

Making your Mark: Building an Infrastructure for Faculty Development and Interdisciplinary Care Improvement

SAAC 2012 Annual Meeting

Brett A. Simon, MD, PhD
Anesthetist-in-Chief, BIDMC
Edward Lowenstein Professor of Anaesthesia
Harvard Medical School



Disclosures

- I have no conflicts to disclose

ART Questions

Our mission statement

- Improve the **quality** of our patients' lives by providing compassionate, state-of-the-art care and relief of pain
- Advance the science of anesthesia by **generating** new knowledge
- Educate the next generation of leaders in anesthesia
- Support **personal and professional fulfillment** for department members

How are you going to...

- **Recruit and retain faculty**
 - Diminishing resources
- **Improve perioperative care**
 - Clinical quality AND efficiency AND patient experience AND P4P, etc.
- **Promote academic achievement**
- **Make sure everyone knows about it!**

Overview

- Anesthesia leadership
- Learning organizations
- **Partnerships for Periop Performance Excellence "P³E"**
 - an infrastructure for faculty development and interdisciplinary care improvement

Anesthesia Leadership in Quality Improvement

- We touch every aspect of the perioperative process
- Expertise
 - Quality and safety, efficiency, clinical care, patient experience, management, education
- Surgical home

Health Care Reform

- Improve quality
- Reduce cost
- Improve health

- Shift risk
- Reimburse results
- Reward performance

ACOs, risk contracts, global payments....

JAMA The Journal of the American Medical Association

Implementing Accountable Care Organizations Ten Potential Mistakes and How to Learn From Them

Sara Singer, PhD, MBA
Stephen M. Shortell, PhD, MPH, MBA

JAMA 306: 758-9, 2011

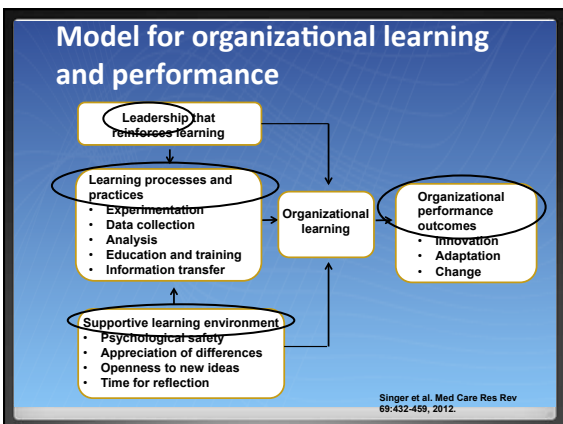
- The way forward:
 - Measurement and Management
 - Adapt to local contexts
 - Promote “learning systems”
 - Mature performance measurement systems

Become a learning organization...

Organizational Learning

A process by which outcomes, such as adaptation to change, greater understanding, or improved performance in groups and organizations can be achieved

Singer et al., Med Care Res Rev, 69: 432-59, 2012



What are barriers to improving care?

- Communication
- Consensus
- Respect and collaboration
- **Time**

Solution: Carve out time for improvement - start the ORs 30 minutes later one day per week

Partnerships for Perioperative Performance Excellence

Surgeons, nurses, and others the opportunity to meet at the start of the day once each week...

- to advance quality and outcomes for patients
- to accelerate learning and innovation
- to foster mutual joy in work

HIGH-PERFORMING ORGANIZATIONS SET ASIDE TIME FOR LEARNING AND IMPROVEMENT



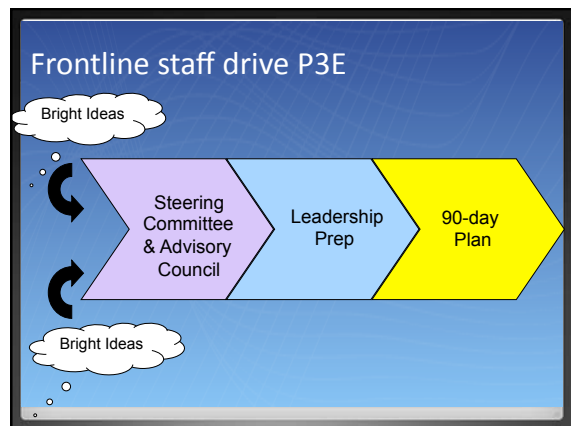
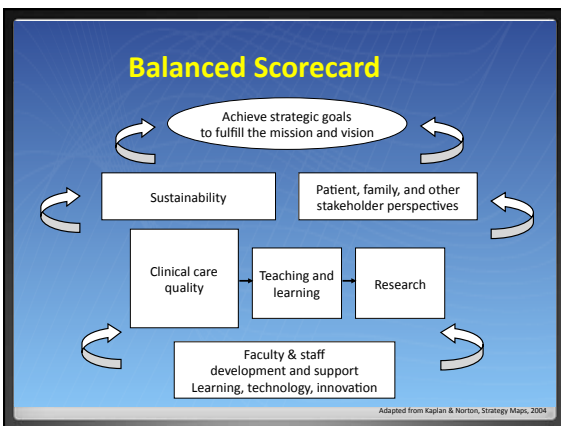
Each Tuesday...

