A Quiz

• I am comfortable going to any healthcare provider or hospital anywhere in the country.

• I am comfortable going to any healthcare provider or hospital in my city/town.

• I am comfortable going to my hospital or any healthcare provider in my institution.
QUESTION: Should you consider yourself a high quality physician if you train in a healthcare system that is not systematically trying to improve the value of care it provides?

– Larry Casalino

Yes  What?!

No
The “Good Doctor”

Past
- Encyclopedic Knowledge
- Independent
- Always Available
- Master of Rescue Care

Present
- Solid Fund of Knowledge
- Gatherer of Information
- Team Player
- Embrace Quality, Safety, & Public Reporting
- Evidence-based
- Patient-centered

How Do We Get There? What Do We Value & Teach?

- Continual pursuit of safety in healthcare
- Honesty, openness, transparency and disclosure
- Continual reduction in waste
- Patient-centeredness in all things
- Teamwork & accountability across disciplinary lines
- Commitments to recognize and address anomalies in professional behavior
- Awareness of economics, healthcare costs, and social stewardship

*Berwick and Finkelstein, Acad Med, 2010*
Quality & Patient Safety

Graduate Medical Education

Finally Coming Together
Jennifer S. Myers MD
December 5, 2014
ACGME introduces a competency framework for residency training; understanding systems are now part of the required curriculum.

ACGME introduces New Duty Hour Requirements with more quality and safety training expectations.

ACGME Next Accreditation System

IOM commissions a report on GME and safety.

IOM Report on GME Funding
A Call to Action

Percent of Residency Programs Teaching the Following Topics; National Sample

- Patient Safety
- Quality Improvement
- Inpatient Handoffs
- Discharge Transitions
- High Value Cost Conscious Care

QSEA 2012
QSEA 2013
QSEA 2014
Penn is Not That Much Better!
Barriers:

• Hidden Curriculum
• Lack of faculty expertise & buy-in
• Time
• Change
• “QI” can be seen as a bad word

Incentives:

• Public opinion
• External Regulations
• GME funding
• OUR PATIENTS
“…graduate medical education must include training and active participation in quality and safety initiatives by every resident physician”.

Dr. Tom Nasca; JAMA

ACGME has the aspirational goal of demonstrating to the public that America’s teaching hospitals and institutions are safe and of high quality.
MILESTONES:
Demonstrate Competency in Quality & Safety

Clinical Learning Environment Review Program:
Engage Residents & Faculty in Institutional Quality & Safety Efforts
Milestones for Quality & Safety

**Patient Care**
- Ready for unsupervised practice
  - Acquires accurate histories from patients in an efficient, prioritized, and hypothesis-driven fashion
  - Performs accurate physical exams that are targeted to the patient’s complaints
  - Synthesizes data to generate a

**PBLI (QI)**
- Ready for unsupervised practice
  - Analyzes own clinical performance data and actively works to improve performance
  - Actively engages in quality improvement initiatives

**SBP (Safety)**
- Ready for unsupervised practice
  - Identifies systemic causes of medical error and navigates them to provide safe patient care
  - Advocates for safe patient care and optimal patient care systems
  - Activates formal systems

“Ready for Unsupervised Practice”

- Reflects upon and learns from own critical incidents that may lead to medical error
- Develops advanced physical examination skills to minimize the need for further diagnostic testing
- Capably implements quality improvement to improve care for a panel of patients
Clinical Learning Environment Review Program (CLER)

Six Key Focus Areas for CLER:

1. Quality Improvement
2. Patient Safety
3. Handoffs & Transitions
4. Supervision
5. Professionalism
6. Duty Hours/Fatigue Management

Key Questions:

How engaged are the residents and fellows?

How integrated is the GME leadership and faculty in the hospital/medical center efforts across the six focus areas?
University of Pennsylvania Health System

- Tertiary care health system in Philadelphia (3 hospitals)
- 789 beds at our primary academic teaching hospital
- 78 accredited GME programs — 1147 housestaff
- Department of Clinical Effectiveness & Quality Improvement (CEQI)
- National reputation for quality and safety

Acknowledgements:
PJ Brennan MD; CMO
Jeffrey Berns MD; DIO
Pat Sullivan PhD; VP QI/PS
Neha Patel; MD MS
Lisa Bellini MD; Vice-Dean Faculty Affairs
Penn’s Blueprint for Quality & Patient Safety (2009)

### Penn Medicine Blueprint for Quality and Patient Safety

*Penn Medicine will eliminate preventable deaths and preventable 30-day readmissions by July 1, 2014*

