2013 Integrating Quality Meeting: Increasing Value and Educating for Quality

Friday, June 7, 2013
9:50am – 10:50am

Poster Session #3

Theme: This session will include posters that feature innovative approaches to improving value and educating for quality, team based and interprofessional approaches to quality improvement, and faculty development & scholarly careers in quality improvement & implementation science.

1. Choosing Wisely at Fletcher Allen Health Care: Facilitating Change through Resident Involvement and Education
Justin Stinnett-Donnelly
Co-Author(s): Bouchard Patricia, Hood Virginia
Fletcher Allen Health Care

In 2012, Fletcher Allen Health Care’s Department of Medicine began a Choosing Wisely campaign to reduce limited value diagnostic testing. A core team (general medicine residents, a project champion and a quality improvement manager) worked with a multi-stakeholder group to develop a process by which the unnecessary ordering of BUN/Cr testing could be eliminated from admission order sets if the patient had ESRD as a problem in the EMR. It was found that resident involvement and education were key factors that contributed to a 40% reduction of unnecessary ordering of BUN/Cr testing on ESRD inpatients already within 3 months.

2. Educating Future Physicians to Track Healthcare Quality: Feasibility of a Healthcare Quality Report Card for Medical Students
Paul S Jansson
Northwestern University, Feinberg School of Medicine

The Patient-Centered Medical Home (PCMH) model aims to provide patient-centered care, lower costs, and improve health outcomes. In spite of the increased national emphasis on healthcare quality and outcome measurement, medical schools do not routinely provide educational opportunities for students to track quality measures or outcomes for patients. The goal of this research is to test the feasibility of a quality metric report card for medical students as part of a longitudinal Education-Centered Medical Home (ECMH) curriculum based on the PCMH model.

3. Improving Communication at Hospital Discharge: Patient Teaching, Contact with Primary Care Providers, Follow-up Planning
Amanda Megan Sanders, M.D.
Co-Author(s): Bekmezian Arpi, Cooper Bryan, Jasik Carolyn, Lee Esther J, Moskalewicz Risha, Wilson Stephen D.
University of California San Francisco Medical Center

Transitions of care present a number of challenges and are high risk points in the care continuum. During the 2011-2012 academic year, the Pediatric Residency Quality Improvement Project at UCSF incorporated phone contact with primary care providers (PCPs) into routine practice. With a goal of continuing to improve the transition home following hospitalization, the team aimed to document contact with PCPs, patient discharge teaching, and a specific follow-up plan using a multidisciplinary “discharge checklist” available through the electronic medical record.
4. Teaching discharge planning to sub-interns: a trial studying the effect of multi-disciplinary rounds
Ankur Segon

Co-Author(s): Frank Michael, Mitchell Julie, Muntz Martin, Thomas Jaren
Medical College of Wisconsin

The medicine sub-internship is geared towards preparing fourth year medicine students for medicine internship. Discharge planning and working with members of the multidisciplinary team are key components of an intern's work and greatly impact the quality of inpatient care in teaching institutions. This study aims at elucidating deficits in fourth year medical student's knowledge and attitudes towards the discharge process and members of the multidisciplinary team. The team also assessed the impact of attending daily multidisciplinary rounds on student's perceptions of their proficiency in dealing with discharge planning, discharge execution, and members of the multidisciplinary team.

5. Improving Quality & Safety for Diverse Populations: An Innovative Multidisciplinary Curriculum
Alexander Green

Co-Author(s): Betancourt Joseph, Gall Gail
Massachusetts General Hospital

This workshop will describe a multidisciplinary curriculum for medical and nursing students centered on a team-based approach to providing high-quality, safe, and effective care for limited English proficient (LEP) patients. The curriculum is built on a web-based teaching platform with associated live sessions and group activities that bring medical and nursing students together to explore 1) the evidence base for disparities among LEP patients, 2) ways of working effectively as members of an interprofessional team to ensure safe, high quality care for LEP patients, and 3) strategies for enhancing systems of care to improve quality and safety for LEP patients.

6. Improving Quality Improvement Through Ethical Oversight
Maria A. Rodriguez, M.D.

Co-Author(s): Bingham John, Quinn Doris,
MD Anderson Cancer Center

A Quality Improvement Assessment Board provides ethical oversight of quality improvement (QI) projects at our institution. Projects are submitted using a standard template through an efficient SharePoint system. The Board, including an IRB representative, determines if the project is human research and needs IRB approval. If the project is deemed to be QI, and well designed to meet its defined objectives, it is approved. Within the last 2 years, 8 % of submitted projects (9/111) needed IRB review, and 5 % (6/111) were denied or withdrawn due to poor design. Ethical oversight of QI can safeguard its distinction from research.

