# CLINICAL SAFETY & EFFECTIVENESS COHORT # 9



## The Impact of a Procedure Service on Patients Presenting with Pleural Effusions



SAN ANTONIO

**Educating for Quality Improvement & Patient Safety** 



### Financial Disclosure

David R. Schmit, MD has no relevant financial relationships with commercial interests to disclose.

### The Team



- Team Champion
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- Team Leader and CSE Participant
  - □ David Schmit, MD Chief Resident, Dept. of Medicine
- Team Members
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  - □ Jose Fernandez Data analyst
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Special thank you to David Hillis, MD; Richard Lange, MD; David Dooley, MD; George Crawford, MD

## Background – Procedure service



- ➤ Prior to July 2012, Internal Medicine residents were taught bedside procedures with simulation based training
- Follow-up training/"expertise" was dependent on patient encounters and supervision from various faculty members or upper level residents
- > This method introduced variability in techniques
- Emerging data shows improved success rates and lower complication rates with ultrasound guided procedures
- ➤ Procedure Service/Patient Safety (PS²) created in July 2011

## Background – Procedure service



#### >Curriculum consists of:

Ultrasound trained chief resident serving as faculty

Didactic lectures

Simulation training

Ultrasound training

Procedure videos

QI lectures/projects

Check lists, pre-testing/post-testing

## PS<sup>2</sup>: Impact so far



- ►PS² has decreased time to paracentesis at the VAH 14→11h
- ≥342 procedures performed
- ▶112 procedures not performed because of safety issues or not enough fluid to remove

➤ We wanted to look at the impact of the PS² service on thoracentesis success and complication rates at UH/VAH

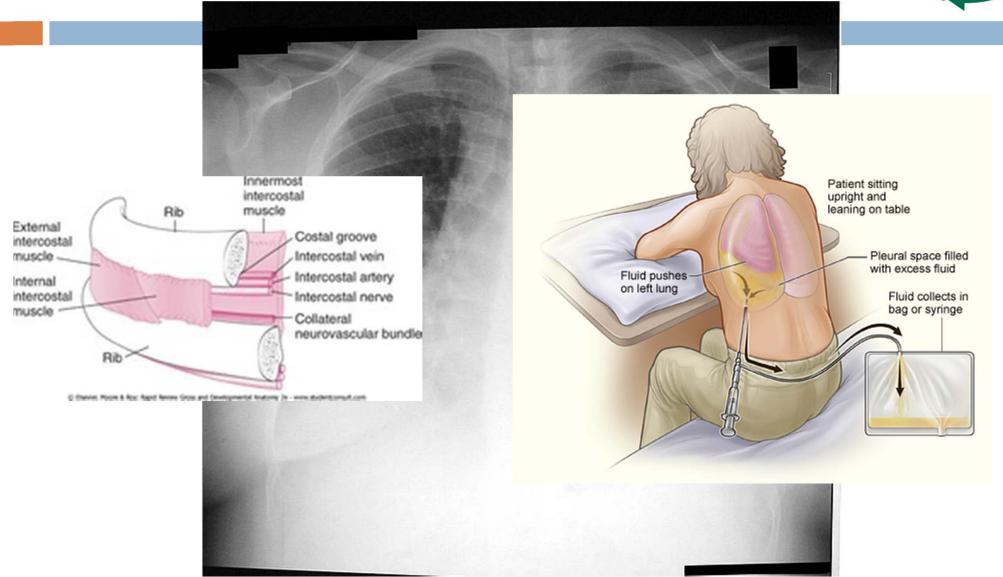
## **Background - Thoracentesis**



- ➤ Definition: Removal of fluid from the pleural space usually with the insertion of a needle with or without ultrasound assistance
- Common bedside procedure estimated 200,000 thoracentesis each year
- Last year, Internal Medicine performed 219 thoracentesis
- ➤ Used to evaluate a pleural effusion of unknown etiology or provide therapeutic relief
- Complications include: pneumothorax, pain, infection, local/SQ bleeding, hematoma, injury to neurovascular bundle

