

SCHOOL OF MEDICINE
VANDERBILT UNIVERSITY

Developing Competency in Quality Improvement for Residents and Fellows

Liza Weavind, MBBCh, FCCM, MMHC
Assoc. Prof Anesthesiology
Division of Critical Care
Vanderbilt University Medical Center

Disclosure



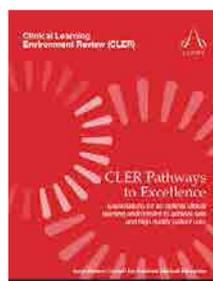
- No financial or other conflict of interest to report



Learning Objectives

- Clarify the resident/fellow requirement for quality improvement (QI) education and engagement
- Describe the Vanderbilt Critical Care fellowship QI curriculum as it addresses the CLER requirements for QI

CLER - providing the best learning environment for physician trainees



CLER assesses sponsoring institutions in the following six focus areas:

1. **Patient Safety** – including opportunities for residents to report errors, unsafe conditions, and near misses, and to participate in inter-professional teams to promote and enhance safe care.
2. **Quality Improvement** – including opportunities for residents to participate in QI projects.
3. **Supervision of Care** – including how sponsoring institutions demonstrate effective supervision and oversight of transitions of care.
4. **Supervision** – including how sponsoring institutions maintain and oversee policies of supervision consistent with ACCME requirements at an environment at both the institutional and program level that assures the absence of restriction.
5. **Duty Hours Oversight, Fatigue Management and Mitigation** – including how sponsoring institutions: (i) demonstrate effective and meaningful oversight of duty hours across all residency programs resident-wide; (ii) design systems and provide settings that facilitate fatigue management and mitigation; and (iii) provide effective education of faculty members and residents in sleep, fatigue recognition, and fatigue mitigation.
6. **Professionalism** – with regard to how sponsoring institutions educate for professionalism, monitor behavior on the part of residents and faculty and respond to issues concerning: (i) accurate reporting of program information; (ii) integrity in fulfilling educational and professional responsibilities; and (iii) veracity in scholarly pursuits.

• Health Policy Newsletter, Vol.24, No.3: Summer 2011, www.acgme.org

CLER Pathway to Quality Improvement

- Education in QI for residents and fellows:
 1. Progressive education and training in QI
 - 6 IHI modules
 - Lectures and reading assignments
 2. Participate in QI activities
 - Identify and institute sustainable system-based changes
 3. Be familiar with clinical sites QI activities
 - Quarterly multidisciplinary MM & I sessions
 - M & M Conferences
 4. Must be a multidisciplinary activity
 - Choosing Wisely
 5. Faculty members must be proficient in clinical QI
 - DIFFICULT
 6. Must educate others about their work (local, regional or national)
 - Guidelines, posters, presentations and publication

Does QI improve Patient Outcome? The Haters

- Didactic sessions are NOT effective in changing physician behavior or impacting patient outcomes (*JAMA. 1999;282:867-874*)
- Physicians DON'T follow clinical practice guidelines (*JAMA. 1999;282:1458-1465*)
- A review of 45 studies on public reporting of Hospital Quality Metrics showed an increase in more quality improvement activities, but little evidence that they improve patient safety or outcomes. (*Ann Intern Med. 2008;148:111-123*)

Does QI improve Patient Outcome? The Believers

- Outcomes management represents a new and growing area of research in medicine, with significant opportunities to improve efficiency, lessen waste, and provide a reasonable standard of care both to the patient's and the physician's satisfaction.



QI coming to a Milestone in your Program – do your residents know the process?

Systems-based Practice: Incorporation of patient safety and quality improvement into clinical practice				
Level 1	Level 2	Level 3	Level 4	Level 5
Needs prompting to consistently incorporate patient safety principles into clinical practice. Needs prompting to incorporate principles of continuous quality improvement into clinical practice.	Identifies common causes of clinical errors and medical device related hazards and complications and communicates them to faculty and staff. Reports near misses and complications associated with clinical care using incident reporting system.	Identifies opportunities and activities to optimize patient safety and quality of care and initiates quality improvement processes to address them. Collaborates with colleagues to identify ways to reduce the occurrence of near misses and complications. Participates in root cause analyses and sentinel event reviews.	Substantially participates in a patient safety or quality improvement project. Identifies opportunities to improve practice to optimize patient care. Utilizes data about clinical practice to define opportunities to improve patient care.	Serves as a role model and mentor in identifying patient safety or quality improvement initiatives within the institution and specialty organizations.

