



Open Source Performance Improvement, Safety and Quality

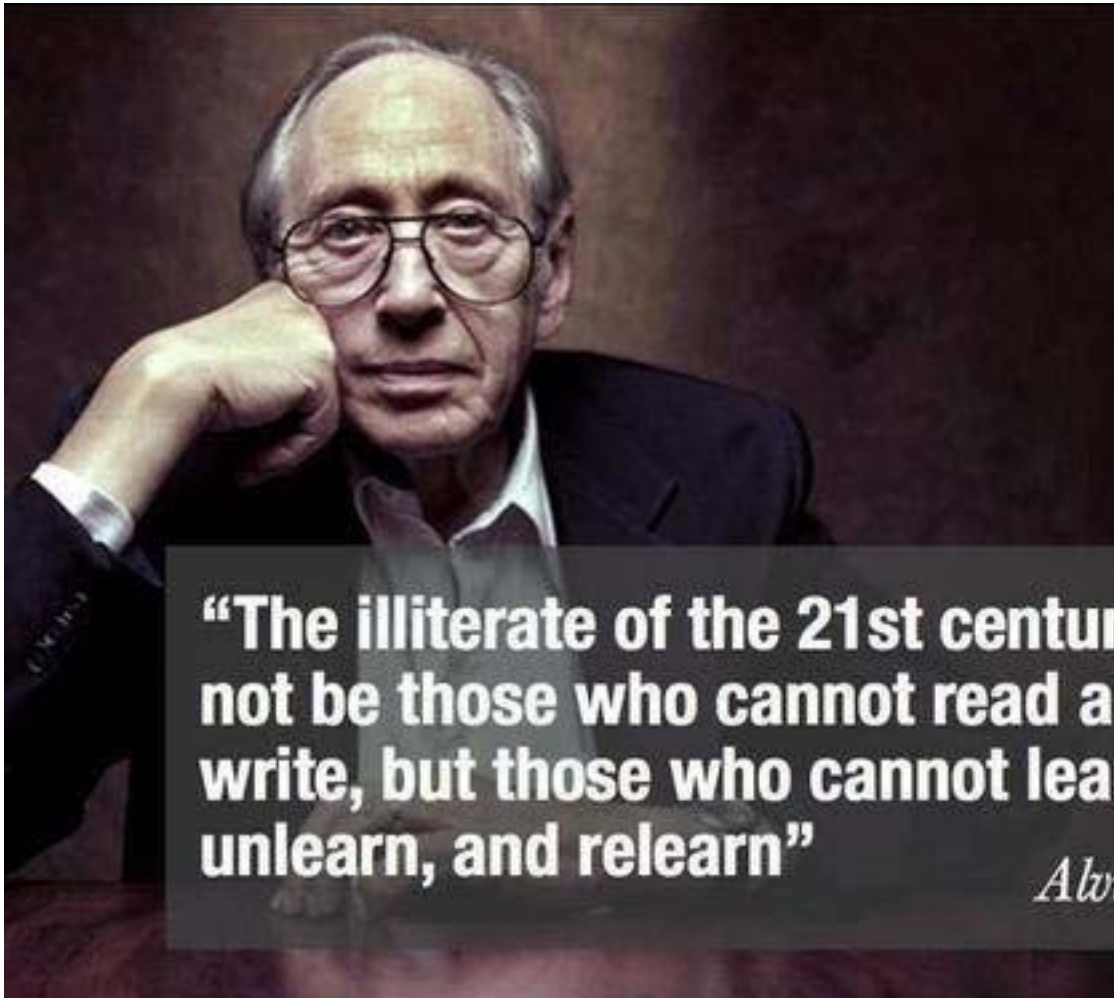
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Transitions



When asked "would you rather work for change, or just complain?" 81% of the respondents replied, "Do i have to pick? This is hard."

Progress



"You've got to think about big things while you're doing small things, so that all the small things go in the right direction."