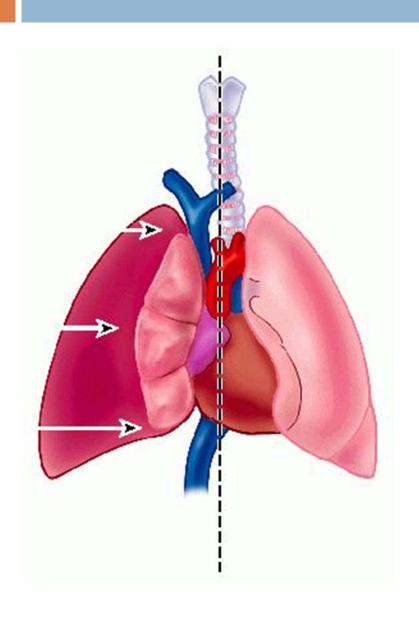
## Background - Thoracentesis



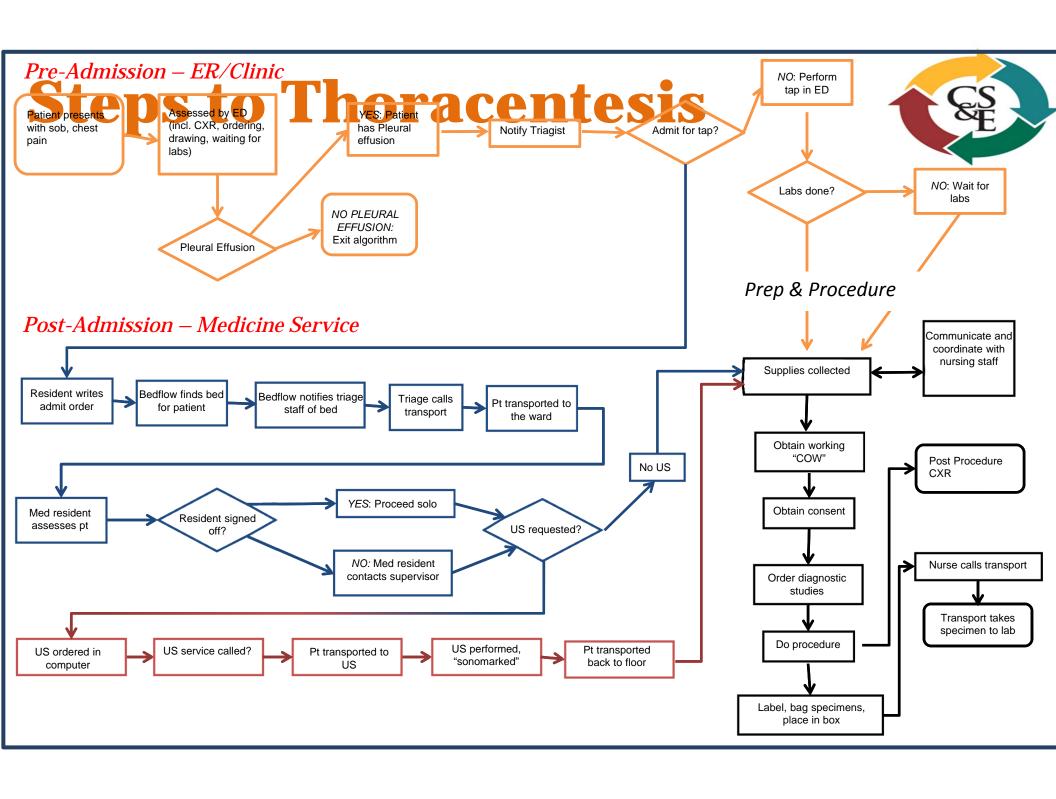


## **Pneumothorax**





Pneumothoraces can result in: 1.0Prolonged hospital course/cost Need for chest tube Shortness of breath/Chest pain Cardiac arrest/death Increase morbidity/mortality



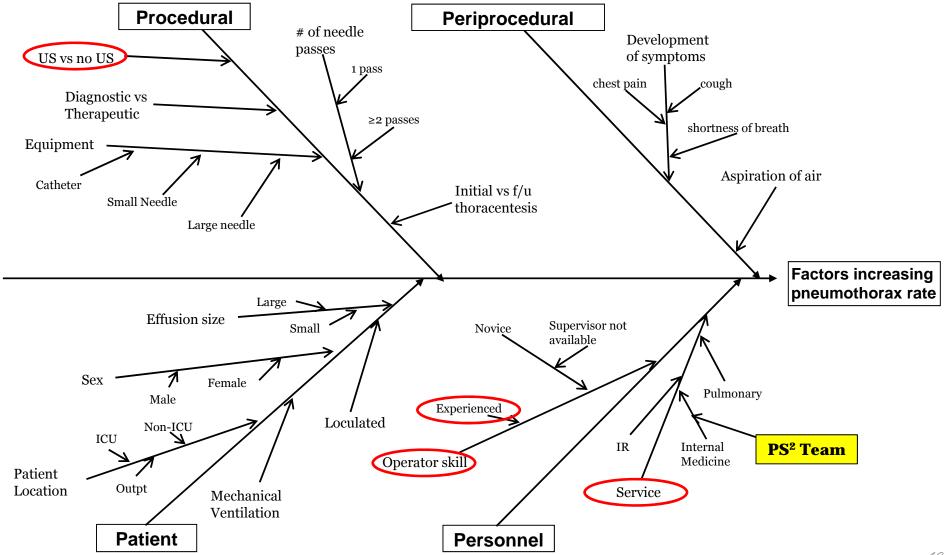
## **Aim Statement**



To decrease the pneumothorax rate at UH and VAH, with the introduction of the Procedure Service/Patient Safety (PS<sup>2</sup>) Team by 10% by February 1<sup>st</sup>, 2012

