

MEMO

Minimizing Error, Maximizing Outcome

*“A joint venture between General Internal
Medicine and Family Medicine”*

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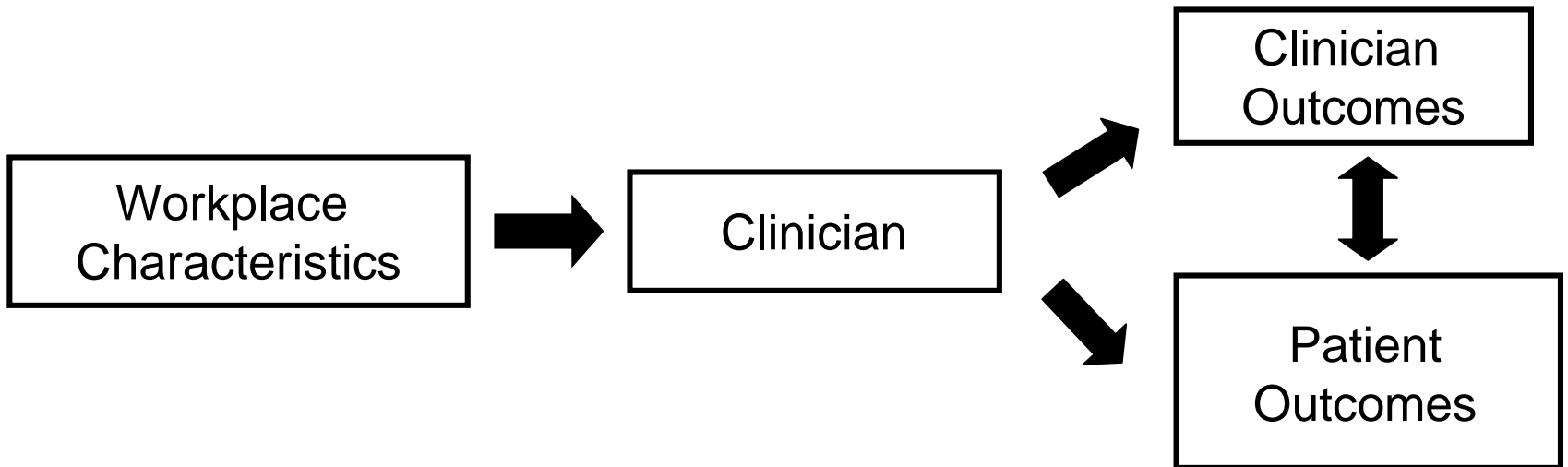
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MEMO Conceptual Model



Physician Worklife Study (PWS)

National, random survey of 5,704 physicians

(Adjusted response rate 52%)

Major Findings

- Time pressure during office visits was a major source of stress and dissatisfaction
- Stress and dissatisfaction predicted burnout and intention to leave
- Work control was a powerful predictor of satisfaction

