

# REFLECT



## A Quarterly UCSF Neurosurgery Quality and Safety Newsletter November 2018

### Updates

#### **ERAS Brain Tumor Pathway**

- We are working on a UCSF Med Center-sponsored effort to initiate an ERAS pathway for Crani patients with the focus being on brain tumor and vascular population.
  - New ERAS-compliant order sets are being created and should go live in the next couple of weeks!
  - The Clinical Microsystem Clerkship (CMC) is working on standardization of pre-op patient handouts
  - ERAS goals and objectives are to decrease LOS, improve patient outcome through early ambulation and resuming diet early, improve patient experience, accelerate functional recovery, and expedite follow-up and adjuvant therapy.
- **EVD clamp trial protocol for 6L**
  - Go Live date 11/14/18
  - The goal of this pilot is to expedite transfer out of the ICU for patients with EVDs who are deemed appropriate.
  - Patients would initially be clamped in the ICU and be transferred to 6L after passing the 6 hour waiting period. If the patient passes the clamp trial the EVD would be pulled 24 hours after being clamped.

#### **Attending Quarterly Quality Meeting**

Goal: To review meaningful departmental metrics to drive process improvement, stimulate attending-level conversations about quality

**Next meeting is scheduled for 11/29 at 9am (right after M&M)**

*If you have any specific topics for discussion please email Madeline Chicas ([madeline.chicas@ucsf.edu](mailto:madeline.chicas@ucsf.edu)) to add to the agenda*

## PDSAs in the Neurosurgical Services

- **NP/MD Expected Discharge Date (EDD) Documentation on the patient white board in the room**
  - Goal: to effectively communicate discharge plan to patients
  - Population: Neurosurgical patients discharged home
  - NP is primarily responsible for documenting EDD on patient white board
  - Pilot dates: Dec 1-31
- **Attending Dashboards**
  - Goal is to identify meaningful metrics for individual surgeons that will help drive process improvement for individual practice and the department as a whole.
  - We are meeting with you 1:1 and/or sending you your data with a survey link. **Attendings--please look at your individual dashboards and fill out the linked survey. And let us know if you would like a 1:1 meeting to discuss.**

## Reminders

**If your patient does not have any of the following indications please remember to remove the catheter.**

UCSF indications for indwelling urinary catheter use:

1. **Acute** urinary retention or obstruction
2. Need for accurate measurements of urine output in **critically ill patients**
3. Perineal or sacral wounds in incontinent patients
4. Hospice/comfort/palliative care
5. Required immobilization for trauma surgery
6. Patients undergoing urologic surgery
7. Continuous bladder irrigation
8. Catheter needed for medication administration
9. Chronic indwelling catheter present on admission
10. Patient undergoing prolonged (>2hours) procedure
11. Immediate post-op (plan to discontinue within timeframe as ordered)
12. Other condition per specific order

## Communication

Recently, we have been discussing issues surrounding neurosurgical MD communication with nursing and other clinical services. Some changes we are working on:

- Nursing will page the NPs as first call on non-emergent issues during weekdays, with the service resident as second call, and the HEAD pager used for emergent issues and after hours
- We are creating a communication protocol that we will disseminate to consulting teams when they are unable to get ahold of the HEAD resident for consultation questions

- We are holding patient communication workshops for the residents on 1/17/19 and 3/21/19

### **Housestaff Incentive Project Progress**

Goal: To increase order set compliance for neurosurgical patients to 75% or greater for three of the four quarters for FY19. **Compliance for October is up to 81%!**

### **Recent Quality Publications**

Chlorhexidine showers are associated with a reduction in surgical site infection following spine surgery: an analysis of 4,266 consecutive surgeries (in press)

Chan AK, Ammanuel SG, Chan AY, Oh T, Skrehot HC, Edwards CS, Kondapavulur S, Miller CA, Nichols AD, Liu C, Dhall SS, Clark AJ, Chou D, Ames CP, Mummaneni PV.

Effectiveness in Management of Brain AVMs (in press)

Rutledge, WC

**Questions/comments: Please email [sujatha.sankaran@ucsf.edu](mailto:sujatha.sankaran@ucsf.edu) or [madeline.chicas@ucsf.edu](mailto:madeline.chicas@ucsf.edu)**

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