Strategies for Resident Engagement in Patient Safety and QI

Presented by:
PARTNERS IN MEDICAL EDUCATION, INC.
Tori Hanlon, MS, CHCP
October 27, 2015
Introducing Your Presenter…

Tori Hanlon, MS, CCMEP
Guest Speaker

• Over 10 years of experience working in Medical Education

• Director of Medical Education and Designated Institutional Official at AtlantiCare Regional Medical Center

• Accountable for oversight of undergraduate medical education affiliations and continuing medical education in addition to GME.

• Experience in GME at a large academic medical center as well as a community-based, single-sponsor institution
Objectives

- To review approaches for resident buy-in in patient safety and QI activities
- To examine real life examples of resident involvement in patient safety and QI
- To identify barriers to resident engagement in patient safety and QI and evaluate strategies to overcome these barriers
What Is Your Role?

A. DIO and/or DME
B. Program Director
C. Hospital Executive (such as CEO)
D. Teaching Faculty Member
E. QI/Patient Safety
F. GME Program Coordinator
G. Resident/Fellow
H. Other
Biggest Challenge?

- Resident apathy
- Faculty apathy
- Organizational culture
- Not enough time
- Competing priorities
As GME professionals, we are all somehow accountable for the quality of healthcare delivered by trainees, and for the safety of the patients cared for by trainees.
Why Do We Care?

- NAS
- CLER
- Health care reform and policy
- GME financing
- “Do No Harm”
Residents are expected to develop skills and habits to be able to meet the following goals:

- systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
C.P.R. IV.A.5.f).(5)

Residents are expected to:

work in interprofessional teams to enhance patient safety and improve patient care quality
C.P.R. VI.A.3

The program director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.
## CLER: Patient Safety

<table>
<thead>
<tr>
<th>PS Pathway 1</th>
<th>Reporting of adverse events, close calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>PS Pathway 2</td>
<td>Education on patient safety</td>
</tr>
<tr>
<td>PS Pathway 3</td>
<td>Culture of safety</td>
</tr>
<tr>
<td>PS Pathway 4</td>
<td>Experience in patient safety investigations &amp; follow-up</td>
</tr>
<tr>
<td>PS Pathway 5</td>
<td>Monitoring resident engagement in patient safety</td>
</tr>
<tr>
<td>PS Pathway 6</td>
<td>Monitoring faculty engagement in patient safety</td>
</tr>
<tr>
<td>PS Pathway 7</td>
<td>Education &amp; experience in disclosure of events</td>
</tr>
<tr>
<td>HQ Pathway 1</td>
<td>Education on QI</td>
</tr>
<tr>
<td>HQ Pathway 2</td>
<td>Engagement in QI activities</td>
</tr>
<tr>
<td>HQ Pathway 3</td>
<td>Quality metric data</td>
</tr>
<tr>
<td>HQ Pathway 4</td>
<td>Engagement in planning for QI</td>
</tr>
<tr>
<td>HQ Pathway 5</td>
<td>Education on reducing health care disparities</td>
</tr>
<tr>
<td>HQ Pathway 6</td>
<td>Engagement in initiatives to address health care disparities</td>
</tr>
</tbody>
</table>
Can You Relate?

Your organization provides training for all new residents on how to report patient safety events.

- However, little to no residents have reported a safety event.

At a resident staff meeting, a resident brings up a concern involving a disruptive, unprofessional nurse which led to miscommunication with a patient’s care plan.

- However, when asked if the resident reported this via the organization’s event reporting system, the resident stated they did not know how to.
Can You Relate?

The results of your program’s annual ACGME Resident Survey reveal that only 70% of your residents participated in quality improvement, and 75% of your residents worked in interprofessional teams.
Can You Relate?