7. Nebs No More After 24: Improving Use of Appropriate Respiratory Services
Christopher Moriates, MD

Co-Author(s): Cascino Matthew, Khanna Raman, Mourad Michelle, Novelero Maria, Omachi Theodore, Quinn Kathryn, Ranji Sumant
UCSF Medical Center

Despite ample evidence supporting Metered Dose Inhalers (MDIs) as equally effective to nebulized bronchodilator therapies (“nebs”) for the treatment of obstructive pulmonary symptoms, nebs are frequently used in the inpatient setting. Eliminating inappropriate use of nebs and providing inpatient MDI education can improve care while lowering costs. The team implemented educational initiatives along with system changes to target inappropriate neb administrations on the highest-acuity medical ward. The team found a significant improvement in resident knowledge regarding the
efficacy of MDIs. Neb usage decreased by more than 50% over the first few months of implementation.

8. How do we know if our residents are systems thinkers and do-ers?
John Gosbee, M.D., M.S.
University of Michigan Health System

Error wisdom of residents needs to measured, not assumed. A novel “Detect and Fix Patient Safety Hazard” interactive assessment station was developed and implemented for interns in all core residencies at University of Michigan (2007-present, N~500). Nearly all interns find the station realistic and helpful for showing deficiencies in past training. Specific and global scores on four different stations show wide variability; but clearly show that more than 80% need a moderate or significant amount of education need.

Kristen Unti
Co-Author(s): DiMarco Lindsay A, Evans Daniel, Gaty Adrian Nicholas, Woods Donna
Northwestern University The Feinberg School of Medicine

In a pioneering endeavor to bring continuity of care to medical education in September 2011, the “patient-centered medical home” principles with comprehensive education were implemented. The ECMH curriculum involves students working as “Health Coaches” with a panel of chronically ill patients and tracking national measures on the quality of care. To assess student learning, the team used a ten-item survey consisting of Likert-scale and free response questions asking for self-evaluation of quality improvement (QI). Results suggest that asking students to construct quality measures is a good introduction to quality measurement and improvement.

10. Longitudinal Quality Improvement Curriculum for Internal Medicine Residents
Heather Ridinger
Co-Author(s): Green Jennifer Kiser, Karpinos Ashley
Vanderbilt University Medical Center

Vanderbilt’s Internal Medicine Residency program has developed an innovative year-long quality improvement curriculum for second year Internal Medicine residents consisting of a mixture of didactics and experiential learning. This format allows residents to work in small groups on two longitudinal quality improvement projects, one in their continuity clinic and another at the hospital system level. Residents have been accepting of this new curriculum and several of their projects have led to meaningful long-term change.

11. A Multi-Media Resident Curriculum for Effective Physician-Patient Communication
Justin Wood
Co-Author(s): Ortiz Gloria
Committee of Interns and Residents

The Committee of Interns and Residents is working in partnership with several New York City health systems to meet a need for practical resident education on patient-centered approaches to communication and delivery of care. This poster will highlight two video modules featuring experts in physician communication and a background lecture/presentation that helps residents to understand the economic and policy drivers of health care reform, value-based purchasing, and the importance of patient experience in the US healthcare system. Links to featured videos are found here: 1. http://vimeo.com/43607074 ; 2. http://vimeo.com/40547347
12. Integrating Quality Improvement and Patient Safety into Undergraduate Medical Education- A Milestones Based Curriculum for Change
Lavjay Butani, MD
Co-Author(s): Drummer John, Gill Raminder, Servis Mark E, Shaikh Ulfat
University of California, Davis, School of Medicine

This poster describes the process and content of a curricular innovation at UC Davis and the preliminary learner outcome results related to patient safety and quality improvement at the undergraduate medical education level.

Jordan Dale, MD
Co-Author(s): Anderson Mary, Blumenthal David, Sims Shannon
Rush University Medical Center

Electronic medical records and affiliated clinical systems are increasingly integral to the practice of medicine. The objective of this rotation is to develop trainee skills in organizational behavior, research methods, and biomedical informatics. The poster describes an educational structure for an informatics elective focused on quality improvement (QI) and patient safety. The 4-week elective consists of three elements: 1) didactic content on informatics and quality improvement 2) operational experiences and 3) a research project.