- Start time for all operating rooms is moved forward by 30 minutes (8:00 a.m.)
- P3E: 6:45 – 7:30 a.m.
- This allows unopposed weekly 45-minute meetings for multiple groups.

Division Meetings Staff Development Chartered Teams

How it works: Tuesdays in a 90-day Cycle by Week

	Month 1			Month 2			Month 3		
Interdisciplinary Chartered Teams	x	x	x	x	x	x	x	x	x
Interdisciplinary Division Meetings	x		x	x		x	x		x
Faculty Development		x			x			x	
Quarterly Review									x



Division Meetings

Staff Development Chartered Teams

Single and Joint Division meetings



Division goals, measures, plans, and results are presented quarterly

Single and Joint Division Meetings

Examples:

- Cardiac – standardized relaxant use and reduced mean time to extubation
- Neuro/Spine - created interdisciplinary OR handoff process
- OB – trained all faculty in ultrasound-guided TAP blocks
- SICU - Instituted 24/7 in-house coverage for optimal care around the clock
- Vascular - conducted TEE training for staff

Division Meetings

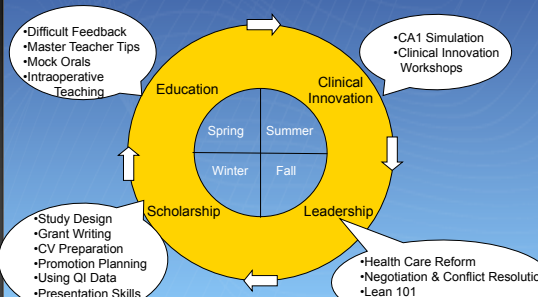
Staff Development Chartered Teams

Professional development sessions are tailored to each Department's needs

Examples:

- Nursing: In-service education; teach safe passing of sharps to residents in the Simulation & Skills Center
- Surgery: Leadership council and resident education
- Obstetrics and Gynecology: Procedure updates; operating room best practices

Faculty development in Anesthesia



- Education (Spring):**
 - Difficult Feedback
 - Master Teacher Tips
 - Mock Orals
 - Intraoperative Teaching
- Clinical Innovation (Summer):**
 - CA1 Simulation
 - Clinical Innovation Workshops
- Leadership (Fall):**
 - Health Care Reform
 - Negotiation & Conflict Resolution
 - Lean 101
 - MOCA Panel
- Scholarship (Winter):**
 - Study Design
 - Grant Writing
 - CV Preparation
 - Promotion Planning
 - Using QI Data
 - Presentation Skills

