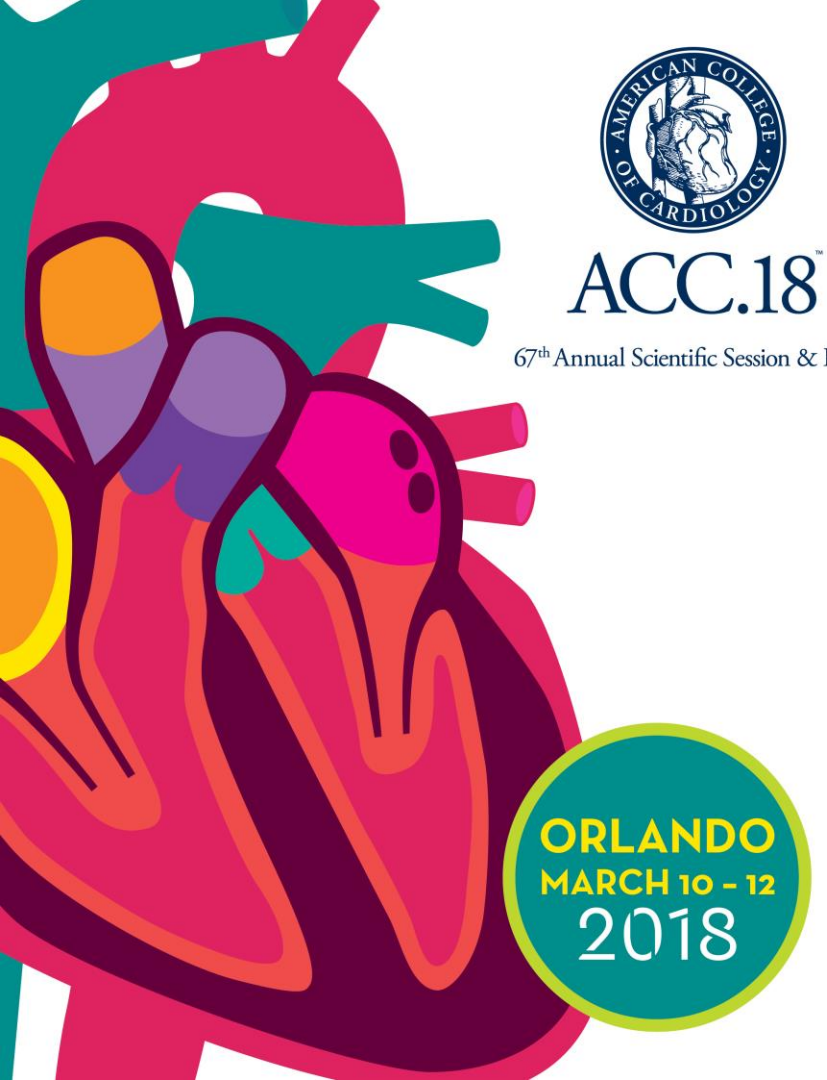


ACC.18

67th Annual Scientific Session & Expo

ORLANDO
MARCH 10 – 12
2018

QUALITY IMPROVEMENT FOR PROGRAM DIRECTORS

Joshua Levenson, MD, FACC
@jelevenson
University of Pittsburgh Medical Center

Quality Improvement for Program Directors

Joshua Levenson, MD FACC
@jelevenson
University of Pittsburgh Medical Center

Learning Objectives

- Articulate the mission and rationale for fellows-in-training to engage in Quality Improvement
- Learn ACGME Common Program Requirements for QI
- Propose New Methods to “Satisfy” CPR for QI/PS

The QI Mission:

