2012 Integrating Quality Meeting: Collaborating for Care
Poster Session #3
Friday, June 8, 9:30-10:30 am

Themes: This session will include posters that feature faculty development and scholarly careers in quality and performance improvement, integration of academic and clinical quality missions, and team based and interprofessional approaches to quality improvement.

Format: Presenters will be available to answer questions and engage in dialogue during the sessions. Attendees will also have the opportunity to participate in moderated group tours.

1) Gathering the Tribes: A Multi-Disciplinary/Interprofessional Patient Safety Conference
Tim Williamson, MD, Associate Professor, Internal Medicine
University of Kansas School of Medicine

At academic medical centers, many “tribes” exist: silos of clinical practice and learning that occur with minimal interaction with other disciplines. Of all learning in AMCs, perhaps none is as important as patient safety, and no other topic may be more amenable to truly crossing all disciplines and professions in the same manner. Recognizing this, we have instituted a multi-disciplinary and interprofessional patient safety conference (PSC) at our institution to foster discussion and learning across multiple “tribes”. This poster presentation will highlight this novel conference implemented at the University of Kansas Medical Center and Hospital.

2) Multidisciplinary Grand Rounds: A Practical Venue for Inter-professional Approach to Quality Improvement
Chittur A Sivaram, M.D., Associate Dean Continuing Professional Development
Co-Author(s): Margie Miller, Myrna Page
University of Oklahoma College of Medicine

Quality improvement in patient care processes requires education and training of the entire care team. Traditionally graduate education of medical professionals, continuing education and hospital quality improvement programs have made attempts through education of various professionals in separate silos. Bringing together medical, nursing and pharmacy trainees and faculty together for multidisciplinary grand rounds is a practical solution towards meaningful collaboration for quality improvement activities. This poster will showcase how the University of Oklahoma has built on a tradition of collaborative problem solving through grand rounds to incorporate multidisciplinary approaches into its Cardiology Grand Rounds.
Improving Quality and Team-Based Practice: Using Education Innovation to Implement the Patient Centered Medical Home Throughout Maine
Robert Birnbaum, M.D., Ph.D.
Rose Desilets, Program Manager
Massachusetts General Hospital

The Patient Centered Medical Home (PCMH) model provides a powerful catalyst for quality improvement and healthcare reform. Core expectations include a team-based approach to care. This poster will describe how lessons learned through a pilot project in Maine with 26 primary care practices is being used to expand the PCMH model within 514 primary care across the state by leveraging innovative web-based postgraduate education platforms.

Combining Classroom and Simulation-based Training to Improve Interprofessional Communication and Teamwork on an Inpatient Surgical Unit
Travis P. Webb, M.D. Medical College of Wisconsin
Colleen Trevino, NP, RN, PhD, Froedtert Hospital and Health System
Co-Author(s): Sara Shortts, Annette Bertelson, Lewis Somberg, MD
Froedtert Hospital and Health System

In order to improve communication and teamwork amongst healthcare providers working on our surgical inpatient unit, we developed, implemented, and evaluated a novel educational intervention using a combination of classroom didactics and simulation-based sessions. An interprofessional team of healthcare providers was responsible for the content and delivery of the educational material to nurses and general surgery residents. A balanced approach with curriculum champions from both nursing and physician leadership positions made the educational intervention successful.

Bridging the performance gap through in-situ simulation: an innovative, collaborative method for team training to improve patient safety and quality of care
Jane Holl, MD, MPH, Director, Institute for Healthcare Studies
Donna Woods, EdM, PhD, Research Associate Professor, Co-Director, Graduate Programs in Healthcare Quality and Patient Safety
Co-Author(s): Nicholas Seivert, Walter Eppich, MD, Anna Torricelli, Ranna Rozenfeld, MD
Northwestern University, The Feinberg School of Medicine

The Risk Informed In-Situ Simulation for Pediatric Emergency Transfers project (AHRQ R18-HS017912) evaluates the capacity to effectively expand clinical team training beyond awareness to performance by: (1) integrating previously-identified risks into simulation scenarios; (2) conducting the interdisciplinary simulation training in the clinical operational environment; and (3) incorporating AHRQ’s TeamSTEPPS™ roles and skills into the intervention. 352 clinicians participated in 42 video-recorded simulations conducted across five institutions. Preliminary analysis of simulation videos indicates a relationship between training team leaders and improved clinical teamwork. Ultimately, these improvements may lead to increased patient safety and quality of care.
6) **Negotiating Physician Leadership in Academic Teaching Facilities – Learning through In-Situ Simulations**