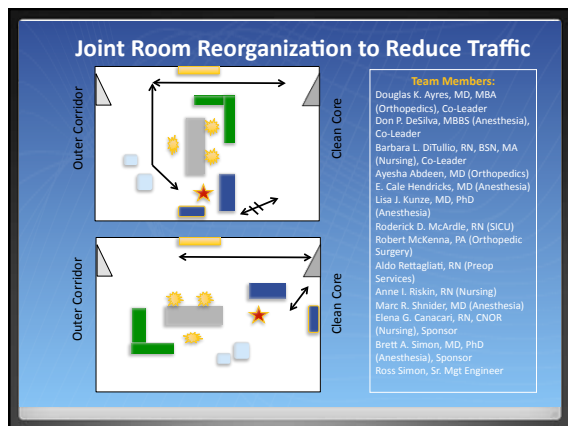


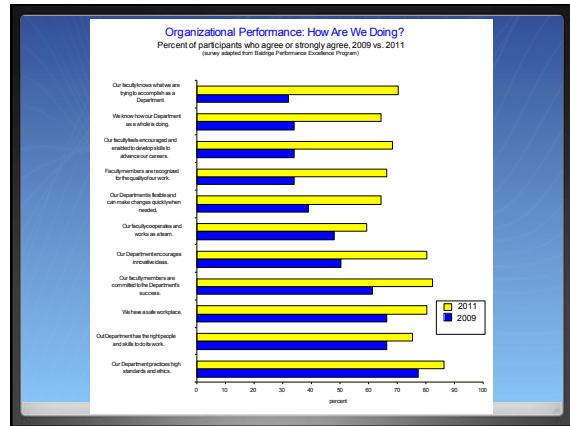
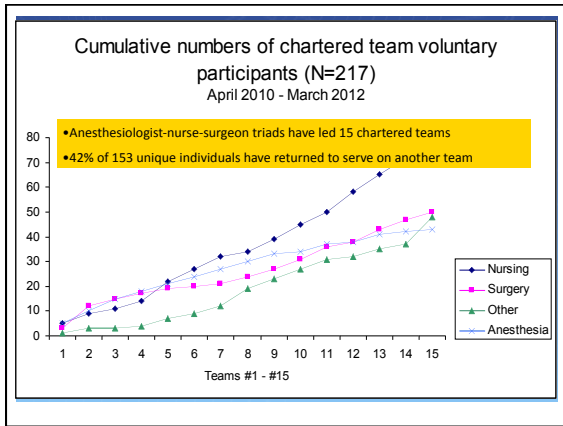
Chartered Teams

- Perceived need to improve something
- Sponsorship by steering committee
- Joint leadership
- Engage front-line staff
- 90-day rapid improvement cycle

and many more...

Chartered teams	Efficiency	Quality & Safety	Patient experience	Staff	Finance
Joint replacement	X	X	X		X
Operating room team training with simulation		X		X	
Reduce hazards in the OR				X	
Spine surgical instrument use	X	X			X
East Campus patient flow	X		X		
Communicating for safety in the OR		X		X	
Clinician support in adverse event situations				X	
Cardiac SSI task force		X			
Patient- and family-centered communication with trauma patients	X	X	X		
Accelerated learning and efficiencies in robotics	X				X
Design CPOE for the Pre-operative holding area	X	X			
Eliminate barriers to closing counts		X			
Optimize West campus first case starts	X		X		X
Re-invigorate the DIEP flap surgery pathway	X	X	X	X	X
Optimize breast surgery/imaging interface	X		X		X
Optimize East campus first case starts	X		X		X
Tailoring care for the opioid-dependent patient		X	X		

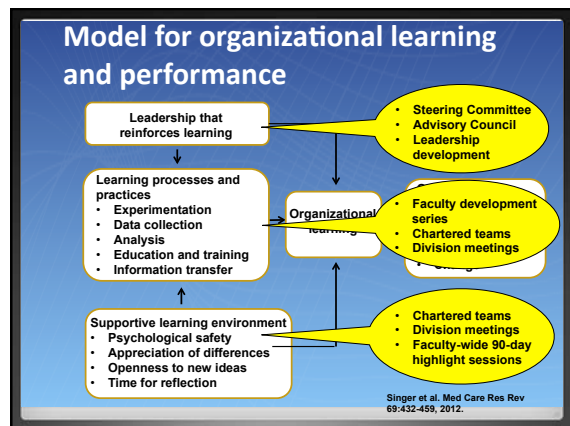
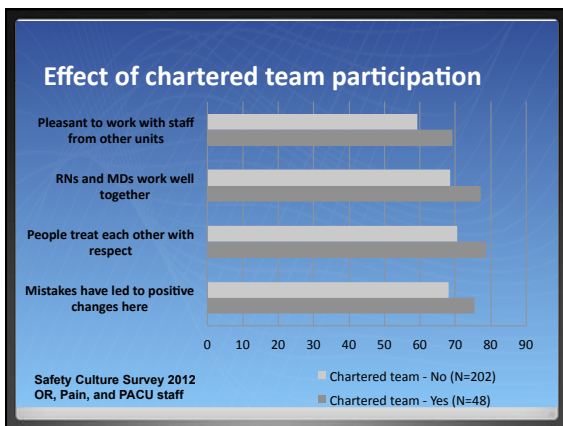