The Chief Medical Officer at your organization conducts a resident forum annually. It is revealed at this forum that the residents do not have a good understanding of the organization’s quality metrics and reporting.
Resident Buy-in

- Increase knowledge
- Improve skills/performance
- Influence attitudes

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Adult Learning Principles

Adults are autonomous and self-directed

- Active participants in learning process
- Consider resident interests
Adults bring knowledge and experience to each learning activity.
Adult Learning Principles

Adults need learning to be relevant and practical

- Is it important to residents?
- How is it applicable to residents work and/or role?
- Is it useful to the residents?
Adult Learning Principles

Adults are problem-oriented and want to apply what they’ve learned

- Actual content isn’t as important as how that content can be used to solve real problems
- Plan, Do, Check, Act (PDCA)
Adult Learning Principles

*Adults are motivated by internal and external factors*
Adult Learning Principles

*Adults have different learning styles*

- Utilize various learning formats to engage residents in QI & patient safety
  - Didactics
  - Small group exercises
  - Observation
  - Practice
Resident Buy-in

- Set expectations up front
- Create knowledge baseline
- Create value for residents
- Outcomes data
- Supportive environment
Set Expectations

Medical errors  
Transitions of care  
QI/patient safety curriculum  
Healthcare disparities  
PDCA

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QI/Patient Safety Knowledge

- Knowledge is the basis for all other educational activities
- Utilize faculty & QI/patient safety staff
- Partner with local colleges and universities
Create Value for Residents

Relevance = value

- What is relevant to residents?
  - Anything affecting their work
  - How they take care of patients
  - Communication with other team members
# Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
<th>Example of Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning</td>
<td>Degree to which residents state what or how to do what the activity intended them to know or know how to do</td>
<td>Quizzes</td>
</tr>
<tr>
<td>Competence</td>
<td>Degree to which residents show in an educational setting how to do what the activity intended them to be able to do</td>
<td>Simulation OSCE</td>
</tr>
<tr>
<td>Performance</td>
<td>Degree to which residents do what the activity intended them to be able to do in their practice</td>
<td>Observation in patient care setting EMR</td>
</tr>
</tbody>
</table>
Supportive Environment

- Organizational culture
- Faculty engagement
- Seeing is believing
- Integration into institutional QI/patient safety
Integration

- Increased engagement of residents into patient safety and quality initiatives
- Part of a larger team
- Insight/perspective
Real Examples of Resident Involvement in QI & Patient Safety
Residents as Leaders in QI/Patient Safety

- Resident Patient Safety Officer
- Resident-initiated QI projects
## Committees

<table>
<thead>
<tr>
<th>Committee</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT/Informatics</td>
<td>Utilize technology to enhance patient care, support resident education &amp; foster innovation amongst residents &amp; staff. Patient care will be enhanced by optimizing the capabilities of our electronic medical system.</td>
</tr>
<tr>
<td>Asthma/COPD</td>
<td>Provide a platform to consistently deliver superior quality of care to all COPD patients across the continuum. Superior quality will be demonstrated by improved outcomes, improved patient, provider and staff satisfaction, and improved efficiency of care. With these improvements, overall cost will be reduced.</td>
</tr>
<tr>
<td>CME</td>
<td>The goal is to present educational activities that have the potential to improve the quality of health care services through increasing in measurable ways the clinical competence of the Medical Staff.</td>
</tr>
<tr>
<td>Customer Experience</td>
<td>Identify opportunities for improving the provider experience</td>
</tr>
</tbody>
</table>

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# Committees

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<thead>
<tr>
<th>Emergency Response Team</th>
<th>The Medical Evaluation Team (MET) will be initiated when there has been a change in a patient’s condition. Evaluate SBAR tool and effectiveness.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethics</td>
<td>Maintain organizational behavior that is consistent with the organization’s values. Strive to maintain excellent relations with customers and community. End of life discussions.</td>
</tr>
<tr>
<td>Health Care Acquired Infections</td>
<td>Implement education to stakeholders that uphold practices that prevent device associated infections, surgical site infections and control of multi-drug resistant organisms, inc. but not limited to epidemiologically important organisms such as MRSA, CDI, VRE and multi-drug resistant gram-negative bacteria.</td>
</tr>
<tr>
<td>Journal Club</td>
<td>Identify clinically relevant questions that arise during patient care. Learn how to efficiently search for the best available evidence. Develop critical appraisal skills that assist in determining the validity of various types of journal articles. Understand basic tenets of clinical epidemiology.</td>
</tr>
</tbody>
</table>
## Committees