Jane Holl, MD, Director, Institute for Healthcare Studies
Donna Woods, EdM, PhD, Research Associate Professor, Co-Director, Graduate Programs in Healthcare Quality and Patient Safety

*Co-Author(s): Ms Olivia Ross, Nicholas Seivert, Dr Walter Eppich, Dr Ranna Rozenfeld*

**Northwestern University, The Feinberg School of Medicine**

Effective teamwork and communication are important components of safe, high quality healthcare. The study objective was to explore clinician communication and teamwork in academic teaching facilities. Forty-three in-situ simulations involving over 200 clinicians and staff were conducted at 5 urban pediatric centers, using patient scenarios received in the Emergency Department or Pediatric Intensive Care Unit at each hospital. Distinct leadership roles of attending physicians emerged, however none were performed consistently. Lack of clarity of roles and responsibilities interfered with effective teamwork and safe, appropriate patient care. In-situ simulation provides a valuable learning context for effective teamwork and leadership.

7) **Improving the Culture of Safety on an Inpatient General Medicine Ward Using a Simulation-Based TeamSTEPPS Curriculum**

Karyn D. Baum, M.D., MSEd, Associate Professor

*Co-Author(s): Albertine Beard*

**University of Minnesota Medical School**

Patient safety requires high-performing interprofessional medical teams. TeamSTEPPS is an evidence-based curriculum designed to teach individual team members specific usable skills to improve their performance, but formal studies examining its efficacy are lacking. This poster reviews the initial results of implementing TeamSTEPPS in a general medicine unit at the Minneapolis VA Medical Center.

8) **Interprofessional Standardized Teams for Quality and Safety Education: A Pilot Curriculum**

John Boker, Ph.D., M.S., VP Faculty / Curriculum Development

*Co-Author(s): Michelle Thompson, MD, Douglas F. Kupas, M.D., Linda M. Famiglio, MD*

**Geisinger Health System**

Health care providers deliver patient care through team processes in many settings, yet they are not trained in team-based skills (IOM, 2003). The Interprofessional Education Consortium (IPEC, 2011) advanced competencies for interprofessional practice and collaboration. Translating those competencies into educational events has occurred at the institutional level (e.g., Gosbee, 2011 AAMC IQ and RIME meetings). This report describes a pilot project underway at one institution.
9) Interprofessional Experiences in Physician Assistant Education
Kevin M. Schuer, PA-C, MPH, Assistant Professor, Division of Physician Assistant Studies
Co-Author(s): Gilbert Boissonneault
University of Kentucky College of Health Sciences

Over the past 10 years, Interprofessional Education (IPE) and Practice experiences have continued to gain interest and emphasis, particularly among academic medical centers. The IPE phenomenon is occurring not only in the United States but also in many countries throughout the world. This study was conducted to better understand and assess how elements of IPE are used in physician assistant (PA) curricula in the United States. Results from this study will help guide PA education as it evolves to include IPE as a standard part of the PA curriculum.

10) Improving Oral Health Care Quality Through Interprofessional Education and Collaborative Practice
Maria C. Dolce, PhD, RN, Clinical Assistant Professor
New York University College of Nursing

Significant oral health care disparities exist in the U.S. especially for vulnerable and underserved populations. To improve the quality of oral health, dental professionals and nondental health care professionals must be equipped with the competencies to address oral health competencies in the context of interprofessional collaborative practice. The purpose of this poster is to present how Clinical Microsystems can be used as an effective approach for faculty enrichment and competency development in oral health across the life cycle. Participants will be able to implement a variety of integrative teaching-learning strategies focusing on improving oral health care quality.

11) Instilling Interprofessional Collaboration on Quality Improvement in Health Professions Faculty and Students
Adele Spegman, PhD RN Director, Nursing Research
Co-Author(s): John Boker, Ph.D., M.S., Christine Raup, RN CPN, Michelle Thompson, MD
Geisinger Health System

Interprofessional relationships should be emphasized early in the education of health professions students. An interprofessional, hospital-based faculty team developed a course linking nursing, medical, physician assistant, and pharmacy students to foster interprofessional collaboration and teamwork around quality and safety. This is intended to be the first formal, structured educational experience for these future health care practitioners.
12) Building QI Capacity Among Health Professions Trainees: An Interprofessional Model
Kiran Joshi, MD, MPH, Clinical Informatics Physician
Co-Author(s): Michael Brunelle, Mark Loafman, Paul Fehrenbacher, MD Candidate
Norwegian American Hospital

Achieving better health outcomes at lower cost requires inter-professional teams and organizational capacity to implement best practices. Teaching these skills to health professions trainees may be enhanced by actively engaging them in performance improvement. Through real time engagement in the clinical performance improvement process, learners can gain cutting edge skills while augmenting the quality improvement workforce. We will describe an emerging system-wide educational performance improvement model involving medical students, Family Medicine residents, pharmacy students and others as they join hospital staff in a rapid cycle process improvement project aimed at driving change in our resource-limited setting.