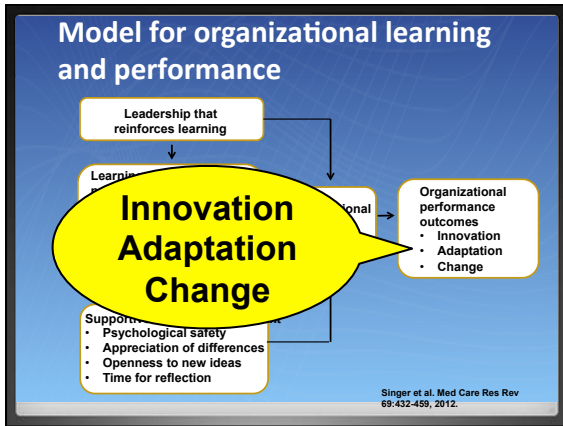


Safety Culture Survey: significant gains in 10 of 12 dimensions, 2008¹ vs. 2012²

Dimension	2008	Change	2012
Overall perception of safety	59.7	+5.6	65.3**
Frequency of events reported	61.4	+3.9	65.3**
Supervisor/manager expectation	62.0	+4.7	66.7**
Organizational learning	68.7	+1.4	70.1
Teamwork within units	68.4	+4.6	73.0**
Communication openness	62.4	+4.0	66.4**
Feedback/communication about error	67.5	-1.5	66.0
Non-punitive response to error	48.8	+3.1	51.9*
Staffing	56.1	+3.9	60.0**
Hospital management support	62.9	+6.0	68.9**
Teamwork across units	58.5	+2.6	61.1*
Handoffs and transitions	50.7	+5.8	56.5**

¹N=427
²N=490
*p<.05
**p<.01





Challenges to Anesthesiology

- Recruitment and Retention
- Advancing the field
- Non-MD anesthesia providers

Challenges to Anesthesiology

- Recruitment and Retention
- Advancing the field
- Non-MD anesthesia providers
- Health Care Reform

Welcome to Blue Cross Blue Shield of Massachusetts

HOME ABOUT US PLANS & PRODUCTS COMMUNITY L

Home / Newsroom

<< Back To Previous Page

Blue Cross Blue Shield of Massachusetts and Beth Israel Deaconess Physician Organization Sign Alternative Quality Contract

The largest physician group to-date signs onto this innovative global payment model

BOSTON — December 10, 2010 — Blue Cross Blue Shield of Massachusetts, Inc. (BCBSMA), a locally-based, commu Deaconess Physician Organization (BIDPO), an independent physician network affiliated with Beth Israel Deaconess M signed a multi-year Alternative Quality Contract (AQC). The AQC, a modified global payment model, is designed to en care by paying participating physicians and hospitals for the quality, not the quantity of the care they deliver to patient details).



Challenges to Anesthesiology


- Recruitment and Retention
- Advancing the field
- Non-MD anesthesia providers
- Health Care Reform

Bringing Value to the Organization




In summary...

- We have instituted a replicable, sustainable **platform for collaborative learning, innovation, and improvement** to proactively address challenges.
- Staff participate in **professional development and** hold new leadership roles.
- Interdisciplinary chartered teams, divisions, and departmental initiatives demonstrate **agility** and measurable **results**.
- We can measure striking evidence of change in **organizational performance and culture**.
- P3E has now engaged nearly as many individuals **beyond the perioperative arena** as in each primary Department.



Thank you to...



- Faculty Hour Steering Committee:
Chris Awtrey, MD, OB-Gynecology
Elena Canacari, Chief, Perioperative Services
Elliot Chaikof, MD, PhD, Chair, Surgery
Mark Callery, MD, Chief, General Surgery
Mark Gebhardt, MD, Chair, Orthopedics
Sharon Muret-Wagstaff, PhD, Anesthesia
Hope Ricciotti, MD, Interim Chair, OB-Gynecology
- Faculty Hour Advisory Council, Anesthesia:
Moris Aner, MD; Lauren Fisher, DO; Deb Reynolds, MD;
Rob Leckie, MD; Yunping Li, MD; Todd Sarge, MD
- Patient and Family Advisory Council
- BIDMC Leadership and Ross Simon, Sr. Engineer, Office of the President
- Members of the Depts. of Anesthesia, Surgery, Orthopedics, Nursing, Obstetrics-Gynecology and 15 additional departments