Comments:

Junior Resident Senior Resident & Fellow

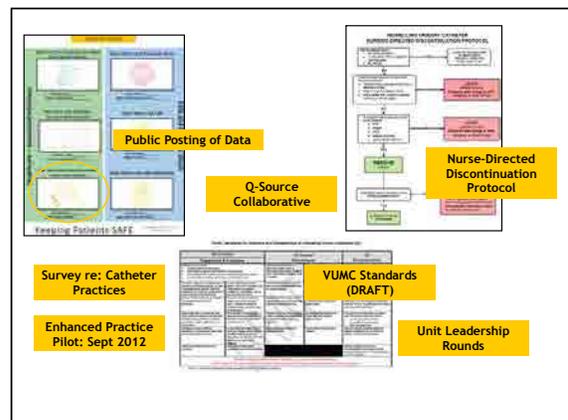
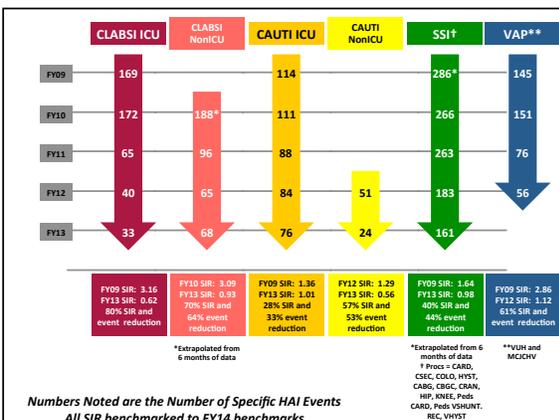
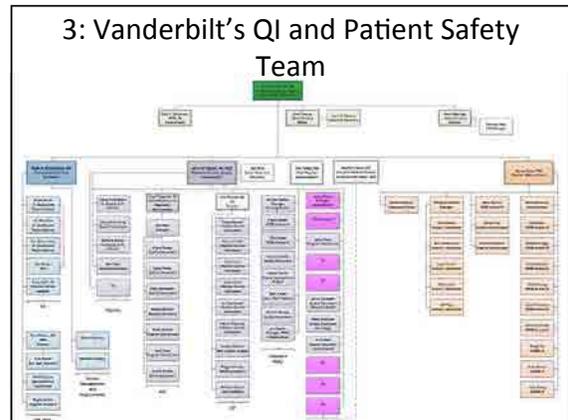
Fellowship QI Goals and Expectations

Learning Goals

- Basics of quality improvement strategies
- Provide a foundation for QI/PI/PS knowledge
- Provide a solid framework and mindset for instituting your own initiatives in your future endeavors.
- Knowledge of hospital process and function.
- Fellowship and free lunch!

Curriculum Expectations

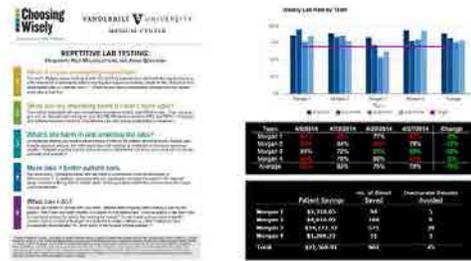
- Matrix/Fishbone Presentation
- Developing a simple initiative based on your personal experience
- IHI Open School Online Courses in:
 - Improvement Capability
 - Patient Safety
- Reading assignments
- Lecture Series



4: Multidisciplinary Approach to QI

- Choosing Wisely
 - ABIM initiative'
 - Specialty societies support
 - AACCN, Chest, SCCM, SHM, ATS
 - Promoting dialogue around a number of non-evidence based daily tests or treatments
- Vanderbilt GME and residents took on the need for "daily labs"
 - SOM leadership, nursing, residents from multiple specialties, risk management, quality and informatics

