Collaborating with GME, CME, and Quality Improvement to launch a Resident-Driven Performance Improvement Curriculum

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Memorial Health University Medical Center, Cone Health, Moses Cone Memorial Hospital, Continuing Medical Education Medical Education/Greensboro AHEC
Savannah, GA Greensboro, NC

Jane Nester and Jean Wiggins have no financial interests/arrangements with any corporate organization. Furthermore, we do not have an interest in selling technology, programs, products, and/or services to any medical education professional.

Objectives: At the conclusion of this session, participants should be able to:

1. Demonstrate a basic understanding of the Performance Improvement (PI) process and methodology,
2. Describe the benefits and strategies of GME, CME and Quality and Patient Safety working together under the continuum of Medical Education related to PI,
3. Replicate a quality and PI Initiative within their own institution, based on strategies, tools and lessons learned from a comprehensive case study within a community-based academic medical center.

Introduction and Background

- Memorial University Medical Center – 610 bed community-based academic medical and regional trauma center affiliated with Mercer University School of Medicine, Savannah, Georgia
- For 2013: 23,194 admissions; 95,016 ER visits, 246,281 outpatient visits, 20,770 surgeries
- 648 physicians on Medical Staff, 134 resident physicians, 160 medical students
- 6 ACGME approved residencies: Family Medicine, Internal Medicine, OB/GYN, Pediatrics, Surgery, and Diagnostic Radiology
Memorial's Mission Statement

With compassion, we heal, teach and discover.

Significance of the Performance Improvement Initiative

- Support the ACGME Core Competencies and physicians within our healthcare system – NAS and CLER
- Improve patient and institutional outcomes
- Prepare future attending physicians – many of whom stay in our region
- Physicians called upon to show greater accountability by providing proof of competency to AMA for MOL and ABMS for MOC

The Challenges!

- How to design an innovative, practical and comprehensive Resident Performance Improvement (PI) Training Program
- Team effort from Quality and Patient Safety (QPS), GME and CME for the development and strategic delivery of the PI Training and follow through
- Sustainability of the PI Initiative and projects
- Pilot Project ran from September 2009 to April 2010
- Have completed Year 2 and Year 3 PI Initiatives

Objectives of the PI Initiative

1. To provide education, tools and skill development on quality and PI theory and practice to resident physicians in support of the ACGME core competencies (practice-based learning, systems-based practice)
2. To apply PI and leadership skills by Chief Resident physicians in conducting a PI initiative within their department to enhance patient outcomes and work environment

Objectives: continued

3. To provide an opportunity for Faculty Sponsors and attending physicians to learn PI in a non-threatening way by participating in a resident-driven PI initiative and earn PI/CME credits toward their MOL and MOC
4. To improve the practice of teams and peers in the area of evidence-based medicine surrounding quality and patient safety
5. To integrate work and strategic planning between GME, CME and QPS for enhanced institutional performance
Pilot Implementation Team

• Jane Nester, DrPH, MPH, MEd, Director, Medical Education Administration
• Marty Scott, MD, MBA, VP, Quality and Patient Safety
• Jean Wiggins, CME Coordinator
• Christopher Pavlo, BIE, Manager, Quality Improvement
• Cindy Shealy, BSN, Coordinator, Quality and Patient Safety
• Martha White, BSE, BSN, MBA, Patient Safety Officer
• Kelli Porzio, RN, Clinical Director, Perioperative Services
• Robbie Brown, BIE, Process Excellence Consultant, Quality and Patient Safety
• Edward Meister, PhD, Epidemiologist/Biostatistician
• Jennifer Wilson, MBA, Administrative Coordinator
• Gina McNamara, GME Coordinator

Mentors and Sponsors

• QPS Department assigned a PI Mentor to work with the Chief Residents from each residency program and shepherd them through their full project/process
• Chief Residents selected a Faculty Sponsor from within their residency program to support/champion the project and work along side the chief as well as learn the PI process and receive PI/CME credit along with other faculty
• 6 to 8 month process for completion of the PI Initiative – September through April

