A peer-evaluation program to improve the quality of fellow-written inpatient consultation notes
Delphine Tuot, MDCM, Division of Nephrology, UCSF; Niraj Sehgal, MD, MPH, Division of Hospital Medicine, UCSF; Lorrynade Ward, Harvard Business School and Harvard Kennedy School, Cambridge, MA; Andrew Auerbach, MD, MPH Division of Hospital Medicine, UCSF

The Problem
• Clear communication between referring and consulting physicians is essential to provide high-quality, safe, cost-effective patient care.
• UCSF Department of Medicine (DOM) fellows spend significant time performing inpatient consults, yet do not receive instruction in the art of consultation.
• DOM consultations are of variable quality.

Project Goals and Objectives
Goal: improve quality of initial inpatient, fellow-written consult notes
Four objectives:
1. Create a standardized Quality of Consultation Assessment Tool (QCAT), by which consult notes can be objectively, consistently evaluated
2. Determine baseline quality of fellow consultation notes
3. Implement a peer evaluation program that allows fellows to review others’ notes and provide feedback
4. Improve quality of fellow-written consult notes by 20% over 9 months

Project Plan
• Conducted focus groups and reviewed literature to develop the QCAT.
• Determined baseline quality of fellow-written consult notes by applying the QCAT on a random sample of consult notes written in July-Sept., 2010.
• Developed & distributed a users’ guide to the QCAT in Dec. 2010, including a primer that provided rationales for QCAT quality measures
• Implemented a peer evaluation program, in which fellows use the QCAT to blindly evaluate peers’ consult notes, written in Nov. 2010 - May 2011.
• Disseminated quarterly results to fellows and Fellowship directors

Lessons Learned
• Early subject engagement and buy-in is key for participation.
• Hospital culture can serve as a barrier to implementation of QI programs.
• Administrative duties always take more time than anticipated!

Focus groups
Quality Measures:
• Reason for Consult + Ddx
• Diagnostic Plan
  - Rationale for studies
  - Thought process
• Therapeutic Plan
  - Meds + dose, schedule, route
  - Procedures
• Peri-procedural tasks
• Communication
  - Documenting discussion
  - Eliminating abbreviations
• Education

Results / Progress to Date

<table>
<thead>
<tr>
<th>Domain scores, year to date (%)</th>
<th>Total Score (%) (by phase)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consult and Ddx (by phase)</td>
<td>Diagnostic Plan (by phase)</td>
</tr>
<tr>
<td>Infectious Diseases (n=58)</td>
<td>70 84</td>
</tr>
<tr>
<td>Rheumatology (n=19)</td>
<td>80 98</td>
</tr>
<tr>
<td>Gastroenterology (n=48)</td>
<td>64 68</td>
</tr>
<tr>
<td>Pulmona (n=26)</td>
<td>67 41</td>
</tr>
<tr>
<td>Palliative Care (n=20)</td>
<td>86 63</td>
</tr>
<tr>
<td>Cardiology (n=89)</td>
<td>64 67</td>
</tr>
<tr>
<td>Hematology/Onc (n=28)</td>
<td>67 72</td>
</tr>
<tr>
<td>Nephrology (n=42)</td>
<td>63 66</td>
</tr>
<tr>
<td>Endocrinology (n=36)</td>
<td>64 53</td>
</tr>
</tbody>
</table>

Total (n=346) | 67 68 | 85 71 | 69 61 | 29 21 | 52 53 | 60 55 |

Next Steps
• Increase sense of unity among UCSF Department of Medicine Fellows
• Conduct interviews in June 2011 among “doers” and “non-doers” to determine ways to increase engagement and unity
• Hold a kick-off event in summer 2011, with early introduction of project goals
• Housestaff Incentive Program, 2011-2011
• Achieve 50% fellow participation
• Achieve a score of 80% in “Communication” and “Education” domains for 9/12 months
• Pilot a mechanism for referring providers to give feedback to fellows
• Ensure that APEX consult templates include domains pertinent to quality measures

Special thanks to: Arjang Ahmadpou, Zac Martin, Naama Neeman, REDCap services

UCSF Department of Medicine