

SPARROW MEDICAL GROUP

&

Evidence Based Care

The SPARROW logo is located in the bottom right corner of the slide. It consists of the word "SPARROW" in a white, sans-serif font, with a horizontal line underneath the letters. The logo is positioned within a decorative graphic of overlapping, semi-transparent green arcs that curve from the bottom right towards the center of the slide.

SPARROW

Sparrow Medical Group

A Department of Sparrow Hospital

- 8 Family Practice Sites
- 1 Geriatric Practice
- 3 Obstetrical / Gynecological Practices
- Pediatric Subspecialty Clinics
- Adult & Pediatric Hospitalists
- 2 Urgent Care Centers
- Various Specialists

The Sparrow logo is located in the bottom right corner of the slide. It features the word "SPARROW" in a white, bold, sans-serif font, with a horizontal line underneath the letters. The logo is set against a background of overlapping, semi-transparent green circular arcs that create a sense of depth and movement.

SPARROW



Mission

Improving the health of the people in our communities by providing quality, compassionate care to everyone, every time.

Vision

Sparrow will be recognized as a national leader in quality and patient experience.

Values

Innovation: Finding new ways to improve the quality of health services.

Compassion: Providing "radical loving care" for everyone.

Accountability: Accepting responsibility for our actions and attitude.

Respect: Valuing diversity, inclusion and working well together.

Excellence: Achieving the best results in all we do.

Plan of Excellence Pillars

People

Ensure Associates, Physicians, and Volunteers are engaged in creating a culture of safety, quality, service excellence and teamwork.

Service

Deliver the very best experience to everyone we serve, every time... no exceptions, no excuses,

Quality

Identify and adopt best practice processes to produce the best outcomes for safety and quality.

Resources

Ensure responsible stewardship of time, money, and people in support of our mission and vision.

Growth

Position Sparrow as the healthcare destination of choice and expand access to care throughout our region.

Strategic Horizon

- Sparrow Medical Group has always focused on **QUALITY** and had an active physician led Performance Improvement Committee

The SMG Performance Improvement Committee First Addressed Diabetes

- Adopted ADA Evidence Based Guidelines
- Developed a Peer-Review form using the Evidence Based Guidelines
- Family Practice Physicians reviewed Diabetic Patient medical records using the Peer-Review form

- Data collected by doing peer-review allowed us to identify and address opportunities for improvement in care of our Diabetic Patients
 - Document what you do or it will not be counted as done
- We then developed a Diabetes Specific Flow Sheet to improve documentation

DIABETES CARE FLOW SHEET

Patient _____ DOB _____ ID# _____

Physician _____ Consultant _____

Rec. Freq.*	Date						
	Initials						
q visit	Assess Diabetes Control						
q 3 mo. 6mo.	HgbA1C; Goal <7 or _____						
q visit	Review Blood Glucose log						
q visit	Frequency of hypoglycemia Sx						
q visit	BP (Goal <130/80 or _____)						
q visit	Foot Exam-visual / monofilament	/	/	/	/	/	/
q year	Urinary microalbuminuria						
	ACE inhibitor/ACE2						
	Aspirin						
q year	Dilated eye exam Diabetic, Retinoid or Diabetic						
q year	Lipid profile date						
	LDL (Goal <100 or _____)						
q year	Body Mass Index						
	Exercise counselling						
	Self-care training / Nutrition counselling	/	/	/	/	/	/

* Recommended frequency of Diabetes Management visits noted, may be done less frequently in the well-controlled patient.
Diabetic Complications

- The Family Practice Physicians then did another Diabetic Peer-Review and found....



Roger, I think you should be be more explicit here in step two."

Before PGIP there was:

- The Michigan Peer Review Organization (MPRO) Governor's Award of Excellence For Improving Care in the Ambulatory Care Setting
 - Sparrow Medical Group primary care practices earned this award each year it was presented
- Blue Care Network's Performance Recognition Program
 - For at least the past 10 years most Sparrow Medical Group Physicians have earned this recognition

The Sparrow logo is located in the bottom right corner of the slide. It features the word "SPARROW" in a white, bold, sans-serif font. The letters are underlined with a thin white line. The logo is set against a background of overlapping, semi-transparent green circular arcs that create a sense of depth and movement.

