

Barriers	The need to provide the entire curriculum to all PGY2, PGY3, and PGY4 residents was a barrier, somewhat diluting the discussion. Next year, we plan to overcome this by offering the communication component to PGY1s, the QI/PI component to PGY2s, and the research component to PGY3s; we plan to develop a leadership component for PGY4s. This will require more faculty involvement. We plan to debrief with faculty to engage them in the process and will incorporate both resident and faculty feedback before beginning the next curricular cycle.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Engage a broad group of faculty early on, but be sure there is a core group to take responsibility for moving ahead. On a related note, you cannot do this well without a strong coordinator.

## Scott & White Healthcare and Texas A&M Health Science Center College of Medicine, Temple, TX The Results of a House Staff Quality Council (HSQC) in its Inaugural Year

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**Background:** Residents and fellows perform a large portion of the hands-on patient care in tertiary referral centers. As frontline providers, they are well suited to identify quality and patient safety issues. As payment reform shifts hospitals to a fee-for-value-type system with reimbursement contingent on quality outcomes, preventive health, and patient satisfaction, house staff must be intimately involved in identifying and solving care delivery problems related to quality, outcomes, and patient safety. Many challenges exist in integrating house staff into the QI infrastructure; these challenges may ideally be managed by the development of a house staff quality council (HSQC).

**Methods:** Residents and fellows at Scott & White Memorial Hospital interested in participating in a quality council submitted an application, curriculum vitae, and letter of support from their program director. Twelve residents and fellows were selected based on their prior QI experience and/or their interest in quality and safety initiatives.

**Results:** In only 1 year, our HSQC initiated 3 quality projects and began development of a fourth project.

**Conclusion:** Academic medical centers should consider establishing HSQCs to align institutional quality goals with residency training and medical education.

### FINAL WORK PLAN – Scott & White Healthcare and Texas A&M Health Science Center College of Medicine

Overall Goal for NI III/Elevator Speech	The goal was to develop a sustainable house staff-directed and -led QI/PS educational model that jointly serves to improve knowledge and delivery of evidence-based care and best practices to effect improved patient outcomes.
Needs Statement	This goal was important because we want to improve patient care, safety, and outcomes and enhance house staff engagement in quality.
Vision Statement	In March 2013, we will see the outcomes of our success by (1) improving the culture of education and professional development in QI and PS and (2) achieving benchmarks for key measures associated with QI projects. The HSQC’s mission is to improve patient care and safety by engaging the house staff in QI. In the council’s vision, house staff will provide the highest quality patient care and eliminate avoidable patient harm.

Measures	We determined the success of meeting our goal by measuring the extent of implementation of the HSQC.
Success Factors	We experienced the following successes: (1) interested, self-motivated residents; (2) multidisciplinary teamwork; (3) publicly recognized early success; (4) mentorship from faculty advisors, lean, and quality coaches and staff; (5) support and involvement from numerous hospital leaders, including chief academic officer, chief quality officer, and chief medical officer.
Barriers	The largest barrier we encountered was time limitations. We worked to overcome this through regular biweekly meetings for the first 3 months followed by monthly meetings. We are also requesting house staff protected time from program directors as part of the sustainability plans.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	(1) Protect residents' and fellows' time for participating in HSQC, (2) develop a strategy for prioritizing potential QI, and (3) provide education and training on QI tools and techniques early in the council process.

## Scottsdale Healthcare Family Medicine Residency / Scottsdale Healthcare, Scottsdale, AZ

### Development of a Multidisciplinary Quality Improvement Clinical Forum: Improving Patient Outcomes Across the Continuum of Care

**N Johnson, MD; R Marlow, MD; C Kegowicz, MD; C Beaudry; Charles Finch, DO, FACEOP**

**Background:** Our goal was to identify a systemwide, sustainable model of integrated patient care that embraces education and patient-oriented quality measures. Objectives included (1) at least 1 family medicine resident will participate in every quarterly quality review meeting between January 2012 and April 2013; (2) family medicine chief residents and the medical director of CME will implement at least one Grand Rounds meeting quarterly between October 2012 and April 2013; (3) case review will evaluate strengths and opportunities related to integrated patient care and patient-oriented outcomes; (4) attendance at Grand Rounds will reflect multidisciplinary participation as relevant to the case review; (5) participants will demonstrate improved understanding of integrated patient care, including QI knowledge; (6) all CME and GME learning activities tied to curricular development will include quality metrics starting in November 2013.

**Methods:** Program activities included development of a multidisciplinary QI clinical forum that focuses on improving patient outcomes across the continuum of care, alignment of CME and GME learning activities to curricular development, and the development of quality metrics.

**Results:** The most successful component of our work was teamwork and identifying a high-quality sustainable educational program. The largest barrier we encountered was sustainment across the system. We worked to overcome this by involving multiple levels of the system, driven by physician leadership. We have observed integration of QI into the curriculum and GME into the QI process.

**Conclusions:** We have identified opportunities for improvement regarding knowledge and adoption of QI methods. Fewer than half of the participants had working competency in QI prior to the forum. Almost 90% will adopt QI methods and measures in their clinical practice. Baseline pediatric asthma quality metrics showed favorable results. In the next PDSA cycle, physician leaders will assist in defining key metrics, and we will implement quarterly project monitoring.

#### FINAL WORK PLAN – Scottsdale Healthcare Family Medicine Residency / Scottsdale Healthcare

Overall Goal for NI III/Elevator Speech	Our team's goal was to identify a systemwide, sustainable model of integrated patient care that embraces education and patient-oriented quality measures.
Needs Statement	This goal was important because it engages providers, incorporates active learning, includes the patient experience, and provides a high level of patient outcomes.