Creating a Culture of Quality & Safety at Aurora Health Care

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Materials/Methods

THREE RESIDENCY PROGRAM QUALITY/SAFETY PROJECTS

1. Family Medicine – Medication Reconciliation in Primary Care Clinics
   • Fishbone analysis to identify and prioritize contributing factors to errors in Med Rec
   • Focus on achieving the goals of SunGCUF features by all providers
   • Creation of Med Rec Provider Workflow
   • (Re)Training and Pre-Post Quiz re: EPIC and Workflow

2. Internal Medicine - 30 Day Readmissions
   • Literature review to identify and select readmission risk tool (LACE): RAC tool for readmitted patients; Patient Perspective Questionnaire (PPQ)
   • Establish Workflow; develop training materials, training for team members
   • Mid-project survey regarding tool utilization and perception of impact + chart audit

3. Ob/Gyn – Operative Checklists in L&D
   • Literature review to identify and select checklists associated with quality care gaps
   • Delineate team member roles and workflow
   • Training faculty, residents, and students

RESIDENCY COUNCIL

• Define Residency Council roles related to Quality/Safety
• Curriculum: Review H! Modules to identify core requirements for all incoming residents
  o Recommend Shared Noon Conferences (a common core curriculum session for all residents/fellows) be structured to require application of principles

Results

THREE RESIDENCY PROGRAM QUALITY/SAFETY PROJECTS

1. All programs have completed ≥ 3 PDSA project cycle
2. All teams have disseminated results: 2 Local Posters; 2 State/National Platforms; 9 State/Regional Poster; 2 AAIMC “Poster Slam” Awards Platform presentations

RESIDENCY COUNCIL

• Established a Charter with roles/responsibilities for Q&S – approved by GMEC
• GMEC approved Residency Council recommended requirement: Residents and faculty complete 5 H! modules
• Co-sponsor GMEC wide Shared Noon Council – using Hand Hygiene as required quality/safety application project; RC reps are accountable for program participation

Success Factors & Lessons Learned

SUCCESS FACTORS

1. Recognition “How terrifying the safety issue is” and the ability to identify projects targeted to specific problems in our field of work
2. Teamwork: Active participation and involvement by dedicated interprofessional providers on all projects (medical students, residents, nurses, pharmacists)
3. Structure: ongoing regular meetings and communication with other professionals
4. Projects’ selection around a common theme/area so that the work can continue to evolve and benefit patients beyond the duration of any one resident

LESSONS LEARNED

1. Begin change with yourself; look only at what you can change (focus on the system/process); pilot work with a small engaged group before full roll out
2. Have an open mind, combine patient experience
3. Leadership & Participation: Have a leader and hold frequent, regularly scheduled meetings to ensure goals are met and meetings yield results.
4. Must have all key players, departments, disciplines actively involved and recognized

Barriers Encountered/Limitations

• LOGISTICS: Getting everyone at same meeting (competing schedules, duty hours)
• EMR: Variability in provider EMR training and competence; limited options for modifying EMR; multiple and distinct EMR views/communication by provider (e.g., RN, Pharmacists)
• Communication: Recognize that communication between providers and staff essential in change process; quickly revised strategy to routinely hold interdisciplinary meetings
• ACCOUNTABILITY: Limited accountability if providers choose not to participate; importance of sustained faculty champion(s)
• CULTURE CHANGE: Residents & Faculty now aware of requirements for quality/safety but engagement in teams/committees to initiate quality/safety an area for additional work

Conclusions & Next Steps

THREE RESIDENCY PROGRAM QUALITY/SAFETY PROJECTS

1. Family Medicine/Medication Reconciliation
   • Increased awareness from all providers regarding importance of having correct medical lists and importance of med-rec work flow has resulted in improved accuracy.
   • Next: Continue current safety projects to standardize care/improve outcomes by:
     o Reinforce workflow through Med Rec discussions at each clinic team meeting
     o Finalize a “staffing list” for use by attending physicians ‘to ensure that medications o Family Medicine safety metrics are reviewed
     o Expand team to include current PGCY ➔ continuity moving forward next year

2. Medicine “30-Day Readmission:
   • Awareness of the issue/changes in the discharge process/earlier mobilization of the challenging patients/creased and increased awareness of residents and patients at risk
   • Next: Continue readmission focus shifting to evidence driven interventions to re-readmissions
   o Complete chart audit and calibrate risk assessment tools to increase accuracy (LACE)
   o Implement interventions in identified high risk patients;
   o Continue early and ongoing multi-disciplinary work group including program directors/faculty and add junior physicians (interns, medical students)
   o Ensure project goals to assure continued alignment with health care system goals

3. Ob/Gyn “L&D Checklists:
   • Tremendous change in the culture and relationships among L&D caregivers & providers
   • Improved care quality via checklists & smart phrases created to standardize care
   • Next: Continue current safety projects to improve outcomes by
     o Educate new upcoming residents and staff into the workflow
     o Involve medical students into our daily workflow, safety groups, and projects

RESIDENCY COUNCIL

• Next: Sustain current roles and responsibilities as leadership transitions
  o Revise charter and seek protected time for resident Q&S leadership roles
  o H! Curriculum and shared noon council forum as a platform for Q&S principles
  o Support NI initiative

ALL NI: Internal/External Dissemination of our improving care “success stories”

Bibliography