QUALITY IMPROVEMENT IN GME

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GOAL FOR TODAY

…just get you thinking in the right direction

ACGME CLER EXPECTATIONS

1. Education on Quality Improvement
2. Engagement in quality improvement activities
3. Receive data on quality metrics
4. Engagement in planning for quality improvement

EDUCATION – INITIATING A QUALITY IMPROVEMENT PROJECT

Ask yourself these questions…

1. How are we doing?
2. How do we know?
3. How can we do better?
4. How can we make it safer?

HOW ARE WE DOING?

CONNECT – QUALITY & SERVICE

CONNECT

- Emergency Response Codes
- Policies and Protocols
- Mission, Vision & Values
- Standards of Behavior
- Leadership
- Human Resources
- Training
- Health, Wellness & Rx Delivery
- Departments
- Safety Reports
- Quality & Service
  - Joint Commission
  - Patient Satisfaction
  - PI Plan
  - Resident Episode Report

Quality & Service

Quality & Service

Joint Commission

WVU Medicine is accredited by the Joint Commission. This accreditation is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. Learn more by visiting this website, which includes information that will help prepare you for the next site visit.

Patient Satisfaction

This site reports data from recent patient satisfaction surveys. WVU Medicine, along with its partner Press Ganey, surveys patients about their experience at our facilities. Press Ganey helps WVU Medicine collect and process the results of the surveys so that we can improve processes, quality and outcomes.

PI Plan

One of the ways WVU Medicine pursues excellence is through its annual Performance Improvement (PI) Plan. This site provides an overview of the plan; regular updates are also provided.

Resident Feedback

This site gives residents the opportunity to report mistreatment. It also provides the opportunity for faculty and staff to provide feedback on residents.

HOW DO WE KNOW?

BENCHMARKS & BENCHMARKING

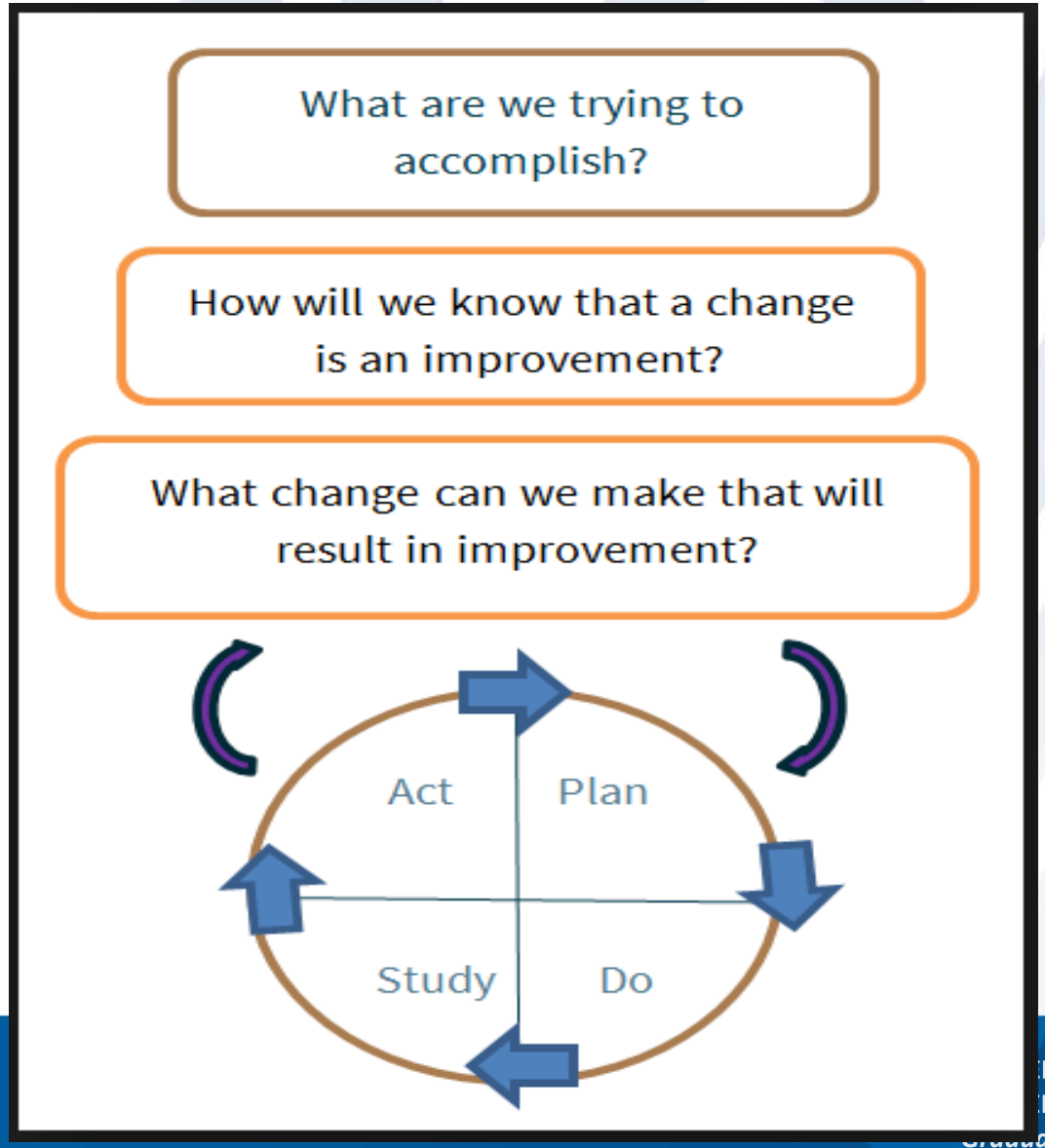
- **Benchmark** is a statistical measure against which to make a comparison