Resident Training

• 4-hour didactic PI training provided on the DMAIC (Define, Measure, Analyze, Improve, Control) process within Six Sigma theory, practice and tools with all Chief Residents from 6 residency programs (Early September)
• Discussed interpersonal communication, conflict resolution, leadership style, team development and delegation
• 1-hour PI training for all junior resident physicians (Late October)
• Core training provided by Quality and Patient Safety

Resident Training Performance Improvement Training Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00pm</td>
<td>Introductions/ Collect Pre-Test</td>
<td>Graduate Medical Education Team</td>
</tr>
<tr>
<td>1:30pm</td>
<td>PI Methodologies Overview</td>
<td>Director/Quality and Patient Safety Team</td>
</tr>
<tr>
<td>2:00pm</td>
<td>BREAK</td>
<td></td>
</tr>
<tr>
<td>2:05pm</td>
<td>Review Project Examples</td>
<td>Quality and Patient Safety/Medical Education Team</td>
</tr>
<tr>
<td>3:00pm</td>
<td>Project Requirements</td>
<td>Director – Graduate Medical Education</td>
</tr>
<tr>
<td>3:30pm</td>
<td>Write a Project Charter</td>
<td>Chief Residents/Mentors</td>
</tr>
<tr>
<td>4:30pm</td>
<td>Initial Project Charter Presentations</td>
<td>Chief Residents</td>
</tr>
<tr>
<td>5:00pm</td>
<td>Closing Remarks/Questions</td>
<td>Quality and Patient Safety/Medical Education Team</td>
</tr>
<tr>
<td>5:00pm</td>
<td>Conclusion</td>
<td></td>
</tr>
</tbody>
</table>
Project Roadmap: DMAIC

**Define**
- Start Date: ________________
- End Date: ________________
- Project Charter
- Establish Baseline Performance
- Identify Critical To QI
- Identify & Execute Data Collection Plan
- Measurement System Analysis
- Participate in CME/PI Stages A, B, and C for an additional 5 CME Credit Hours

**Measure**
- Start Date: ________________
- End Date: ________________
- Identify & Prioritize Solutions
- Test Solutions
- Cost Benefit Analysis
- Develop & Implement Improvement Plan

**Analyze**
- Start Date: ________________
- End Date: ________________
- Identify Vital Few
- Root Causes of Variation Sources & Improvement Opportunities
- Define Performance Objective
- Define Improvement Strategy
- Quality of Benefit Analysis
- Develop & Implement Improvement Plan

**Improve**
- Start Date: ________________
- End Date: ________________
- Implement Sustainable Process Controls – Validate
  - Control System & Monitoring Plan
  - Response Plan
  - Standard & Translate
- S & B validated
- Participate in CME/PI Stages A, B, and C for an additional 5 CME Credit Hours

**Control**
- Start Date: ________________
- End Date: ________________
- Participate in CME/PI Stages A, B, and C for an additional 5 CME Credit Hours

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**Project Charter**

- **Problem Statement:** Global issue or problem identified
- **Goal Statement:** State goals in measureable terms (How much by when?)
- **Scope of Project:** Starting and ending process/specific patient population
- **Key Deliverables/Benefits:** List all deliverables expected when project is complete; business case; financial and operational benefits; new policy
- **Team Members:** Define members, roles and responsibilities (champions, process owners)

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**Surgery PI Project - DEFINE**

**DMAIC Process and Charter**

- **PROBLEM STATEMENT:**
  1. Patients with an indwelling urinary catheter for more than 2 days are twice as likely to have a UTI;
  2. CMS no longer provides reimbursement for covered patients with healthcare acquired CAUTI;
  3. No process to ensure that surgical patients have their indwelling catheters assessed for need and removed by post-op day 2 or have documentation.

- **GOAL STATEMENT:**
  1. Identify surgical patients who have an indwelling urinary catheter placed in the OR, and (2) design a process to ensure the catheter is assessed for need post-operatively and removed by 2359 of POD2 or provide documentation indicating a clinical reason why catheter is to remain.

- **SCOPE:**
  All patients undergoing general surgery procedures on the General Surgery Service and admitted to the following intermediate care units post-op: MSI, NVI, GISU.

