Creating a Culture of Quality & Safety at Aurora Health Care

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Overall Goal/Abstract

AIM: To pilot an approach/model that integrates and aligns AHC priorities (Quality & Safety) its existing committees (Quality Committee/Council, CPC) and metrics with ACGME requirements (CLER, Common Requirements)

OBJECTIVES
1. Create a Steering Committee responsible for overall project framing and achievement of project aim and objectives.
2. Design the model to integrate key elements including:
   a. Utilize evidence-based approach
   b. Address Triple Health Care + AHC, Hospital priorities and Accreditation (ACGME/ Common Requirements, Milestones and CLER) requirements
3. Obtain buy-in and commitment regarding the model and implementation in additional programs from Resident Council and GMEC
4. Actively engage residents and faculty in 3 programs to pilot the model in Interdisciplinary team approach
5. Disseminate results internally and broadly in peer reviewed scholarly forums.

Background: Multi-Pronged Strategy

THREE RESIDENCY PROGRAM QUALITY/SAFETY PROJECTS

1. Family Medicine – Medication Reconciliation in Primary Care Clinics
   - Fishbone analysis to identify and prioritize contributing factors to errors in Med Rec
   - Focus on actionable process improvement (KJIC/Facilities) features by all providers
   - Creation of Med Rec Provider Workflow
   - (Re)Training and Pre-Post Quiz re: EPIC and Workflow
2. Internal Medicine - 30 Day Readmissions
   - Literature review to identify and select readmission risk tool (LACE): RCA tool for readmitted patients, Patient Perspective Questionnaire (PPQ)
   - Establish Workflow: develop training materials, training for team members
   - Mid-project survey regarding tool utilization and perception of impact + chart audit
3. Ob/Gyn – Operative Checklists in L&D
   - Literature review to identify and select checklists associated with quality care gaps
   - Delineate team member roles and workflow
   - Training faculty, residents, and students

RESIDENCY COUNCIL
- Define Residency Council roles related to Quality/Safety
  - Curriculum: Review all Modules to identify care requirements for all incoming residents
    - Recommend Shared Noon Conferences (a common core curriculum session for all residents/fellows) be structured to apply requirements of principles

Materials/Methods

THREE RESIDENCY PROGRAM QUALITY/SAFETY PROJECTS

1. All programs have completed ≥ 3 PDSA project cycle
2. All teams have disseminated results: 2 Local Posters; 2 State/National Platforms; 9 State/Notional Poster; 2 AAIMC “Poster Slam” Awards Platform presentations

Results

THREE RESIDENCY PROGRAM QUALITY/SAFETY PROJECTS

1. Established a Charter with roles/responsibilities for Q&S – approved by GMEC
2. GMEC approved Residency Council recommended requirement: Residents and faculty complete 5 III modules
3. Co-sponsor GMEC wide Shared Noon Council – using Hand Hygiene as required quality/safety application project, RC reps are accountable for program participation

Success Factors & Lessons Learned

SUCCESS FACTORS

- RECOGNITION “How terrifying the safety issue is” and the ability to identify projects that are related to specific problems in our field of work
- TEAMWORK: Active participation and involvement by dedicated interprofessional providers on all projects (medical students, residents, nurses, pharmacists)
  - Structure: ongoing regular meetings and communication with other professionals
  - Process: selection around a common theme so that the work can continue to evolve and benefit patients beyond the duration of any one resident

LESSONS LEARNED

- Begin change with yourself; look only at what you can change (focus on the system/process); pilot work with a small engaged group before full roll out
- Have an open mind, combine patient experience
- Leadership & Participation: Have a leader and hold frequent, regularly scheduled meetings to ensure goals are met and meetings yield results.
- Must have all key players, departments, disciplines actively involved and recognized

Barriers Encountered/Limitations

- LOGISTICS: Getting everyone at same meeting (competing schedules, duty hours)
- EMR: Variability in provider EMR training and coverage; limited options for modifying EMR; multiple and distinct EMR views/communication by provider (e.g., RN, Physicians, Pharmacists); difficulty obtaining/accessing EMR data for PASA rapid cycle improvement
- COMMUNICATION: Recognition that communication between providers and staff essential in change process; quickly revised strategy to routinize/hold interdisciplinary meetings
- ACCOUNTABILITY: Limited accountability if providers choose not to participate; importance of sustained faculty champion(s)
- CULTURE CHANG: Residents & Faculty now aware of requirements for quality/safety but engagement in teams/committees to initiate quality/safety an area for additional work

Conclusions & Next Steps

THREE RESIDENCY PROGRAM QUALITY/SAFETY PROJECTS

1. Family Medicine – Medication Reconciliation
   - Increased awareness from all providers regarding importance of having correct medical lists and importance of med-rec work flow has resulted in improved accuracy.
   - Next: Continue current safety projects to standardize care/improve outcomes by:
     - Reinforce workflow through Med Rec discussion at each clinic team meeting
     - Finalize a “staffing list” for use by attending physicians to ensure that medications are correctly reconciled
   - Family Medicine safety metrics are reviewed;
   - Expand team to include current PGY1 – continue moving forward next year

2. Medicine “30-Day Readmission:
   - Awareness of the issue/changes in the discharge process/earlier mobilization of patients.
   - Next: Continue readmission focus shifting to evidence driven interventions to: readmit o Complete chart audit and calibrate risk assessment tools to increase accuracy (LACE) o Implement interventions in identified high risk patients; o Continue early and on-going multi-disciplinary work group including program directors/faculty and add junior physicians (interns, medical students)
   - Physician project goals to assure continued alignment with health care system goals

3. Ob/Gyn “L&D Checklists:
   - Tremendous change in the culture and relationships among L&D caregiver & providers
   - Improved care quality via checklists & smart phrases created to standardize care
   - Next: Continue current safety project to improve outcomes by:
     - Educate new upcoming residents and staff into the work flow
     - Involve medical students into our daily workflow, safety groups, and projects.

RESIDENCY COUNCIL

- Next: Sustain current roles and responsibilities as leadership transitions o Revise charter and seek protected time for resident Q/S leadership roles
- III Curriculum and shared noon council conference as forum for application Q&S principles o Support IV initiative

ALL NIU: Internal/External Dissemination of our improving care “success stories”

Bibliography