- Alvin Toffler

"The illiterate of the 21st century will not be those who cannot read and write, but those who cannot learn, unlearn, and relearn"

Alvin Toffler

Me



NORTHWESTERN
UNIVERSITY



The Scene

- 50 bed non-profit hospital with 4 clinics
- Multispecialty hospital-based practice
- Meditech since April 2004
- C/S 5.67
- Gradual and voluntary uptake from physicians
- 3 Clinical IT staff, engaged Pharmacy and Nursing
- PCMH 3 at all locations
- Rural Health for primary care



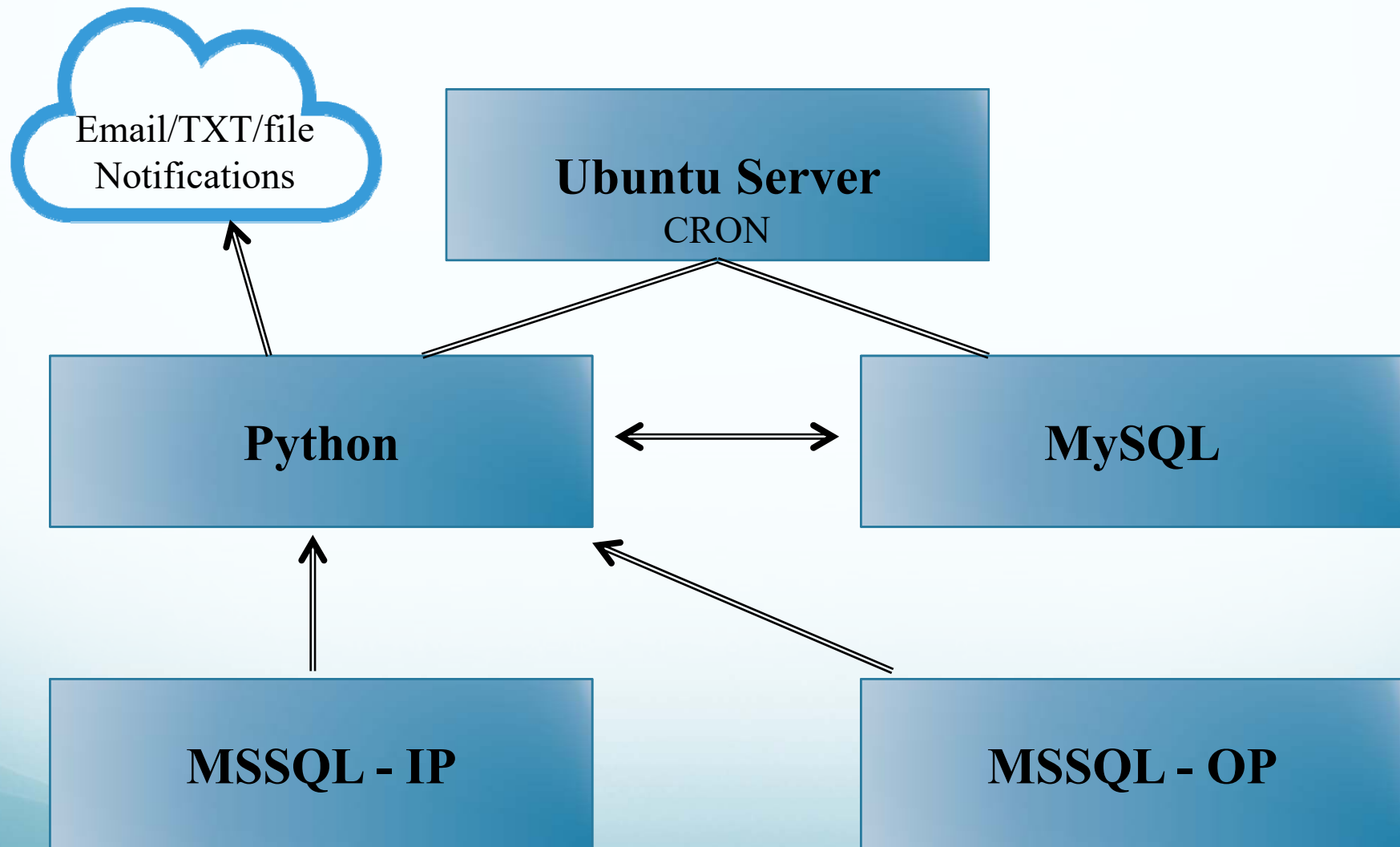
Why Open Source?

- Value
- Flexibility
- Focus and clarity
- Leveraging other work
- Personal Knowledge of systems

Current Projects

- Alignment regarding clinical variation and improving quality and safety
- Physician Driven performance improvement program (P4P)/transparency
- Capture Data from EMR and archive performance data
- Numerous Hospital Initiatives: Sepsis, Provation order sets, anticoagulant safety, readmissions, verbal and telephone order minimization and authentication, secure messaging, CPOE, Order signing, CDI, AR reduction, clinically relevant data mining
- EMR selection moving forward
- Outpatient expansion (\$40 million), New clinic (\$5 million)

Architecture



Why Python?

