

Vision Statement	In March 2013, we will see the outcomes of our success by instituting a resident handoff curriculum throughout all MedStar Health that improves the knowledge, skills, and attitudes of incoming and current residents and interns.
Measures	We determined the success of meeting our goal through surveys. Of incoming interns who completed a survey prior to the handoff workshop, 75% said they received no formal training on handoffs in medical school. After the interns received training, they were observed performing handoffs. A checklist was used to assess whether or not they were complying with the crucial components of an adequate handoff: face-to-face interaction, uninterrupted handoff, a written component, a succinct statement of the problem, addressing a To-Do list, If-Then plans, and acknowledgement of recipient understanding. Our comparison of pre and post direct observation encounters demonstrated statistically significant improvement after 3 months.
Success Factors	The most successful component of our work was implementation of a standardized curriculum for resident handoff education. Also, we worked towards developing a reproducible and reliable tool to assess resident skills and knowledge in performing handoffs. We were inspired by the positive responses we received from the residents regarding the handoff curriculum.
Barriers	The largest barrier we encountered was working across different hospitals at different locations. We worked to overcome this by frequent telephone conference meetings, liberal use of group emails, and help from the AIAMC.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Ensure a good simple study design that utilizes a simple tool to assess resident knowledge and skills that is both reproducible and reliable. "The process of conducting a multicenter, multispecialty study across two cities with a large team was a 'learning experience' in itself." —Dr Dick Williams

MedStar Georgetown University Hospital / MedStar National Rehabilitation Hospital, Washington, DC Experiential Process Improvement Curriculum (EPIC)

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Background: We recognized the need for a comprehensive, sustainable experiential PI curriculum (EPIC) for our residency program that enables multiple quality projects. Our team’s goal was to create an interactive QI curriculum that matches residents with attending physicians needing to complete a PI project for maintenance of certification (MOC). Curriculum projects will satisfy ABPMR MOC-4 for attending physicians, as well as ACGME Residency Review Committee requirements.

Methods: The team distributed a needs assessment survey to all inpatient attending physicians. Each physician who participated in our pilot curriculum was matched with a group of residents. Together they were to be led through an interactive online QI curriculum using Moodle, group meetings, and the PDSA framework.

Results: Per the initial needs assessment, 75% of respondents had not completed the MOC-4 requirement because they were not sure what to do with regard to PI methodology, 50% were not sure what to do with regard to MOC-4 requirements, and 37.5% were not able to find time in their schedules to complete the requirement. Although we saw clear interest in the project from both attending physicians and residents, we encountered a barrier to curriculum implementation in coordinating participant schedules and organizing the curriculum. Positive unintended consequences included increased awareness of the need for QI and its requirement for MOC.

Conclusions: We plan to fulfill our goals in the next few months after implementation of our online curriculum. We believe that enabling attending physicians to complete their required MOC PI project via this course will help sustain this initiative. As the participating groups complete the stages of EPIC, we expect to see a number of PI projects completed and several needed adjustments to our facility.

FINAL WORK PLAN – MedStar Georgetown University Hospital / MedStar National Rehabilitation Hospital

Overall Goal for NI III/Elevator Speech	Our team’s goal was to create a QI curriculum for the residency program that matches residents with attendings needing to complete a PI project for maintenance of certification.
Needs Statement	This goal was important because previous projects have been successful but have not been sustainable.
Vision Statement	In March 2013, we will see the outcomes of our success by having a curriculum in place and multiple PI projects ongoing.
Measures	We determined the success of meeting our goal by measuring the number of QI projects. Our pre- and postintervention measures were a needs assessment survey.
Success Factors	There was clear interest in the project from both attendings (seen in results from needs assessment survey) and residents.
Barriers	The largest barrier we encountered was coordinating everyone’s time and creating the actual online curriculum.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Start early and set firm deadlines with each step of the project.

Mount Carmel Health, Columbus, OH Quality and Safety: Building the Culture

Thomas Hartranft, MD; John C. Weiss, MD

Background: Per ACGME requirements, our goal was to produce a comprehensive Q&S curriculum for PGY1 residents, implement the curriculum, and develop at least 2 teams of residents, faculty, CME physicians, and Q&S representatives working on a systemwide Q&S project.

Methods: PGY1 residents use IHI Open School techniques to develop their own Q&S project with the support of GME faculty and system leaders. The residents implement the designed project in their second year of training. They gather outcome measures during the third year; the process culminates in a multidisciplinary systemwide formal presentation of their project. Residents are strongly encouraged to author 1 or more peer-reviewed manuscripts at the conclusion of the process.

Results: We measured progress by tracking IHI Open School completion and the establishment of 3 active teams developing Q&S projects via Open School techniques, including PDSA cycles and evaluation methods. The most successful components of our work were the implementation of the curriculum, the buy-in from residents recognizing the need for quality patient care, and the level of Q&S and faculty support. The long-term results of curriculum implementation (to be repeated with each incoming intern class) remain to be seen; Q&S impact will be determined over the next 2 years. This project meets the ACGME requirement of integrating Q&S into the curriculum. The curriculum crossed all programs within GME.

Conclusions: A formal Q&S curriculum enriches teaching skills and improves methods in the field of Q&S. We believe this curriculum will lead to positive reviews and continued full accreditation by the ACGME for both the institution and our individual programs.

FINAL WORK PLAN – Mount Carmel Health

Overall Goal for NI III/Elevator Speech	Our team’s goal was to develop a comprehensive quality curriculum; implement the curriculum; and develop at least 2, possibly more, teams of residents, faculty, CME physicians, and Q&S representatives working on a systemwide Q&S project.
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