Getting to the COR of QI

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Context

• Graduate medical education programs have faced challenges in incorporating the July 7, 2011 ACGME common program requirements for practice-based learning and improvement, specifically the component focusing on Quality Improvement.

• Programs that use a block scheduling system find it particularly difficult to manage resident resources to have a meaningful Quality Improvement month-long block.

• Multi-month longitudinal QI projects are not pursued by many learners due to the other residency requirements, and those projects often fail to allow the learner to make immediate changes and see the impact of interventions.

• Medium to large-sized programs are unable to devote enough faculty time to adequately supervise a full QI month for every resident.

• At the James A. Haley Veterans' Hospital (JAHVH), which is affiliated with the University of South Florida (USF) Internal Medicine Residency program, dedicated time (1 to 2 half days per week for a one-month-long block) was set aside during the Clinical Outpatient Rotation (COR) starting in 2010. The goal of QI during this designated period was to: (1) learn QI principles and carry out a QI project in the form of a Plan-Do-Study-Act (PDSA) cycle; (2) residents undergoing the JAHVH curriculum found limited success in their ability to complete a project within the month-long time frame; (3) feedback from the 2011-2012 academic year noted that residents felt they did not have enough time to be introduced to QI methodology, select a project, and fully complete a PDSA cycle in their limited time on the rotation; (4) residents were asked to select their own project with the thought that they would want to continue the project following the month-long rotation; and (5) residents that complete a QI project in training are likely to be involved in QI initiatives later in practice.

Strategy for Change & Changes Made

• Through the VA Office of Academic Affiliations, in 2011 the JAHVH was awarded an additional GME position for Chief Residents in Quality and Patient Safety (CRQS). This addition allows for the two CRQS to serve as mentors for the resident QI projects.

• In collaboration with the USF residency program leadership, all senior residents are now scheduled for a rotation in which they have on average 4 to 6 dedicated half-day sessions (1 to 2 half-days per week) over the month-long block to work with the CRQS to complete a QI project.

• Given the size of the USF program, there are 2-3 senior residents each block.

• During the 2012-2013 academic year, the CRQS, the USF Academic Chief Resident, the JAHVH hospitalist leadership meet weekly. During this meeting, hospital-based issues are noted and the group is requested to nominate potential QI projects.

• The CRQS filter the project ideas based on the scope, relevance, and likelihood of completion within one month. During the first session, the residents are tasked with the project instead of selecting one on their own.

• Having multiple project ideas allows for the CRQS to select a project that fits within the expected timeframe and constraints of a block. These additional project ideas allow for planning of missed days due to holidays, vacations, other residency requirements.

• A framework to complete the project is given to the residents. An example is given to the right (Lender Sample). This framework is used to help guide the resident learners experience and ensure there are weekly deliverables.

• The residents are expected to collaborate and use hospital resources as needed helping to best use their time effectively to complete their project.

Multi-Disciplinary Team

• VA Chief Residents in Quality & Patient Safety
• University of South Florida Morsani College of Medicine Internal Medicine Residents
• James A Haley Veterans Hospital Hospitalist Group
• Laboratory services
• Pharmacy
• Nursing Leadership
• Information Technology
• Facilities

Sample

COR Resident QI project – October 2012

Background: Residents and interns rotating in the internal medicine program are required to be PDSA cycle experts. Time is not currently accounting for this training.

Aim: During this four week block, we will work to foster and facilitate through a QI project what we will and interns will lose without the training and the progress and track your tactics to successfully make a measurable change.

Sample

% Completion of PDSA

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Week 1: Goal setting

Week 2: Defining the problem — PDSA cycle

Week 3: Developing an aim statement

Week 4: Developing a Change Concept Statement

Lessons Learned

• We have achieved a plan to ensure every internal medicine resident that graduates from USF goes through this QI curriculum gets the opportunity to work on a QI project/PDSA cycle.

• The senior leadership at the USF IM residency program has made QI a priority in the residency training program.

• Our preliminary results reveal our changes are accomplishing our goals. We will continue to monitor and sustain through the academic year to ensure continued success.

Sustainability

• Due to the time constraints of faculty and residents, there will continue to be significant challenges to complete an entire PDSA cycle in one month. A modified curriculum such that the pre-planned QI project within a narrow time frame (4 half-day sessions per month), can be instituted with limited faculty involvement.

• We provide an introduction to the principles of QI and then have the pre-planned project begin on the first scheduled day. This allows for data collection and investigation of stakeholders on day one. More efficient use of the time the COR residents have on QI has led to completion or near-completion of projects as well as the production of ideas for future QI projects.

• Having a recurring meeting that encompasses the voice of the residents and faculty can provide a great source of ideas for resident QI projects.

• The lessons learned with the evolution of this curriculum is that it has to be flexible to the instructional needs of the trainees during the designated time to accomplish the overall goal of learning about QI for performing QI.

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References:


4. JAHVH was awarded an additional GME position for Chief Residents in Quality and Patient Safety (CRQS) program under the Academic Education Improvement Act (PDSA) cycle.

5. Path?...