## Risk Factors for Pneumothorax





## What's changed with PS<sup>2</sup>

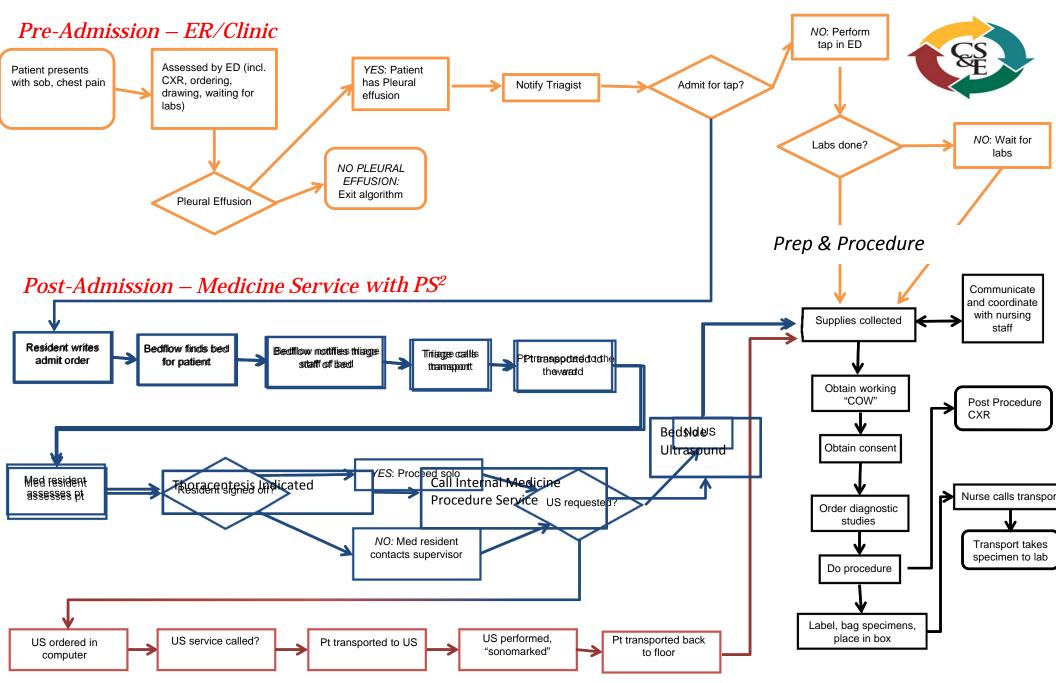


#### Before PS<sup>2</sup> introduced

- Ward team performs procedure
- Supervision by attending or 'experienced' resident
- Sonomarking performed by radiology, or procedure done without ultrasound

#### After PS<sup>2</sup> introduced

- Procedure team performs procedures (available 8 am-4 pm weekdays)
- Supervised by Internal Medicine chief resident
- Bedside ultrasound by procedure team



### **Methods**



- ➤ To assess impact of IM PS², we used Institute of Medicine's six domains of quality:
  - Safe, Timely, Efficient, Effective, Equitable, & Patient-Centered [STEEP]
- ➤ Initial Step Reviewed all Thoracentesis performed by Internal Medicine at VAH and UH from 1/1/11 to 6/30/11 to obtain baseline PTX rate
- ➤ Next Step Reviewed all Thoracentesis performed by the PS² and Internal Medicine at VAH and UH from 7/1/11-1/31/12 to obtain post-intervention PTX rate

## **Data Collection**



16

➤ Population of Interest

Patients admitted to Internal Medicine service (IM) at the VAH or UH with a procedure code for thoracentesis

**Exclusions** 

**Infants** 

Trauma patients

No post procedure imaging

► Data Sources

Chart review (pre and post-intervention)

**Procedure Team logs** 

➤ Diagnosis of Pneumothorax

Using post-procedure CXR/CT scan of chest

By faculty radiologist at VAH/UH

**≻**Time Period

**Baseline** 

VA (1/2011-6/2011, n=40) UH (1/2011-6/2011, n=51)

Post-implementation

By PS<sup>2</sup> VA (7/2011-1/2012, n=36) UH (7/2011-1/2012, n=39)

By IM VA (7/2011-1/2012, n=24) UH (7/2011-1/2012, n=29)