- Minimal Braces
- Easy to Learn
- Powerful (but not speedy like C)
- Scripting (fast for prototyping)
- Reusable
- Modular
- Libraries Galore

Text or email

```
from clickatell.http import Http
```

```
clickatell =Http('docdailey', 'password','341290')
```

```
response = clickatell.sendMessage(['1'+form['Num'].value],  
form['Msg'].value)
```

```
from localsend import send_email
```

```
send_email(destination,subject,content)
```


Samples

FY 2015 Performance Indicators William Dailey, MD, MS

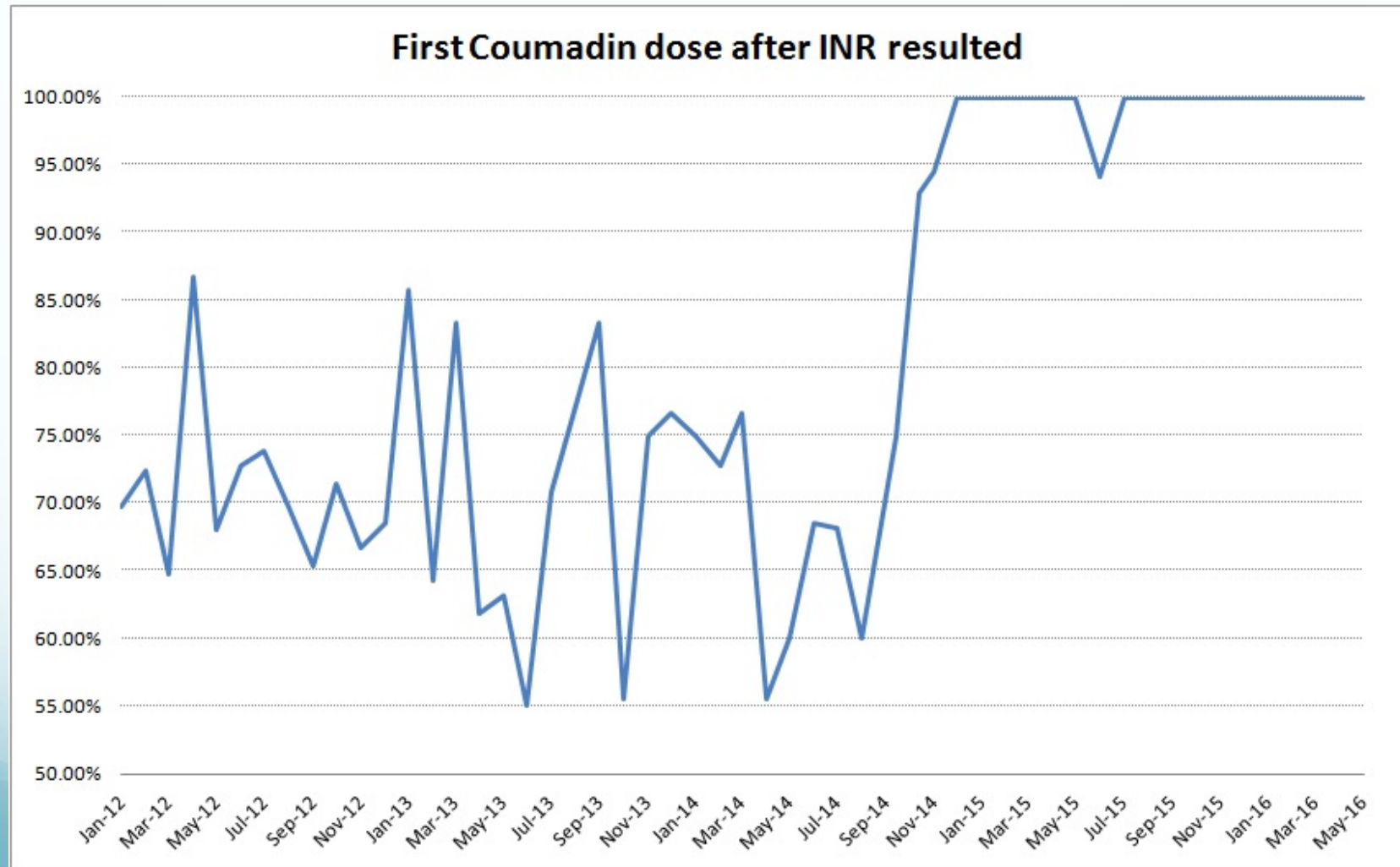


- | | | |
|----------|---|--|
| 1 | Diabetes Management: HbA1c Poor Control
My Performance: 14% Target: <= 16% MET | Patient age 18-75 with diagnosis of DM documented in IC Chart. A1C has not been completed in the last 12 month period or is > 9% |
| 2 | Breast Cancer Screening
My Performance: 97.0% Target: >= 60.0% MET | % of women aged 40-69 who had a mammogram to screen for breast ca |
| 3 | CGCAHPS - Doctor Communication
My Performance: 99.0% Target: >= 70.0% MET | This is the Doctor Communication percentile provider rating patients give through the CGCAHPS survey where they rate the provider a 9 or 10 which is considered top box. The provider will have the choice of using the Apr-Sep or the Oct ? Mar final results |
| 4 | Colorectal Cancer Screening
My Performance: 55.0% Target: >= 55.0% MET | % of patients aged 50-75 who have had screening for colorectal cancer |
| 5 | Diabetes Management: Annual eye exam performed
My Performance: 41.0% Target: >= 50.0% NOT MET | Patient age 18-75 with diagnosis of DM documented in IC Chart. Proportion of patients that have had a dilated eye exam completed in the last 12 months as captured by a scanned report in clinical info, an internal record created by a GVMH eye physician or |

