ADVANCES IN GME Q&S

The next generation of systems-based practice

Glenn Rosenbluth, MD
Director, Quality and Safety Programs, GME
New Common Program Requirements

Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques. It is necessary for residents and faculty members to consistently work in a manner with other health care professionals to achieve institutional goals. (Core)

Residents must participate as team members in real and/or simulated interprofessional clinical site-sponsored patient safety activities, such as root cause analyses or other activities that include an analysis, as well as formulation and implementation of actions. (Core)

Residents and faculty members must receive training and experience in quality improvement processes, including an understanding of health care disparities. (Core)

Residents must have the opportunity to participate in interprofessional quality improvement activities, including activities aimed at reducing health care disparities. (Core)

Residents and faculty members should receive specialty-specific data on quality metrics and benchmarks related to their patient populations. (Detail)
Resident and Fellow QI Engagement

- **Goal:** Meaningfully engage residents and fellows in Quality Improvement projects aligned with UCSF Health’s True North pillars
  - Secondary goal: Create a cadre of QI leaders
- **ACGME Pursuing Excellence grant**
  - UCSF Incentive Program
  - UBLT’s
  - Focused program engagement
  - Lean training
Philosophy of Lean

**ENABLING** and empowering **PEOPLE**

who *do* the work to *improve* the work

in order to create **VALUE** for the customer
UCSF Health Way

**GOAL** “...create a culture of Continuous Process Improvement and Lean...”

- Sets True North strategic priorities for the organization
- Establishes a standard for communication and management
- Provides a visible way to see and measure performance
- Creates a consistent way to problem solve
True North
Tools for Improvement

MAP

5S

MISTAKE PROOF

STANDARDIZE
Active Daily Engagement
Engagement
Define the Current State

- How do you know there is a problem?
- What facts or data define the problem?
- What is going on right now?
Lean paired with “A3 thinking”

<table>
<thead>
<tr>
<th>Title:</th>
<th>Sponsor:</th>
<th>Owner:</th>
<th>Coach:</th>
<th>Revision:</th>
<th>Last update:</th>
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</thead>
<tbody>
<tr>
<td>Team:</td>
<td></td>
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</tr>
</tbody>
</table>

1. **Background**: What problem are you talking about and why?

2. **Current Conditions**: Where do things stand now?

3. **Target Conditions (Goals)**: What specific outcome is desired?

4. **Gap Analysis**: Why does the problem exist?

5. **Experiments**: What countermeasures do you propose and why?

6. **Action Plan**: How will you implement?

7. **Study, Reflect, Plan Next Steps**: How will you assure ongoing PDCA?
## CLINICAL REASONING PROCESS (A3 Thinking)

### Name of Patient:

### History

- **Chief Complaint**
- **History of Present Illness**
- **Past Medical & Surgical History**
- **Medications and Allergies**
- **Family and Social History**
- **Review of Systems**

### Physical Exam

- **General Appearance, Vital Signs**
- **HEENT**
- **Heart & Lungs**
- **Abdomen**
- **Extremities**
- **Neuro**

### Impression - Diagnoses

1.
2.
3.

### Plans

- **Diagnostic:**
  1, 2, 3,

- **Treatment:**
  1, 2, 3,

### Follow-up

- **Return visit:**
Alignment with Incentive Program

- New expectations in choosing projects
  - Talk to unit- and dept-based leaders
  - Look at the True North Boards and Scorecards
- Application is an A3
  - Review with QI leader
  - Submit electronically as an A3
- Committee review
  - Achievable? Aligned? Team-based?
ResiDash

Resident and Fellow Dashboard
Overarching goal

Provide learners with meaningful data about their clinical experiences.
Need to share data with learners

- ACGME annual survey:
  - “Provided feedback about practice habits”
- Clinical Learning Environments Review (CLER) puts increased emphasis on QI

**HQ Pathway 3: Residents/fellows receive data on quality metrics**

Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.

**Properties include:**

- Residents/fellows receive, from the clinical site, specialty-specific data on quality metrics and benchmarks related to their patient populations.
  
  The focus will be on the proportion of residents/fellows receiving patient data, and on the level of data specificity (e.g., aggregated clinical site data versus data specific to a resident’s/fellow’s patient population).
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HQ Pathway 3: Residents/fellows receive data on quality metrics
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Need to share data with learners

- ACGME annual survey:
  - “Provided feedback about practice habits”
- Clinical Learning Environments Review (CLER) puts increased emphasis on QI
- Many programs already have to provide logs
- It just makes sense
  - APeX has a wealth of data that we should be sharing with our learners
Goal: Provide learners with meaningful data about their clinical experiences

- Measures of volume
  - Inpatient, outpatient, procedures
  - Demographics
- Alignment with hospital metrics
  - Discharge before noon, Medical Records
- Quality Data
  - Influenza, Patient Satisfaction
Why a dashboard?

