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Neurology Operational Efficiency

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Problem/Impact Statement

Patients arrive for initial Neurology consult without prior labs, imaging, and/or other notes available for review which reduces the quality of the patient visit.

Scope

All new patients that are scheduled to be seen by MMP Neurology Clinic. Out of scope would be inpatient consults.

Goal/Objective

We will reach a 90% goal of completing pre-charting for new consults at MMP Neurology Clinic by 6/30/2020. Pre-charting will ensure that the prior record/imaging are available.

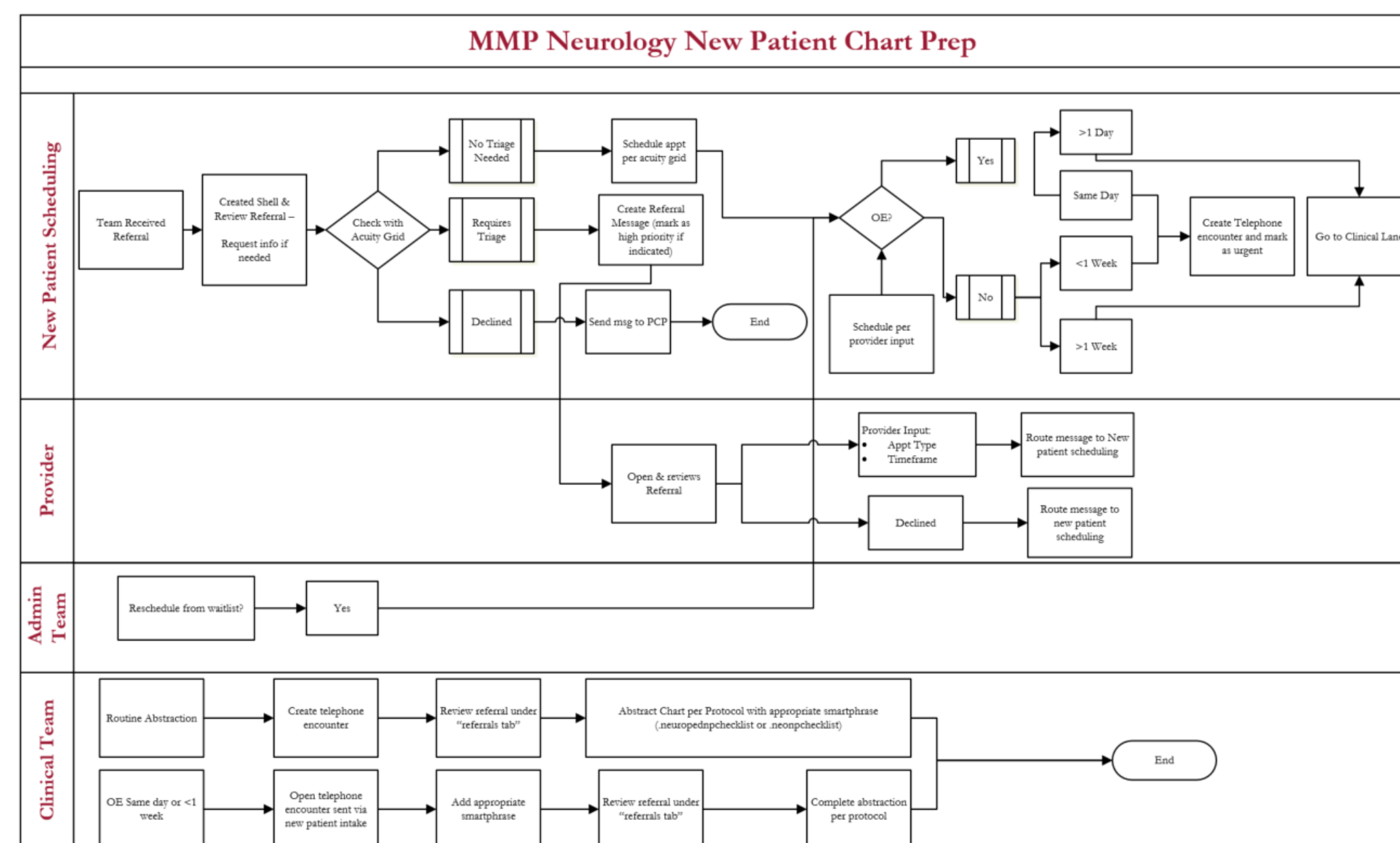
Baseline Metrics/Current State

Protocol: Chart Abstraction / Chart Preparation

Purpose: Accurate and thorough chart abstraction and chart preparation is critical to the initial and ongoing patient care we provide at Maine Medical Partners Neurology. The safety of our patients and the outcomes they experience are dependent on our ability to comprehensively capture the patients' complete medical history with precision.

Procedure:

- Chart abstraction/preparation is a daily, ongoing process to be completed 1 week in advance of the patient's office visit. For patients needing to be seen urgently, chart prep is to be done as soon as possible.
- All new consult should be abstracted utilizing the .Neuroonpatient smart phrase. At a minimum, chart abstraction/preparation should include:
 - Reason for visit
 - Past medical history
 - Past surgical history
 - Past family history
 - Social history
 - Lab results (including those from outside labs)
 - Test Results (MRI, EEG, radiology exams, cardiac testing, etc.)
 - Request all imaging to be pushed to IMPAX
 - Current Medication List
 - Allergies
 - Recent consult notes
 - Any additional information that you feel is pertinent to the patient's visit
- Chart abstraction/ preparation will be audited by management team at frequent intervals to ensure adherence to quality and accuracy. Providers will also be asked to provide feedback on a periodic basis.