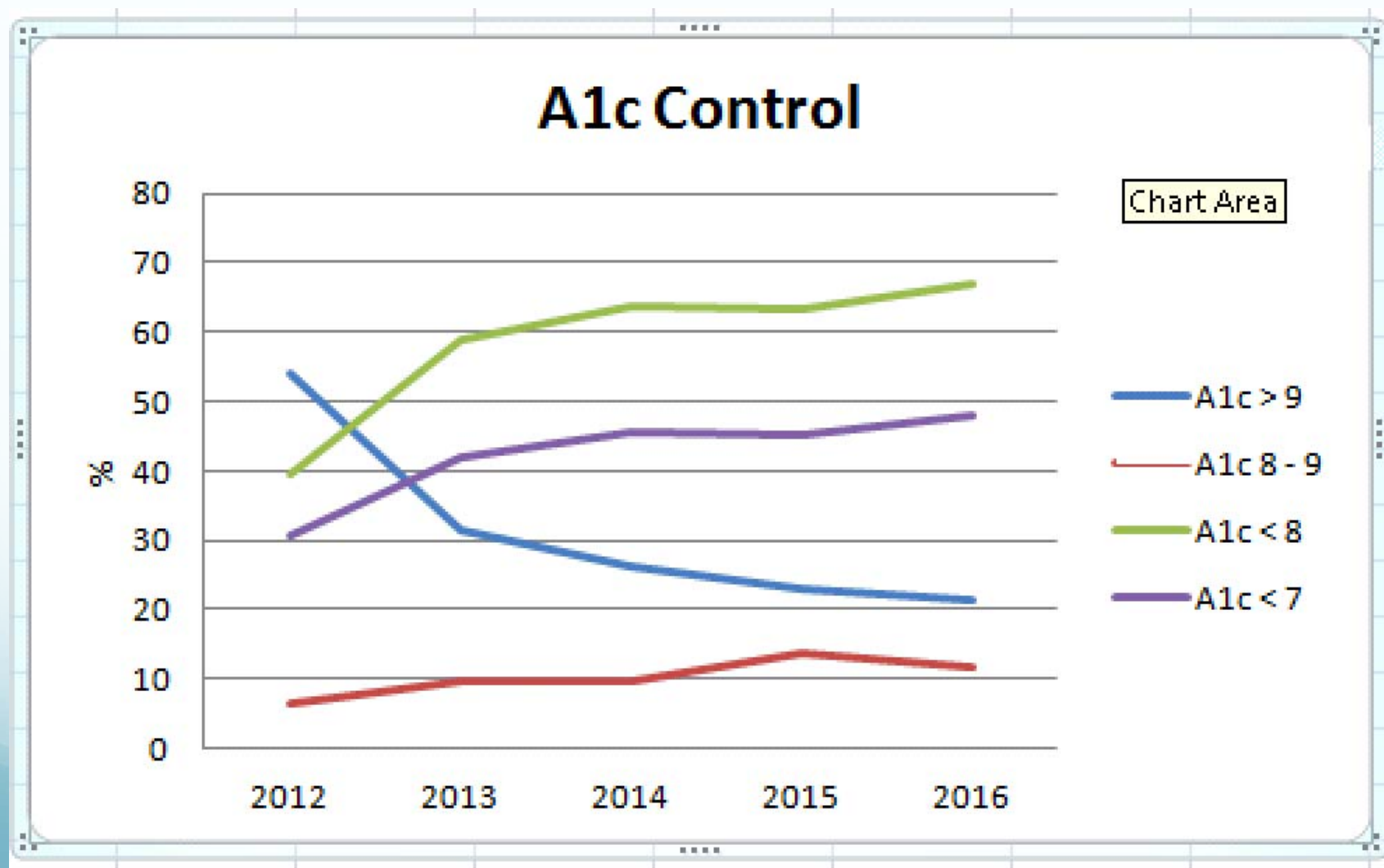
Daily Huddle

