Vision Statement	To improve patient care, safety, and interdisciplinary collaboration within Baystate Medical Center by engaging all resident programs in QI.
Measures	Engaged residents with 80% attendance at meeting. They completed 1 project each.
Success Factors	We learned what we did not do right—we selected our group. We learned from other programs through the conference call and meeting to have the residents select groups themselves.
Barriers	Scheduling was a big barrier, made worse by potential lack of strong motivation to be there.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Have residents apply to be in a group and select from the applicant pool, ensuring they already have motivation.

Christiana Care Health System, Newark-Wilmington, DE

Leadership Development in Integrating Quality and Academic Training Programs

Robert Dressler, MD; Michael Eppehimer, MHSA; Neil Jasani, MD; Loretta Consiglio-Ward, MSN

Background: We plan to increase faculty capability as experts and leaders in quality and safety improvement sciences through a faculty development program. Drawing from our successful interprofessional resident QI curriculum, we plan to examine the effect of QI curricula on faculty's expertise, teaching, leadership, and system improvement.

Methods: We designed a professional development program and used a 19-question assessment addressing 6 competencies to determine the program's focus. Faculty/teaching staff participants (11) proposed 9 QI projects to be started in August 2012 and conclude in May 2013. Participants attended 16 structured sessions including prereadings, project milestones, and report-outs. Internal and external content experts used didactic and experiential teaching methods, and mentoring occurred during and between sessions. We used preprogram, midpoint, and postprogram surveys to gauge participants' confidence in teaching quality and safety competencies.

Results: Competency ratings before the program illustrated QI knowledge gaps for the faculty and teaching staff. We conducted a midpoint evaluation in February 2013 that indicated all 6 competency ratings had increased since the start of the program. When the program is complete, we will perform the postprogram survey. Longitudinal outcomes include measurements of perceived impact of the program on residents (annual ACGME survey), perceived impact within the institution (project review 90 and 180 days post), and percent of participants who achieve a professionally recognized QI certification within 1 year of the program. Project progress has varied, and teams with the most relevant projects have seen more success.

Conclusions: Time-constrained faculty can acquire knowledge and apply it through QI curricula. Early dialogue with key stakeholders during program design was instrumental in realizing organizational support. The integration of interdepartmental, interprofessional course faculty created valuable teaching and learning experiences. It is too early to determine whether the program effectively trains the trainer in improvement and safety.

FINAL WORK PLAN – Christiana Care Health System

Overall Goal for NI III/Elevator Speech	Our team's goal was to develop skills to teach and to lead the incorporation of continuous performance improvement and safety principles into all education curricula and into clinical practice by working with the entire Christiana Care Health System (CCHS), thereby improving the quality of care we deliver.
Needs Statement	This goal was important because there is a gap in faculty and resident knowledge, skill sets, and ability to identify opportunities and apply QI methodologies as appropriate. It is vital to develop skilled physicians to increase the value and safety of the clinical care we provide.

Vision Statement	In March 2013, we will see the outcomes of our success by shifting the culture of CCHS to focus on value and safety. The dissemination of culture change will be measured by increased knowledge, engagement in clinical projects, and incorporation of continuous process improvement into daily practice. Clinicians will be aware of their role in the system and be able to identify opportunities and apply their skills to effect change. This will result in our becoming a national model for quality improvement.
Measures	We determined the success of meeting our goal by measuring whether teaching quality and safety improvement science curricula to faculty increased their capability as experts, teachers, and leaders of safety and quality systems and practice improvement. Our first cohort consisted of 11 learners leading 9 improvement projects. Our pre- and postintervention measures included (1) preprogram, midpoint, and postprogram surveys to measure the impact on participants' confidence in teaching quality and safety competencies across 6 domains; (2) perceived impact of the program on residents (annual ACGME resident survey); (3) perceived impact within the institution (project review 90 and 180 days post); and (4) percent of participants who achieve a professionally recognized quality improvement certification within 1 year of completing the program.
Success Factors	The most successful component of our work was that the integration of interdepartmental and interprofessional course faculty created valuable teaching and learning experiences. We are inspired by our midpoint competency ratings assessment completed in February 2013 that demonstrated an increase across all competency domains since the beginning of the course. Postprogram assessment is scheduled for May 2013.
Barriers	The largest barrier we encountered was that while all participants were learning, project progress varied. Relevance of project selection and team formation led to more success for the projects on track. For subsequent offerings, the course schedule will be revised to allow for more dedicated project work time.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Learners should come with an improvement project relevant to their current role that is preapproved by their immediate supervisor, program director, and/or department head. In addition, early assignment of improvement project mentors may support keeping all learners' projects on track, especially with a focus on the formation of an improvement project team. Early dialogue with key stakeholders during program design was instrumental in realizing organizational support.

Wayne State University and Crittenton Hospital Medical Center, MI

Aligning Graduate Medical Education with Hospital's Quality Improvement and Safety Strategies

T Markova, MD, FAAFP; F Sottile, MD; P Morris, MD; K Zakaria, MD; W Murdoch, MD; et al

Background: We designed a QI and safety initiative for interprofessional teams of residents involving QI knowledge acquisition, teambuilding, and experience-based strategies. Our GME program worked to align ACGME core competency curricula with the hospital's strategic planning to improve patient care, quality, and safety; reduce overutilization of healthcare resources; and improve efficiency.

Methods: After 6 days of training sessions including didactics, team exercises, and project charter completion, participants created 3 projects that were evaluated for their clinical, organizational, and financial outcomes. These evaluations indicated QI knowledge, participant satisfaction, presentations and publications, teamwork and safety climate, and ROI. Project 1 focused on global immunization, particularly the influenza vaccination for *all* patients (6 mos +) and the pneumococcal vaccine for *all* (50+ yrs) and *high-risk* patients (6-50 yrs), to ensure patients were assessed and vaccines are delivered. Project 2 focused on reducing COPD readmissions. Project 3 focused on addressing rapid response to septic shock in patients admitted to the general floors, using keystone sepsis EBM tools.