- **Benchmarking** entails measuring what you do against what others you respect are doing.

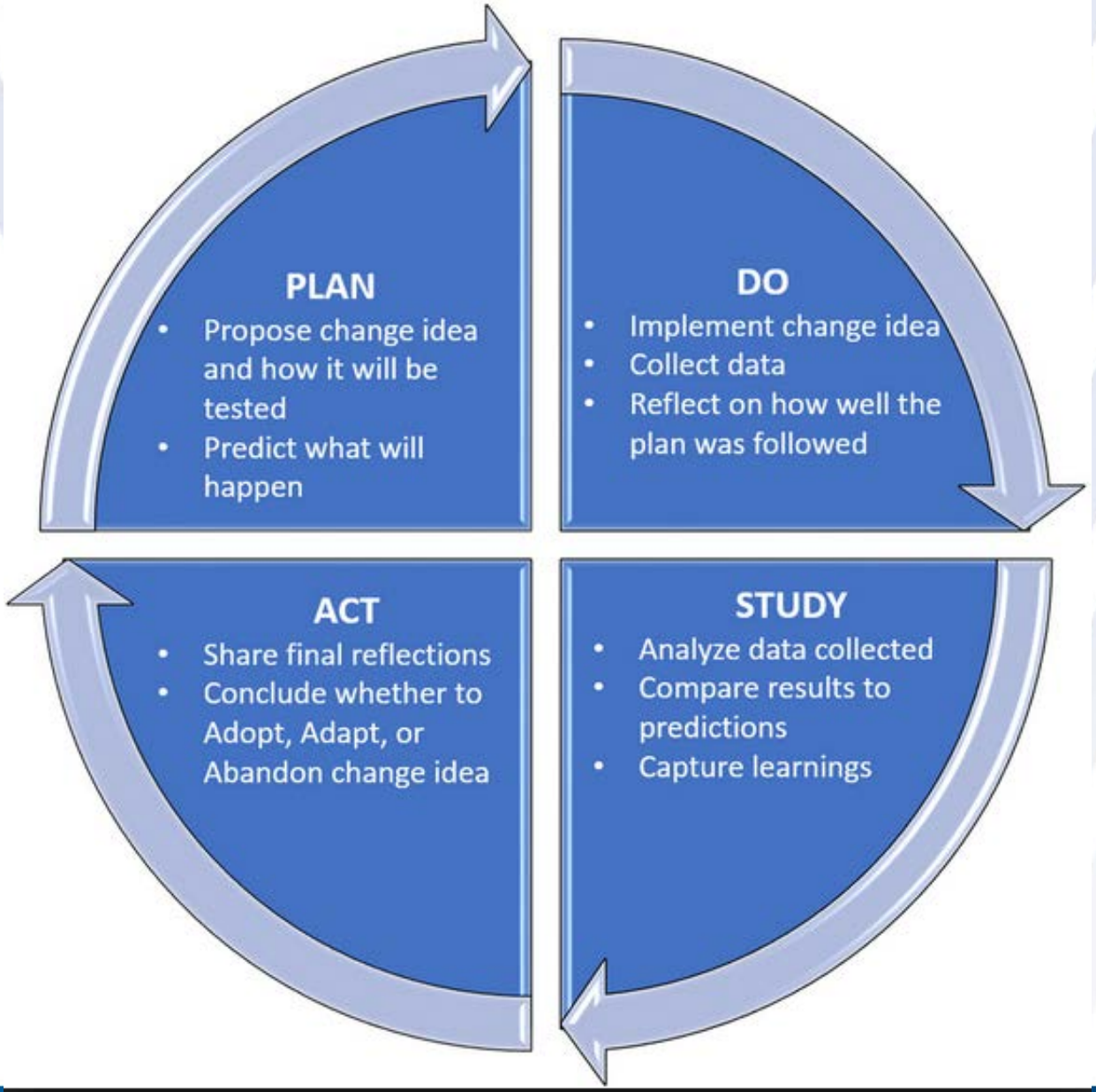
PUBLIC BENCHMARKING

HOW CAN WE DO BETTER?
HOW CAN WE MAKE IT SAFER?

