

Ninth National Quality Colloquium

Make Quality and Performance Improvement Part of Every Educational Activity, so that QI and PI Become a 'Habit of Mind'

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School of
Medicine

Tufts Health Care Institute

- Established in 1995 by Tufts University School of Medicine and Tufts Health Plan
- As a not-for-profit educational organization
- To help physicians and other health care professionals — at all stages of their training and development — to practice comfortably and effectively in a complex and evolving health care system
- Since 2005, manage the Office of Continuing Education for Tufts University School of Medicine

Tufts Health Care Institute

- Areas of focus
 - Quality and performance improvement
 - Evidence-based medicine
 - Communication and teamwork
 - The organization and financing of health care/
systems-based practice
- Ultimate aim: to improve patient care and health outcomes through education
 - In the practice setting
 - In concert with managerial and operational initiatives and processes

1999 Conversation with a Dean



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Then

Clinical Care

MD-Pt.

Is the real work of
a physician

“Quality Improvement”

Systems + Process

Not the work of a
physician

Now

Intrinsic motivators

- Improve care
- Improve pt. experience
- Improve outcomes

Clinical Care
requires Quality
Improvement.
The MD must
do both.

Extrinsic motivators

- ACGME/ABMS Competency requirements
- P4P incentives
- Public reporting

Then

Context



Now



Dreyfus Model of Skill Acquisition

- Novice
- Advanced beginner
- Competent
- Proficient
- Expert

Habits of Mind

“*Habits of mind*’ are a set of *dispositions* that people hold, that guide their decisions in day-to-day life.

...They are like an *internal compass* that guides a person’s decisions as they encounter problems,...the answers to which are not immediately known.”

Art Costa

Examples from THCI

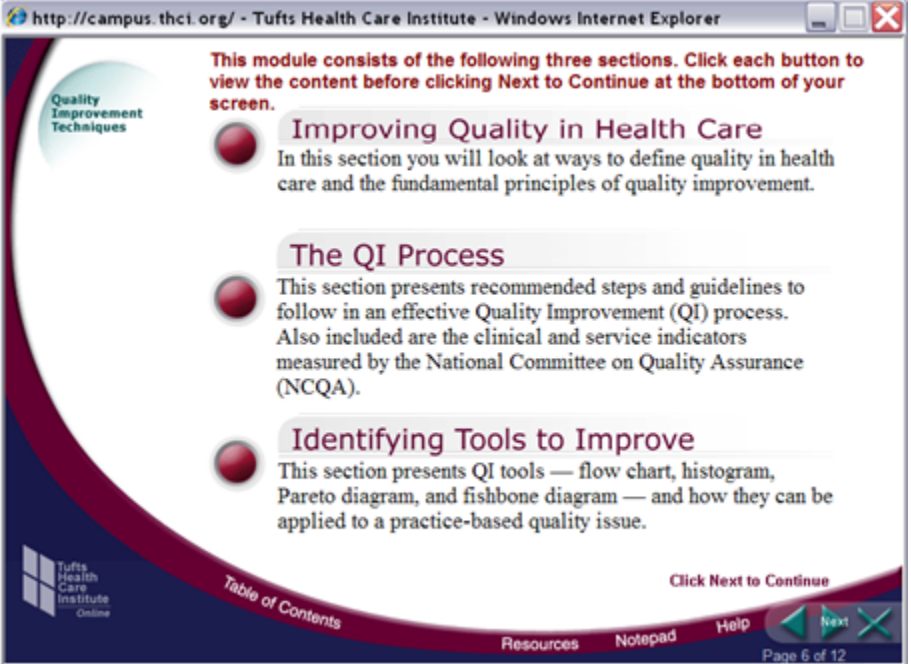
- Explicit focus on QI/PI
 - “Quality Improvement Techniques”
THCI Online Learning Campus
 - “Beyond the M & M Conference: Analysis of Surgical Errors and Complications in Contemporary Practice”
Developed for the American College of Surgeons
- Implicit focus on QI/PI
 - Intensive Communication Course
Skill-building workshops
 - Faculty Development
Workshops on teaching Systems-Based Practice (SBP) and Practice-Based Learning and Improvement (PBLI)

Quality Improvement Techniques

THCI Online Learning Campus

Goal:

“...to learn and apply...processes, tools, and techniques of quality improvement in the clinical setting”



The screenshot shows a web browser window with the address bar displaying "http://campus.thci.org/ - Tufts Health Care Institute - Windows Internet Explorer". The page content includes a header "Quality Improvement Techniques" and a main heading "This module consists of the following three sections. Click each button to view the content before clicking Next to Continue at the bottom of your screen." Below this, three sections are listed with red circular icons:

- Improving Quality in Health Care**
In this section you will look at ways to define quality in health care and the fundamental principles of quality improvement.
- The QI Process**
This section presents recommended steps and guidelines to follow in an effective Quality Improvement (QI) process. Also included are the clinical and service indicators measured by the National Committee on Quality Assurance (NCQA).
- Identifying Tools to Improve**
This section presents QI tools — flow chart, histogram, Pareto diagram, and fishbone diagram — and how they can be applied to a practice-based quality issue.