<table>
<thead>
<tr>
<th>Committees</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Safety</strong></td>
<td>Promote a safety-supportive culture &amp; consistent application of evidence-based medicine. Analyze &amp; identify trends from adverse-event reports. Support educational programs in patient safety. Implement safety initiatives as directed by nursing &amp; medical leadership. Help spread “lessons learned” from adverse events, as well as successful initiatives, to other units/departments.</td>
</tr>
<tr>
<td><strong>Pharmacy/Therapeutics</strong></td>
<td>Authorize use of several therapeutic protocols that involve one or more medications. These protocols are reviewed at least annually, &amp; adjusted to meet current standards &amp; evidence-based medication practices.</td>
</tr>
<tr>
<td><strong>Pneumonia</strong></td>
<td>Aim to identify &amp; implement best practices for all patients with pneumonia. Monitor benchmarks such as readmission rates, all cause mortality, LOS and cost. Multi-disciplinary committee with representation from Administration, ED, Nursing, Pharmacy, Hospitalists and Residents.</td>
</tr>
</tbody>
</table>
# Committees

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Suicide PI Committee</td>
<td>Bring down suicide rate of our service area to 0.</td>
</tr>
</tbody>
</table>
# Scorecards

<table>
<thead>
<tr>
<th>GME Goals 2015 - 2016</th>
<th>PDCA Required</th>
<th>Review Action Plan</th>
<th>Target</th>
<th>Exceeds Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
</tr>
<tr>
<td>Best Quality</td>
<td>Mammography screening in clinic patients &gt;50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best People &amp; Workplace</td>
<td>Duty hours &amp; fatigue mitigation</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Best Customer Experience</td>
<td>Communication w/ doctors (HCAHPS metric)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best Finance</td>
<td>Readmissions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best Growth</td>
<td>New clinic patients</td>
<td></td>
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Faculty Engagement

- Faculty as role models
- Faculty development
- Incentives
Scholarly Activity

- Already a requirement
- QI/patient safety component
- Resident portfolio
## Barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>How to Overcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Dedicated protected time</td>
</tr>
<tr>
<td></td>
<td>Incorporate into research time, rotation, etc.</td>
</tr>
<tr>
<td>Education vs. Service</td>
<td>Integrate QI/patient safety methodologies &amp; processes into everyday work</td>
</tr>
<tr>
<td>Faculty Engagement</td>
<td>Faculty development</td>
</tr>
<tr>
<td></td>
<td>Incentives</td>
</tr>
<tr>
<td>Silos</td>
<td>Resident/GME participation in organizational committees</td>
</tr>
<tr>
<td></td>
<td>Common goals</td>
</tr>
<tr>
<td></td>
<td>Simulation</td>
</tr>
<tr>
<td>Organizational Culture</td>
<td>Scorecards</td>
</tr>
<tr>
<td></td>
<td>Outcome measures</td>
</tr>
</tbody>
</table>
Takeaways

- No right answer
- Always going to be challenges
- Constant monitoring
- Start early (residency interview process)
- Network
Resources

- http://www.ihi.org/education/ihiopenschool/Pages/default.aspx
- http://www.uphs.upenn.edu/gme/educ_res/index.html
Questions
Questions

How do I get buy-in from administrative leaders at my institution?

How can I create continuity in resident engagement in QI and patient safety when my residents rotate at several participating sites?

What QI and patient safety activities should my residents be apart of to meet ACGME Requirements?
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PC Series
Thursday, December 10, 2015
12:00pm – 1:30pm EST

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