

Iowa Health Des Moines, Des Moines, IA

Implementation of a Resident Quality Improvement Council within a Health System

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Background: We aimed to improve resident knowledge of and engagement in QI projects through a resident quality council (RQC). Because residents have limited time, adding educational components can be difficult, but ACGME has emphasized QI. Through the council, residents will become further engaged in QI projects and see measurable increases in QI knowledge, attitudes, and practices.

Methods: A survey assessing baseline QI knowledge, attitudes, and practices was sent to all 130 residents. The survey was cross-sectional and electronic, had standardized responses, had space for open-ended response, and incorporated reverse scored questions. Selected residents from each of the 5 residency programs formed the RQC with support from staff representatives from medical education, nursing quality, clinical quality, and research.

Results: With a 78% response rate (n=102), the survey revealed residents were familiar or very familiar with most aspects of QI knowledge (on a scale of not familiar/somewhat familiar/familiar/very familiar). The majority of the residents were not familiar/somewhat familiar with linking data to specific processes. Residents also were equally divided on knowledge of implementing structured plans to evaluate a change and using a PDSA framework. Regarding QI attitudes, the majority agreed or strongly agreed with the importance of QI projects and teams (on a scale of strongly disagree/disagree/agree/strongly agree). The majority strongly disagreed/disagreed that they had enough time to work on QI projects. Regarding participating in QI practices, the majority have had some prior QI training and project work. However, the majority have not participated in a multidisciplinary QI project team or suggested a QI project themselves.

Conclusions: The survey identified program-specific opportunities to improve QI education and the RQC facilitated collaboration across the hospital, providing residents a chance to attend quality meetings for clinical, nursing, pediatric, and adult intensive care committees. Although time constraints and clinical obligations limited resident time, resident-driven QI projects provided opportunities for sustainable results.

FINAL WORK PLAN – Iowa Health Des Moines

Overall Goal for NI III/Elevator Speech	Our team's goal was to improve the health of our communities by embedding QI and PS processes and practices into our medical residency programs.
Needs Statement	This goal was important because embedding QI and PS processes and practices into our medical residency programs is critical in improving patient safety, competence of our physicians, and achieving the <i>best outcome, every patient, every time</i> .
Vision Statement	In March 2013, we will see the outcomes of our success by having a working RQC with the mission and purpose to (1) encourage and promote the development of QI/PS initiatives and research within the Iowa Health-Des Moines (IHDM) residency programs, (2) increase resident knowledge and application of QI methods and tools, (3) share QI project and outcomes information between and among residency programs, (4) be a repository of resident-initiated QI/PS initiatives and research, (5) promote the sharing of resident research projects and scholarly activity within the IHDM community, and (6) support residents who wish to initiate QI/PS projects and research. Additionally, we will find a measureable increase in our residents' perception of their own QI skills through the administration of a self-evaluation.
Measures	We determined the success of meeting our goal by measuring residents' knowledge, attitudes, and practices through the administration of an electronic survey. A postintervention survey will be sent in early summer 2013. Our preintervention measures had a 78% response rate (n=102). The survey revealed residents were familiar or very familiar with QI knowledge (on a scale of not familiar/somewhat familiar/familiar/very familiar) with a Cronbach alpha of 0.9607. In response to the questions about QI attitudes, the majority agreed or strongly agreed with the importance of QI projects and teams (on a scale of strongly disagree/disagree/agree/strongly agree) with a Cronbach alpha of 0.7478. In response to the questions about participating in QI practices, the majority reported some prior QI training and project work, with a Cronbach alpha of 0.7299.

Success Factors	The most successful component of our work was how quickly residents took ownership of the newly established RQC and a reporting structure that ensures communication to other quality committees within the hospitals and the board of directors. We were inspired by the enthusiasm of many residents on the RQC and the generation of quality concerns needing to be addressed within our hospital system.
Barriers	The largest barrier we encountered was time constraints and clinical obligations for resident involvement in projects and attendance at RQC meetings. We worked to overcome this by having 2 residents from each program on the council to ensure attendance by at least 1 resident, along with an internal webpage for posting of council progress and meeting content. Dual membership also supports an efficient succession plan for loss of residents to graduation.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Look at options and approaches outside your own institution. When you stay internal and only look within, there is a tendency to reinvent existing processes.

JPS Health Network, Fort Worth, TX

Teaching Process Improvement and Patient Safety in GME

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Background: We aimed to increase quality and patient safety through experiential learning with program directors (PDs), faculty, and residents. Trainees are limited to a 16-hour workday, and residents and faculty have limited knowledge of standardized process methods. We hoped to identify the best method for training residents and faculty within their time constraints and program mandates, to introduce performance improvement (PI), and to identify potential barriers and competing assignments.

Methods: A team of new interns completed a pre- and postintervention assessment of the training and its effectiveness. During active training, each participant was asked to (1) choose a group of peers to form a process improvement team, (2) select a potential problem to address, (3) develop a hypothesis, and (4) select a team leader. The teams met quarterly to review progress, interval outcomes, and barriers.

Results: At the initial meeting, 73 new residents attended, generating 11 projects. At the second meeting, only 8 residents and 2 faculty attended. At the time of this assessment, 6 QI projects were active among residents. The first training session was held during new resident orientation with 100% participation, but subsequent training had lower participation. New residents were initially excited and willing to learn improvement skills and develop projects but had limited time. We could improve the program by modifying improvement training to better meet time restraints and engage faculty in the process. Institutional site visits and audits also interrupted the flow of learning, leading to missed deadlines.

Conclusions: Residents and faculty who actively participated gained more awareness of system dynamics and available support, were motivated to address problems in a multidisciplinary fashion, and could be forces for change. Identifying time for new programs and training with new interns and residents is difficult given new work hour restraints. Traditional learning models need modification.

FINAL WORK PLAN – JPS Health Network

Overall Goal for NI III/Elevator Speech	Our team's goal was teaching PI and PS to adult learners in GME.
Needs Statement	This goal was important because accreditation agencies, including ACGME, Joint Commission, and CMS, require hospitals and providers to focus on improving PS and quality. The project would not only satisfy requirements but also prepare residents and faculty for participation in future projects.
Vision Statement	In March 2013, we will see the outcomes of our success by (1) an increase in PI projects in progress since the initial education; (2) completion of training to all interns, new residents, and PDs; and (3) dissemination of information to faculty.