- **KEY DELIVERABLES:**
  1. Design and pilot a process that can be used by other surgical populations;
  2. Achieve compliance with new SCIP measure;
  3. Reduce mortality associated with UTI.

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**Surgery PI Project - MEASURE/ANALYZE**

**DMAIC Process - continued**

- **MEASURE/ANALYZE:**
  Reviewed data on In Patient SCIP – Urinary catheter removal on POD 1 or POD 2 with Day of Surgery being Day Zero for month of October 2009; there was a 52.85% rate of removal.

- **IMPROVE:**
  Execution of pilot; implemented revised Critical Care Daily Orders; obtained buy-in from Intensivists, Hospitalists, Critical Care MD’s; nurse managers made aware of changes and staff educated

- **RESULTS:**
  19 patients in step down unit – 100% compliance with D/C Foley Catheter orders with 3 not removed (16% non-compliance)

- **CONTROL/NEXT STEPS:**
  Hand off to SCIP Coordinator to roll out to Cardiac ICU’s, 3C and 5 NV; more multidisciplinary involvement and education with Nursing and Attendings on process and SCIP measure

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**Capstone Experience**

- Academic year PI initiative culminated with an institution-wide CME Grand Rounds where each residency program chief showcased his/her PI Project in a judged competition – Capstone Experience (March)

- Judges included: President/CEO, CNO, CIO, other Six Sigma Black Belt team members

- Moderated by VP of Quality and Patient Safety and GME with participation by Chief Medical Officer
• Judges’ Award – project that most proficiently demonstrated the DMAIC/DMADV processes, impact and sustainability, and presentation skill

• Audience Choice Award – using Audience Response System, physicians, nurses, other team members voted on PI project that most benefited the institution

• CME Evaluation completed on line by participants to receive CME credit or be recognized for participation and forwarded to professional societies to receive CEU’s

Recognition!

• Luncheon celebration provided for winning residency program chief, residents, faculty, students, President/CEO, CMO, VP of QPS as well as GME and CME staff

• Write-up of institutional PI initiative along with picture and department tag placed on perpetual plaque in residents’ lounge to encourage interest and participation for academic years to follow

• Feature article in physician newsletter

• Featured PI projects as posters at Research Day (April/May)

Celebration!

2009-2010 Resident PI/CME Projects

• Surgery – Surgical Care Improvement: Indwelling Catheter Removal Post-Op Day Two

• Pediatrics – Improved Communication Between MUMC Residents and Outlying Referring Physicians

• OB/GYN – Protocol for Assigning Patients to the OB/GYN Services

• Internal Medicine – Improved Internal Medicine Admissions from the Emergency Department

• Radiology – Improved Reporting and Prioritization of Critical Radiology Imaging Findings

• Family Medicine – The Road to 1650 Patient Visits for Family Medicine Residents

Winning Team Academic Year 2009-2010:
Department of Surgery

PI/CME Credit

• All PI/CME credit was reviewed by CME, GME and Quality and Patient Safety leadership

• Stages A, B and C credit were presented by VP of Quality and Patient Safety at monthly CME Committee meetings

• PI/CME credit was awarded once approved by the committee

• Pilot Year: 15 Faculty received 105 PI/CME credits

• Year 2: 26 Faculty received 460 PI/CME credits

• Year 3: 48 Faculty received 780 PI/CME credits

Forsyth Park
Pre-Test/Post-Test Pilot Year

- Pre-test conducted with all Chief Residents prior to the 4-hour PI training session
- Post-test conducted following the PI Grand Rounds program
- Determined their level of learning, understanding and expertise in use of PI process
- Evaluation on training process and recommendations for next academic year PI initiative

Residency Performance Improvement Initiative 2009-2010 Academic Year (Pilot Year)
Pre- and Post-Tests: Analysis of Results

<table>
<thead>
<tr>
<th>P-value</th>
<th>Test, Z</th>
<th>Signed Wilcoxon</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;.02</td>
<td>-2.56</td>
<td>-2.55</td>
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<tr>
<td>&lt;.02</td>
<td>-2.69</td>
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<td>&lt;.007</td>
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<td>&lt;.02</td>
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</tr>
<tr>
<td>&lt;.06</td>
<td>-1.93</td>
<td></td>
</tr>
<tr>
<td>.03</td>
<td>-1.93</td>
<td></td>
</tr>
</tbody>
</table>

Our analysis found statistically significant improvement for 6 of 7 outcomes parametric assessments.