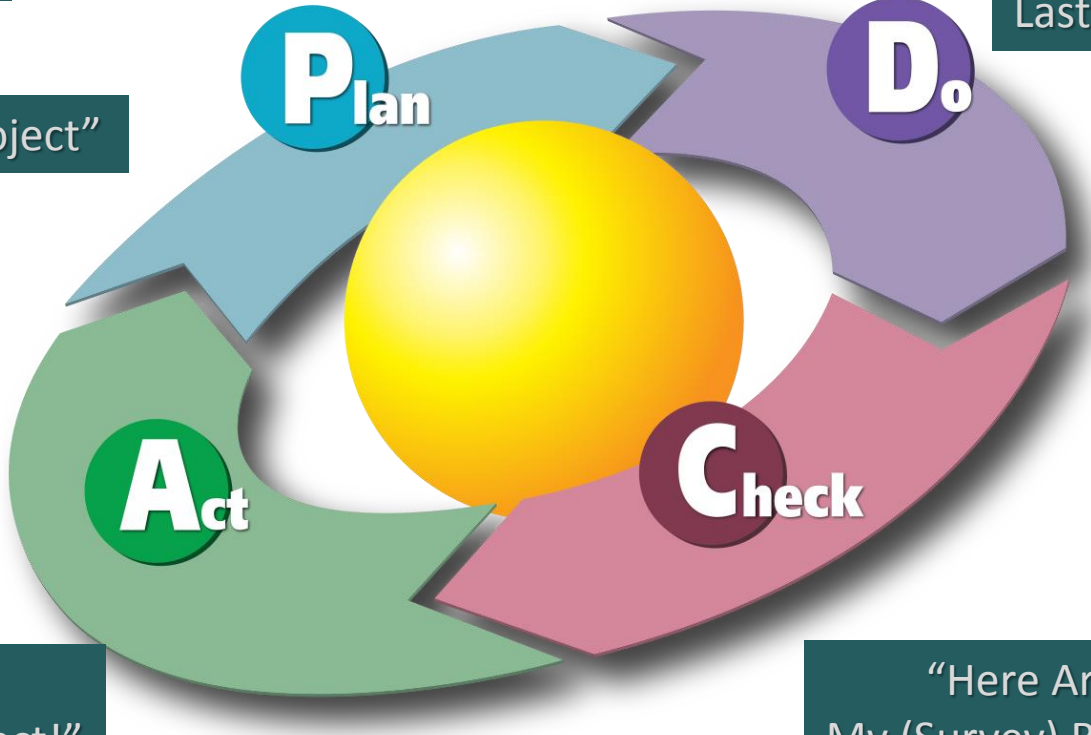
Inspire & Empower trainees to improve the quality of their current and future healthcare system

Real-World QI

Real-World QI

Intervention
Lasts 1-4 Weeks

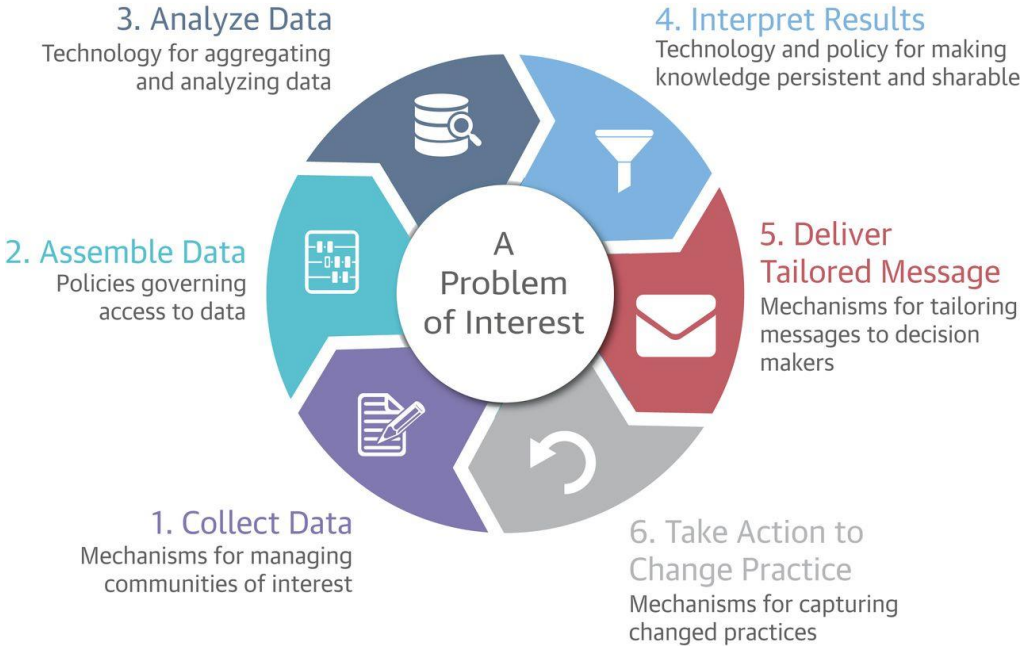
"I need a QI Project"



