

How to Incorporate Quality Improvement and Patient Safety Projects in Your Training

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Engaging physicians in quality improvement (QI) and patient safety (PS) efforts has become increasingly central to creating efficient delivery systems and improving patient care. Fellowship training in gastroenterology offers a unique opportunity to develop these skills in preparation for practice.

For example, learning how to analyze a problem and identify interventions to reduce harm, improve one's adenoma detection rate, or enhance vaccination adherence is crucial to advancing patient care. Additionally, new payment and delivery reform efforts within gastroenterology require physicians to take on more accountability for quality metrics.¹⁻³ Finally, the Accreditation Council for Graduate Medical Education now mandates QI and PS project participation for all housestaff.⁴ It is important to note that, although there will be some physician leaders spearheading efforts, QI and PS are the responsibility of all physicians. Prior publications have provided detailed primers for planning and executing successful QI projects in gastroenterology.⁵⁻⁷ This article aims to address how to incorporate QI training into fellowship training.

Training Models to Incorporate into Fellowship

QI and PS efforts in fellowship can take a variety of forms, and provide different depths of training and related research. These models highlight various approaches to training, and offer examples for future program development (Table 1).

Enhancement of Existing Divisional Curriculum

Existing programs and conferences within the traditional GI fellowship curriculum can be modified or expanded to incorporate QI and PS projects. For instance, meetings or

clinical conferences on Divisional Complications and Outcomes or Morbidity and Mortality cases can include fellow-directed discussions. That is, in consultation with the GI QI team leadership, trainees would develop a formal presentation with a root cause analysis and recommendation for risk minimization that can be developed into a QI project. Fellows can also present quality or PS issues through clinical case conferences. Additionally, multidisciplinary and didactic conferences can serve as opportunities for fellows to present their QI projects, allowing for the dissemination of conclusions that could change divisional practice, or receive feedback on progress.

To provide guidance for fellow-led projects, the development of a faculty-led QI advisory committee can help to streamline divisional efforts. One model is the Quality Improvement and Delivery Science program at the University of Pennsylvania, whose goal is to align quality with the academic mission of clinical care, education, and scholarship.⁸ This committee includes lead faculty, the fellowship program director, and a project manager, who oversees all QI and PS efforts across the division. A central repository of projects is maintained to ensure continuity, and monthly meetings allow for oversight of all divisional efforts. For example, readmission reduction strategies for patients with cirrhosis can be shared with those leading similar efforts within inflammatory bowel disease to help streamline resources and share experiences.

Overall, in this model, trainees are exposed to QI methodology through formal training through existing divisional efforts. During the first year of a fellowship, fellows are introduced to concepts of QI and QI leadership. During their second year, fellows apply their training to a PS or QI project of interest, with support from GI faculty leaders in QI. They use multidisciplinary and didactic conferences to disseminate their findings and to obtain critical appraisal of their work. In their third year, senior fellows lead a case-based presentation on a PS issue at a divisional QI meeting. This presentation includes evidence-based

MENTORING, EDUCATION, AND TRAINING CORNER

Table 1. Fellowship Training Models for QI and PS

Training Model	Examples
Enhancement of existing divisional curriculum	Participation in divisional “morbidity and mortality” conferences Faculty-led QI advisory committees
Integration within departmental efforts	Participation in departmental “morbidity and mortality” conferences Collaboration in review of adverse events from unit-based and hospital patient safety reporting systems
Online module training	Institute for Healthcare Improvement Open School Agency for Healthcare Research and Quality Team Strategies and Tools to Enhance Performance and Patient Safety
Cross-institutional collaboratives	High value practice academic alliance QI initiatives and collaboratives within specialty societies
Formalized training tracks and degree programs	NIH T32 grants to support masters and doctoral programs at the university

NIH, National Institutes of Health; PS, patient safety; QI, quality improvement.

recommendations for ways to improve institutional safety and quality.

Integration Within Departmental Efforts

Fellows commonly represent and manage the front-line intersections among the variety of stakeholders in clinical gastroenterology and hepatology, including housestaff, floor nursing, endoscopy nursing, faculty, and staff. As a result, they provide unique and meaningful insight into the clinical workflow and processes that lead to quality and safety challenges and can be part of developing practical solutions. To that end, given their perspective and ability to execute changes, they should be directly involved in discussions where quality and safety are highlighted, even outside of the division. Therefore, an effort should be made to participate in activities outside of the GI division, including departmental or hospital Morbidity and Mortality conferences that involve our patients or endoscopy. Additionally, unit-level quality efforts (eg, endoscopy unit or hospital floor-based team) often involve nursing and other clinical leadership, who review PS adverse events in that geographic unit. Fellows in this context can provide a more nuanced perspective and insight. In addition, many GI divisions have a quality and safety reporting structure that resides within the larger Department of Medicine, where fellows again should be encouraged to participate in committees and broader root cause analyses.

Online Module Training and Institutional QI and PS Opportunities

Fellows can develop additional expertise in QI and PS through online modules to supplement their real-world project experience. For example, the Institute for Healthcare Improvement provides Open School Online Courses, which are free of charge for students and trainees.⁹ These online courses include training in various key areas, including PS, improvement capability, and leadership, and can lead to an Institute for Healthcare Improvement Basic Certification in Quality and Safety. Additional trainee-specific online courses are available under their Graduate Medical Education section.

Some institutions also have tiered internal learning and development programs built around quality and safety that encourage housestaff and fellows to participate at varying levels. For example, at Johns Hopkins all fellows are required to take a basic online curriculum on PS and quality upon matriculation, and those with additional interest can participate in a variety of workshops at the Armstrong Institute for Patient Safety and Quality, including lean sigma training, TeamSTEPPS certification, which is an Agency for Healthcare Research and Quality program titled Team Strategies and Tools to Enhance Performance and Patient Safety, and human factors education.¹⁰ Further opportunities include a 5-day PS certificate program, as well as a 9-month leadership academy that facilitates further involvement within the health system infrastructure.

Cross-Institutional Collaboratives

Although many QI and PS efforts are initially enacted at a local level, opportunities for cross-disciplinary and interinstitutional collaboration are plentiful. Formalized collaboratives such as the High Value Practice Academic Alliance allow for the sharing of ideas through telecommunication platforms. Online meetings are conducted monthly and include presentations of successful local interventions that have broader potential. Interinstitutional mentorship is provided with the opportunity for scholarship. Through the program, trainees are provided with an outlet for developing QI and PS projects beyond their home institution. More information regarding this collaborative can be found at www.hvpaa.org.

Several prominent GI societies, including American Gastroenterological Association (AGA), American Association for the Study of Liver Diseases (AASLD), American Society for Gastrointestinal Endoscopy, and the American College of Gastroenterology, also facilitate cross-institutional collaboration through committee work. For example, the AGA Institute Quality Measures Committee works to develop quality measures from AGA guidelines and to operationalize quality measures in practice. The Cirrhosis Quality Collaborative, led by Dr Fasiha Kanwal and backed by the AASLD, has developed accepted quality measures for

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