To meet MPRO & BCN Requirements

- Quarterly chart reviews by staff were expanded to include some Evidence Based Care items
- SMG staff began to review medical records prior to a visit to find gaps in care / services needed and flag the medical record for the providers
- MCIR was checked for immunization status and immunizations given reported to MCIR
- Evidence Based Guidelines for Asthma and Colorectal Cancer Screening were the focus of other SMG Provider peer-review activities

When SMG joined PGIP we
continued to build on what was
already working for us

SPARROW

SMG PI Committee Adopted all of the MQIC Guidelines

- Guidelines were distributed to SMG Executive Committee, Managers and Providers before they were included in peer review
- A link to the MQIC Guidelines was posted on the SMG Intranet web page
- Guidelines were printed on the back of new peer review forms
- Guidelines were included with the appropriate performance reports
- Guidelines are re-distributed when updated by MQIC

Peer-Review forms were developed / revised to address new topics or new measures

- Diabetes
- Asthma
- Heart Disease
- Congestive Heart Disease
- Adult Bronchitis
- Pediatric Pharyngitis

SMG Diabetes Peer-Review content has changed over time

- We started with processes (Were HgA1c, LDL, B/P, Micro-albumin, Foot exam and eye exam done according to guidelines?)
- Then we looked at outcomes (What were the values of the HgA1c, LDL & B/P?)
- We added medications (Was the patient on a statin, aspirin, ACE/ARB ?)
- Then asked if care was managed or co-managed by a specialist, and if yes, who and the date of the most recent report

SPARROW

SMG Diabetes Peer-Review process has also changed

- We started with each provider reviewing the medical records of another provider
- Then we had each provider review their own medical records (The PI Committee provides the Peer oversight)
- Next we asked the office staff to complete part of the form (i.e., enter lab values) and increased the number of charts reviewed each time

We are currently changing all of
our Peer Review forms into a
scanable format

SPARROW



Sparrow Medical Group - Diabetes Chart Review - 3Q09



Primary Care Physician

Patient Last Name

Patient First Name

Patient's Date of Birth

Response Definition: PO=PCP Only PS=PCP with Specialist SP=Specialist Only

Diabetic care for this patient is managed by PO PS SP

If patient is managed or co-managed by specialist, last name of specialist

Date of last report from specialist

Most Recent Measurement

Date of last visit

LDL

Date of LDL

A1c

Date of A1c

Blood Pressure - Systolic

Blood Pressure - Diastolic

BMI

Smoking Status Documented Y N

Patient is a non-smoker Y N

If a smoker, cessation advice or treatment *documented* during past 12 months Y N R

Influenza vaccination past 12 mos Y N R

Pneumococcal vaccine Y N R

Staff time spent on this activity in minutes

Please turn over for physician portion of review





Physician Portion of Review

	Y	N
Patient has advanced DM complications, life-limiting co-morbid illness, cognitive/functional impairment. If yes, do not complete the remainder of form.	<input type="checkbox"/>	<input type="checkbox"/>
Patient is on daily aspirin	<input type="checkbox"/>	<input type="checkbox"/>
Patient has had a documented eye exam in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
If no, was an eye exam done in the past 13-24 months with no retinopathy?	<input type="checkbox"/>	<input type="checkbox"/>
Patient had a documented complete foot exam (inspection, sensory exam, pulses, monofilament) in past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Patient had a nephropathy assessment in the past 12 months - documented by any of the following		
	Y	N
Microalbumin test	<input type="checkbox"/>	<input type="checkbox"/>
Positive urinalysis for protein (trace does not count as 'yes')	<input type="checkbox"/>	<input type="checkbox"/>
Medical attention for nephropathy	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of ACE/ARB Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Patient has comorbidity of Congestive Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>
If yes, patient is on ACE/ARB	<input type="checkbox"/>	<input type="checkbox"/>
Patient has comorbidity of Nephropathy	<input type="checkbox"/>	<input type="checkbox"/>
If yes, patient is on ACE/ARB	<input type="checkbox"/>	<input type="checkbox"/>
Patient has comorbidity of hypertension	<input type="checkbox"/>	<input type="checkbox"/>
If yes, patient is on ACE/ARB	<input type="checkbox"/>	<input type="checkbox"/>
Patient is on Statin if age = 40 or any age if patient has LDL = 100mg/dl	<input type="checkbox"/>	<input type="checkbox"/>
Documentation or other indication that the patient is non-compliant with medication prescribed, diabetic management plan and/or DM education	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Date of Review

		/			/				
--	--	---	--	--	---	--	--	--	--

Reviewer Initials.....