Dissemination of Information on Resident Performance Improvement Projects
Judge's Score Card

<table>
<thead>
<tr>
<th>AREA</th>
<th>AVAILABLE SCORE</th>
<th>ACTUAL SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>How well did the project follow the DMAIC methodology?</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Ability to define a problem statement.</td>
<td>5</td>
</tr>
<tr>
<td>3.</td>
<td>Ability to identify key stakeholders in the process.</td>
<td>5</td>
</tr>
<tr>
<td>4.</td>
<td>Ability to establish an achievable goal.</td>
<td>5</td>
</tr>
<tr>
<td>5.</td>
<td>Ability to use the Performance Improvement tools.</td>
<td>5</td>
</tr>
<tr>
<td>6.</td>
<td>Your ability to lead, engage, and drive teamwork.</td>
<td>5</td>
</tr>
<tr>
<td>7.</td>
<td>Your confidence in designing a Performance Improvement project.</td>
<td>5</td>
</tr>
</tbody>
</table>

Overall Comments/Recommendations:

Thank you for your participation.

Dissemination of Information on Resident Performance Improvement Projects
Judge's Score Card

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<tr>
<th>AREA</th>
<th>AVAILABLE SCORE</th>
<th>ACTUAL SCORE</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>How well did the project follow the DMAIC methodology?</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Ability to define a problem statement.</td>
<td>5</td>
</tr>
<tr>
<td>3.</td>
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<tr>
<td>7.</td>
<td>Your confidence in designing a Performance Improvement project.</td>
<td>5</td>
</tr>
</tbody>
</table>

Overall Comments/Recommendations:

Thank you for your participation.
2. Impact on the Organization (750 points total)

<table>
<thead>
<tr>
<th>Area</th>
<th>Potential Score</th>
<th>Achieved Points</th>
<th>Percentage Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. To what degree was the goal met?</td>
<td>150</td>
<td>120</td>
<td>80%</td>
</tr>
<tr>
<td>b. What is the potential impact of the project?</td>
<td>150</td>
<td>118</td>
<td>79%</td>
</tr>
<tr>
<td>c. How sustainable is the improvement?</td>
<td>150</td>
<td>103</td>
<td>69%</td>
</tr>
<tr>
<td>d. How transportable is the improvement?</td>
<td>150</td>
<td>106</td>
<td>71%</td>
</tr>
<tr>
<td>e. Were measurable outcomes demonstrated?</td>
<td>150</td>
<td>112</td>
<td>75%</td>
</tr>
</tbody>
</table>

3. Presentation Skill (150 points total)

Continued:

Dissemination of Information on Resident Performance Improvement Projects
Judge’s Score Card:
OVERALL RESIDENCY PI PROJECT SCORE SUMMARY: Pilot Year

Pilot Year Outcomes

- Overall score of 77% demonstrated a solid pilot PI project outcome to build upon for future resident training
- Score of 88% on DMAIC process confirmed Chief Residents learned core methodologies and knowledge needed for PI process
- Areas to focus on: Sustainability, transportability and demonstrated measureable outcomes for next academic year’s training

Residency Performance Improvement Initiative 2009-2011 Academic Years (Pilot Year and Year 2)
Pre- and Post-Tests: Combined Analysis of Results

<table>
<thead>
<tr>
<th>Area</th>
<th>Potential Score</th>
<th>Achieved Points</th>
<th>Percentage Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How well did the project follow the DMAIC methodology?</td>
<td>150</td>
<td>134</td>
<td>89%</td>
</tr>
<tr>
<td>b. Did the Define phase.</td>
<td>How well was the project defined, scope identified, and goals established?</td>
<td>150</td>
<td>114</td>
</tr>
<tr>
<td>c. Is the Measure phase?</td>
<td>How well did we measure the baseline performance of the process to be improved?</td>
<td>150</td>
<td>120</td>
</tr>
<tr>
<td>d. Did the Analyze phase?</td>
<td>How well was the data analyzed to identify the opportunities for improvement and what is contributing to poor performance?</td>
<td>150</td>
<td>106</td>
</tr>
<tr>
<td>e. Did the Improve phase?</td>
<td>What were the actual improvement strategies implemented?</td>
<td>150</td>
<td>108</td>
</tr>
<tr>
<td>f. Did the Control phase?</td>
<td>How well will the improved process be monitored and kept in control?</td>
<td>150</td>
<td>103</td>
</tr>
</tbody>
</table>

Our analysis found statistically significant improvement for 7 of 7 outcomes assessments.