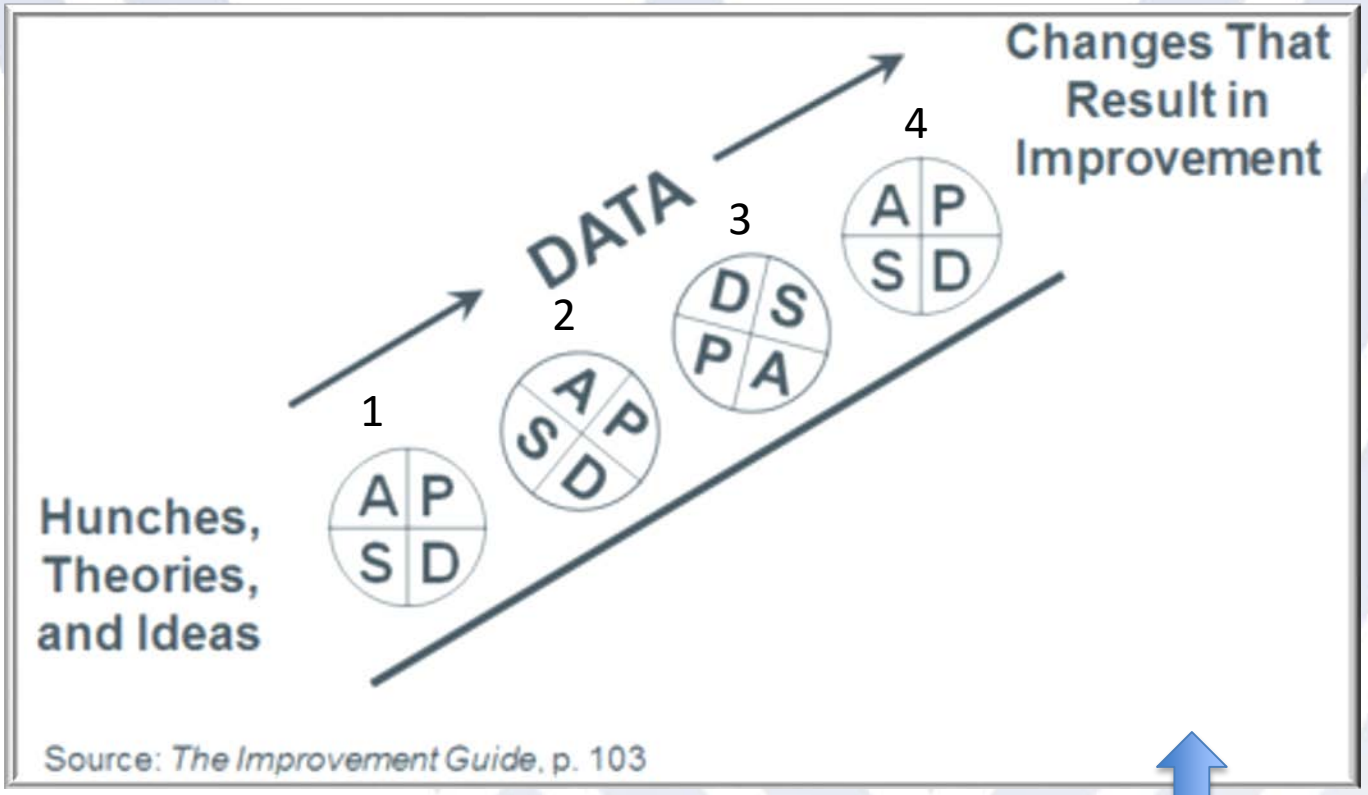
MODEL FOR IMPROVEMENT



PDSA CYCLES


PLAN
Propose change idea and how it will be tested
Predict what will happen
DO
Implement change idea
Collect data
Reflect on how well the plan was followed
STUDY
Analyze data collected
Compare results to predictions
Capture learnings
ACT
Share final reflections
Conclude whether to Adopt, Adapt, or Abandon change idea

Sequential Use of the PDSA Cycle



1. Use part of a protocol with a small group of patients & refine it.
2. Modify the protocol & use it with other patients.
3. Use the entire protocol with all patients.
4. Modify the protocol and make it standard practice.

HOW WILL WE KNOW A CHANGE IS AN IMPROVEMENT?

MEASUREMENTS

- **Outcome measures** – where are we ultimately trying to go?
- **Process measures** – are we doing the right things to get there?
- **Balancing measures** – are the changes we are making to one part of the system causing problems in other parts of the system?