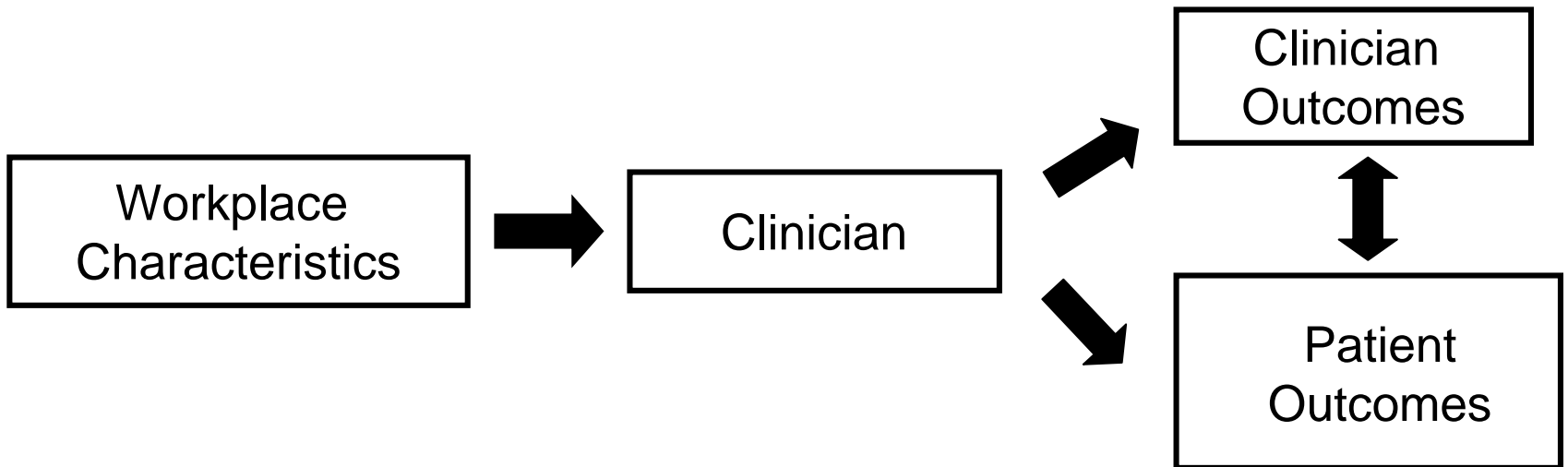
Williams et al, Health Sciences Research, Feb 2002

The Quality of Health Care Delivered to Adults in the U. S.