<table>
<thead>
<tr>
<th>Imperatives</th>
<th>Priority Actions</th>
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<tbody>
<tr>
<td><strong>Accountability For Perfect Care</strong></td>
<td>◆ “Always” events - strive to provide perfect care</td>
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<td></td>
<td>◆ Implement clear lines of accountability that span inpatient and ambulatory environments</td>
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<td><strong>Patient And Family Centered Care</strong></td>
<td>◆ Provide consistent and thorough communication regarding plan of care</td>
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<td>◆ Increase patient and family involvement in UPHS forums and integrate patient feedback into clinical and service improvement efforts</td>
</tr>
<tr>
<td><strong>Transitions In Care/Coordination Of Care</strong></td>
<td>◆ Redesign clinical processes to ensure that patients and their information are safely transitioned from one setting of care to another</td>
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<tr>
<td><strong>Reducing Unnecessary Variations In Care</strong></td>
<td>◆ Eliminate variations in care processes where evidence exists</td>
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<td></td>
<td>◆ Balance conformity in practice with needs of personalized care</td>
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<td></td>
<td>◆ Improve the value of our health care processes and outcomes</td>
</tr>
<tr>
<td><strong>Provider Engagement, Leadership, And Advocacy</strong></td>
<td>◆ Strengthen organizational capacity and capability for continuous improvement</td>
</tr>
<tr>
<td></td>
<td>◆ Increase involvement of housestaff in quality, safety and service excellence efforts</td>
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Increase involvement of house staff in quality, safety and service excellence efforts
The Beginning of Our Story

Identifying & Engaging the Residents and Fellows Who Wanted to be Leaders and Change Agents for Healthcare Improvement

Rogers, Diffusion of Innovation Curve
Healthcare Leadership in Quality Track

- UBCL physician leaders
- Process improvement specialist
- Quality/safety leaders
- QI research mentors

- UBCL teams (Ambulatory, CICU, CCU, MICU, Founders 12/14, Oncology)
- IT (mobile health, clinical decision support)

Core Curriculum
- Didactics:
  - Year 1 (August 2014)
  - Year 2 (1 week)
  - Process Improvement In Action Training

Quality Improvement On the Front Line

Capstone QI Project
- QI Operation Project
- QI Research Project
- 2 years timeline
- Abstract (minimum requirement)

Mentorship
- UBCL physician leaders
- Process improvement specialist
- Quality/safety leaders
- QI research mentors

Established in 2009-2010
Housestaff & Advanced Practitioner Quality Council

A forum for QI “problem-solving” with residents from diverse departments

Connect health system quality priorities with resident/AP ideas & leadership

Annual QI Project

Established 2011 at UPHS
The Middle of our Story: Reaching the Majority

Rogers, Diffusion of Innovation Curve
What Do The Residents Think?

TIME
- Limited time in day for “non clinical” tasks
- Competing learning priorities
- Limited protected time for QI

CULTURE
- Apathy / learned helplessness / lack of confidence in ability to affect change
- Little or no role modeling by attending or upper year residents
- Fear of repercussions / punitive nature of reporting

EDUCATION/AWARENESS
- Lack of Formal Curriculum
- Lack of awareness of “back end” of QI/PS processes

STRUCTURE
- Transient nature of residency: residents float from floor to floor; hospital to hospital
- Lack of interdepartmental, interdisciplinary interaction
- Large, difficult system to change
- Lack of feedback on Safety Net Reports

Lack of Resident Engagement in Quality & Safety Activities

Created by Penn Healthcare Leadership in Quality Track Residents (n=24); August 2013
Conceptual Framework for Resident Engagement in Quality & Safety

- Culture
- Health System-GME Alignment
- Resident & Fellow Engagement in Quality & Safety
- Educational Resources
- Faculty Development
- Inter-Professional Collaboration
- Infrastructure

A Tess & JS Myers
Shared Responsibility:
*New Relationships, Roles, and Work*

**Trainees**

- **Hospital Quality Office**
  - Infrastructure, Shared Work Plan

- **GME Office**
  - Oversight Centralized resources

- **Frontline Faculty & All Staff**
  - Daily supervision, role modeling, & practice enforces local quality/safety culture

- **Core QI/PS Faculty**
  - Curriculum development, Teaching, Mentorship

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*A Tess & JS Myers*
## Penn’s GME Quality/Safety Efforts

<table>
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<tr>
<th>Culture</th>
<th>Infrastructure</th>
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<tbody>
<tr>
<td>Safety Reporting Campaign</td>
<td>Associate DIO for QI/PS – new position</td>
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<tr>
<td>FOCLE “Walk Rounds”</td>
<td>Quality/Safety Educator(s) in each department</td>
</tr>
<tr>
<td><strong>Educational Resources</strong></td>
<td>Hstaff Quality/Safety Leadership Council</td>
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<tr>
<td>Quality &amp; Safety Toolkit on GME website</td>
<td>Healthcare Leadership in Quality Track</td>
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<tr>
<td>Video-based Orientation Module to Introduce Penn’s Culture of Quality &amp;</td>
<td>New relationships with Quality Data managers to make data more accessible to</td>
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<tr>
<td>Safety</td>
<td>programs and trainees</td>
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<tr>
<td><strong>Faculty Development</strong></td>
<td><strong>Health System – GME Alignment</strong></td>
</tr>
<tr>
<td>Faculty Development – as much as humanly possible!</td>
<td>Associate DIO for QI/PS – sits in both worlds</td>
</tr>
<tr>
<td><strong>Interprofessional Collaboration</strong></td>
<td>Shared QI-CLE “Dashboard” with Outcome measures to focus our work measure</td>
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<td>RN/NP involvement in HS Council</td>
<td>progress</td>
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<td>Partnering with Nurses for svc orientation</td>
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Thank You

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