At the bottom of the page, there is a navigation bar with the following elements: "Table of Contents", "Resources", "Notepad", "Help", "Click Next to Continue", and "Page 6 of 12".

Quality Improvement Techniques

- Format and Methods
 - Online module with didactic and interactive components
 - Applied Learning Exercises (AppLEs)
- Components
 - Observing quality in practice
 - Diagnosing the problem
 - Developing the solution
- Examples from the University of Florida*
 - Outreach and delivery of flu shots
 - Multicultural, multilingual questionnaires for patients
 - Follow-up of labs ordered by residents
 - Information-sharing from the Emergency Department to Clinics

*See ACGME “Notable Practices” website

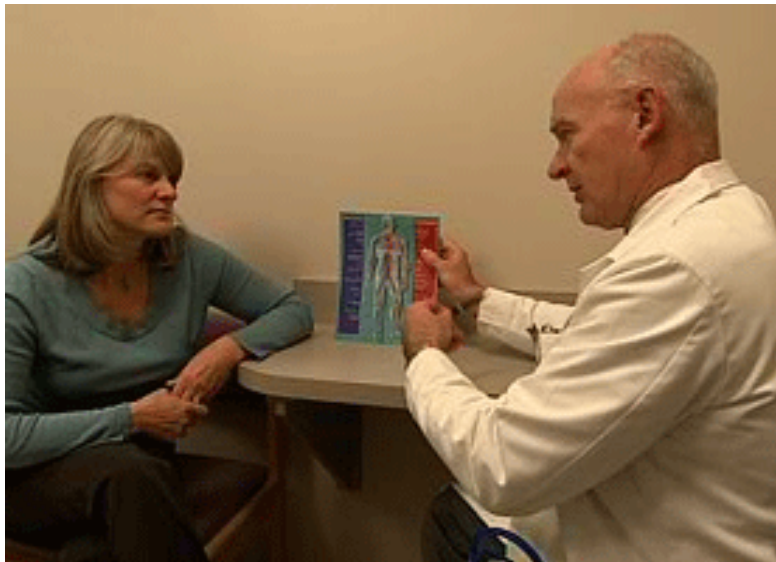
<http://www.acgme.org/acWebsite/notablepractices/default.asp>

Quality Improvement Techniques

Evaluation

- Preceptor evaluation of projects (online portfolio)
- University of Florida
 - High implementation rate of QI projects
 - Resident sense of empowerment
- FIPSE evaluation: residents take this PI/QI perspective and attitude with them into practice

“Beyond the Morbidity and Mortality Conference: Analysis of Surgical Errors and Complications in Contemporary Practice” Developed for the American College of Surgeons



Goal:

“...to provide a framework for the analysis of surgical errors and complications that enables surgeons to use surgical errors as learning opportunities to improve outcomes...”

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Beyond the M & M Conference

- Format and Methods
 - Online video presentation and case illustrations
 - 3 online cases, with Q & A applications for learner
- PI Component: analysis of surgical errors in terms of severity, causes, trends and opportunities for improvement (methods, templates and case illustrations)
- Evaluation from learner feedback
 - Approach is relevant, applicable and useful to practice
 - Heightened awareness of near misses
 - Provides more systematic way to use M & M conferences and data

Intensive Communication Course



Goal:

“...to help physicians improve their communication skills and effectiveness with patients... and to develop teamwork and performance improvement techniques to monitor and address communication challenges that may arise over time.”

Intensive Communication Course

- Format and Methods
 - Workshops with role play on communications and teamwork skills
 - PI component: didactic session (online and classroom); practice-based project; follow-up coaching and assessment
- Sample projects
 - Process to contact patients with test results in timely fashion
 - Procedure to ensure that patients get printed instructions and relevant information at end of visit

