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) with the existing committees (Quality Committee/Council, CEC) 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 + AHC, 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
- Family Medicine, Internal Medicine, Ob/Gyn
- Create a work team that includes: residents (senior as leaders; juniors for sustainability), a senior faculty member in the program, a non-physician health professional, a quality/safety/operations resource, and education resource
- Appoint resident leaders to serve on NI-IV Steering Committee and represent program at NI-IV meetings/activities
- Apply systematic PSDA process and report findings

ENGAGE RESIDENCY COUNCIL
- Focus on curriculum standardization across programs to maximize resident/fellow engagement
- RC members communicate and engage residents & programs in culture change focused on Patient Safety and Quality
- RC members serve as triggers and accountable for programs specific improvement projects and overall GME system change

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 accurate and timely identification of CUMVEC 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 HI Modules to identify care 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

Results

THREE RESIDENCY PROGRAM QUALITY/SAFETY PROJECTS
1. All programs have completed ≥ 1 PSDA project cycle
2. All teams have disseminated results: 2 Local Posters; 2 State/National Platforms; 9 State/National Poster; 2 AIAAA "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 ≥ 3 HI 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
- RECONNECTION “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 interdisciplinary providers on all projects (medical students, residents, nurses, pharmacists)
- STRUCTURE: Regular meetings and communication with other professionals
- PROJECT(S) 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
- 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’s 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

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, Physicians, Pharmacists); difficulty obtaining/accessing EMR data for PSAO rapid cycle improvement
- COMMUNICATION: Recognition 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.
   - Nxt: Continue current safety projects to standardize care/improve outcomes by:
     - Reinforce workflow through Med Rec discussions at each clinic team meeting
     - Finalize a "staffing list" for use by attending physicians to ensure that medications families receive are appropriate
     - Family Medicine safety metrics are reviewed
     - Expand team to include current PGY1 strongly 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/increase and expand awareness of residents at risk
   - Next: Continue readmission focus shifting to evidence driven interventions to readmit patients:
     - Complete chart audit and calibrate risk assessment tools to increase accuracy (LACE)
     - Implement interventions identified high risk patients;
     - 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 caregiver & providers
   - Improved care quality via checklists & smart phrases created to standardize care
   - Continue current safety project to improve outcomes by:
     - Educate new incoming residents and staff into the workflow
     - Involve medical students into our daily workflow, safety goals, and projects.

RESIDENCY COUNCIL
- Nxt: Sustain current roles and responsibilities as leadership transitions
- Nxt: Charter and seek protected time for resident Q&S leadership roles
- HI Curriculum and shared noon council forum as open for participation Q&S principles
- Support NI-IV initiative

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

Bibliography