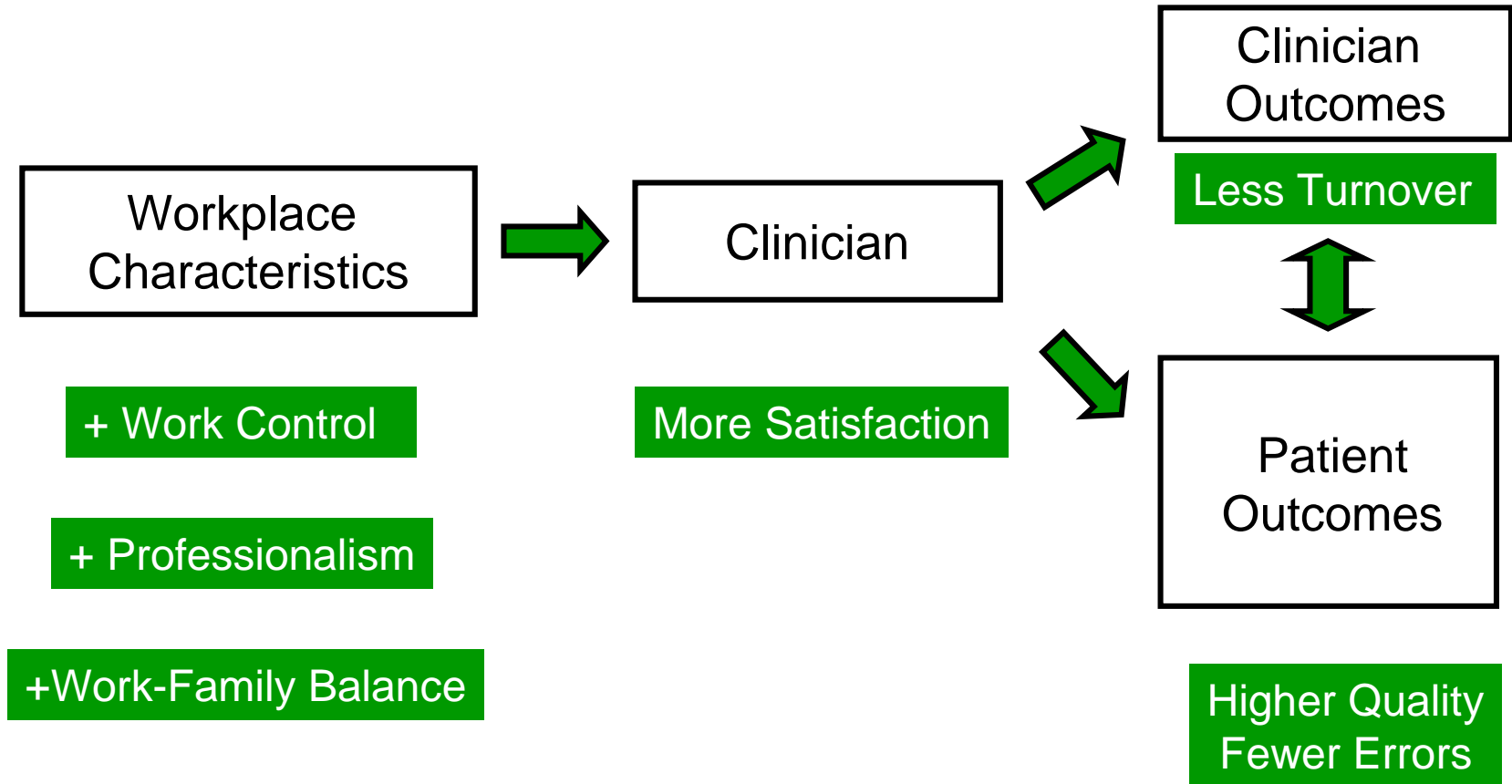
Only 54.9% received standard recommended care on 439 indicators of quality care for 30 acute and chronic conditions as well as preventative care.

