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

J Portoghese, MD; J Keehbauch, MD; D Lamb, BSN; J Pepe, PhD

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.

Conclusion: The faculty had a moderate interest in and below average baseline knowledge of process improvement and identification of system errors. We experienced success in the adoption of IHI curriculum for all GME programs, multidepartment engagement in quality and safety studies, and the alignment of CME department goals with certification requirements for medical staff.

FINAL WORK PLAN – Florida Hospital

Overall Goal for NI III/ Elevator Speech	Our goal is to develop a longitudinal and sustainable GME-based quality and safety program that will provide education enabling our learners to improve healthcare quality by achieving better, more affordable care with healthier patients and populations. We aim to contribute to a cultural transformation within our organization to improve quality and safety, while equipping our learners with the skills to engage in QI and PS projects within the hospital and their practices.
Needs Statement	Institutionally, the goal addresses the ACGME requirements for a QI and PS training environment for resident physicians. For physicians, the goal enables practicing physicians to meet continued professional development and maintenance of certification requirements. For patients, the goal provides improved quality and safe care.
Vision Statement	The development and implementation of a curriculum for all Florida Hospital residency and fellowship program faculty, residents, and fellows.
Measures	Our pre- and postintervention measures were (1) GME faculty and alumni surveys on interest in and knowledge of QI and PS; (2) number of faculty, residents, and fellows completing IHI training modules; (3) number of faculty designated as PS and QI leaders/mentors; (4) number of PS and QI projects initiated; (5) number of GME PS and QI projects adopted on the system level; and (6) number of PS and QI projects disseminated in scholarly fashion (posters, presentations, articles, etc).
Success Factors	The IHI curriculum was adopted for all GME programs, and multiple hospital departments were engaged in the NI III journey: risk management, performance improvement, continued professional development, and hospital leadership. We were inspired by programs at Mayo and the University of Michigan that engaged GME and medical staff in PS and QI projects and had fully developed curricula.
Barriers	The largest barrier we encountered was engaging the performance improvement department while they were in a period of restructuring and rebuilding their leadership, goals, and objectives. We worked to overcome this by presenting our work plan to their new leaders and other influential people within the hospital system in various venues: multidisciplinary committee dinner, medical officers' meeting, and direct engagement.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Look at the work done in PS and QI at other institutions. Avoid duplication and time spent on developing a new curriculum when there are many proven plans that can be adopted to meet local needs.

MedStar Franklin Square Medical Center, Baltimore, MD
A Simple Intervention to Improve Timely Follow-Up for Laboratory Test Results in an Outpatient Resident and Faculty Clinic

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Nancy Beth Barr, MD; Aysegul Gozu, MD, MPH, FACP

Background: Much outpatient care occurs when the patient is not in the office, including phone calls, requests for medication refills, and review of test results. We chose to study the response times to outpatient laboratories and develop a simple intervention to improve timely follow-up. Through weekly reminders via pagers or email, we hoped to shorten healthcare providers' response time to addressing test results and to improve awareness of outpatient follow-up.