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Obstacles and Challenges to Implementing Multi-departmental QI at a Large, Academic Training Center-Lessons Learned from a HCV Screening Program

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We aimed to double the HCV screening rate of ‘baby-boomers’ admitted to the medical teaching service at Methodist Hospital over the course of 6 months and demonstrate improved linkage to care for HCV RNA+ individuals.

Initial efforts were a collaboration between Emergency Medicine, where faculty had experience implementing an HIV screening program, and Gastroenterology, a key stakeholder in linkage to care. Our pilot period coincided with new state regulations mandating that hospitals implement HCV screening for inpatients. These new regulations dramatically altered the scope and goals of the project.

Over 4 months we observed that HCV screening rates more than doubled. High rates seem to be sustained despite rotation of house staff.

The full success of the program will be contingent upon the ability to link patients to follow-up care and maintain resident awareness of their role in screening.

REFERENCES


Challenges

Despite observed success in improving screening rates at MHD, our team faced a number of challenges common at academic medical centers:

- Projects with institutional imperative, for example state law or reimbursement consequences, must progress irrespective of housestaff effort. Intermittent engagement by residents can frustrate mentors who have to meet external deadlines. Conversely, in this setting residents may not be empowered to make key decisions about project implementation.
- Fragmentation of house staff schedules makes resident leadership of QI projects difficult. Faculty mentors are similarly busy, leading to frequent starts/stops on projects.
- Clinical rotation schedules create a constant process of “onboarding” such that most interventions never move past education. Residents often lack the authority to create more substantial interventions that might require changes in staffing, interprofessional practice, or EHR functionality.
- Interventions involving novel team members, in our case the HCV linkage coordinator, create unique challenges. While interprofessional practice and effective task delegation strengthen clinical processes, it is more difficult than expected to train residents to effectively utilize and incorporate a new role.

Solutions & Future Directions

In order to improve the experience of residents on QI projects and target more ambitious learning goals we must:

- Create protected time in resident and faculty schedules for QI work
- Invest in faculty development and standardize foundational learning across the professional continuum

We believe the HCV screening initiative would benefit from:

- Novel approaches to interdisciplinary rounding structure
- Increased flexibility in development and roll-out of Information Technology (IT) solutions
- Institutional commitment to ‘pilot’ selected interventions and ensure their feasibility and success prior to broader roll-out

Alignment means obliterating silos on all levels:

- An institutional QI board or forum could help foster connections between departments for more effective broad-based QI, and could also improve mentoring, resource sharing, and team coordination.