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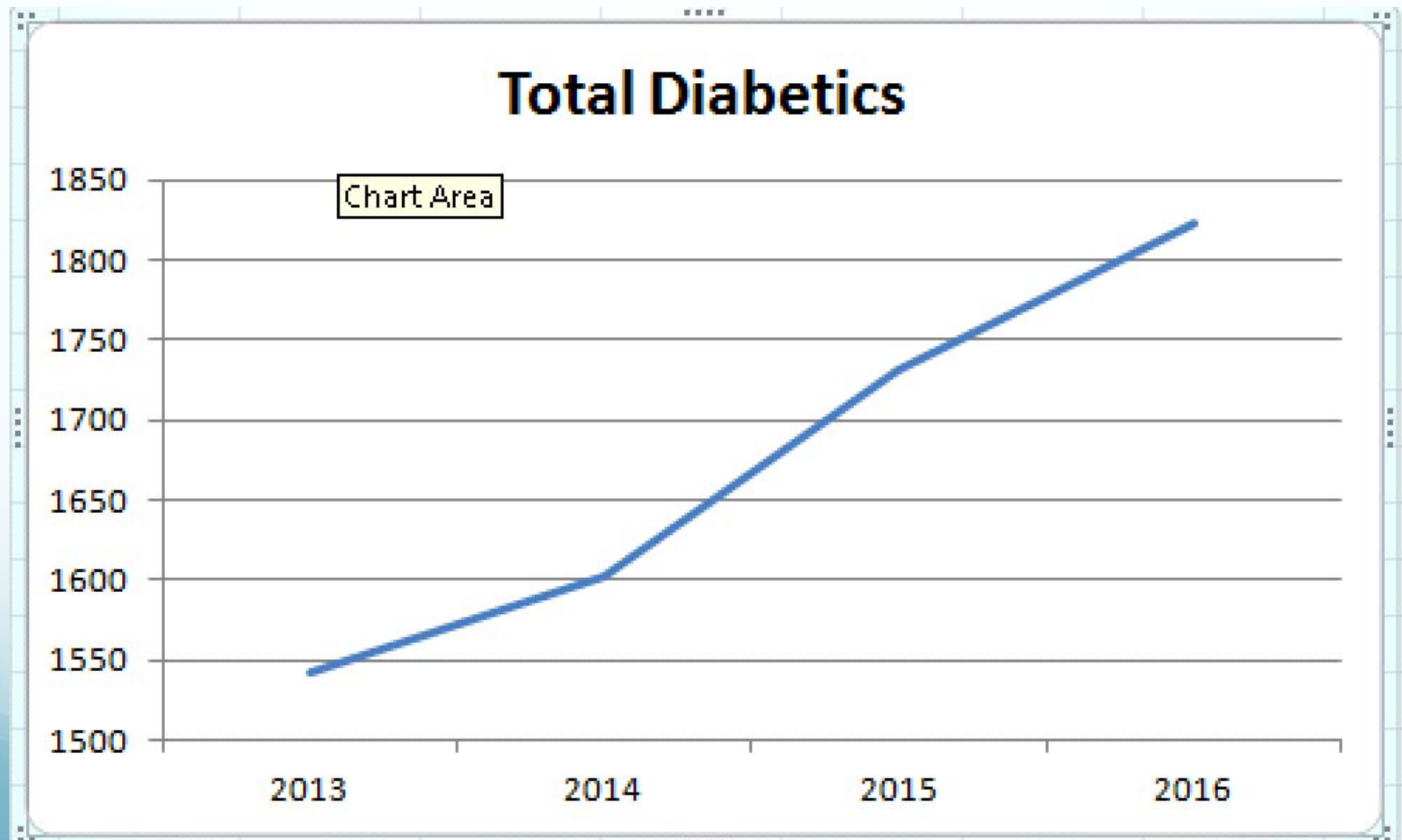
Results