13) Development of a Fellowship in Quality and Patient Safety
Jessica White, MD, Administrative Fellow in Quality and Patient Safety
Co-Author(s): Robert Dressler, M.D., M.B.A., Virginia Collier, M.D., Hugh R. Sharp, Jr. Chair of Medicine
Christiana Care Health System

There is a demonstrated interest in improving the value, quality and safety of the health care we deliver. A need exists for physician leaders with knowledge in quality and safety, yet there is insufficient training and involvement in these topics within residency and fellowship programs. Development of a Fellowship in Quality and Safety is one initiative that will address the gaps in formal physician education and engagement in quality and safety.

14) Educating fellows in practice-based learning & improvement and systems-based practice: the value of quality improvement in clinical practice
Gretchen A. Matthews, Fellow, Neonatal-Perinatal Medicine
Co-Author(s): Jodi C. Picasso, William Carey, MD, Christopher E. Colby, Christopher A. Collura
Mayo Clinic College of Medicine

By integrating our clinical and educational microsystems through a QI framework, our fellows engaged in mentored activities that yielded evidence of competency-based learning and directly improved our patients’ outcomes. Essential to our integrated QI process was the inclusion of our fellows on the multidisciplinary, unit-based quality and safety committee. By collaborating with all NICU stakeholders, our fellows were able to improve both the structure and process of care delivery in our ICU. Such a systems-based approach is required for effective implementation of evidence-based practices in the ICU, and may enable critical care educators to instill this principle in those they teach.
15) Incorporating adult learning principles into safety behaviors training among staff at the General Pediatric Clinic  
Lana Gagin MD, MPH  
Co-Author(s): Thomas Peterson, MD, Brian Hotchkiss, MD  
Helen DeVos Children’s Hospital  

We compared the efficiency of passive verses active learning strategies to educate staff on patient safety behaviors. The baseline percent of information retention among the General Pediatric Clinic staff was assessed by distributing the questionnaire in the same format as it was posted on the information boards. The staff was then offered an education session on safety behavior expectation. Short-term and long-term information retention was measured at the end of the oral presentation and after 2 months and 6 months. This poster will share the outcomes of this training intervention.

16) Improving Inpatient Diabetes Education by Enhancing the Training of Medical/Surgical Nurses and Fostering Collaboration with Diabetes Experts  
Myra L. Couch, MSN, RN-BC  
VA Pittsburgh Healthcare System  

Diabetes is the United States’ 6th leading cause of death and a major cause of cardiovascular, renal, ocular, and nervous systems complications. Treatment resources must be effectively managed to obtain the highest possible patient outcomes. Research indicates that with proper medical management, education, self-care, and attention to behavioral, social, and environmental factors, people with diabetes and pre-diabetes can live long, active, and productive lives. Providing simultaneous parallel intensive diabetes education to staff and patients along with the return of experienced and expert staff to the point of care as educators and resource persons raises practice levels of all nursing staff.

17) Improving the quality of fellow-written inpatient consultation notes through peer evaluation  
Delphine Tuot, MDCM, MAS, Department of Medicine, Division of Nephrology  
Co-Author(s): Naama Neeman, Andrew Auerbach, Niraj L. Sehgal, MD  
University of California, San Francisco & San Francisco General Hospital  

This initiative focused on developing a peer evaluation program that taught trainees about the components of high-quality consultation notes and then engaged them in self-improvement through reflection on performance data and practice-based learning. The program included the development of a consultation assessment tool, following by the implementation of peer evaluation across our Department’s fellowship programs.
18) “Developing and Running a House Officer Patient Safety Assessment Program: You Can Do this Too!”
John Gosbee, M.D., M.S., Director, Patient Safety
University of Michigan Health System

This poster will provide medical educators with a practical patient safety assessment curriculum designed to evaluate house officers' knowledge and skill – which is crucial to curricular needs assessment and outcomes measurement. The four-station assessment has been used for 5 years by attending and chief residents (N=42) from 10 different residency programs at the University of Michigan. The objectives of this poster presentation are for attendees to gain familiarity with stations and rating tools; understand use of training tools for raters and leveraging curricular change with resident data; and gain practical insight for replicating stations in their organization.