14. DOTS: Doctors on the Street: Integrating Resident Passions into Learning Opportunities and Healthcare Delivery
Amer El Haddad, MD
Co-Author(s): Chrisman-Khawam Leanne, Tandra Suman
MetroHealth Medical Center

During the summer of 2012, a recognized need to address the healthcare of the unsheltered homeless was recognized by a group of Family Medicine residents and educators. “Doctors on the Street” was formed to address this urgent access need. Less a case of lack of access and more a case of lack of trust, the resident complement turned towards earning the trust of these individuals. The development of this program including stumbling blocks and current activities will be recounted.
15. IHI Open School: Engaging interprofessional learners in quality improvement through community, curriculum, and experiential learning
Wendy Sue Madigosky, M.D., M.S.P.H.
Co-Author(s): James Moses
University of Colorado at Denver

This poster describes lessons learned through the IHI Open School from engaging interprofessional students in quality improvement through building community, curricular development, and experiential learning opportunities. The poster describes a framework for interprofessional quality improvement education that includes community building, curriculum development, and experiential learning; explores lessons learned from the IHI Open School team’s experience with community building, curriculum development, and experiential learning; and identifies opportunities for sites to develop interprofessional community building, curriculum development, and experiential learning in their home institution.

16. Quality Improvement Curriculum for Internal Medicine Residents: A Team Approach
Meenakshy K. Aiyer, M.D.
Teresa J. Lynch, M.D.
Co-Author(s): Chalsani Swapna, Conner-Garcia Thembi, Wohrley Julie D
University of Illinois College of Medicine-Peoria

Patient safety and Continuous Quality Improvement (CQI) are an important part of residency education. Significant barriers exist to the effective implementation of CQI barriers in residency programs. This poster describes the development of a longitudinal, team based, integrated, experiential QI curricula for the internal medicine residents. The development and implementation of a QI project is the primary outcome of the curricula. The team also describes their conceptual framework, the evolution of the QI program, and the strategies used to overcome the barriers.

17. Does increasing core quality and patient safety knowledge increase faculty participation in QI projects?
Lindsay Sonstein, MD
Co-Author(s): Adrian Carlos Clark
UTMB Galveston

A 4-hour ‘mini-course’ was created to teach the basics of the PDCA cycle. 27 learners completed the quality improvement mini-course which was taught in early 2011. Average pretest knowledge score was 61%; average post-test knowledge score was 77%. 93% of learners rated the course excellent or good. A review of quality and patient safety involvement 2 years after course was taught reveals that overall 80% of faculty members who attended are involved in quality and patient safety at some level. This shows that core education is important for faculty participation and interest in quality and patient safety.

18. Creating Human QI/PS Infrastructure Through a Weekly Scholars Seminar: A case report of the PASQUAL Scholars program
F. Jacob Seagull, Ph.D.
University of Michigan Medical School

The University of Michigan Medical School established a Patient Safety and Quality Improvement Leadership Scholars Program for faculty wishing to become clinical leaders in QI/PS. The Program provides an academic and applied foundation in principles and methods for improving the quality and safety of patient care, along with skills in leadership, teaching and scholarship in these areas. Graduates of this program are well positioned to direct quality and safety initiatives and to facilitate education and scholarly research on quality and safety in patient care.
19. Integration of Health Professions Student Research and Faculty Scholarship: A Successful Partnership
Sue Nyberg, MHS, PA-C
Co-Author(s): Berg Gina, Hale LaDonna
Wichita State University, Department of Physician Assistants

Most graduate-level health professions students must complete a research/capstone project. Faculty often struggle to identify appropriate projects that benefit the student’s overall competency, can be realistically accomplished within a rigorous curriculum, and meet the faculty's tenure and promotion goals. This poster discusses one physician assistant program’s success with moving beyond traditional types of projects to also include case reports, continuous quality improvement studies, leadership/service projects, and interdisciplinary research partnering with community providers, local hospitals and non-PA faculty advisors. The result has been 26 student co-authored journal articles, six book chapters and 38 professional poster presentations in the past six years.

20. Reproducibility of Assessments of Learners’ Skills in Quality Improvement
Robert G Badgett, MD
Co-Author(s): Collins Tracie, Ellerbeck Edward F, Sullivan Leslie
University of Kansas School of Medicine

The Quality Improvement Knowledge Application Tool (QIKAT) has been developed in order to assess learning in the teaching of quality improvement (QI). This tool is essential to guide the development of QI teaching. The team believes some of the tests questions require subjective assessments of the responses and so undertook study of the reproducibility of the QIKAT.

21. Leadership Development in Integrating Quality and Academic Training Programs
Loretta Consiglio-Ward
Co-Author(s): Dressler Robert, Jasani Neil
Christiana Care Health System

Health care professionals in faculty and leadership roles are uniquely positioned to have a profound impact on improving the quality and safety of patient care while preparing the next generation of the medical profession workforce. Our vision to increase faculty capability as experts and leaders in quality and safety improvement sciences called for the design and implementation of a faculty development program. This presentation will describe our learner profile, program goals, objectives, curricula, teaching methods, anticipated program outcomes, and sustainability strategies.