“these deficits, which pose serious threats to the health and well-being of the U. S. public, persist despite initiatives by both the federal government and private health care delivery systems to improve care.”

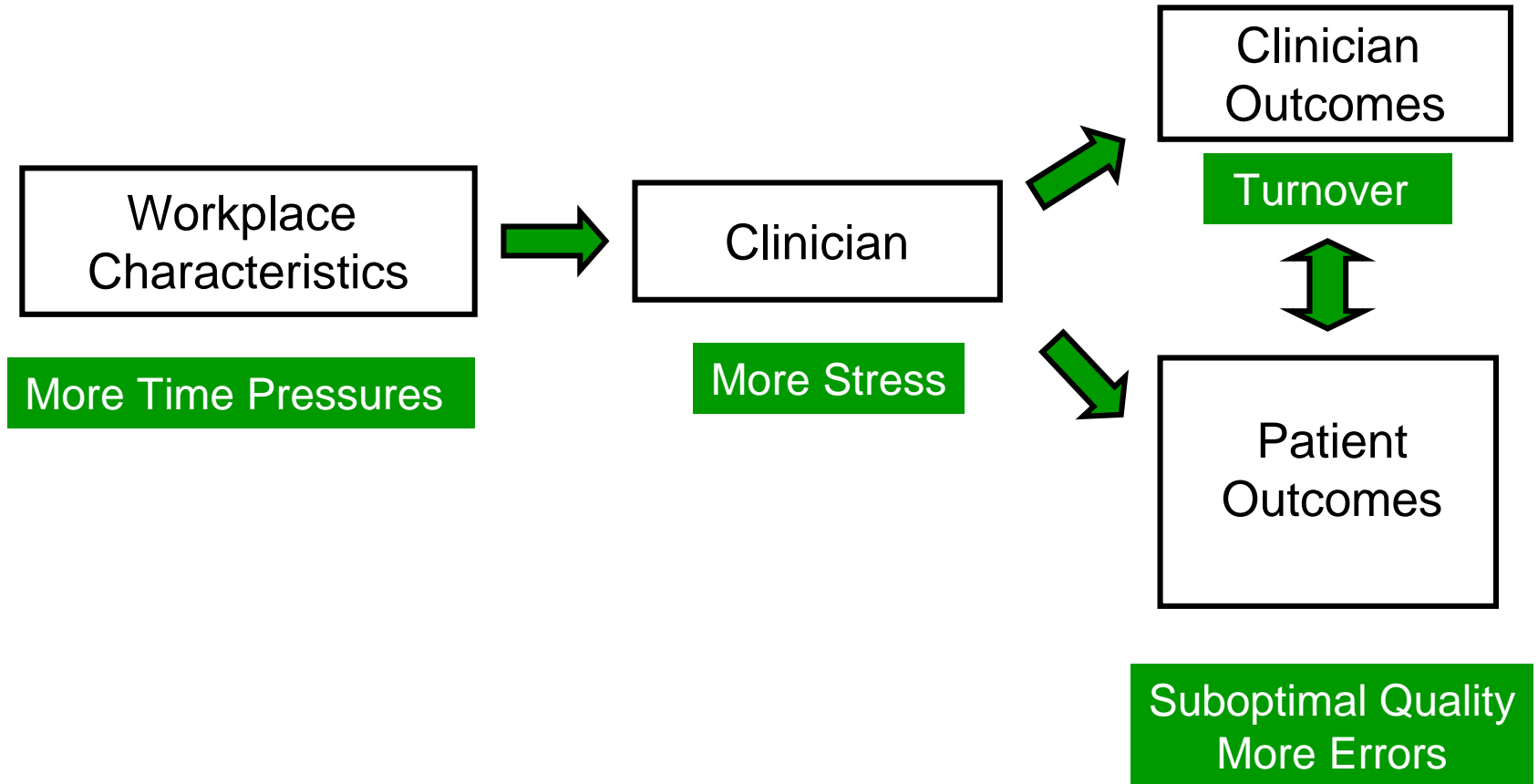
MEMO Conceptual Model



MEMO Hypotheses



MEMO Hypotheses



MEMO Goal

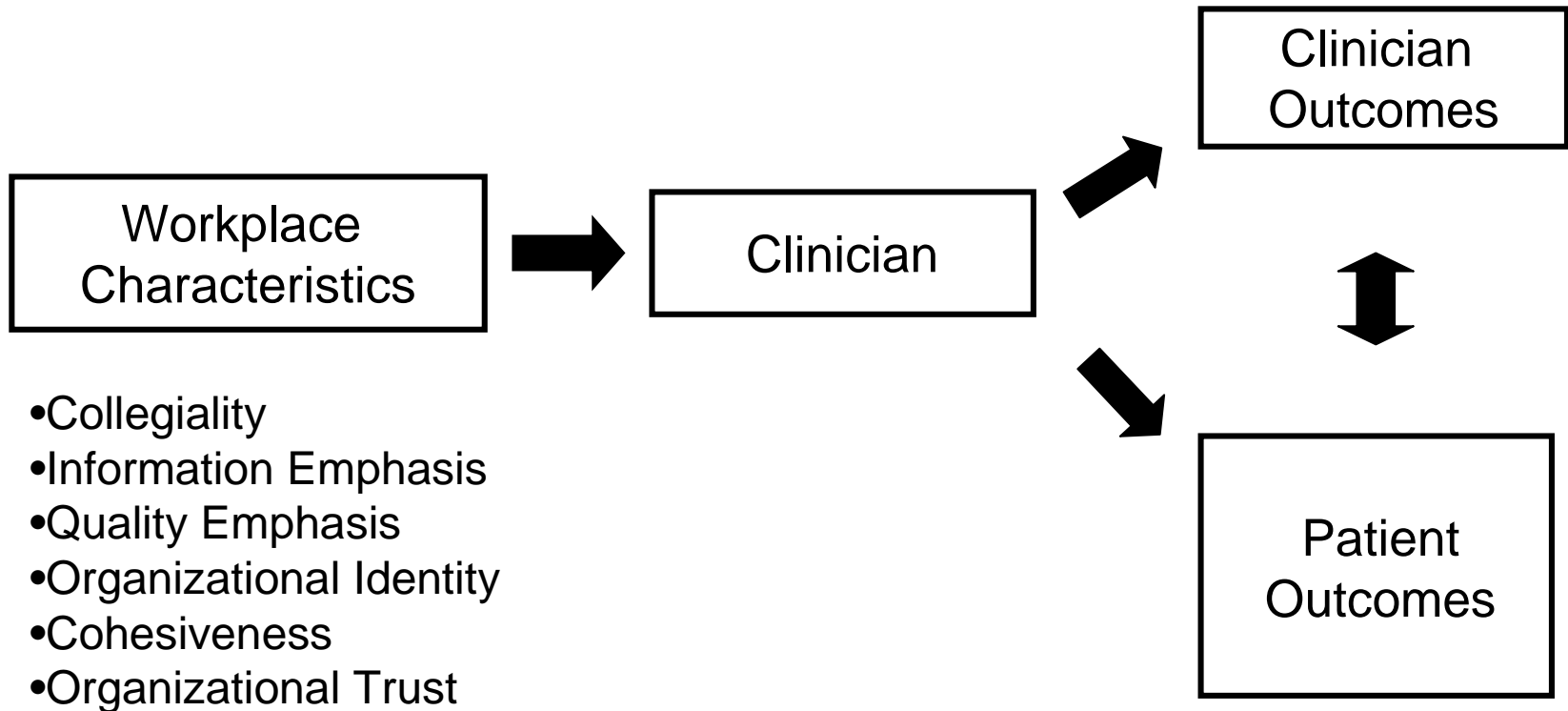
Identify workplace characteristics associated with the *lowest* error rates and *best* outcomes

