Strategies for Resident Engagement in Patient Safety and QI

Presented by:

PARTNERS IN MEDICAL EDUCATION, INC.

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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”

C.P.R IV.A.5.c).(4)

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)

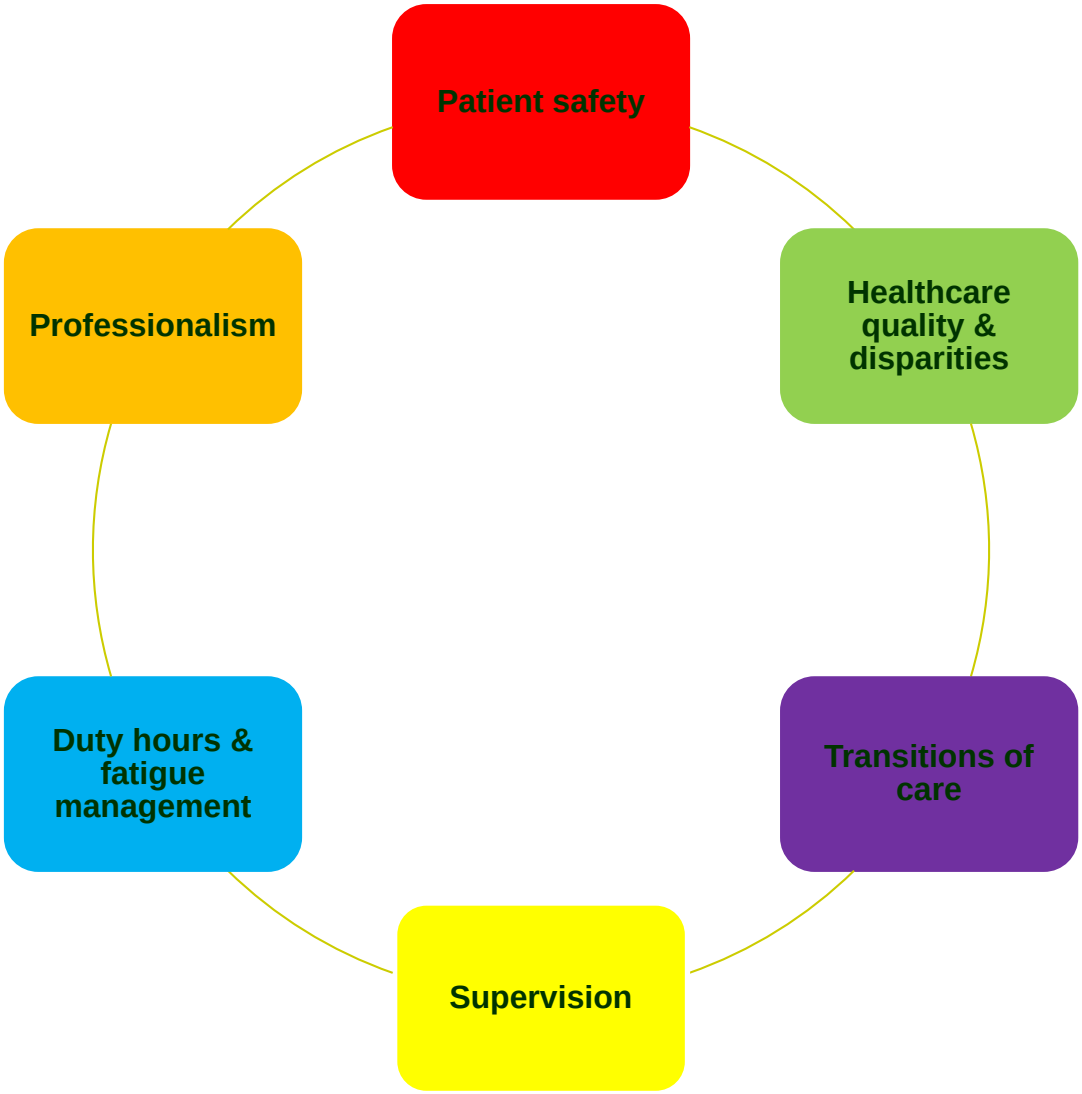
Residents are expected to:

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
Healthcare quality & disparities
Transitions of care
Supervision
Duty hours & fatigue management
Professionalism

CLER: Patient Safety

PS Pathway 1	Reporting of adverse events, close calls
PS Pathway 2	Education on patient safety
PS Pathway 3	Culture of safety
PS Pathway 4	Experience in patient safety investigations & follow-up
PS Pathway 5	Monitoring resident engagement in patient safety
PS Pathway 6	Monitoring faculty engagement in patient safety
PS Pathway 7	Education & experience in disclosure of events

CLER: Health Care Quality

HQ Pathway 1	Education on QI
HQ Pathway 2	Engagement in QI activities
HQ Pathway 3	Quality metric data
HQ Pathway 4	Engagement in planning for QI
HQ Pathway 5	Education on reducing health care disparities
HQ Pathway 6	Engagement in initiatives to address health care disparities

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.

