Creating a Culture of Quality & Safety at Aurora Health Care

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Overall Goal/Abstract

AIM: To pilot an approach/model that integrates and aligns AHC priorities (Quality & Safety) its existing committees (Quality Committee/Council, CPC) and metrics with ACGME requirements (CLER, Common Requirements)

OBJECTIVES
1. Create a Steering Committee responsible for overall project framing and achievement of project aim and objectives.
2. Design the model to integrate key elements including:
   a. Utilize evidence-based approach
   b. Address Triple Health Care + AMC, Hospital priorities and Accreditation (ACGME- Common Requirements, Milestones and CLER) requirements
3. Obtain buy in and commitment regarding the model and implementation in additional programs from Resident Council and GMEC
4. Actively engage residents and faculty in 3 programs to pilot the model in Interdisciplinary team approach
5. Disseminate results internally and broadly in peer reviewed scholarly forums.

Background: Multi-Pronged Strategy

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 Medication Reconciliation 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): RCA 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 IMI Modules to identify core requirements for all incoming residents
- Recommend Shared Noon Conferences (a common core curriculum session for all residents/fellows) be structured to require application of principles

Materials/Methods

THREE RESIDENCY PROGRAM QUALITY/SAFETY PROJECTS
1. All programs have completed 1 PDSA project per cycle
2. All teams have disseminated results:
   a. Local Posters
   b. State/National Platforms: 9 State/National Poster; 2 AAIMC "Poster Slam" Awards Platform presentations

RESIDENCY COUNCIL
1. Established a Charter with roles/responsibilities for Q&S – approved by GMEC
2. GMEC approved Residency Council recommended requirements: Residents and faculty complete 5 IM modules
3. Co-sponsor GMEC wide Shared Noon Conference – using Hand Hygiene as required quality/safety application project, RC reps are accountable for program participation

Success Factors & Lessons Learned

SUCCESS FACTORS
- RECOGNITION: "How terrifying the safety issue is" and the ability to identify projects related to specific problems in our field of work
- TEAMWORK: Active participation and involvement by dedicated interprofessional providers on all projects (medical students, residents, nurses, pharmacists)
- STRUCTURE: Regular meetings and communication with other professionals
- PROJECTS: Selection around a common theme so that the work can continue to evolve and benefit patients beyond the duration of any one resident

LESSONS LEARNED
- 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
- Have an open mind, combine patient experience
- Leadership & Participation: Have a leader and hold frequent, regularly scheduled meetings to ensure goals are met and meetings yield results.
- Must have all key players, departments, disciplines actively involved and recognized

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 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 are filled
   - Family Medicine quality metrics are reviewed
   - Expand template to include current PGY1 → continue moving forward next year
2. Medicine 30-Day Readmission
   - Awareness of the issue/changes in the discharge process/earlier mobilization of patients in challenging patients/Incradible accuracy to identify patients at risk
   - Next: Continue readmission focus shifting to evidence driven interventions to reduce readmits
     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 on-going multi-disciplinary work group including program directors/faculty and add junior physicians (interns, medical students)
   - Residency 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 processes by:
     o Educate new incoming 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
- Revise charter and seek protected time for resident Q&S leadership roles
- HH Curriculum and shared noon council as forum for application Q&S principles
- Support NV initiative

Bibliography


Vision Statement

VISION: Our residency programs will be models for a QUALITY AND SAFETY CULTURE that aligns with our health care system priorities to place the patient’s health and well being first and foremost.

GUIDING PRINCIPLES:
- Educational initiatives will be focused on:
  - Quality and safety principles
  - Deliberate Practice, changing principles to address quality/safety gaps
- Quality and Safety projects will be data driven, aligned with patient needs and health care system priorities, and sustainable

Barrier Countermeasures/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, Physicians, Pharmacists); difficulty obtaining/accessing EMR data for PDSA rapid cycle improvement
- COMMUNICATION: Recognition that communication between providers and staff essential in change process; quickly revised strategy to routinely hold interdisciplinary meetings
- ACCREDITATION: 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

NATIONAL INITIATIVE

Aurora Health Care