MEMO Study Sites

400 General Internists and Family Practitioners Enrolled

- Chicago
- Madison
- Milwaukee
- New York
- Statewide Wisconsin

Modified Krawleski Organization Culture Scales



Workplace Characteristics

Structural

Practice size, ownership, case mix, staffing,
physical environment

Cultural

Emphases, respect and trust, diversity, mission

Workload

Time pressure, work hours, appointment systems,
scheduling

Leadership

Administrative structure

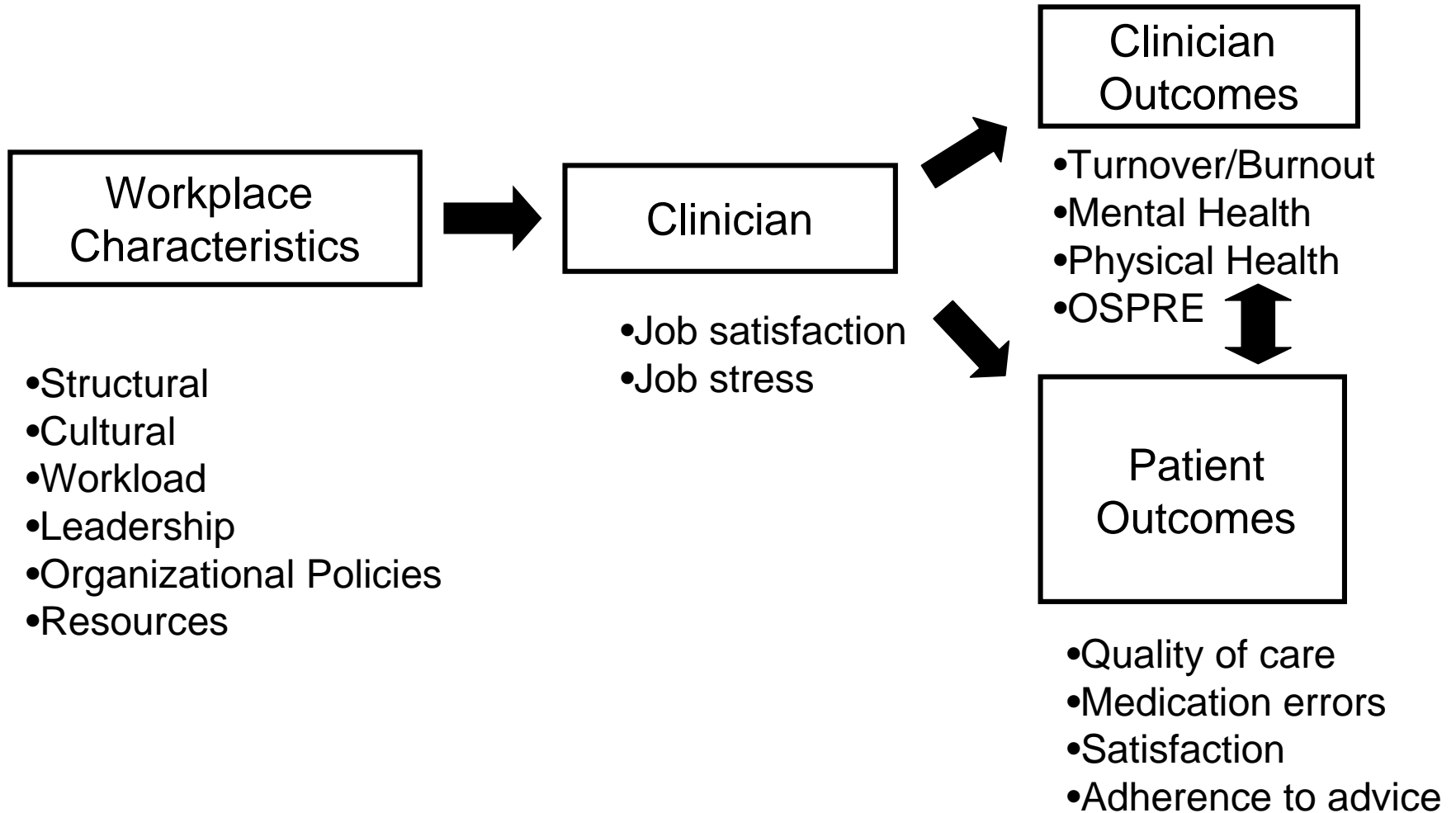
Organizational Policies

QOC, error reporting, compensation,
professionalism, work-family balance

Resources

IS/EMR, meds, interpreters, consultants

Clinician Response and Outcomes



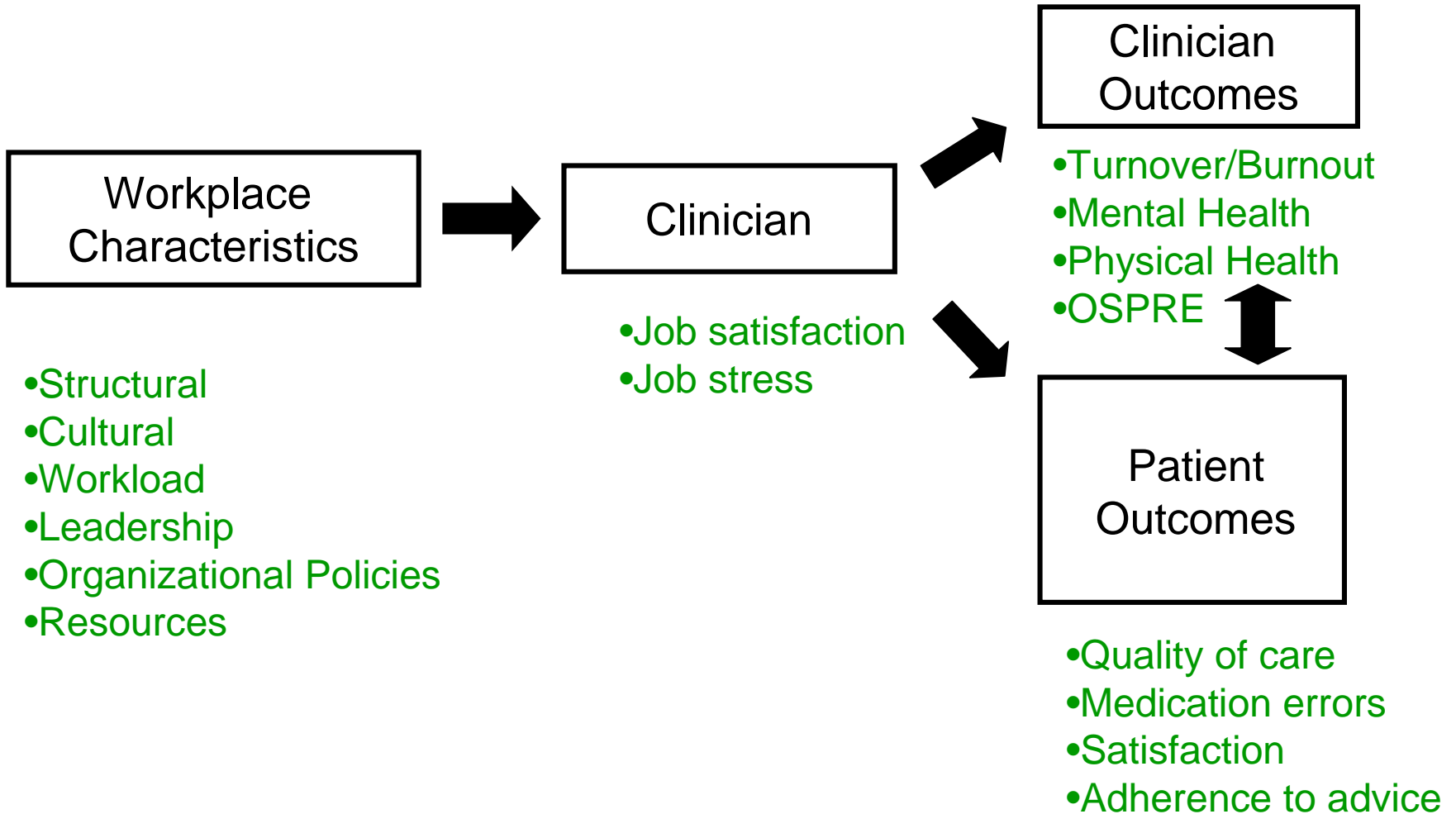
Occupational Stress and Preventable Error (OSPPE)

- OSPPE instrument to measure the probability of error
- Clinicians
 - rate stress
 - predict the likelihood of making an error
- Correlate with confidential chart review

Errors Measured

Type of Error	Examples
Medication errors	Drug interactions No ACE/ARB in DM
Lack of attention to behavioral risks	Alcohol screen in HTN Recommend smoking cessation Diet and exercise
Delay in diagnoses	Elevated BP without HTN diagnosis