22. From Problem to Publication: Making Quality Improvement Simple through a New Global Collaborative
Ashley McKimm, MD
Co-Author(s): Carolyn Simpkins, MD
BMJ Group

Working on the front-line, trainees get a unique insight into how to improve healthcare. This poster will illustrate a tool to help make quality improvement easier for both trainees and their supervisors. The poster includes an overview of a new standardised template and online workbook for quality improvement reports; demonstrates how online mentoring can assist trainees in their improvement journey; shows how technology is speeding up the improvement cycle and providing trainees and educators with new tools and ways of working; and provides information on how others can join a new online improvement collaborative to help support trainees in their QI projects.

23. Maximizing Resource Utilization to Prevent ICU Admissions among the Obstetric Population
Margaret Duggan
This poster describes how an academic medical center developed an obstetric management model that promoted early recognition and response to obstetric complications without incurring cost. By deploying an ICU nurse to an L&D room equipped for critical care delivery, 36 ICU admissions were prevented within ten months of improvement implementation.

24. Optimizing Medical Discharge through Interdisciplinary Communication
Dennis Legen Shung
Co-Author(s): Dawsey Jessica, Long Karen, Louis Marcella, Ng Stephanie, Stewart Diana, Trautner Barbara
Baylor College of Medicine

One in five medical discharges is affected by poor communication. At Baylor, the current discharge process for non-surgical admissions has been reported to be inefficient, resulting in readmissions and decreased provider, nurse, and patient satisfaction. Interdisciplinary communication was found to be a major contributor to the inefficient discharge process. The team assembled a multidisciplinary team to augment communication and coordinate care. By using LEAN management principles to optimize the current process and establishing a “huddle” to streamline any discharge issues, the team found that a discharge process focused on coordinated interdisciplinary communication will increase nurse, resident, and patient satisfaction and efficiency.

25. Preventing Catheter-Associated Urinary Tract Infections One Unnecessary Foley Object at a Time
Jill Lacey, MPH
Co-Author(s): Brooks Mary Kay
University of Iowa Hospitals and Clinics

This poster will describe how The University of Iowa Hospital and Clinics Catheter-Associated Urinary Tract Infection (CAUTI) Workgroup lowered CAUTI rates by improving catheter awareness, investigating every CAUTI, increasing unit feedback of CAUTI data, and developing a CAUTI prevention campaign based on the theme "Watch Out for U.F.Os- Unnecessary Foley Objects."
26. Leveraging the Trainee Workforce to Improve Quality in the Safety Net
Kiran Joshi
Co-Author(s): Hope Charlene, Loafman Mark
Norwegian American Hospital

This poster will describe how trainees and hospital staff are taught process improvement while simultaneously driving change in a resource limited setting. The team believes that their success will create an environment which will embrace change, spurring improvements in quality and patient safety hospital-wide (e.g., QI projects run by managers at the mid-level and lower). Successful implementation will have significant implications for taking quality improvement efforts to scale at the national level. When these trainees leave this hospital, they will be well equipped to bring positive change and improvements to the health of the underserved populations for whom they provide care.

27. A Multidisciplinary Approach Provides Optimal Results in Organ Donation in AMC's
Joseph C. Jensen, M.D.
Co-Author(s): Bennett Sandra, Jaffar Muhammad, Mallory Suzanne
University of Arkansas for Medical Sciences

Donor organs remain in short supply in the United States, with approximately 7,000 patients dying annually while awaiting transplantation. Academic Health Centers are uniquely situated to improve this shortfall because they are often closely involved with state-of-the-art health care, critically ill or injured patients who may subsequently become donors and organ transplant programs. This poster will illustrate how a multidisciplinary approach to organ donation, including OPO representation, integrated into the medical staff of the academic medical center, allows the achievement of optimal donor management results within the center and the community.

28. Improving Bed Management by Utilizing Early Interdisciplinary Discharge Planning
E.J. Johnson, MD
Co-Author(s): Bhamidipati Surekha
Christiana Care Health System

Christiana Care Health System is a 1,100 bed community teaching hospital system located in Wilmington, Delaware. Unit managers report patient discharge predictions and potential early next day discharges at daily bed management meetings. Discharges are predicted based on nurse assessment and casual conversations with physicians, case managers and social workers, thereby, leading to inaccuracy. As bed management operations are immensely dependent on prediction accuracy, unit level interdisciplinary discharge planning is needed. Safe, efficient and patient centered discharge planning also needs interdisciplinary collaboration. This poster will describe how implementation of an interdisciplinary huddle has led to improved discharge planning and improved operational efficiency and patient satisfaction.