Pre/Post-Test: Pilot Year & Year 2
Combining Analysis of Results

- Total of 17 pre/post surveys were completed for the 7 outcome measures
- Given the small sample size, non-parametric Wilcoxon Signed Ranks tests were performed to test for significant change from pre-to-post for the 7 outcomes
- Analysis found statistically significant improvement for 7 of 7 outcomes

Year 2 Chief Residents, PI Mentors and Chief Medical Officer

Dissemination of Information on Resident Performance Improvement Projects
Judge’s Score Card:
OVERALL RESIDENCY PI PROJECT SCORE SUMMARY (Pilot Year & Year 2)
Dissemination of Information on Resident Performance Improvement Projects
Judge’s Score Card:
OVERALL RESIDENT PJ PROJECT SCORE SUMMARY (Pilot Year & Year 2)

<table>
<thead>
<tr>
<th>AREA</th>
<th>POTENTIAL SCORE</th>
<th>ACHIEVED POINTS PER SECTION (ALL PROGRAMS) 2010-2011</th>
<th>PERCENTAGE SCORE BY SECTION 2010-2011</th>
<th>PERCENTAGE SCORE BY SECTION 2009-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Impact on the Organization (750 points total)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. To what degree was the goal met?</td>
<td>150</td>
<td>144</td>
<td>96%</td>
<td>89%</td>
</tr>
<tr>
<td>b. What is the potential impact of the project?</td>
<td>150</td>
<td>144</td>
<td>96%</td>
<td>79%</td>
</tr>
<tr>
<td>c. How sustainable is the improvement?</td>
<td>150</td>
<td>123</td>
<td>82%</td>
<td>75%</td>
</tr>
<tr>
<td>d. How transportable is the improvement?</td>
<td>150</td>
<td>123</td>
<td>82%</td>
<td>75%</td>
</tr>
<tr>
<td>e. Were measurable outcomes demonstrated?</td>
<td>150</td>
<td>127</td>
<td>85%</td>
<td>70%</td>
</tr>
<tr>
<td>3. Presentation Skill (150 points total)</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>150</td>
<td>117</td>
<td>78%</td>
<td>80%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>1050</td>
<td>911</td>
<td>87%</td>
<td>77%</td>
</tr>
</tbody>
</table>

2010-2011 Resident PI/CME Projects

- Surgery – VTE Re-assessment for Surgical Patients
- Pediatrics – Improved Asthma Protocol for Pediatric Patients
- Radiology – Improved Radiology Resident Preliminary Report Process
- OB/GYN - World Health Organization Surgical Checklist Implementation in Labor and Delivery Operating Rooms
- Internal Medicine - Effects of a 30-hour Call System vs. a 12-hour Call System on Resident Choice of Jugular or Femoral Line Placement
- Family Medicine – Improved Continuity of Care for High-risk Patients

Year 3 Chief Residents, PI Mentors, Faculty Sponsors and Judges

Residency Performance Improvement Initiative 2009-2012 Academic Years 1, 2 and 3
Pre- and Post-Tests: Combined Analysis of Results

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Understand the Basic PI Process</th>
<th>Ability to Define Problem Statement</th>
<th>Ability to Identify Key Stakeholders</th>
<th>Ability to Complete Analyzable Goals</th>
<th>Ability to Use PI Tools</th>
<th>Ability to Lead, Engage, and Drive Teamwork</th>
<th>Confidence in Managing PI Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wilcoxon Signed Ranks Test, Z</td>
<td>-4.30</td>
<td>-4.25</td>
<td>-4.35</td>
<td>-2.55</td>
<td>-4.41</td>
<td>-3.38</td>
<td>-3.51</td>
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<tr>
<td>P-value (2-tailed)</td>
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<td>&lt;.001</td>
<td>&lt;.001</td>
<td>&lt;.001</td>
<td>&lt;.001</td>
<td>&lt;.001</td>
<td></td>
</tr>
</tbody>
</table>

Our analysis found statistically significant improvement for 7 of 7 outcomes assessments.