Noncompliance with practice guidelines	No flu vaccine in COPD No eye exam in DM

MEMO Hypotheses



Measures of Quality

- Appropriate preventive care
- Disease specific quality of life measures
- Patient satisfaction
- Errors

Diabetes Hgb A1c

Hypertension Blood pressure control

Congestive heart failure Symptom control

Workplace Measures

Kralewski Organizational Culture Scales

	alpha
Collegiality	(.69)
Informational emphasis	(.68)
Quality emphasis	(.86)
Organizational identity	(.79)
Cohesiveness	(.70)
Organizational trust	(.76)

OSPRE Measure

Stress Scale

alpha (.84)

- Feel stress due to job
- Few stressors at work
- Job is extremely stressful
- Almost never stressed at work

Preventable Errors


alpha (.85)

- High BPs w/o HTN dx
- No depression screen
- No ACE/ARB in DM
- No ASA in DM
- Missed drug interaction
- No eye exam in DM
- No alcohol screen in HTN

Findings to Date

- Physician recruitment for medical errors study is feasible.
- Elements of organizational culture correlate with physician job satisfaction, stress, intent to leave and self-assessed likelihood of making mistakes.

Challenges

- Research
- Physician Recruitment
- Satisfaction  Good Outcomes
- Level of change for improvements