pharmacy to develop tailored Sickle Cell Disease pain crisis treatment plans to provide guidance on patient treatment while in the Emergency Center (ER) and through hospital stay, if appropriate.
 - Goal of improving SCD pain management.
 - Decreasing time in the ER for SCD patient.
 - Utilizing proven treatment for SCD patient, including patient care assistant (PCA) to provide symptom relief and decreasing length of stay (LOS).
 - Providing a clear pathway for PCA de-escalation.
- To accomplish these aims:
 - Developing education models for physicians, nursing and pharmacy regarding SCD pain crisis with updates regarding management. This includes:
 - Importance of continuing home medications
 - PCA use and de-escalation
 - To help decrease physician workload by developing dot phases to standardize documentation

Key metrics can help drive change in Sickle Cell Disease patient care.



LOS O/E Ranking			
	Q4 2021	Q2 2023	Goal
Katy	65%	35%	25%
Cypress	58%	52%	25%

Vizient Patient Outcomes Report



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Disclosure: No one in a position to control the content of this educational activity has relevant financial relationships with ineligible companies.

NEXT STEPS

- Initiate a System-wide Sickle Cell Disease Taskforce.
- Organizing committees at campus level to review cases monthly and to identify additional barriers and opportunities for improvement.
- Work with Pharmacy and ISD to implement standardized opioid documentation and customized patient pain management plans.
- Work with Case Management team to facilitate discharge planning and prevent re-admissions.
 - Ensuring outpatient follow-up with SCD patients.
- Work with campuses that have onsite outpatient pharmacies to have discharge medications delivered to bedside.
- Develop updated report with additional data elements and improved patient specificity.