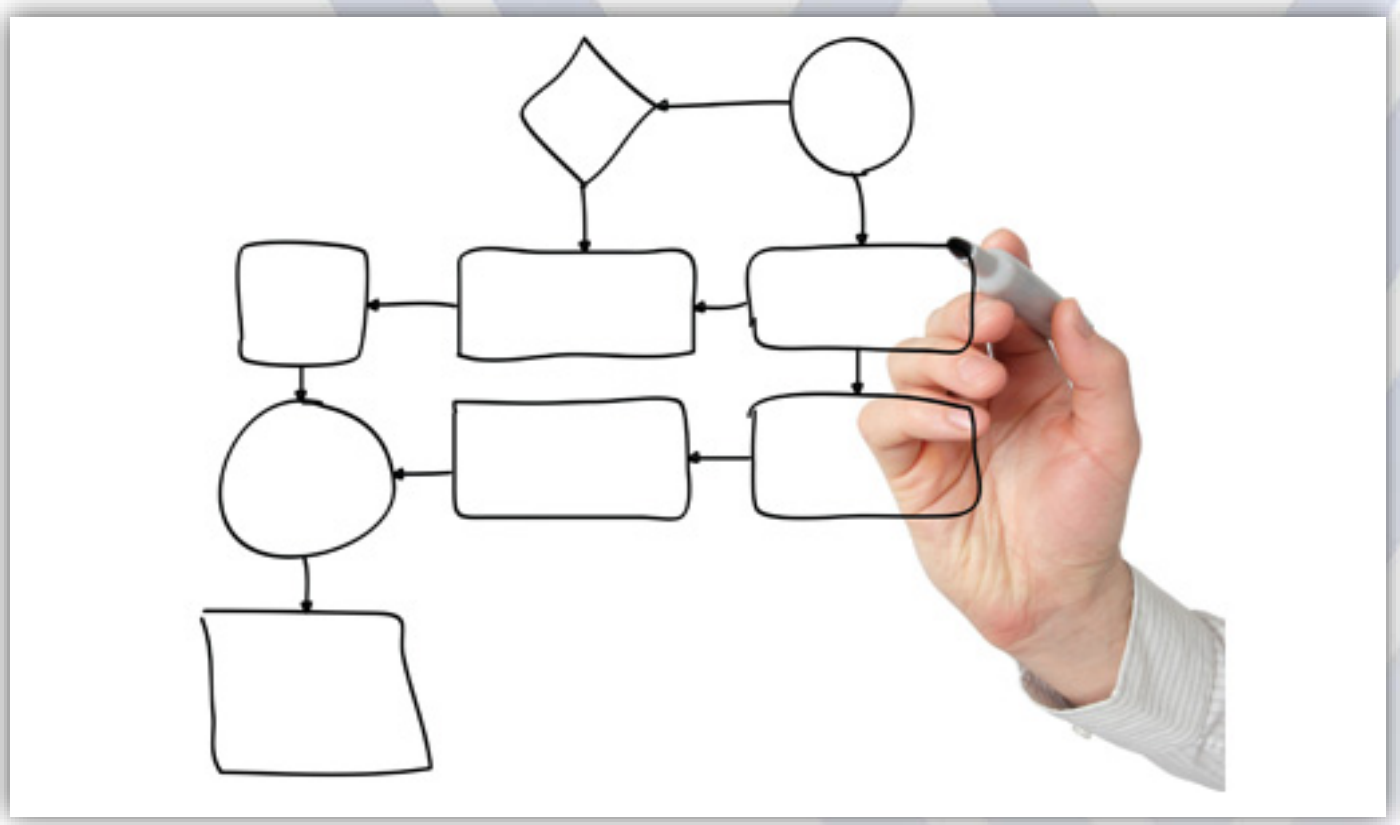
WHAT TO CHANGE?

"Insanity is doing the same thing over and over again and expecting different results."