Communication Program

PI Component

Problem/Topic

Example: Ensure relevant written instructions at end of each visit

Evaluation and feedback

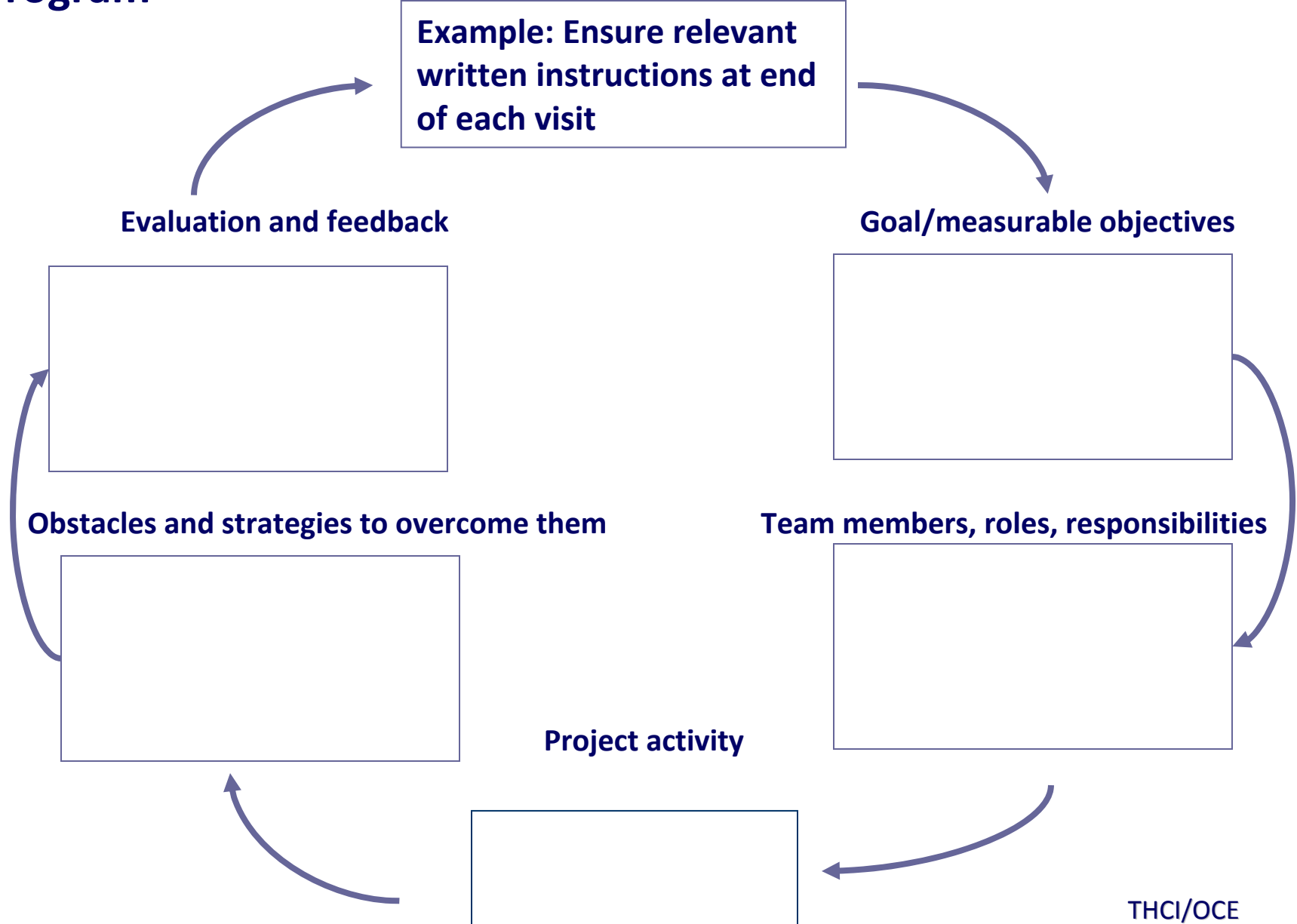
Goal/measurable objectives

Obstacles and strategies to overcome them

Team members, roles, responsibilities

Project activity

THCI/OCE



Intensive Communication Course

- Evaluation methods and measures
 - Evaluator’s summary feedback (samples)
 - “Participants felt transformed and renewed by the course... much more **aware, reflective, and mindful** about their interactions with patients.”
 - “The course changed Dr. A’s attitude about communicating with patients—in particular about **test results, phone calls and follow-ups**.”
 - “Participants realized that **it takes a team to provide care**; this was a profound shift in their understanding of what it means to be a collegial doctor.”
 - Long-term follow-up survey indicated that learners maintained “...approach to problem-solving with [their] practice, e.g., teamwork, including others, and assessing need” up to 3 years later.

Teaching and Evaluating Systems-Based Practice (SBP) and Practice-Based Learning and Improvement (PBLI)

Goal:

To help faculty “plan for a transition...to a new model of competency-based education...and develop strategies to train and assess residents in...SBP and PBLI.”