19) Training in Quality Improvement through Clinical Practice: A Year-long Integrated Curriculum for Psychiatry Residents
Melissa Arbuckle, MD, PhD, Associate Director, Resident Education, Department of Psychiatry
Co-Author(s): Lloyd Sederer, Susan Kistler, Michael Weinberg, Susan Essock, Abby Isaacs, Deborah Cabaniss, M.D.
Columbia University Medical Center

Within psychiatry, there are few reports describing resident training in quality improvement (QI). In order to address this gap, we developed a yearlong QI curriculum whereby all third year (PGY3) psychiatry residents worked together to develop and implement collective goals for the year. After the course, resident knowledge and attitudes about QI significantly improved, as assessed with a modified Quality Improvement Knowledge Assessment Tool (6.54 vs. 3.67, t=4.1; p<0.001) and 12-item Self-Assessment Survey (p<0.05 across each item). Combining didactic and experiential learning can be an effective means for improving clinical care and meeting essential requirements for training psychiatry residents in QI.

20) Palliative Care: An Examination of a Broadened Training Curriculum for Internal Medicine Residents
D Kay Taylor, Ph.D., Director, Research
Co-Author(s): Sanaz Kashan, MD, Ghassan Bachuwa, MD
Hurley Medical Center

Palliative and end-of-life care is a growing field and is part of the foundational care that physicians offer to their patients. The Accreditation Council for Graduate Medical Education requires end-of-life care and pain management in core curricula of internal medicine residents. An effective curriculum needs to use a multifaceted approach, incorporating a variety of intentional strategies to address the multiple competencies required. Resident physicians are in a unique stage of their training. Although they have learned many basic clinical skills, they remain open to educational experiences that might change their lifelong practice patterns and enhance care to patients and their families. This poster will describe the palliative care training program and its outcomes.
21) Impact of Radiology Utilization Awareness on Test Ordering Practices
Niraj L. Sehgal, Associate Professor of Medicine
Associate Chair for Quality & Safety, Department of Medicine
Co-Author(s): Naama Neeman
University of California, San Francisco Medical Center

Unnecessary diagnostic tests contribute to wasteful spending without improving patient outcomes. Fostering cost-conscious test ordering behaviors creates a tremendous opportunity to align clinical quality and educational missions. We launched an educational campaign to raise awareness about radiology cost and utilization using complementary strategies. Our interventions significantly reduced radiology test ordering in 5 of 6 studies evaluated. They also improved trainees’ knowledge about the cost of these tests and their likelihood of taking these costs into consideration when ordering. Similar educational programs could be applied to broaden efforts that generate true value for hospitalized patients.

22) Rheumatoid Arthritis Quality Indicators Compliance Study
Sicong Huang
Co-Author(s): Mary Bell
University of Toronto, Faculty of Medicine

The Rheumatoid Arthritis Quality Indicators Compliance Study is a pilot study to identify areas in need of quality improvement in rheumatoid arthritis care. Retrospective chart audits were conducted at 4 Canadian rheumatology clinics using quality indicators published by the Arthritis Foundation. The 4 sites evaluated have different adherence rates. Identified gaps in care informed the development of an academic detailing program for clinicians using individualized tools and the rapid cycle improvement method. Chart audit with quality indicators may provide an unperceived needs analysis to inform the development of innovative continuing education programs.

23) A Team-Based Interprofessional Approach to Managing ICU Acquired Delirium and Weakness: The ABCDE Bundle
Lois Colburn, Executive Director, UNMC Center for Continuing Education
Co-Author(s): Michele Balas, David Gannon, MD, Julie Lazure, Director Critical Care
University of Nebraska Medical Center

The ABCDE bundle has the potential to be a landmark innovation in the care of intensive care unit (ICU) patients by improving collaboration and communication among the ICU clinical team, standardizing care processes, and breaking the vicious cycle of over-sedation and prolonged ventilation. This poster will provide participants with one institution’s experience in implementing this interprofessional bundle of evidence-based interventions aimed at reducing the frequency and devastating outcomes associated with ICU acquired delirium and weakness.
24) **Microsystem-Based Improvements in Care for Patients with Suspected Bacteremia and Sepsis**