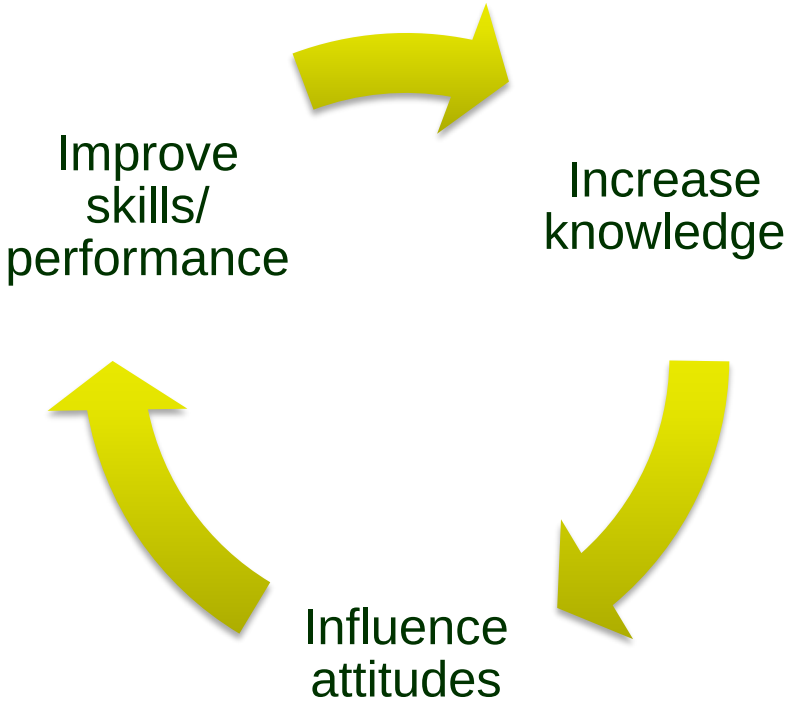
Can You Relate?

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



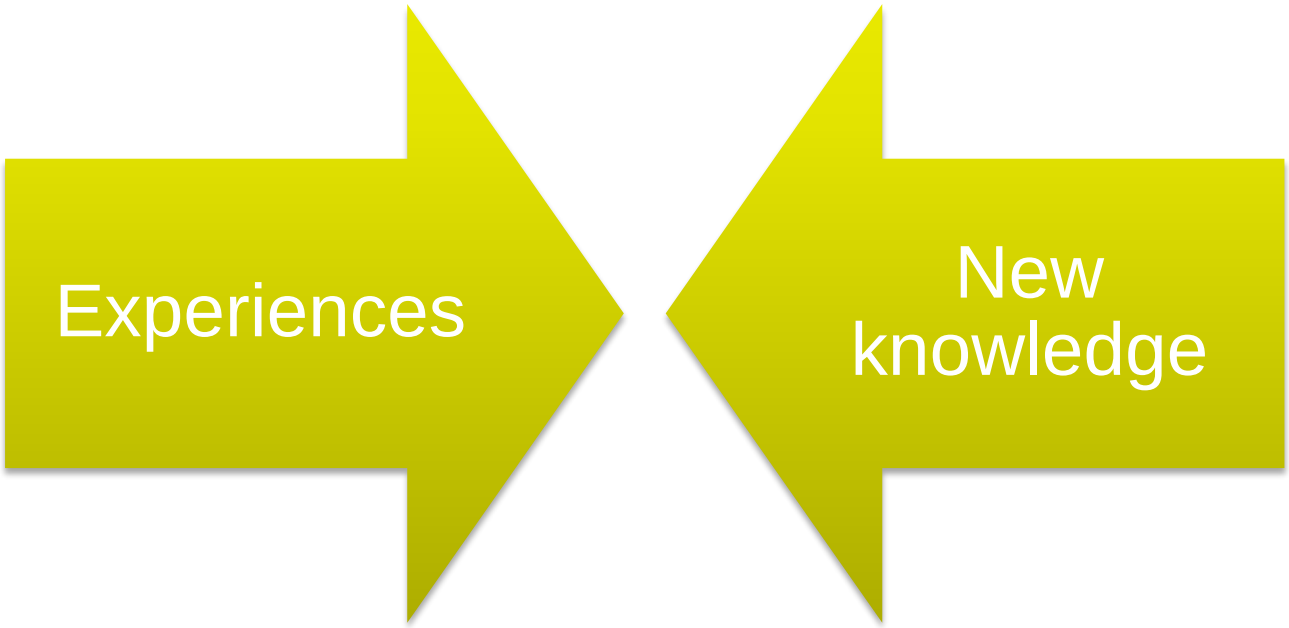
Adult Learning Principles

Adults are autonomous and self-directed

- Active participants in learning process
- Consider resident interests

Adult Learning Principles

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?