"Follow-Up? Why?
I've Completed My QI Project!"

"Here Are
My (Survey) Results"

Learning Healthcare System



Ankur Kalra, James E. Tcheng, Srinath Adusumalli and Shashank S. Sinha. JACC 2017

Clinicians
Researchers
CHANGE AHEAD
Provide Care
Study

ACGME Common Program Requirements

- ACGME CPR VI.A : trainees must engage in meaningful QI/PS education/work
  - Didactic training
  - Engage in QI/PS Activities
  - Examination of quality metrics
  - Perform a QI Project

Education in QI Processes

- Lean
- Six-Sigma
- PDSA
- IHI Model for Improvement
- Kaizen: Total Quality Control
- A3
- Ishikawa
- Run-Charts
- Process Charts (Shewart)
- Process Mapping
- Stakeholder Analyses
- Baldrige Self-Assessment

Start Small

Case Preparation w/FIT:

Root Cause Analysis
Multidisciplinary Input
Systems-Based Issues

Cardiology
Morbidity and Mortality

FITs: Drive Case Selection,
Presentation & Discussion

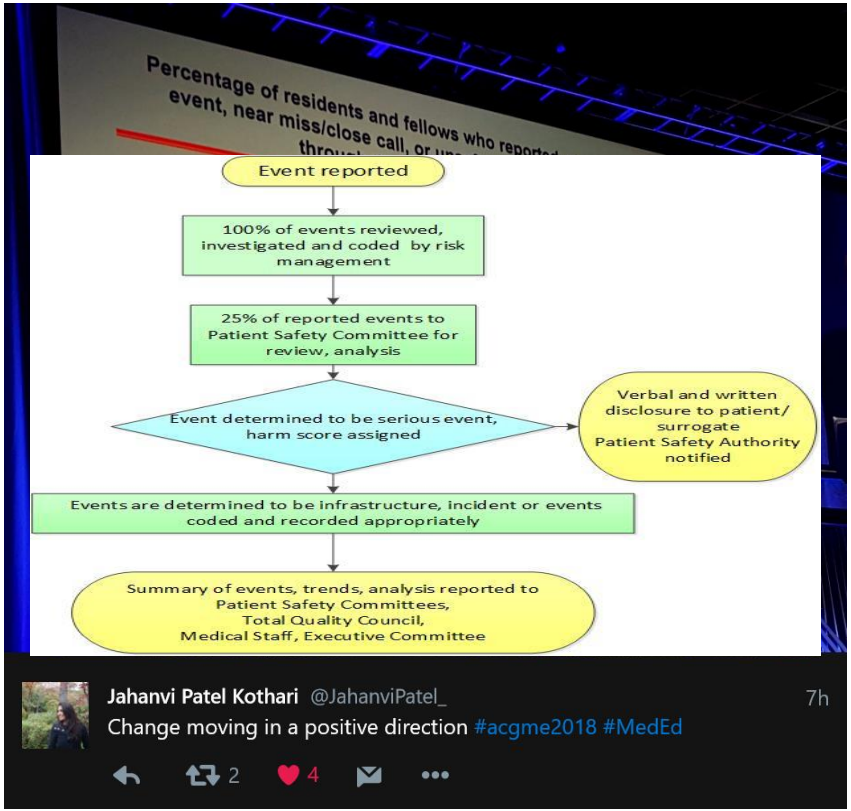
Embed Quality/Safety Mission

Discuss
At *Next* M&M

M&M Follow-Up

Start Small

- Teach FITs how use to hospital clinical reporting system
- Expose FITs Clinical Event Report Cycle