Robert Sporter, MD  
*Co-Author(s): Fatima Jaffrey, Barbara Barnett, Thien-Ly Doan, Lisa Hayes, Harry Steinberg*  
**North Shore Long Island Jewish Medical Center**

Bacteremia leading to sepsis is a leading cause of mortality. Despite evidence supporting timely delivery of antibiotics in patients with severe sepsis, variation exists within our institution. Study of a sepsis mortality revealed significant delays in antibiotic delivery. Earlier recognition of the bacteremia through better culture technique could have prevented the mortality. We used the Plan-Do-Study-Act (PDSA) model to test change ideas. Outcomes include improved staff knowledge and performance in blood culture technique, decreased contamination rate, and a downward trend in sepsis mortality. Ongoing efforts aim for earlier recognition of inpatient sepsis through increased utilization of venous lactate.

25) **Code 77: 1 Page, 1 Team Maternal-Fetal Emergencies Requiring a Cesarean Delivery: One Hospital's Multidisciplinary Journey**

John Raymond Lue, MD, Section Chief and Director of Labor and Delivery  
Sue Ellen Abney-Roberts, RNC, MSN, Nurse Educator  
**Medical College of Georgia at Georgia Health Sciences University**

Every facility is prone to unanticipated outcomes. Our facility experienced an unanticipated outcome associated with a delay in the decision to incision process in an emergency cesarean delivery. The events surrounding this delivery were critically analyzed, which led to our institution developing a formal policy addressing emergency cesarean deliveries. A key component of this policy was the creation of a multidisciplinary quality improvement program that examines each event and makes recommendations on improving the process. This poster will describe this program and its outcomes.

26) **Adult Medicine Office Patient Engagement Program: A Multidisciplinary, Team Approach**

Sarah Schenck, MD, Medical Director, Adult Medicine Office  
*Co-Author(s): Elizabeth Lee, William Chasanov, MD*  
**Christiana Care Health System**

The goal of the Adult Medicine Office Patient Engagement Program (APEP) is to improve access to outpatient follow-up appointments and reduce hospital and ED readmissions. The Adult Medicine Office serves 4000 high-risk, underinsured, medically complex patients. We employed a multidisciplinary team of medicine residents, attendings, nurses, and pharmacists to deliver a personalized patient-centered outreach program during transition from inpatient to outpatient care.
27) **What Organizational Science Can Teach Us About Educating Healthcare Teams**  
Deborah DiazGranados, M.S., PhD,  
*Co-Authors*: Alan Wayne Dow, III, M.D., M.S.H.A., F.A.C.P., Paul Edward Mazmanian, Ph.D.  
*Virginia Commonwealth University School of Medicine*  

Although interprofessional education has been heralded as a solution to the quality and economic challenges facing healthcare, the best design for effective interprofessional education remains unknown. This poster will describe how theories from organizational science can help us to understand better how healthcare teams function within the complex environments of healthcare systems and to use these theories to develop frameworks for structuring interprofessional education.

28) **Application of the clinical Microsystems framework to target specific areas for the improvement of the care of inpatients with diabetes**  
Jennifer Schwarz, M.D., Chief Resident Internal Medicine  
*Co-Authors*: Rosemary Daley, Ms Magda Fulman, Simone Sooman, Donna Jornsay, Corey Karlin, Fatima Jaffrey, Nayla Idriss, Jessica Abramowitz, Tracy Breen, Diane Powell, Armin Khan  
*North Shore Long Island Jewish Medical Center*  

Hospital-based care for patients with diabetes is often sub-optimal due to the number of personnel involved. This poster will show how the use of the clinical Microsystems framework and the formation of an interdisciplinary team allow for the focusing of efforts to improve inpatient care of diabetes in a structured and high-yield format.

29) **Evaluating a Microsystems approach to supporting primary care teams in quality improvement: Lessons learned at an academic health center**  
Nancy Ananda Pandhi, M.D. M.P.H  
*Co-Authors*: Stephanie Berkson, M.P.A, Sally Kraft, M.D., Molly Snellman  
*University of Wisconsin School of Medicine and Public Health*  

Although the Microsystems approach to team-based care has been implemented across multiple care settings in North America and Europe for over a decade, descriptions of program evaluations for this approach are scarce. The UW Health Microsystems Program evaluation was designed to assess results against the goals and objectives defined for the overall program and its coaches and teams. Three waves of the program have occurred, consisting of 27 care teams who completed a formal six month training period. This poster will discuss the implementation and evaluation of this program by a multidisciplinary team.
30) **A Significant Reduction in Air Kerma with a Simple Radiation Quality Initiative**

