

FINAL WORK PLAN – JPS Health Network

Team Charter/Objectives	The team collaborated with the quality and patient safety experts to create an institutional program that engages residents and faculty in experiential and interprofessional education. The overall goal of this project was to increase quality and patient safety in GME through experiential learning with program directors, faculty, and residents.
Project Description	Our team recognized that a major barrier to moving forward was limited knowledge of standardized process methods among residents and faculty. The preliminary stages of this project included identifying the best method for training residents and faculty given the time constraints and mandates of programs and participants. The aim of the investigators was to develop a sustainable, systems-based program.
Vision Statement	The aims of this project are (1) to identify the best method for training residents and faculty in performance improvement, quality, and patient safety in an interprofessional learning forum; (2) to introduce a sustainable program that is integrated into the clinical learning environment; and (3) to identify barriers and competing assignments that impact participation of residents and faculty in institutional and program initiatives that promote interprofessional problem solving and education.
Success Factors	In this program demonstration project, attendance was more positively affected when a certificate was awarded at the end of training or when the course was required to perform a service. Interdepartmental and interprofessional courses appeared to increase feedback and interaction. The full-day course appeared to provide a greater opportunity for team building and problem solving. Interprofessional education improved understanding of roles and of how the healthcare team can function collaboratively. We were inspired by the apparent desire of participants to be involved in hospital issues that they expressed in our sessions. Feedback from residents and providers was helpful in identifying provider issues and in helping us to leverage their role on the team.
Barriers	The largest barriers we encountered were multiple small sessions outside of program lecture days or times and competing schedules and responsibilities that impacted attracting a broader audience. We worked to overcome this obstacle by following the recommendation of resident and nurse training programs: have an all-day event, have small groups, and rotate cohorts because the services would support missing 1 or 2 people every 90 days.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Be flexible and build on challenges and identified needs. If the project/course is to impact the institution, use the organization as the lab.

Kaiser Permanente Northern California Patient Safety, Performance, and Quality Improvement

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Background: We identified that patient safety event reporting was underutilized, so we wanted to create a pathway for better feedback while maintaining anonymity. Our goal was to develop a consistent process for identifying quality and process improvement projects and to share progress.

Methods: After many iterations, we identified and customized a secure yet widely accessible eVisual Board in Microsoft SharePoint. The eVisual Board is a single, shared, scalable platform the residents could use to contribute to, learn about, and disseminate quality and process improvement projects. The eVisual Board was installed in the resident lounge, and we held weekly huddles.

Results: Coupled with frequent short huddles, the eVisual Board improved visibility of resident and facility improvement goals. We successfully solicited many improvement ideas. We improved the communication of institutional goals by strengthening collaboration between residents and quality and process improvement project leaders.

Conclusions: This GME-driven project changed the awareness culture. We heightened resident awareness and engagement to identify quality and process improvement projects and established closer engagement with the quality department. Work still needs to be done to develop a stable standardized technical solution in SharePoint that facility shareholders reference when looking for resident involvement in quality and process improvement. We need to improve the feedback.

FINAL WORK PLAN – Kaiser Permanente Northern California

Team Charter/Objectives	Our team’s goal was to improve awareness of and accelerate involvement in quality and process improvement at local hospitals, as well as to standardize the process for actively involving residents in quality and process improvement and reporting.
Project Description	The eVisual Board is a single, shared, scalable platform the residents used to contribute, learn, and disseminate quality and process improvement projects. We worked with information technology department support to establish a secure file sharing server/database to be used across all programs and facilities. We conducted a regionwide push to educate staff about quality and process improvement.
Vision Statement	Standardize the solicitation of resident improvement ideas and embed them into the facilities’ quality improvement/process improvement processes using HIPAA-compliant institution-supported resources. Huddle frequently to discuss current progress and explore new projects.
Success Factors	Success factors included soliciting ideas for overall improvement, identifying opportunities for improvement and/or change within a current process (eg, improve discharge workflow), empowering individuals to resolve burdensome non-process improvement issues (information technology, ergonomics, resident wellness concerns), improving interdepartmental communication by housing resources in one location, providing the opportunity for open communication between residents and local administration, becoming observant about safety issues in the daily workflow, and improving resident wellness by improving their space and fostering buy-in and appreciation. We were inspired by residents’ eagerness to share ideas, their desire to make a difference, and their commitment to safety (eg, otolaryngology residents collaborated to find a solution that allows for non-ENT personnel to provide necessary care for airway management after hours).
Barriers	The largest barriers we encountered were identifying the appropriate technology with the necessary security, scalability, and functionality; getting resident, faculty, and hospital administration acceptance; finding resident and faculty time for meetings and implementation; aligning institutional initiatives and priorities; and timing (the time it takes to get the approval necessary to complete a project from a resident time frame is sometimes incompatible with the amount of time residents have). Specific barriers included any changes to the HealthConnect EHR. We overcame barriers through persistence. We tried multiple tools including a physical visual board and different non-Kaiser and Kaiser-approved programs, and we ended up with SharePoint. Residents are now more aware of the problem and of the Kaiser process and are more willing to get involved. Resident/faculty acceptance is a work in progress.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Have persistence. Residents will treat this initiative as an opportunity to air their grievances. Start with small easy projects, ensure they get done, and provide ample support. As the small wins snowball and you make progress, more ideas will be generated; the process will be accepted; and the projects’ scope will increase. This only happens with short frequent huddles to discuss identified problems rather than with long monthly meetings. Second, it is OK to change technology midstream; just focus on the process. We suggest a Wiki-like functionality rather than a single point of entry so many people can edit and add to the site. A single point of updating and data entry equals a single point of failure and misses the opportunity for collaboration. Ideas are generated on the fly. Having to wait until morning to jot down the idea or, worse, require the person to be physically present results in countless missed opportunities.