Expose FITs to Peer Review Process

- Hospital-Wide Peer Review Committees
- Trainee-Driven, Faculty-Supported RCA
- Put FITs in same room as hospital/administrative leadership

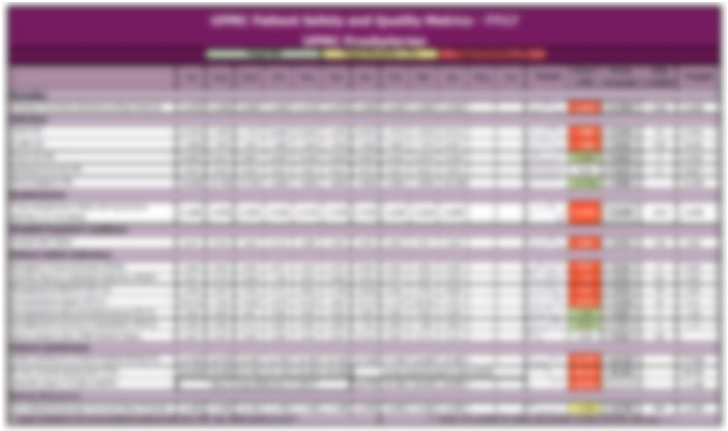
Engagement in Interprofessional Activities

- Send FITs to Committees
  - Medical Emergency Response Improvement Team
  - Multidisicplinary Code Review
  - Hospital-Wide Peer Review
  - GME Sub-Committees

Use FITs as Proxies for Attendings

Quality Metrics

- Start With:
  - Division/ Hospital-Wide Data
- Goal:
  - Fellow-Specific, Cardiology-Specific Metrics
- Include Benchmarks



QI Projects - Team-Based

- 1-2 Fellows Serve as Identified Team Leader
- Create A Shared sense of purpose
- Multidisciplinary –
  - include nurses, techs, administrators, noncardiologists

A3 – Structure Your QI Process

A3 No. and Name	Team members (name & role)	Stakeholders (name & role)	Department	Organisation objective
	1.	1.		
	2.	2.		
Team Leader (name & 'phone ext)	3.	3.		**Start date & planned duration**
	4.	4.		

1. Clarify the problem

Is:

Is not:

Problem statement:

2. Breakdown the problem

3. Set the Target

1	
2	

4. Analyse the Root Cause

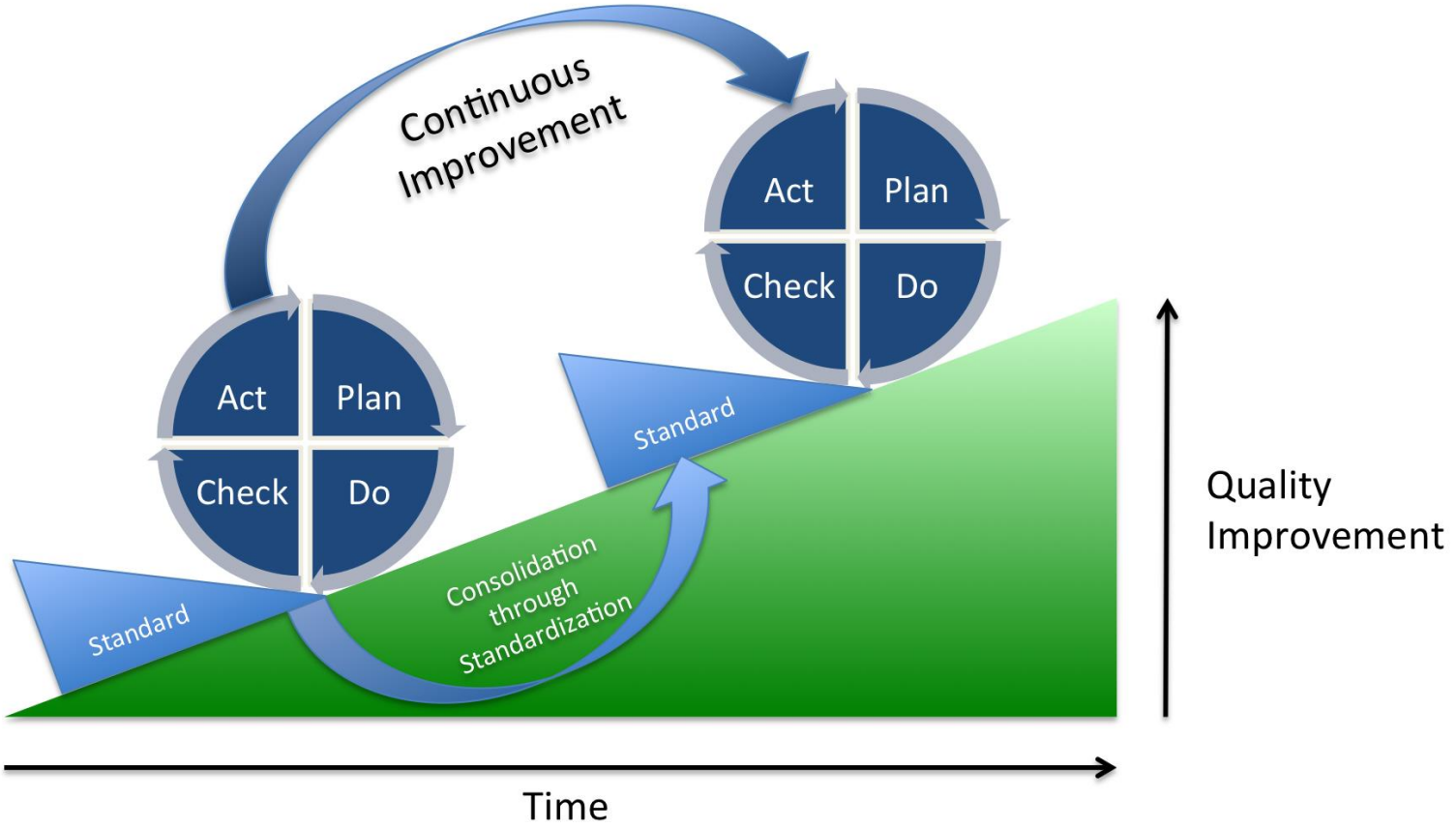
5. Develop Countermeasures

	Countermeasure	Impact on target
1		
2		

6. Implement Countermeasure

7. Monitor Results & Process

8. Standardise & Share Success


Continuous Improvement
Act
Plan
Check
Do
Act
Plan
Check
Do
Standard
Standard
Consolidation through Standardization
Quality Improvement
Time

Thank You

Don’t hesitate to contact me:

- Joshua Levenson
- levensonje2@upmc.edu
- @jelevenson

Quality Improvement

- VI.A.1.b).(1) Education in Quality Improvement : A cohesive model of health care includes quality-related goals, tools, and techniques that are necessary in order for health care professionals to achieve quality improvement goals.
- VI.A.1.b).(1).(a) Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities. (Core)
- VI.A.1.b).(2). (a) Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)
- VI.A.1.b).(3) Engagement in Quality Improvement Activities : Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care.
- VI.A.1.b).(3).(a) Residents must have the opportunity to participate in interprofessional quality improvement activities. (Core)
- VI.A.1.b).(3).(a).(i) This should include activities aimed at reducing health care disparities. (Detail)