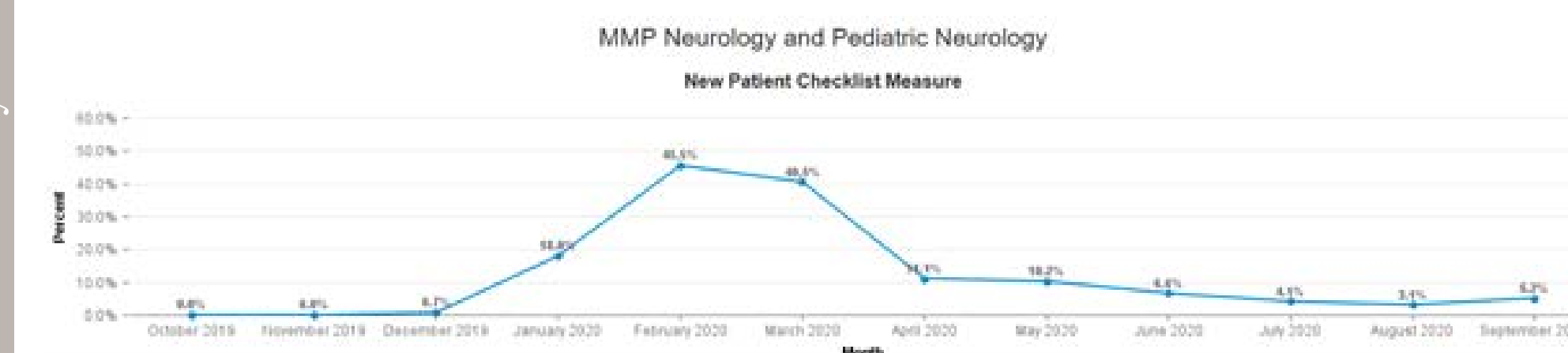
MMP Neurology New Patient Checklist

- PCP or referring provider's office note:**
- For Internal Referral- Date of Progress Note with data relevant to referral reason: _____
 - Pertinent history
 - Documented neurologic examination
 - Medication Trials
- If second opinion or transfer of care:**
- Prior neurology notes
- Current medication list:**
- Yes
- Imaging if performed:**
- Imaging type:
- Brain MRI/CT
 - Head/Neck MRA, CTA, Carotid Ultrasound
 - Cervical/Thoracic/Lumbar Spine MRI
 - PET Scan
- Images available:**
- On IMPAX, Facility will load onto IMPAX. Dater Requested: ()
 - For MS/Neuro-Onc patients: In addition to studies being pushed onto IMPAX, a hard copy of the imaging is still required so images can be imported to be available permanently.
 - If these are loaded but in a separate file, call the Film Library and request that the files be merged.
 - Facility sending disc by mail-preferred over patient bringing to visit
 - Date Requested: ___ Date of receipt: ___
 - Confirmation that imaging loaded
 - Patient bringing imaging on disc
 - Not applicable
- Written report available in chart:**
- Yes
- Prior evaluations/consults/labs:**
- Dementia:**
- Notes with complaint, description of limitations, duration of symptoms, level of education, family history, social history
 - Basic cognitive evaluation (MMSE/MOCA/SLUMS)
 - Basic functional evaluation
 - Neuropsych testing
 - Sleep study
 - Psychiatry notes
 - Labs: CMP, CBC, TSH, B12, Lyme, B1, HIV
 - Imaging as above
- Dizziness:**
- ENT/Cardiology consult notes
 - EKG/Echo/Stress Test
- Epilepsy:**
- ER notes
 - EEG results
 - If second opinion: original EEG tracing, history with age of onset, Prior testing/evaluations, Prior treatments.
 - Imaging as above
- MS/Optic Neuritis:**
- Imaging as above
 - Ophthalmology notes
 - Evoked potentials
 - Labs: ANA, ESR, B12, Lyme, SSA/SSB, ANCA, RF, ACE, TSH
- Neuromuscular:**
- Prior EMG
 - Labs: CK, ESR, CRP, TSH, B12, Folate, RPR, HbA1c, Lyme, ANA, SPEP
 - Myasthenia panel (Acetylcholine Receptor Ab, MUSK Ab)
- Neuro-Oncology:**
- Imaging as above
 - Pathology report including ancillary molecular testing
 - Operative report
 - Notes from Oncology/Neuro-Onc/Rad-Onc
- TIA/Stroke:**
- Hospital Records including H&P, Discharge Summary, Consult notes (particularly neurology consult note)
 - Echo Results
 - Holter/Event monitor report
 - Imaging reports and actual studies including vascular studies
 - Labs: Lipid profile, HbA1c or Fasting labs, Hypercoagulable labs if done (Inpus anticoagulant, anti-beta-2 glycoprotein IgG and IgM, anti-cardiolipin antibodies IgG, IgM, IgA)
- Additional records requested:**
- Yes, Specific Records:
- Additional records received:**
- Yes

Countermeasures

By When & Status*	Who	Deliverable
End Q1	TS / Admin Team	1. Create project team 2. Develop needed tools and research 3. Create a project plan- Launch of a KPI and utilization of new workflow/ SmartPhrase.
End Q2	TS	PDSA workflow for the utilization. 1. BI Portal is capturing data 2. KPI was in progress, now delayed by implementation of schedule changes for COVID-19
End Q3	TS	PDSA Process
End Q4	TS	Create and launch sustainability plan

Outcomes



Next Steps

As office procedures normalize after COVID clinical staff will resume quality metrics and KPI tracking. We will then be able to complete the PDSA cycle for this project and make adjustments to the workflow as appropriate. To sustain this project, the team will review the New Patient Checklist Measure Report to make sure the 90% goal is maintained.