- Established format within UCSF Health
  - DishDash, QualDash, ExperienceDash, PracticeMetrics
- Minimal tech knowledge needed to use
- Lots of data pulled from existing dashboards
  - Minimal reformatting
  - Business Intelligence already supports
- Export to Excel
### CLINICAL EXPERIENCE

#### PROGRAM TOTALS

RESULTS FROM 11/1/16 TO 11/8/16

<table>
<thead>
<tr>
<th>Hospital Patient Volume</th>
<th>Outpatient Volume</th>
<th>Operative Procedures</th>
<th>Non-Op Procedures</th>
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</thead>
<tbody>
<tr>
<td>1,923</td>
<td>2,508</td>
<td>713</td>
<td>219</td>
</tr>
</tbody>
</table>

#### FOR SELECTED DATES

RESULTS FROM 11/1/16 TO 11/8/16

<table>
<thead>
<tr>
<th>Day</th>
<th>Inpatient</th>
<th>Outpatient</th>
<th>Surgery</th>
</tr>
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<tr>
<td></td>
<td>Hospital Patient Volumes</td>
<td>Outpatient Visit Volumes</td>
<td>Operative Procedures</td>
</tr>
<tr>
<td></td>
<td>1,923</td>
<td>2,508</td>
<td>713</td>
</tr>
<tr>
<td></td>
<td>Discharges &lt; Noon Goal 20%</td>
<td>Open Encounters</td>
<td>Non-Operative Procedures</td>
</tr>
<tr>
<td></td>
<td>18.6%</td>
<td>259</td>
<td>219</td>
</tr>
<tr>
<td></td>
<td>IP Flu % Compliance Goal 100%</td>
<td>Encounters Closed &lt;= 7 Days Target 97%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>95.3%</td>
<td>86.2%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>48 Hrs D/C Summary Completion</td>
<td></td>
<td>CGCAHPS: Physician Comm Quality Overall Goal 90.7%</td>
</tr>
<tr>
<td></td>
<td>98.2%</td>
<td></td>
<td>CGCAHPS: See Provider within 15 Min of Appt</td>
</tr>
</tbody>
</table>

**Program Name:** Abdominal Imaging, Fellowship, Non-A Adolescent Medicine, Fellowship, ACG Adult R25 Neurology Fellowship, Non-F Advanced Cogenital Cardiology, Fellow Advanced Echocardiography, Fellow

**Resident / Fellow:**

**Service:** *Unspecified, Adolescent Medicine, Advanced Lung Disease, Allergy, Breast Surgery*
OPERATIVE PROCEDURE VOLUME

Where OpTime surgical panel documentation included a Resident

Operative Procedure Volume Trend Nov 2015 to Nov 2016

Operative Procedure Volume by OR Procedure (nulls removed)

Operative Procedure Details

Resident / Fellow

Service

*Unspecified
Adolescent Medicine
Advanced Lung Disease
Allergy
Breast Surgery

Primary Dx Code
Primary Dx
Patient Age
Race
Ethnicity

*Unspecified
*Unspecified
*Unspecified
*Unspecified
*Unspecified
*Unspecified
*Unspecified
*Unspecified
*Unspecified

Next steps for Residash

- **Educational**
  - Focus groups with residents and faculty
  - Develop self-directed learning activities

- **Technical**
  - Expand offerings within the dashboard
  - Consider new formats
    - Push data out to residents
    - Scheduled reports
Additional resources…

- GME Quality and Safety Toolkit
**Upcoming Events:**

- UCSD GME Quality Improvement & Patient Safety Toolkit
  - This new toolkit has many resources which may be useful to faculty designing QI/PS curricula, as well as residents and fellows looking to do independent learning. If you have resources to contribute, please send them to glenn.rosenbluth@ucsf.edu.

- UCSF to Train Residents in Lean Management and Process Improvement
  - UC San Francisco will train medical residents and fellows in Lean management principles, as part of a broader institutional commitment to continuous quality improvement.

- UCSF Excellence and Innovation in Graduate Medical Education Awards

**Announcements:**

- Of Interest:
  - From the Associate Dean
  - From the UCSF Medical Center
  - Housestaff Information Booklet
  - Training Verifications
  - Training Programs
  - GME Grand Rounds
  - The Residents' Report
  - Housestaff Incentive Program
  - Diversity in GME
  - New Resident and Clinical Fellow Orientation
  - GME Publications
GME Program Director Tool Kit

Welcome to the GME Toolkit for Quality Improvement and Patient Safety.

Open all ▶ Close all

Instructions: Clicking on the section name will show / hide the section.

Understanding and Improving Systems

CPI 101 Modules UCSF Health has created a series of 15-minute modules describing basic concepts in Continuous Performance Improvement, contextualized for UCSF, online via the UCSF Learning Management System to allow tracking of completion.

- Intro: Overview of CPI at UCSF
- CPI 101: Module 1, An Overview of Continuous Process Improvement at UCSF
- CPI 101: Module 2, An Introduction to Quality Improvement
- CPI 101: Module 3, Patient Safety
- CPI 101: Module 4, Patient Experience (coming soon)
- CPI 101: Module 5, An Introduction to Healthcare Value

Core Principles of Quality Improvement and Patient Safety

A nice summary review article from Pediatrics in Review.

Institute for Healthcare Improvement (IHI) The IHI Open School has a large curriculum of online modules. All UCSF learners, faculty, and staff can register online.

The following "Cliff Notes" were created by Laura Rubinstein MD for UCSF Bridges Coaches Manual:

- IHI QI 101: Fundamentals of Improvement (Cliff Notes)
- IHI QI 102: Model for Improvement (Cliff Notes)
- IHI QI 103: Measures for Improvement (Cliff Notes)
- IHI QI 104: Lifecycle of Quality Improvement (Cliff Notes)

Tools from the Institute for Healthcare Improvement (all UCSF faculty and learners can register at the IHI site for free)

- Cause-and-Effect (fishbone) Diagram
Additional resources…

- GME Quality and Safety Toolkit
- Lean training
  - Menu of workshop-style offerings
  - Unit-based, Service-based, Med Center-based
- GME College (Erick Hung)
- Works
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New opportunities

- Quality improvement
- Patient safety
- Healthcare disparities
- Data sharing
Questions?