Pre/Post-Test: Years 1, 2 and 3
Combined Analysis of Results

- Total of 27 pre/post surveys were completed for the 7 outcome measures
- Given the small sample size, non-parametric Wilcoxon Signed Ranks tests were performed to test for significant change from pre-to-post for the 7 outcomes
- Analysis found statistically significant improvement for 7 of 7 outcomes
### Dissemination of Information on Resident Performance Improvement Projects

**Judge’s Score Card:**

**OVERALL RESIDENT P.I. PROJECT SCORE SUMMARY: Years 1, 2 and 3**

<table>
<thead>
<tr>
<th>AREA</th>
<th>PUBLISHED POINTS PER SECTION (ALL PROGRAMS)</th>
<th>% SCORE BY SECTION 2011-2012</th>
<th>% SCORE BY SECTION 2010-2011</th>
<th>% SCORE BY SECTION 2009-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Impact on the Organization (750 points total)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. To what degree was the goal met?</td>
<td>150</td>
<td>132</td>
<td>88%</td>
<td>89%</td>
</tr>
<tr>
<td>b. What is the potential impact of the project?</td>
<td>150</td>
<td>140</td>
<td>93%</td>
<td>88%</td>
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<td>132</td>
<td>96%</td>
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<td>d. How transportable is the improvement?</td>
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<td>88%</td>
<td>82%</td>
</tr>
<tr>
<td>e. Were measurable outcomes demonstrated?</td>
<td>150</td>
<td>130</td>
<td>87%</td>
<td>91%</td>
</tr>
<tr>
<td>2. Presentation Skill (150 points total)</td>
<td>150</td>
<td>132</td>
<td>88%</td>
<td>78%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>1050</td>
<td>940</td>
<td>90%</td>
<td>87%</td>
</tr>
</tbody>
</table>

#### Lessons Learned

- Surgery – Clostridium Difficile Early Detection and Treatment
- Pediatrics – Improving Pediatric Influenza Vaccination Rates
- Radiology – Credentialing for Call
- OB/GYN – (1) Implementing ASCCP Pap Smear Guidelines at the Chatham County Health Department; (2) Ongoing Safety Measures in Labor & Delivery: SBAR Communication Tool
- Internal Medicine – Improving Safety and Efficacy of Patient Handoffs
- Family Medicine – Continuity of Care for Family Medicine Patients from the ED to the Clinic

#### Lessons Learned Opportunities Gained

- Overall roll-up scores of 90% (Year 3) and 87% (Year 2) demonstrated an improvement over the Pilot Year (77%)
- Score of 93% and 89% on DMAIC/DMADV process demonstrated an improvement over the Pilot Year (88%) and confirmed chief residents learned the core methodologies and knowledge needed for the PI process
- Major improvements with impact, sustainability, transportability and demonstrated measurable outcomes of projects
- One of the weakest scores was on presentation skill; need to emphasize residents practicing to deliver 10 minute presentation
- Conducting hand-off meetings (May) and starting PI process earlier (July) with the Charter were extremely beneficial

#### Lessons Learned: Resident’s Perspective

- Build team carefully, share leadership
- Every team member does not have to be present at every meeting
- Make scheduled, weekly "same time same place" meetings
- Deadlines help motivation!
- Scope matters
- Be willing to re-evaluate at every step
“Quality improvement often takes longer than expected to take hold and longer still to become widely and firmly established within an organization.” p. 2

National Health Service Institute for Innovation and Improvement, 2007

Thank You
For more information, please contact:

jane.nester@conehealth.com (Jane Nester)
336-832-8217

wigjje1@memorialhealth.com (Jean Wiggins)
912-350-8168

CME Credit: SCS Forum On GME Issues Webinar Series

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