--	--	--

Physician Time Spent on This Activity in Minutes

--	--

THIS IS A CONFIDENTIAL PEER REVIEW AND QUALITY ASSURANCE DOCUMENT OF SPARROW HOSPITAL AND THE HOSPITAL REPRESENTATIVES AND COMMITTEES ASSIGNED A PEER REVIEW FUNCTION. ITS PURPOSE IS FOR THE REDUCTION OF MORBIDITY AND MORTALITY AND THE EVALUATION AND IMPROVEMENT OF THE QUALITY OF CARE RENDERED TO PATIENTS AND THE REVIEW OF THE NECESSITY AND APPROPRIATENESS OF THE CARE RENDERED. THE CONFIDENTIALITY OF THIS DOCUMENT IS PROTECTED



Performance Reporting was Expanded

- Results are not blinded in SMG Reports
- Results are color coded for key indicators
- Results are reported for SMG overall, for each practice, and each provider
- Physician Quality stipend linked to key indicators
- A Quality Analyst was added to SMG to enter data and produce reports

			Dr	Dr	Dr	Dr	Dr	
Blood Pressure	≤130/80		33%	67%	64%	60%	53%	
		LDL	≤100	59%	66%	52%	44%	53%
		A1c	≤7	56%	60%	73%	70%	61%
		BMI	<25	0%	0%	30%	0%	0%
			25 to 30	0%	14%	10%	25%	57%
	>30	100%	88%	60%	75%	43%		
Documented complete foot exam			100%	100%	77%	89%	60%	
Smoking status is documented			100%	100%	100%	100%	94%	
Patient is a non-smoker			88%	91%	82%	90%	67%	
Cessation advice or treatment at most recent visit			100%	100%	100%	100%	100%	
Cessation advice or treatment during past 12 mos			100%	100%	100%	100%	100%	
Influenza vaccination past 12 months			67%	75%	91%	90%	60%	
Pneumococcal vaccine			100%	83%	64%	89%	93%	
Patient is on daily aspirin			78%	100%	91%	44%	75%	
Eye exam in the past 12 mos.			89%	77%	95%	85%	73%	
Nephropathy assessment in the past 12 mos.			100%	100%	91%	100%	93%	
Patient is on Statin if age ≥ 40			78%	50%	64%	100%	73%	
2008 Composite Score			63%	63%	62%	61%	63%	
2007 Composite Score			71%	72%	51%	72%	76%	

Patient Registries were developed so we know who our patients with chronic illnesses are and what care is needed to meet evidence based guidelines