Albert Einstein

Look locally…Process Mapping

PROCESS MAPPING

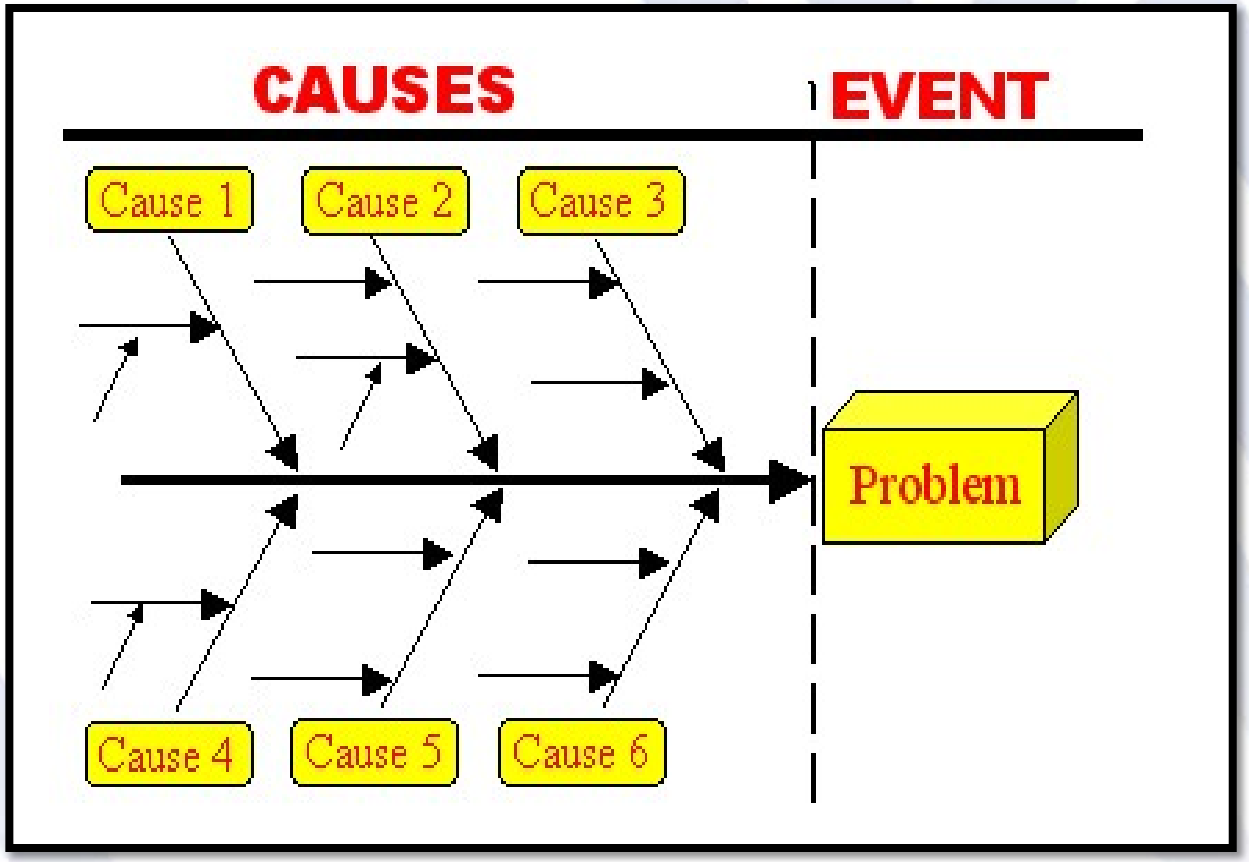


To improve a process, you must first define the steps involved in that process

BESIDES PDSA, WHAT OTHER METHODS CAN BE USED FOR QUALITY IMPROVEMENT?

FISHBONE DIAGRAM

Used when conducting Root Cause Analysis (RCA) investigations



During the Fishbone Diagram Analysis, causes are grouped into two categories:

1. External – (i.e. economy, weather, legislation) List them but do not spend much time – these causes are difficult or impossible to influence.
2. Internal – (i.e. scheduling, room allocation) these are causes you can influence