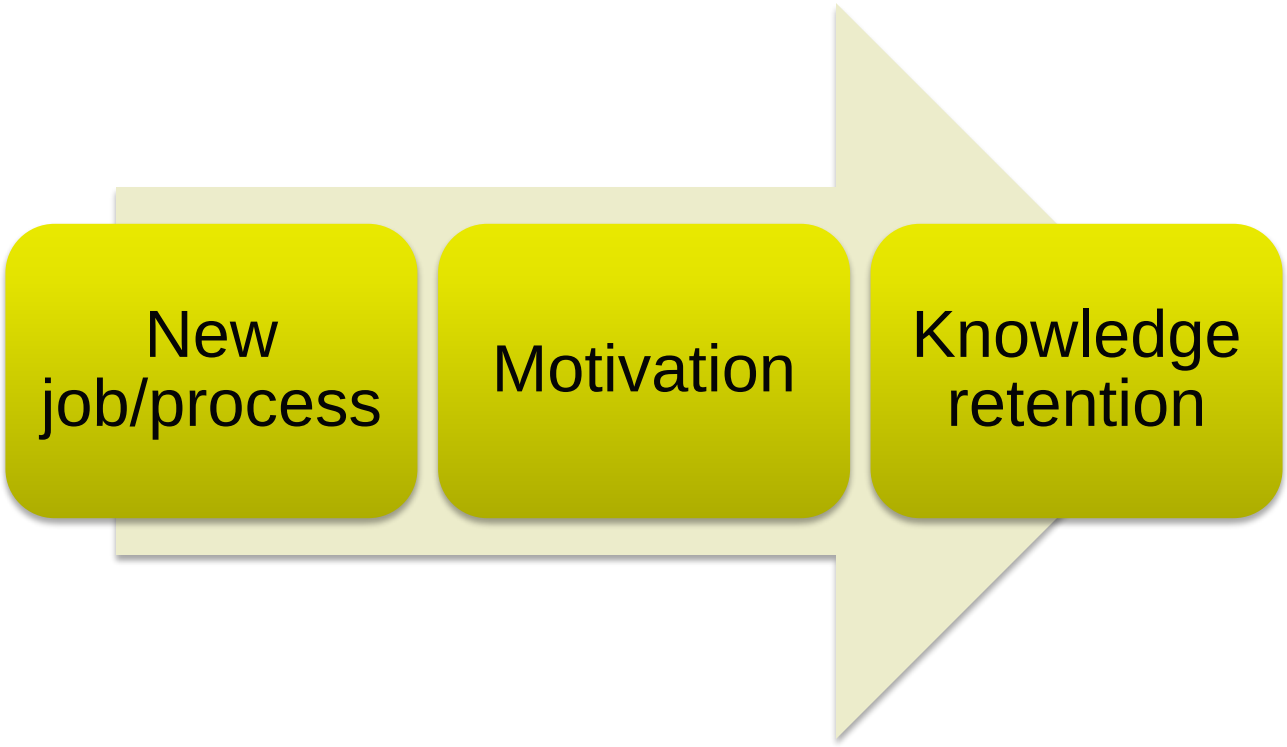
Adult Learning Principles

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

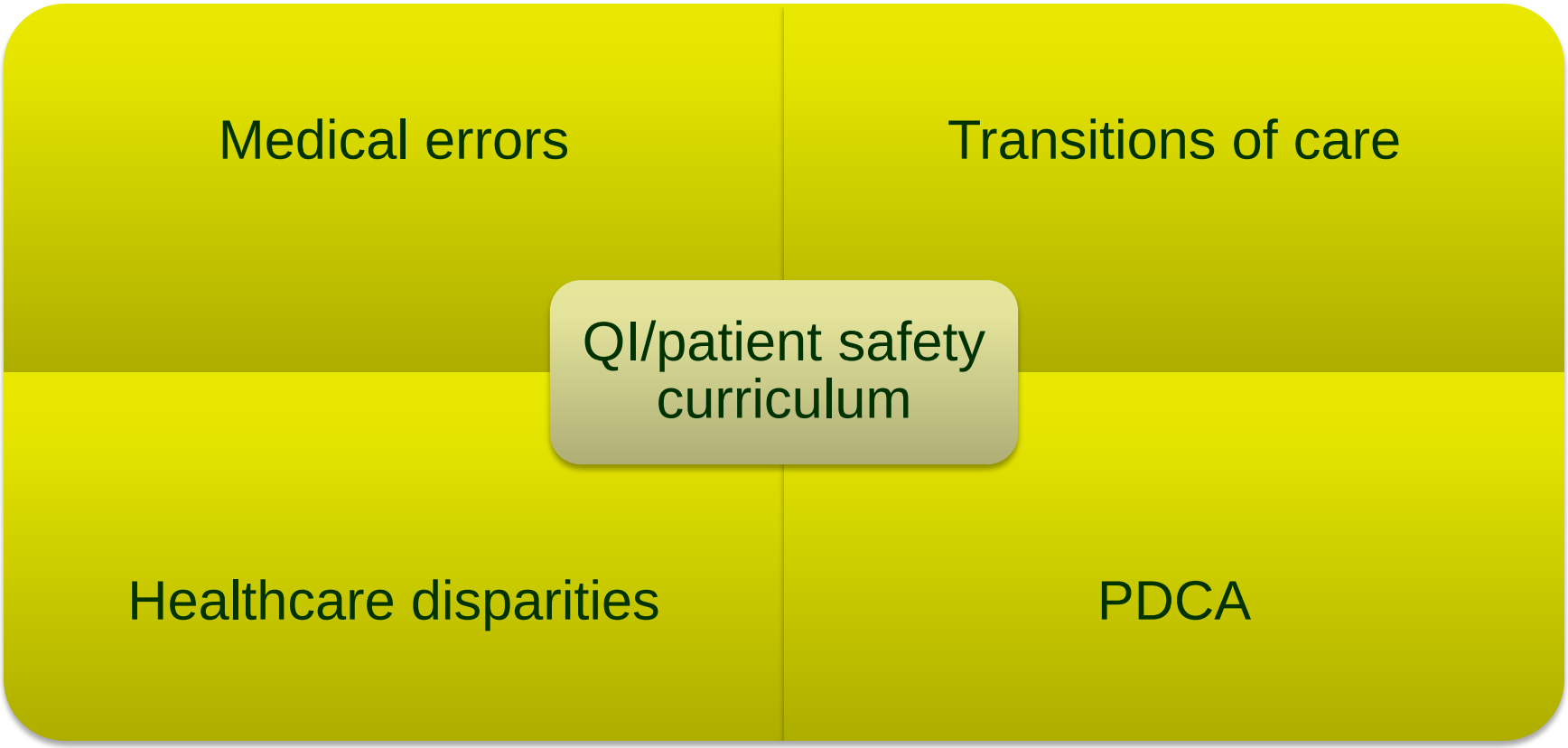
Adults have different learning styles

- 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



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

Outcome	Description	Example of Data Source
Learning	Degree to which residents state *what* or *how to do what* the activity intended them to know or know how to do	Quizzes
Competence	Degree to which residents show in an educational setting how to do what the activity intended them to be able to do	Simulation OSCE
Performance	Degree to which residents do what the activity intended them to be able to do in their practice	Observation in patient care setting EMR

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

IT/Informatics	Utilize technology to enhance patient care, support resident education & foster innovation amongst residents & staff. Patient care will be enhanced by optimizing the capabilities of our electronic medical system.
Asthma/COPD ProvenCare	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.
CME	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.
Customer Experience	Identify opportunities for improving the provider experience

Committees

Emergency Response Team	The Medical Evaluation Team (MET) will be initiated when there has been a change in a patient's condition. Evaluate SBAR tool and effectiveness.
Ethics	Maintain organizational behavior that is consistent with the organization's values. Strive to maintain excellent relations with customers and community. End of life discussions.
Health Care Acquired Infections	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.
Journal Club	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.

