Contents: March 2018 // Volume 44 // Number 3

ORIGINAL ARTICLES

Care Processes

115 Applying Population Health Approaches to Undiagnosed Hypertension
S.D. Persell

A population health strategy driven by electronic health record data is a practical approach to improving the diagnosis of hypertension in health centers that provide care to otherwise underserved populations and communities. Clinicians have responsibility for the health needs not just to the patients in their care but for the whole group of patients who have previously sought care.

117 Improving Identification and Diagnosis of Hypertensive Patients Hiding in Plain Sight (HIPS) in Health Centers
M. Meador, J.A. Osheroff, B. Reisler

Many safety-net patients with hypertension are not formally diagnosed and may remain untreated and at increased risk for cardiovascular events. Algorithmic logic and other clinical decision support–enabled care process improvements were used to identify and engage patients at risk for undiagnosed hypertension at 10 health centers with high hypertension prevalence. After the interventions, the prevalence of diagnosed hypertension increased significantly from 34.5% to 36.7% (p < 0.05). Of the tracked patients, 65.2% completed a follow-up evaluation, of which 31.9% received a hypertension diagnosis. Identifying all hypertensive patients is a key step to ensure that hypertension control efforts yield maximal improvements in population cardiovascular health.

Patient and Family Engagement

130 Empowering Informal Caregivers with Health Information: OpenNotes as a Safety Strategy
H. Chimowitz, M. Gerard, A. Fossa, F. Bourgeois, S.K. Bell

Enabling family/friend caregivers with access to visit notes may help avoid errors, delayed diagnoses, or other ambulatory safety risks. The impact of the OpenNotes initiative—which entails the sharing of providers’ notes with patients through computer portals—was assessed by patient surveys. Of 24,722 portal accounts accessed during the study, 7,058 (29%) surveys were returned, with 150 (2%) of participants identified as caregivers. For patients who had tests and referrals, reading notes helped caregivers, for example, understand the reason for the test (80%) or referrals (92%), remember to get patient tests done (55%), to check (82%) and understand (82%) results, and remember patient appointments (69%). Access to patient health information may better support and help engage patients and families in safety efforts.

Adverse Events

137 When Clinicians Drop Out and Start Over after Adverse Events
J. Rodriquez, S.D. Scott

The impact of adverse clinical events on health care workers has become a growing topic of research. An exploratory study developed a 39-question survey and assessed the experiences of 77 health care providers who changed career paths as a consequence of an adverse clinical event. The participating clinicians reported a pattern of inadequate social support after the event. Many of the clinicians felt less joy and meaning in their new clinical roles, but others thrived by rededicating their careers towards implementing patient safety initiatives and enhancing peer-support networks. They reported a desire for more transparency and support to help them recover. The study findings highlight the need to develop better support systems for clinicians who are involved in an adverse clinical event.

Performance Measures

146 Meeting Quality Measures for Adolescent Preventive Care: Assessing the Perspectives of Key Stakeholders
S.R. Parasuraman, S.L. Johnson, D. Magnusson, T. King

Health plans are increasingly implementing quality improvement strategies aimed at meeting adolescent clinical quality measures, yet clinics often struggle to meet these measures. A qualitative study was conducted to explore how efforts to meet the National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set (HEDIS) performance measure for adolescent well-care visits were perceived by a multidisciplinary group of stakeholders. In the in-depth, semistructured interviews, the stakeholder groups—clinic staff with direct patient contact, health care institutional leaders, and representatives of a payer organization—diverged in their opinions regarding strategies for achieving adolescent quality measures. For example, in contrast to a relationship-based approach to reaching adolescent patients, stakeholders with no direct patient contact emphasized that fulfilling performance measures in an efficient manner was a marker of high-quality well-care delivery for patients.
Highly Adoptable Improvement: A Practical Model and Toolkit to Address Adoptability and Sustainability of Quality Improvement Initiatives

C.W. Hayes, D. Goldmann

The Highly Adoptable Improvement (HAI) Model depicts how workload and perceived value influence adoptability of QI initiatives. The supporting tools include an assessment guide and suggested actions that QI programs can use to help design interventions that are likely to be adopted. Improvement advisors reported good face validity and usability for the model and the supporting tools and reported that they would continue to use them.

Improving Quality of Care in Hospitals for Victims of Elder Mistreatment: Development of the Vulnerable Elder Protection Team


An emergency department (ED) visit provides a unique potential opportunity to identify elder abuse and to initiate intervention. An innovative, multidisciplinary ED–based intervention, the Vulnerable Elder Protection Team (VEPT)—a consultation service available 24 hours a day /7 days a week—was developed at NewYork-Presbyterian / Weill Cornell Medical Center (New York City). All ED providers are trained on how to recognize signs of elder mistreatment, but any provider can activate the VEPT via a single page / telephone call, which triggers the VEPT’s assessment of the potential mistreatment victim.