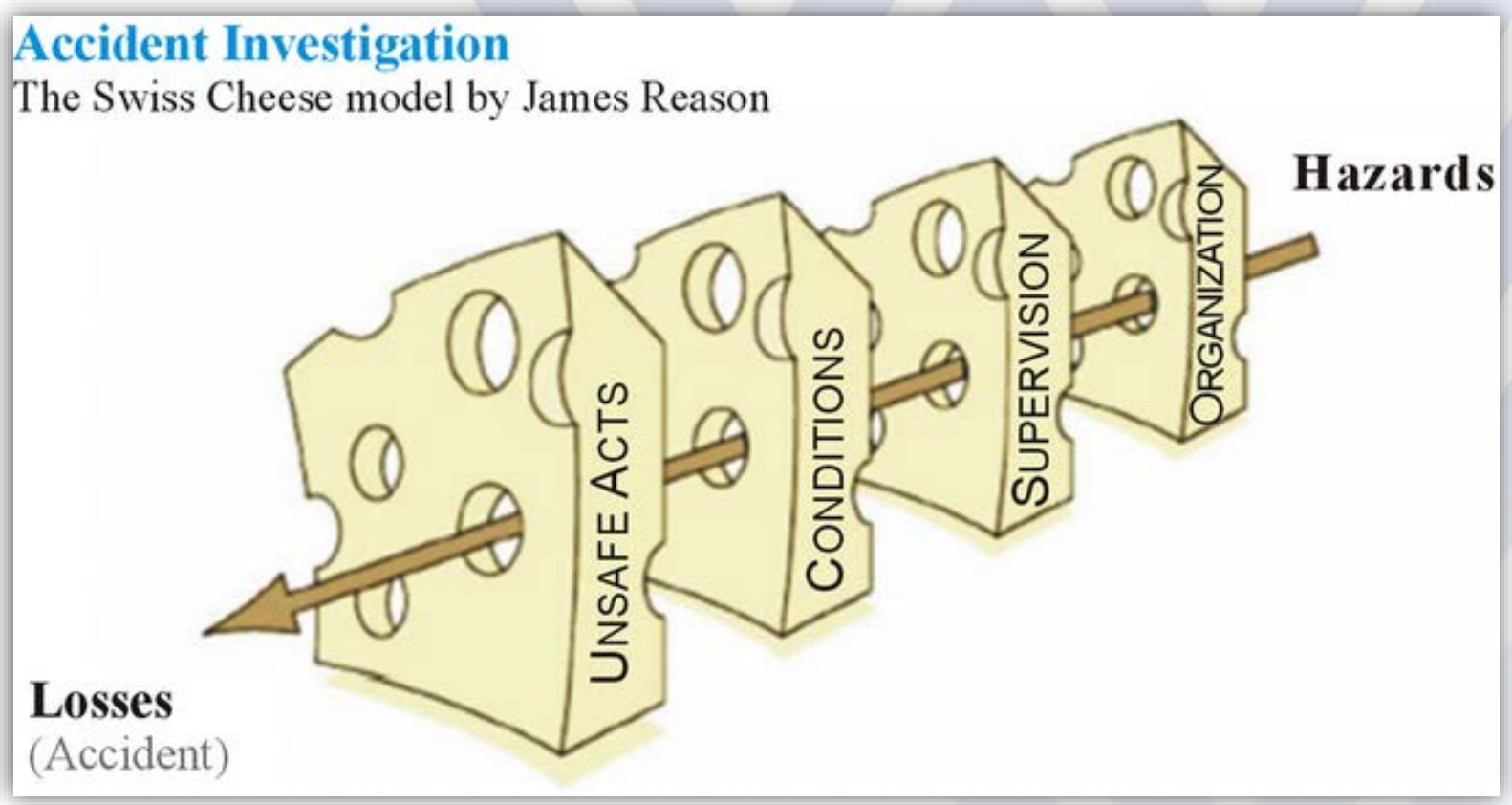
The author of the Fishbone Diagram is Kaoru Ishikawa

FISHBONE DIAGRAM STEPS

1. Clearly define the problem.
2. Brainstorm with your team to identify causes, both external & internal that contributed to the problem.
3. Practice the 5 Whys – speak with those involved –
    - Ask why
        - Listen to answer
    - Ask why
        - Listen to answer, Etc.
    - Each time you ask why, you come closer and closer to the root cause of the problem.

SWISS CHEESE MODEL – James Reason

Also used for Root Cause Analysis Investigations



SWISS CHEESE MODEL STEPS

1. The slices represent your organization's barrier systems – double checks, comprehensive H & Ps, etc.
2. The holes represent the holes in your organization's barrier systems – medications with similar labels, EHRs with difficult to find tools for pediatric medication calculations, etc.
3. As the group proceeds with labeling the model, problem "holes" will become apparent and may then be isolated for improvement.

LIFE CYCLE OF A QI PROJECT

- Innovation – coming up with new ideas for change
- Pilot – testing a change on a small scale
- Implementation – making the change the new standard process in a defined setting
- Spread – implementing the change in several settings

QUESTIONS?