Committees

Patient Safety	Promote a safety-supportive culture & consistent application of evidence-based medicine. Analyze & identify trends from adverse-event reports. Support educational programs in patient safety. Implement safety initiatives as directed by nursing & medical leadership. Help spread “lessons learned” from adverse events, as well as successful initiatives, to other units/departments.
Pharmacy/Therapeutics	Authorize use of several therapeutic protocols that involve one or more medications. These protocols are reviewed at least annually, & adjusted to meet current standards & evidence-based medication practices.
Pneumonia	Aim to identify & 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.

Committees

Sepsis	NJ Sepsis Learning Action Collaborative: Develop hospital-wide severe sepsis screening tool. Implement hospital-wide severe sepsis treatment protocol. Improve compliance with the 3-hours bundle. Reduce severe sepsis/septic shock mortality.
Suicide PI Committee	Bring down suicide rate of our service area to 0.

Scorecards

GME Goals 2015 - 2016		PDCA Required	Review Action Plan	Target	Exceeds Target
		Q1	Q2	Q3	Q4
Best Quality	Mammography screening in clinic patients >50				
Best People & Workplace	Duty hours & fatigue mitigation				
Best Customer Experience	Communication w/ doctors (HCAHPS metric)				
Best Finance	Readmissions				
Best Growth	New clinic patients				

Faculty Engagement

- Faculty as role models
- Faculty development
- Incentives

Scholarly Activity

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

Barriers

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

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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