



Successful Strategies to Engage Residents in QI:

**OPPORTUNITIES TO AFFECT A CHANGE
FROM A RESIDENT'S PERSPECTIVE**

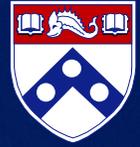
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NSQIP Annual Meeting

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Objectives



- Provide insight from the front lines
 - ...from someone who didn't know she wanted to "do quality" until she was "doing it"
- Show you real-world examples of resident QI involvement
- Give you concrete ideas about how to incorporate residents
- Give you a chance to ask questions!
...All using the **PDSA** format



Residents in the
Healthcare Leadership in Quality Track



PLAN: Create Context

- What does the institution/department already have in place?
 - Safety goals?
 - Ongoing QI/PI projects
 - Quality and safety infrastructure?
- What are some trends that have been identified:
 - At M&M?
 - In the QITI resident reports?
 - By residents?
 - Through safety reporting?
- Align interests with engagement strategies

FY12 Quality Strategies (draft 5/16/11)

The CMOs and CNOs have identified FY'12 quality targets for hospital units across UPHS. The targets are directly aligned to the UPHS Blueprint for Quality and Patient Safety, which is UPHS' framework for clinical strategy.

UPHS Blueprint for Quality and Patient Safety	
Penn Medicine will eliminate preventable deaths and 30-day readmissions by July 1, 2014	
Five Imperatives	Priority Actions
Accountability For Perfect Care	<ul style="list-style-type: none"> • Strive to provide perfect care • Establish clear lines of accountability
Patient And Family Centered Care	<ul style="list-style-type: none"> • Patient and family centered in care • Easy access during inpatient stay • Outpatient visits • Scheduling appointments
Transitions In Care/Coordination Of Care	<ul style="list-style-type: none"> • Improve clinical & staff ability to better execute /manage systems and process of care • Improve consistency/thoroughness of communication with families & patient regarding plan of care
Reducing Unnecessary Variations In Care	<ul style="list-style-type: none"> • Eliminate variations around evidence-based care balanced with personal care • Set goals that are positive and proactive not negative and reactive
Provider Engagement	<ul style="list-style-type: none"> • Strengthen workplace environment conditions for engagement by

Accountability For Perfect Care — FY'12 Targets

- Add ED and TU UBCL units
- Pneumonia Perfect Care Bundle
- SCIP Perfect Care Bundle
- CHF Perfect Care Bundle
- AMI Perfect Care Bundle

Patient And Family Centered Care— FY'12 Targets

- Patient and family education (Transitions)
- Improve performance in select HCAHPS Domains

Reducing Unnecessary Variations In Care— FY'12 Targets

- Decrease VTE/PE
- Decrease Nosocomial Pressure Ulcers
- D
- CA-UTI

QUALITY IN TRAINING

Date: January 1 – January 30
 Rotation: General Surgery Blue
 Resident: John Smith

Chart showing patient outcomes for various conditions (MI, Stroke, etc.) with a legend for different metrics.

Penn Medicine Blueprint for Quality and Patient Safety

Penn Medicine will eliminate preventable deaths and preventable 30-day readmissions by July 1, 2014

Imperatives	Priority Actions
Accountability For Perfect Care	<ul style="list-style-type: none"> • "Always" events - strive to provide perfect care • Implement clear lines of accountability that span inpatient and ambulatory environments
Patient And Family Centered Care	<ul style="list-style-type: none"> • Provide consistent and thorough communication with families & patient regarding plan of care • Increase patient and family involvement in UPHS forums that address issues relevant to quality, safety and service excellence • Enhance patient-provider partnership through better exchange of information
Transitions In Care/Coordination Of	<ul style="list-style-type: none"> • Ensure all UBCLs implement redesign care processes related to



PLAN: Create Context

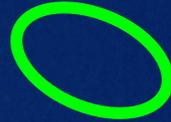
- Make it relevant to everyday training, patient care, and work flow
- Identify institutional leaders in quality and safety
 - *“What? We have a Chief Safety Officer?”*
- **Identify available **mentors** in quality and safety within the surgical department
 - *We can’t do this alone, any more than you can...Guidance is crucial!*
- **Help residents make the **transition** in thinking about errors & inefficiencies:

Individuals/individual fault/punitive environ. → Systems/processes/
blame-free environ.



DO: M&M "Quality Minute"

- ▶ Opportunity to provide follow-up from department initiatives
- ▶ 6 Slides maximum, not more than 10 minutes.
- ▶ How often will you incorporate? (Quarterly? Monthly?...)
- ▶ Opportunity for collaboration and independent study



- ▶ **Provide framework for presentation→
PDSA, DMAIC, LEAN, SBAR etc



DO: M&M "Quality Minute" TOPICS

- ▶ Departmental QI initiatives
 - ▶ OR turnover
 - ▶ OR costs
 - ▶ Post-operative pathways
- ▶ National Initiatives
 - ▶ SCIP measures
 - ▶ Hospital compare.org
 - ▶ NSQIP
- ▶ Root Cause Analysis
 - ▶ Define the problem
 - ▶ Discuss resolution
- ▶ Safety Net review
 - ▶ VTE prophylaxis refusal rates
 - ▶ Wrong-site surgery near misses
 - ▶ Medication errors

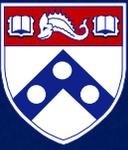


DO: Unit Based Clinical Leadership

“...culture and clinical care are products of frontline structure, process and relationships, and that leaders at the site of care can have the greatest influence on the local work environment.” -Kim, et al. *J Hosp Med* 2014

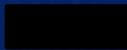
+ Residents + Nurses

- Creates a **collaborative** environment for physicians and unit-based staff
 - ** Gives residents a voice*
 - *Exposure to administration and administrative goals*
 - *Increases transparency*



DO: Unit Based Clinical Leadership

- Helps to **align** local unit **goals** with institutional goals
- **Identifies** inefficiencies, quality, and patient safety issues **unique** to the unit
- **Nurtures critical thinking skills**
 - *Will help residents to make the transition to thinking about systems/processes*
- ***Rich source** of ideas for QI projects
- Fosters environment of **mutual respect** between nurses and residents





DO: Performance Improvement Project

THE GREEN SHEET:

A Multidisciplinary Intervention to Decrease Preventable Readmissions to the ICU

- Born from an issue discussed in the UBCL
- *Key—gather a group of key stakeholders
- *Find a cheerleader
- *Keep the project focused (avoid “scope creep”)
- PDSA cycle



STUDY: How are things working out?

- Reevaluate residents' contributions, experience, satisfaction
- What needs to be modified?
- Are there other opportunities to expand involvement?
 - Other hospital committees
 - Root Cause Analysis

ACT: What are the next steps?

- Communication and transparency
 - What happened as a result of...
 - QI projects?
 - Process improvement initiatives
 - RCAs
 - Complete the PDSA cycle → Use M&M quality minute to report back!
 - Don't forget to give your residents a little pat on the back!