Implementing Quality Improvement Projects in Your Residency

Sandra Starnes
April 25th, 2015
Program Requirements
Annual Update Questions

• What percentage of residents participate in patient safety programs during the current academic year?

• What percentage of residents participate in interprofessional clinical quality improvement programs to improve health outcomes?
Institutional Requirements

• CLER
  – Clinical Learning Environment Review
  – Component of the Next Accreditation System
  – Emphasizes the responsibility of the sponsoring institution for the quality and safety of the environment for learning and patient care
  – Requires close partnership between the GME leadership and hospital leadership
CLER
Six Focus Areas

- Patient Safety
- Quality Improvement
- Transitions in Care
- Supervision
- Duty Hours Oversight, Fatigue Management and Mitigation
- Professionalism
CLER

• **Patient Safety**
  – Residents must have an opportunity to report errors, unsafe conditions, and near misses
  – Residents must participate in inter-professional teams to promote and enhance safe care

• **Quality Improvement**
  – How sponsoring institutions engage residents in the use of data to improve systems of care, reduce health care disparities and improve patient outcomes
Program Requirements

- Residents are expected to systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.
- The program must document its active participation in clinical databases that are used to assess and improve patients' outcomes.
- The program must be committed to and responsible for promoting patient safety...
Program Requirements

• The program director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

• Residents and faculty members must demonstrate...the monitoring of their patient care performance improvement indicators.
Requirements

- Participation in Morbidity and Mortality conference
- Retrospective review of patients outcomes
- Does not satisfy current requirements
Definitions

• Quality assurance
  – Find and overcome problems with quality
  – Morbidity and mortality conference
  – *Good enough*

• Quality improvement
  – Systemic, data-guided activities designed to bring about immediate/nearly immediate improvement in health care delivery
  – Identification of patient needs
  – Root cause analysis methodology
  – *The best possible*
Definitions

- Quality assurance focuses on outliers
  - The tail ends of a bell curve
- Quality improvement focuses on shifting the bell curve to the right
What makes a good QI project?  
S.M.A.R.T Aim

• Specific goals
• Measurable
• Achievable
• Results-focused
• Time-bound
University of Cincinnati Experience
GME Support

• Dedicated Quality Improvement Director
  – Program Director
  – 0.3 FTE
  – Works with the medical center, GME leadership and individual programs

• Resource guide for QI projects
University of Cincinnati Experience
GME Support

• Orientation
  – Introduction to patient safety and quality improvement
    • Online modules
    • Small group discussion of case reports

• Residents participate in all Root Cause Analysis

• Residents added to hospital committees
What can individual programs do?

• Departmental and institutional support
  – Involve residents in hospital RCAs and committees

• STS database
  – Review of division data with residents as part of QA/QI process
  – Development of QI projects based on STS data
  – Organize residents into a team
    • Each resident doesn’t have to have a separate project

• Translate to scholarly activity