Teaching and Evaluating SBP and PBLI

- Format and Methods
 - Multiple, inter-disciplinary workshops: didactic and small group exercises
 - PI Component: small group development of a curriculum change plan

Faculty Development

Competency/Objective

PI Component

Competency:
Project Title:

Evaluation and Feedback

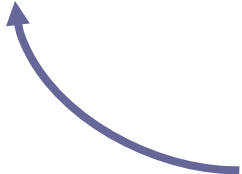
Goal/Measurable Objectives

Anticipate and Minimize Obstacles

Who and Where

Preceptors
Rotation(s)

Educational Activity



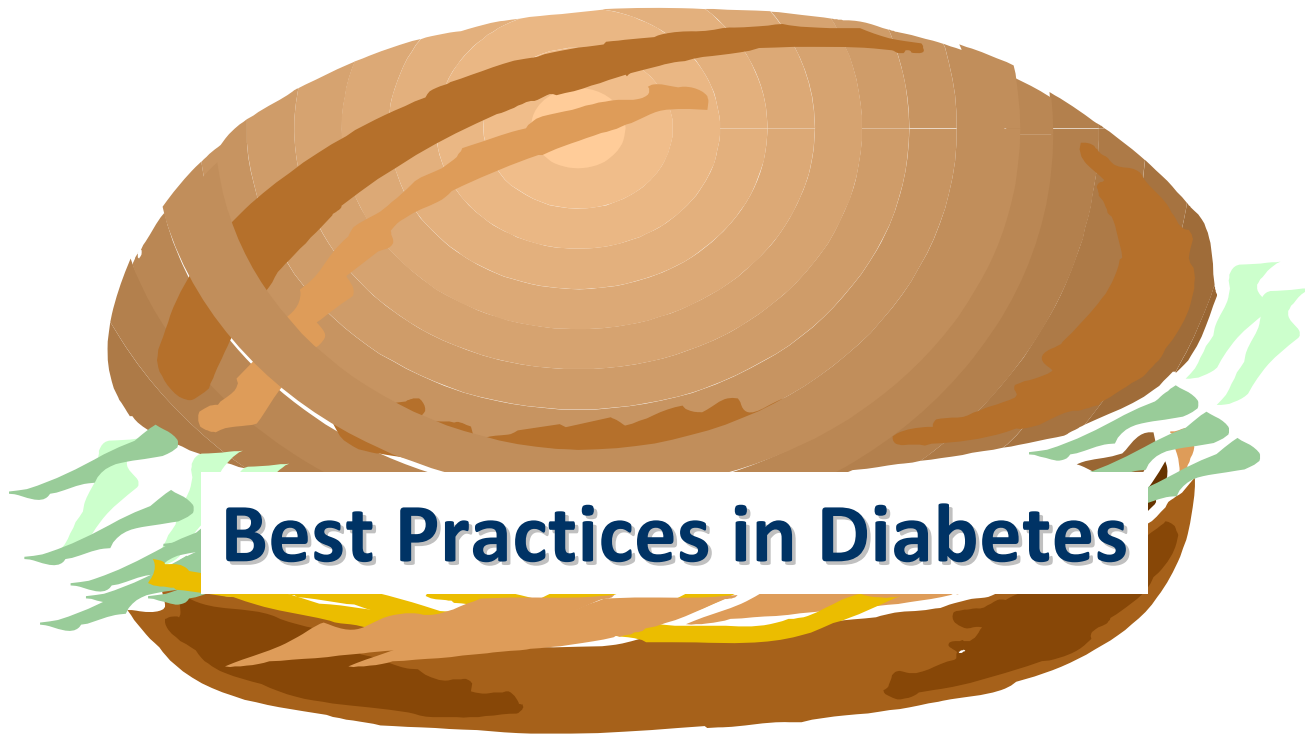
Teaching and Evaluating SBP and PBLI

- Evaluation: 6 to 12-month follow-up survey
- Sample comments on outcomes of the workshops
 - “Value of the cross-disciplinary nature of the program...”
 - “Helped me to reduce opposition and skepticism to SBP and PBLI”
 - “Colleagueship—we are all in this together!”
 - “I have planned a CQI project with a hospital pharmacist that involves residents reviewing their own charts. This approach was strongly recommended during the workshop.”

The “Sandwich Approach”

Goal: Improve Diabetes Outcomes in a Primary Care Network

Patient Engagement



Quality Improvement Tools and Approaches

In Sum

- ‘Quality improvement’ involves a ***change process*** directed, ultimately, at improving outcomes. It is integral to the work of physicians.
- ‘Quality improvement’ has a technical component. Some physicians/clinicians need to become experts and leaders in the techniques of QI.
- QI also involves a ***way of thinking and an approach***, which all physicians/clinicians should demonstrate, ***when confronting problems in practice.***
- We must build this way of thinking and approach into every educational activity, so that QI and PI become a ***‘Habit of Mind.’***



Thank you!