29. Integration of Quality Improvement Training in Internal Medicine Patient Aligned Care Team Setting (IQ-IMPACT)
Maher Roman, MD, MBA
Co-Author(s): Byrne John Maurice
VA Loma Linda Healthcare System

Internal Medicine Residents, organized in Patient Aligned Care Teams (PACT) in a primary care continuity clinic, learn and utilize QI skills in an inter-professional mini-collaborative QI Rapid Cycle (PDSA) while working on team-based QI projects over the academic year. The projects are led by senior residents and facilitated by team attending physicians. Quality and Safety didactic sessions are provided to residents and attending physicians. The projects are aligned with facility performance goals. Evaluation includes assessing quality/safety KSAOs before and after the projects, level of
success in achieving projects’ measurable aims, and success in presenting the projects at academic venues.

30. Promoting efficient team-based diabetes care: role of a longitudinal interprofessional educational outreach program
Catherine Yu
Co-Author(s): Brydges Ryan, Halapy Henry, Wong Rene
University of Toronto Faculty of Medicine

With the increasing prevalence of diabetes, efficient team-based models of primary care will play a critical role in providing collaborative, patient-centered diabetes care. However, how best to promote interprofessional collaboration (IPC) is unclear. Thus, the team sought to develop and determine the impact of a 2-year interprofessional diabetes outreach program on self-efficacy and IPC, and the mechanisms of this impact. This innovative multi-faceted education program consisted of an interactive team-based workshop series, patient and provider educational materials and inter-workshop communication and support. The poster will report its impact on self-efficacy and team function, as well as insights on mediators of IPC.

31. New Culture of Paging at KUMED
Scott Mullen, MD
Katie Murray, MD
Co-Author(s): Liz Carlton, Greg Unruh, Lori Roop, Bardia Behravesh
University of Kansas School of Medicine

The University of Kansas quarterly, Multidisciplinary Case Conference, in June, examined a Rapid Response Team case in which poor communication compromised patient care. After each case conference a PBLI work team is formed to recommend improvements identified in the case and implement patient centered outcomes. This resident led describes the team members’ process, measurement and highlights outcomes such as standards for nurse and resident education using SBAR for paging. This quality improvement approach models change through teamwork to effect patient safety.

32. Better quality diabetes education: A microsystems approach
Jessica Abramowitz, MD
Co-Author(s): Daley Rosemary, Garnett Dessa, Jaffrey Fatima, Jornsay Donna, Karlin Corey, Krupinski Konrad, Schulman Rifka
North Shore-Long Island Jewish Health System

This poster will describe an interdisciplinary microsystems approach to improving inpatient diabetes care focusing on diabetes education. The first cycle of change started with ensuring proper documentation of diabetes education was provided. Once documentation was found to be more accurate, efforts focused on the timeliness, content and uniformity of the education provided to inpatients with diabetes as identified by the surveys. Metrics including patient satisfaction, length of stay and 30-day readmissions will be used to evaluate the outcomes of future PDSA cycles.

33. House Staff Patient Safety Council: Badge Buddies for Adverse Event Reporting
Nathaniel Margolis, MD
Co-Author(s): Ambrosino Michael M., Baron Sarah, Hiruma Marissa T., Lin Michelle
New York University School of Medicine

A new House Staff Patient Safety Council was formed at an academic institution that covers multiple hospitals. The Council initiated an educational intervention to improve adverse event reporting among house staff, which included distribution of badge buddies with instructions on how to report
adverse events, as well as presentations given by council members to house staff on the importance of adverse event reporting.

34. Medical Student Quality Improvement Project: Using the Electronic Medical Record to Audit Pneumococcal Vaccination Rates

Elizabeth Appel, MD

Co-Author(s): Chasse Elizabeth, Dannheim Katelyn, Gelwan Elise, Holbrook Kelly, Lomakina Nadezhda, Mahler John, Soong Chen-Pang, Winkler Jonathan

University of Connecticut School of Medicine

Students at the University of Connecticut participated in a quality improvement effort at their outpatient medicine clerkship site. A student-run audit assessed current provider compliance with the recommendation to provide pneumococcal vaccination to specific risk groups under the age of 65. Students used the electronic medical record to communicate with providers about vaccination rates and conduct interventions to improve vaccination. This poster describes how the basic elements of an electronic medical record-based vaccine audit are replicable at other outpatient clerkships.