Measuring the Quality of ICU Consults

The Problem

- Inpatient consultation—the involvement of specialists in the care of hospitalized or critically ill patients—is incredibly common.
  - Medicare pays for 33,000 consults/day and spends ~$2 billion on consultation reimbursement annually.
  - At BIDMC, nearly half of all admissions to the intensive care unit have at least one consult.
- Although consultation often benefits patients by providing expert knowledge to the care team, it may also bring unquantified risks, such as unnecessary tests and procedures and increased risk of iatrogenic harm.
- Despite its high prevalence and cost, very little research has been conducted on consultation.
- In the only qualitative study on ICU consultation quality to date\(^1\), ICU physicians identified 7 elements of a consulting team that they believe lead to high-quality consults:
  1) Decisiveness
  2) Thoroughness
  3) Level of interest
  4) Professionalism
  5) Expertise
  6) Timeliness
  7) Involvement with the patient’s family
- Currently, in the absence of an evaluation tool, we have no way of measuring the quality of ICU consults.

Aim

Our goal is to design a reliable tool to measure inpatient consultation quality in the intensive care unit (ICU).

The tool’s design will be informed by stakeholder surveys and chart review conducted during spring of 2015. We will then test and refine our tool during summer of 2015. To examine the tool’s validity, we will look at the association between high quality consults and patient outcomes.

The Team

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The Intervention

Step 1: Identify consultations evaluated as “high-quality” by four groups of stakeholders: families, nurses, ICU physicians, and consultants.
- After a consultation, stakeholders will be surveyed and asked to evaluate different aspects of the consult, such as timeliness, appropriateness, and the quality of communication.
- Areas of agreement and disagreement about consult quality among stakeholders will be measured.
- A subset of consultations that stakeholders deem high-quality will be selected.

Step 2: Develop a pilot chart review tool.
- Using this subset of consultations, we will identify elements of the medical record that signal a consult to be of high or low value and incorporate them into a pilot chart review tool.

Step 3: Test and refine this tool by reviewing the charts of ICU patients who received a consultation.
- We will look at the association of high or low quality consults, as identified by the chart review tool, and the primary outcome of ICU length of stay (LOS).
- We will also look at secondary outcomes, such as total LOS, in-hospital survival, and total charges.

Progress to Date

This study is scheduled to begin in March of 2015.

References