Enkhtuyaa Mueller, MD, Clinical Instructor of Medicine  
*Co-Author(s): Harold Dauerman, Prospero Gogo, William Prabhu*  
**University of Vermont- Fletcher Allen Health Care**

Minimizing radiation in the cardiac catheterization laboratory reduces the risk to patients and lab personnel. We conducted a Radiation Quality Improvement (RQI) program of education and feedback to modify operator behavior to decrease radiation. Air kerma (AK) and fluoroscopic time (FT) values were documented. Radiation use in the 4 months before and the 6 months after the RQI was compared. FT per case was similar Pre- and Post- RQI; however, there was a significant decrease in the average AK per case. RQI is feasible; an intervention consisting of staff education and individualized feedback significantly reduces radiation risks.

31) **An International Interprofessional Clinical Immersion Experience in Nairobi Kenya**

Stephanie Stewart, PhD, RN, National Dean Research and Innovation  
**Chamberlain College of Nursing**

Chamberlain College of Nursing and Ross University Medical School, in collaboration with the people of Korogocho Slum in Nairobi, partnered to offer a two week clinic and educational seminar focused on health promotion activities. The purpose was to provide primary health education and health promotion in conjunction with secondary interventions to the people of Korogocho, Kibera and Mitumba Slum in Nairobi. This poster will describe this interprofessional clinical experience and its impacts on patient care in an international setting.

32) **Integrating quality across the academic and clinical missions: The QI Small Grants program at the University of Colorado Hospital and University of Colorado School of Medicine**

Heidi Wald, MD, MSPH, Associate Professor of Medicine, Vice Chair for Quality, Department of Medicine  
*Co-Author(s): Tom Denberg, MD, PhD, Steven P. Ringel, M.D.*  
**University of Colorado School of Medicine**

This poster will describe a QI small grants program established by the University of Colorado Hospital and the School of Medicine in 2007, including the mission, structure, governance, grant selection criteria, and selection process. A description of the grants awarded and sample outcomes (clinical and financial) will be provided. The poster will show the significant academic productivity that has resulted from the grants, as well as lessons learned and opportunities.

33) **PM&R Lean Initiative to Improve Patient Care Delivery**

Rishi Bakshi, DO, Clinical Instructor, Physical Medicine & Rehabilitation  
**University of Michigan Health System**

Quality improvement in patent care delivery is a current focus within academic care centers. In the department of Physical Medicine and Rehabilitation at the University of Michigan Health Center, we utilized "lean" principles and initiated a project to identify and address gaps in quality. We then set goals with regard to areas that needed improvement. Finally we initiated changes in our clinic processes, measured performance against baseline, reassessed our performance and adjusted our processes to work toward our goals over three data collection
periods. This project fulfilled Part IV MOC requirements for maintenance of specialty certification.

34) An Algorithm for Reducing Mortality for Difficult Intubations of Head and Neck Patients in Emergent Situations
Malou Blanco Yarosh, MSN, RN, CNS
Co-Authors: Samuel Wald, MD, Keith Blackwell, MD, Dinesh Chhetri, MD
UCLA School of Nursing

Three mortalities occurred following respiratory arrest in patients with a tracheostomy. One was a newly decannulated patient and two patients had existing surgical airways. A review of our standard work and clinical practice from the Departments of Nursing, Head and Neck Surgery and Anesthesiology was done. This interdisciplinary collaboration resulted in an algorithm, now utilized by all clinicians caring for these patients (nurses and physicians). The algorithm encompasses evidenced-based standards derived from national societies in Nursing, Head and Neck and Anesthesia. This new practice change is being presented to key clinical committees and now embedded in our tracheostomy clinical guidelines.

35) A Novel Program to Improve Patient Safety Culture and Alignment of Institutional Quality Goals
Michael Cull, PhD, MSN, Director, Education & Dissemination, Office of Quality & Patient Safety
Co-Authors: Donald Edward Moore, Jr., Ph.D.
Vanderbilt University Medical Center

In 2011, Vanderbilt University Medical Center (VUMC) adopted a strategic goal to “advance a culture of patient safety, quality and high reliability” and established the Pioneer Program to accomplish this goal. We will describe the Pioneer Program as projects in progress. Five interprofessional teams were selected for Pioneer status from a pool of 22 applicants. Teams will engage in a one-year immersion in patient safety science and quality improvement that culminates in the successful implementation of 1-2 focused improvement projects. Projects include: better patient handovers and teamwork, infection prevention, falls prevention and medication safety.