

<p>Vision Statement</p>	<p>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.</p>
<p>Measures</p>	<p>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.</p>
<p>Success Factors</p>	<p>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.</p>
<p>Barriers</p>	<p>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.</p>
<p>Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?</p>	<p>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.</p>

## 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.

**Results:** The immunization project saw an increase in percentage vaccinated in all pneumonia and influenza categories. The COPD project studied data from 2011 readmission rates within 30 days (19.85%) to identify factors that would decrease readmission. The sepsis project analyzed compliance with EBM requirements, developed a sepsis order set, activated a rapid response protocol, and educated clinical staff. Overall, participants showed a QI knowledge improvement from 3/5 pre to 3.4/5 post (QIKAT). We learned residents and staff were lacking in QI competencies but were able to engage with and lead interdisciplinary teams and were motivated by patient care improvements. We encountered some challenges in coordinating schedules and had no funding.

**Conclusion:** We demonstrated that aligning GME process improvement projects with the hospital’s strategic objectives can lead to superior educational outcomes, reduce overutilization of resources, improve PS, and deliver more efficient care through teamwork.

### FINAL WORK PLAN – Wayne State University and Crittenton Hospital Medical Center

Overall Goal for NI III/Elevator Speech	Our team’s goal was to create a framework for aligning GME with the hospital’s QI and safety strategies.
Needs Statement	This goal was important because it integrates educational curriculum development with patient care outcomes and it assures everyone’s engagement towards a common goal.
Vision Statement	In March 2013, we will see the outcomes of our success by reducing overutilization of healthcare resources and improving efficiency in the hospital through faculty and resident QI and leadership development. We will recognize the central role and impact of GME programs in QI and PS initiatives.
Measures	We determined the success of meeting our goal by measuring (1) clinical outcomes (QI projects), (2) educational outcomes (QI knowledge [QIKAT]), (3) participants’ satisfaction with the experience, (4) presentations and publications, (5) organizational outcomes (teamwork and safety climate) and a hospital QI day, and (6) financial impact (ROI).
Success Factors	The most successful component of our work was broad engagement of stakeholders. Residents were able to engage with and lead interdisciplinary teams. Didactic and experiential learning are powerfully synergistic, and patient care improvements are very motivating to the teams.
Barriers	The largest barrier we encountered was coordinating schedules and carving out time for team activities and meetings. There is no extra funding for such projects.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Wide hospital engagement is critical to success. Regular meetings with the teams are important for sustainability. Regular meetings with leadership are also very important. Everyone is very busy, so dedicated time to work on projects needs to be assured.

## Florida Hospital, Orlando, FL

### Florida Hospital Graduate Medical Education National Initiative III

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**Background:** We developed a longitudinal and sustainable GME-based quality and safety curriculum to assess institutional, physician, and patient needs. We will address ACGME requirements for residents, enable physicians to meet CME requirements and maintain certification, and provide improved care for patients. We will equip learners with skills to engage in QI and PS projects.

**Method:** We used pre- and postintervention measures to determine GME faculty interest in and knowledge of QI and PS, the number of participants completing IHI training, the number of faculty QI/PS mentors, the number of PS/QI projects initiated and adopted, and the number of PS/QI projects disseminated in scholarly fashion.

**Results:** Of the faculty, 29 answered surveys about PS/QI. On a scale of 1-5, they had a mean interest of 3.17 in process improvement as it applies to patient care and a mean interest of 3.14 in utilizing quality assurance processes to identify system errors. Faculty showed a lower knowledge of QI skills with a mean knowledge of 2.43 of process improvement as it applies to patients and a 2.62 knowledge of using quality assurance processes to identify system errors. We developed a multitiered curriculum covering knowledge, application, and leading/mentoring, and selected IHI online modules for knowledge development.