SPARROW

Microsoft Excel - Sr Health CHF registry.xls

File Edit View Insert Format Tools Data Window Help QI Macros

A50 = 1 Q 08

	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
	Birthdate	Sys BP	Dia BP	LVEF	LDL	BMI	Smoking status	recent advice	12 mo advice	Flu shot	Pneumo vac	ACE	ARB	Man PCP	Co man PCp	Man Cardio	Specialist	specialist report	
4																			
5	9/25/1915	112	72	41-46	72	x	n			1	1	1	a		1				
6	4/3/1914	120	68	>60	87	x	1	NA	NA	1	1	1	a	1					
7	3/20/1922	152	84	20	89	x	1	0	0	1	1	1	a	1					
8	8/12/1926	114	86	40	69	x	1	0	0	1	1	1	a		1				
9	6/12/1924	142	46	75	95	n	n			1	1	c		1	1				
10	2/18/1922	140	80	x	78	x	0	x	x	1	1	b	b	1					
11	7/10/1919	118	90		95	x	1	na	na	1	r		1	a		1			
12	1/1/1924	140	82	x	62	x	1	NA	NA	1	1	b	b			1		Jan-08	
13	6/26/1920	120	70		58	x	1	NA	NA	1	1		1	a		1		Nov-07	
14	11/23/1918	140	70		87	x	1	NA	NA	1	1	d	d		1				
15	1/6/1924	140	78		75	x	1	NA	NA	1	1		1	a		1		Nov-07	
16	7/9/1928	110	60		21	85	x	form		1	1	c	d			1			
17	4/19/1917	120	54	x	81	x	1	NA	NA	1	1	b	b			1		Jun-07	
18	8/27/1934	152	92		25	109	x	1	0	1	0	0	1	a		1			
19	4/13/1929	100	60		41	52	x	1	NA	NA	1	1	1	a		1		x	
20	8/16/1928	142	78		50	88	x	0	0	0	1	1	1	a		1			
21	3/26/1927	122	72		60	42	x	n			1	1	c		1	1			
22	9/19/1930	88	56	nl		113	x	1	na	na	1	1	d	d		1			
23	9/1/1920	130	65		60	105	x	1	0	0	r	r	a		1	1			
24	9/2/1934	122	80		65	113	x	n	0	0	1	1	a	d		1			
25	1/29/1927	148	60	normal		69	x	1	na	na	1	1	a		1	1			
26	4/2/1921	144	84		65	42	v	1	NA	NA	1	1	b	b	1	1		Oct-07	

CHF

Ready Sum=608940 NUM

3:33 PM

Standing Orders were developed

- The Immunization Action Coalition Standing Orders were adopted by SMG and a link placed on the SMG Intranet web page
- SMG Immunization Standing Order Forms (Adult / Children and Teens) indicate which immunizations are covered by standing orders for the individual practice
- Staff can initiate immunizations, FOBT, schedule mammograms and PAP tests, or Diabetic lab tests based on guidelines

SMG Standing orders / Delegation forms - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print Copy Paste

Address <http://vma-intrnt-vwb1/Intranet/Rooms/DisplayPages/LayoutInitial?Container=com.webridge.entity.Entity%5B0ID%5B48EE93> Go Links

SPARROW HEALTH SYSTEM Login

Departments Human Resources Physicians & Residents Nursing Forms Policies & Procedures Staff Directory Client

Sparrow Intranet > Departments > Clinical Departments (Except Nursing) > Sparrow Medical Group (SMG) > SMG Standing orders / Delegation forms Help

Search

Click on the words "Advanced Search" to look for Nursing Policies.

Advanced Search

Departments

- ▶ Core Measures and Quality Initiatives
- ▶ Healing Pages Information
- ▶ Sparrow Events & Happenings
- ▶ Clinical Departments (Except Nursing)
 - ▶ Anesthesia Services

SMG Standing orders

- IMMUNIZATION STANDING ORDERS FOR ADULTS
- IMMUNIZATION STANDING ORDERS FOR CHILDREN AND TEENS

Web Page Links

- Imminunization Action Coalition - Standing Orders for Immunizations

SMG Delegation forms

- DELEGATION OF COUMADIN MANAGEMENT
- DELEGATION TO RECEIVE SAMPLE MEDICATIONS
- DELEGATION TO REVIEW & SIGN-OFF TEST RESULTS

Local intranet

Start Novell ... Group ... Prese... SMG S... 1:10 PM

IMMUNIZATION STANDING ORDERS FOR ADULTS SPARROW MEDICAL GROUP

for _____
Practice Site

A nurse or medical assistant may administer the vaccines checked below using the attached standing orders published by the Immunization Action Coalition to my active patients (seen within the past year) who qualify for the vaccine. If the person has not had a provider visit within the past year the standing order does not apply.

The person administering the vaccine will review the patient's medical record and the standing order to verify:

- the vaccine is indicated
- contraindications do not apply
- administration route and dose.

Any questions or concerns should be directed to the provider before administration of the vaccine.

All documentation required by law is recorded in the medical record by the person administering the vaccine.

The standing orders apply for one year and must be reviewed and signed annually or when changes are made to vaccine recommendations.