Education and Outcomes of this Pilot



5: Adequate Faculty Proficiency in QI



Example of Faculty QI Portfolio

6: Morbidity, Mortality, and Process Improvement

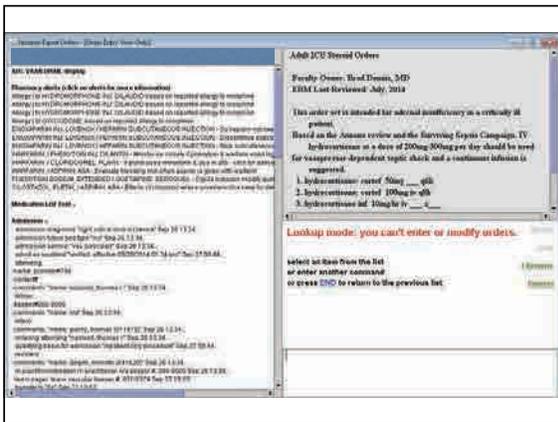
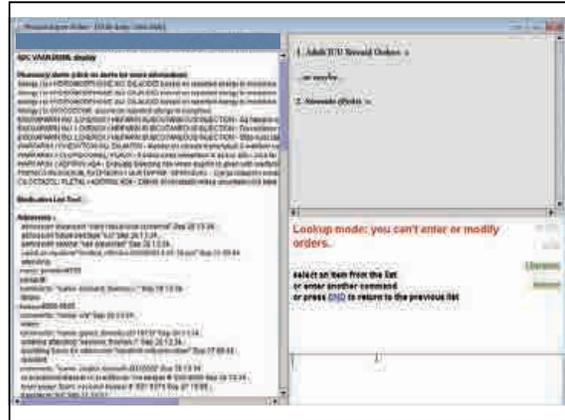
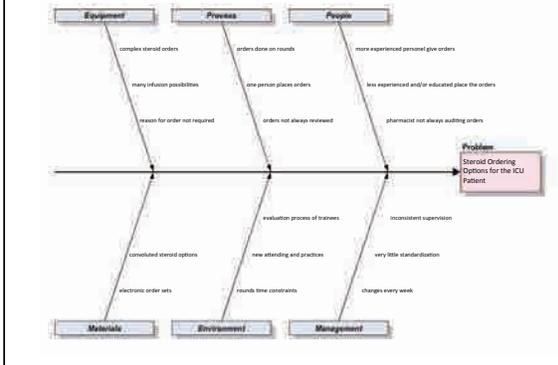
- Held monthly
- Each session will be ~60 minutes
- Present the data for the month
 - Admissions, infection control data (including hand washing), procedures, morbidities and mortalities
 - Lots of Holes in the Swiss Cheese model get identified here
- Present the Quality/Process Improvement Opportunity:
 - Led by facilitators
 - Two teams of four (decrease work burden, teamwork focus and insures a product at the end of the year)
 - Tools are provided



FOCUS

- Identify the big problem
 - less experienced and/or non-physicians place the orders
- Identify a problem within the problem
 - there are a lot of steroid options and a lot of steroid orders
- Identify a manageable solution to remove the smaller problem within the larger problem
 - Create an order set that takes the guessing out of what steroid to order for ICU adrenal insufficiency.

Focus your change— YOU ONLY HAVE A YEAR

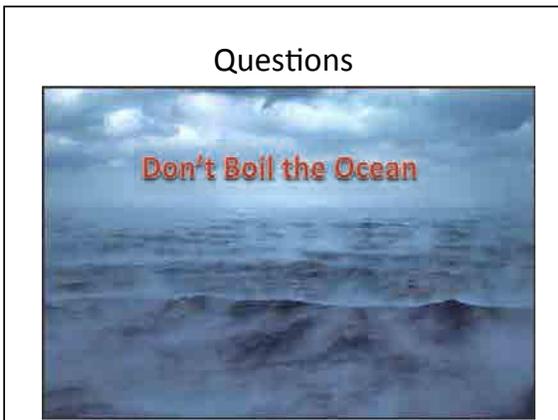


To be successful

- Focus
 - you only have a year or two
 - Project fatigue sets in
- Learner centered
- Active rather than passive
- Relevant to the learner's needs
- Engaging
- Reinforcing
- Communication sustained over time



Questions



References for Developing Competency in Quality Improvement for Residents and Fellows

- Health Policy Newsletter. Vol.24; No.3: Summer 2011, www.acgme.org
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