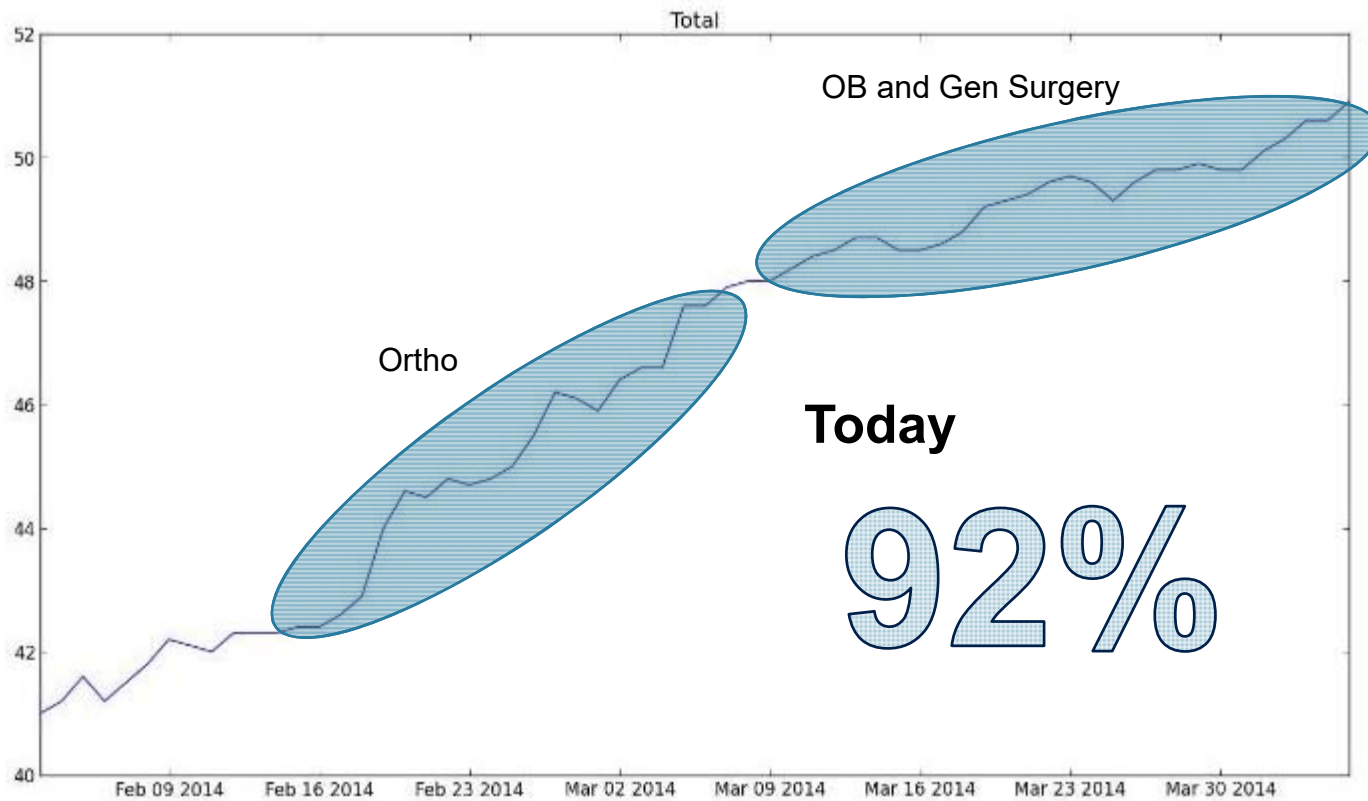
Results



Despite



Med CPOE



Questions?

Your plan