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Pneumococcal polysaccharide vaccine (PPV) (2/09) <input type="checkbox"/> Measles, mumps, rubella vaccine (MMR) (1/08) <input type="checkbox"/> Human papillomavirus vaccine (HPV) (7/08) <input type="checkbox"/> Tetanus-diphtheria toxoids & pertussis vaccine (Td/Tdap) (1/08) <input type="checkbox"/> Influenza, inactivated and live intranasal vaccine (TIV, LAIV) (8/08) <input type="checkbox"/> Meningococcal, conjugate and polysaccharide vaccine (MCV4, MPSV4) (1/08) <input type="checkbox"/> Medical Management of Vaccine Reactions in Adults (1/06) | <ul style="list-style-type: none"> <input type="checkbox"/> Hepatitis A vaccine (7/08) <input type="checkbox"/> Hepatitis B vaccine (8/07) <input type="checkbox"/> Varicella vaccine (chickenpox) (7/08) <input type="checkbox"/> Zoster (shingles)(5/08) |
|--|--|

The signature below applies to each standing order checked above in place of signing the individual standing orders
(date technical content reviewed by the Centers for Disease Control and Prevention)

_____ MD DO NP PA _____ Date
 Provider [Please circle applicable title]
 Please print or type and sign

_____ MD DO NP PA _____ Date
 Provider [Please circle applicable title]
 Please print or type and sign

_____ MD DO NP PA _____ Date
 Provider [Please circle applicable title]
 Please print or type and sign

_____ MD DO NP PA _____ Date
 Provider [Please circle applicable title]
 Please print or type and sign

_____ MD DO NP PA _____ Date
 Provider [Please circle applicable title]
 Please print or type and sign

_____ MD DO NP PA _____ Date
 Provider [Please circle applicable title]
 Please print or type and sign



Standing Orders for Administering Zoster Vaccine to Adults

Purpose: To reduce morbidity and mortality from herpes zoster (shingles) by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate adults who meet the criteria below.

Procedure

1. Identify adults who are age 60 years or older and have no history of prior receipt of zoster vaccine.
2. Screen all patients for contraindications and precautions to zoster vaccine:
 - a. **Contraindications:**
 - a history of a serious reaction to a vaccine component, including gelatin and neomycin. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
 - primary or acquired immunodeficiency, including
 - leukemia, lymphomas, or other malignant neoplasms affecting the bone marrow or lymphatic system
 - AIDS or other clinical manifestations of HIV, including persons with CD4+ T-lymphocyte values ≤ 200 per mm³ or $\leq 15\%$ of total lymphocytes
 - current immunosuppressive therapy, including high-dose corticosteroids (≥ 20 mg/day of prednisone or equivalent) lasting two or more weeks
 - clinical or laboratory evidence of other unspecified cellular immunodeficiency
 - receipt of or history of hematopoietic stem cell transplantation
 - current receipt of recombinant human immune mediators and immune modulators, especially the antitumor necrosis factor agents adalimumab, infliximab, and etanercept
 - pregnancy or possibility of pregnancy within 4 weeks of receiving vaccine
 - b. **Precaution:** moderate or severe acute illness with or without fever
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Although not required by federal law, it is prudent to document in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Provide non-English speaking patients with a copy of the VIS in their native language, if available; these can be found at www.immunize.org/vis.
4. Administer entire amount (approximately 0.65 mL) of reconstituted zoster vaccine subcutaneously (23–25g, 5/8" needle) in the posterolateral fat of the upper arm.
5. Document each patient's vaccine administration information and follow up in the following places:
 - a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
 - b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
6. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
7. Report all adverse reactions to zoster vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the _____
(name of practice or clinic)
until rescinded or until _____ (date).

Medical Director's signature: _____

Effective date: _____

Does What We Do Work?

- Sparrow Medical Group was identified as only one of two PGIP POs that met the overall PGIP benchmark performance score (comparing 2Q08 EBCR and 2Q09 EBCR performance scores)

Questions?

The logo for SPARROW, featuring the word in a bold, sans-serif font with a horizontal line underneath. The logo is positioned in the bottom right corner of the slide, partially overlapping a decorative graphic of concentric, semi-transparent green arcs.