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

Claudia Kroker-Bode, MD, PhD, FACP; Nargiz Muganlinskaya, MD, MMS; 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.

Methods: Using EMRs in 2 primary care practice sites, we defined the sign time as the time between the responsible healthcare provider receiving an email notice of test results and signing off on the results. Before the intervention, the study was announced at 2 departmentwide conferences and providers received 4 weekly emails. All providers received weekly pager reminders to check their EMR inboxes during the intervention period (March 2, 2012-June 30, 2012), and EMR data was extracted to measure the response time.

Results: Compared to the preintervention control period of July 1, 2011 to January 31, 2012, we saw a shorter response time during the intervention. Preintervention, the sites had 8,390 laboratory tests with a mean sign time of 1.41 (standard deviation 1.61). During the intervention, the sites had 4,257 tests with a mean sign time of 1.20 (standard deviation 1.56).

Conclusion: Our brief intervention showed that a simple weekly reminder to providers to check their inboxes resulted in shorter viewing and signing times. Further study is needed to determine if other forms of reminders, such as cell phone texts, would produce similar results and to extend the intervention beyond 16 weeks. Our study did not determine if medical errors were prevented or if patients received higher quality of care. Further, the study was completed at 1 medical center, so the results may not be applicable to other settings.

FINAL WORK PLAN – MedStar Franklin Square Medical Center

Overall Goal for NI III/Elevator Speech	Our team's goal was to establish a project that addressed outpatient-based patient safety, specifically indirect patient care.
Needs Statement	This goal was important because little is known or written about patient safety with outpatient indirect care, but the bulk of medical care takes place when the patient is not in the office.
Vision Statement	In March 2013, we will see the outcomes of our success through a study showing that provider response times to laboratory results can be influenced by a reminder system.
Measures	We determined the success of meeting our goal by measuring pre- and postintervention provider response times.
Success Factors	The most successful component of our work was gathering data through our Centricity EMR system. We were inspired by our small but successful result.
Barriers	The largest barrier we encountered was leadership buy-in. We worked to overcome this by compromising on our acceptable time frame for signing laboratory results.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Pick something small and attainable in the time frame given.

MedStar Georgetown University Hospital, Washington, DC

Quality and Safety in the Balance: An Integrated and Comprehensive Approach to Education on Patient Safety for UME & GME

Avram H. Mack, MD; Eileen S. Moore, MD

Background: At the inception of this project, neither Georgetown University Hospital (GUH) nor Georgetown University School of Medicine (GUSOM) had a full, tested plan for education in PS/QI at the GME or UME level. We hoped to generate a campuswide plan for teaching and learning PS/QI that would integrate GUH and GUSOM residents and faculty. GUH is operated by MedStar, an independent nonprofit, and GUSOM's curriculum did not match the PS/QI emphasis that MedStar stressed at GUH. A collaborative project would allow the students and hospital to interact throughout the program and form a cohesive relationship.

Methods: We interviewed key stakeholders, developed education activities for third- and fourth-year medical students (MS3, MS4), visited other hospitals, attended conferences (AAMC, IHI, AIAMC), held check-in meetings, participated in hospital PS/QI leadership, and assessed students at the end of their fourth year.