

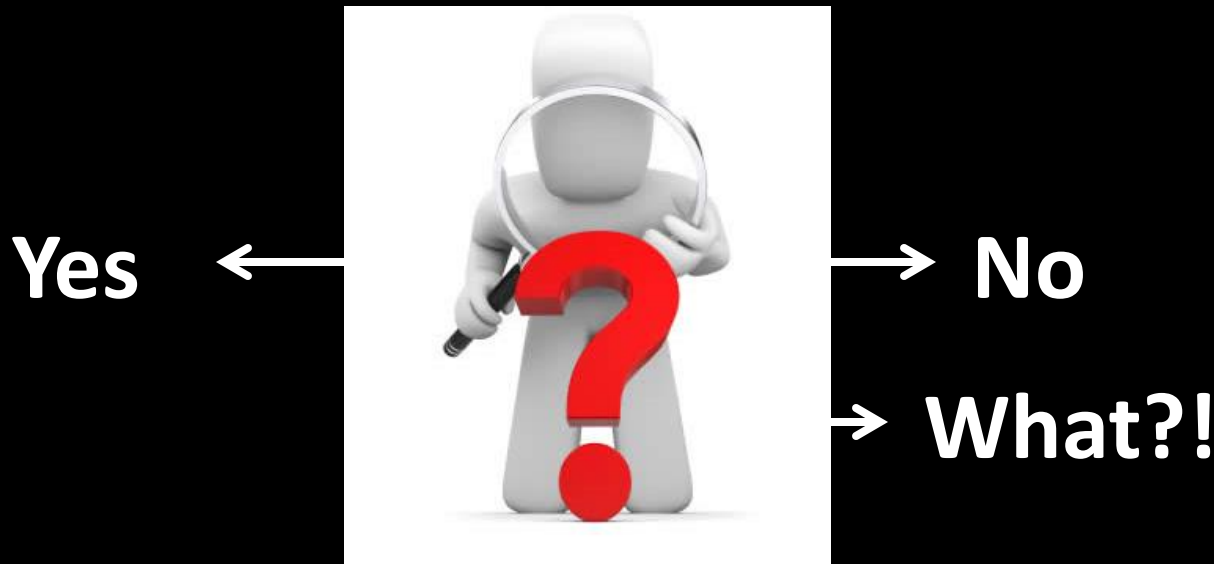
A Quiz

- I am comfortable going to any healthcare provider or hospital anywhere in the country.
- I am comfortable going to any healthcare provider or hospital in my city/town.
- I am comfortable going to my hospital or any healthcare provider in my institution.

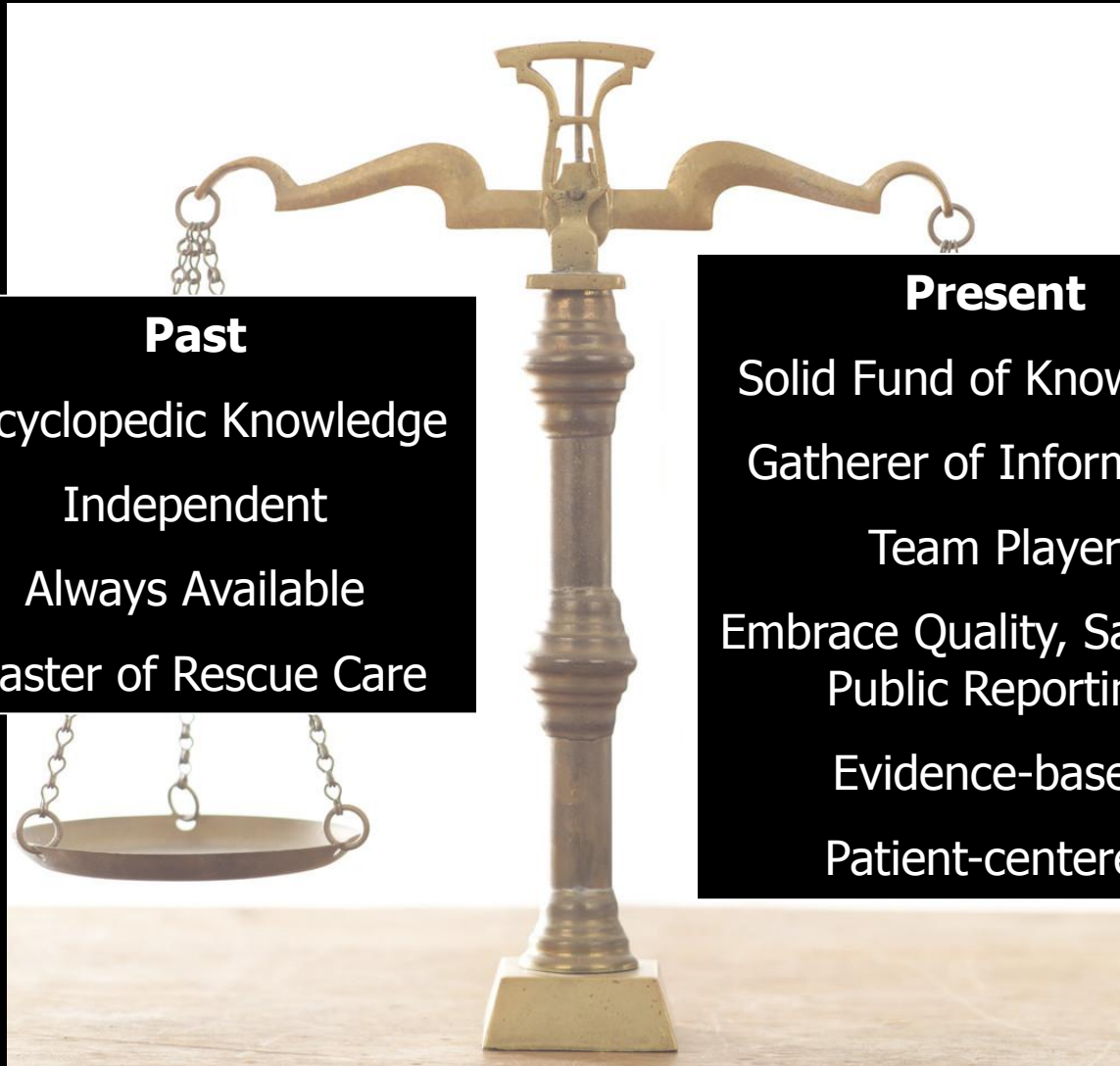


QUESTION: Should you consider yourself a high quality physician if you train in a health care system that is not systematically trying to improve the value of care it provides?

– Larry Casalino



The “Good Doctor”



Past

Encyclopedic Knowledge
Independent
Always Available
Master of Rescue Care

Present

Solid Fund of Knowledge
Gatherer of Information
Team Player
Embrace Quality, Safety, &
Public Reporting
Evidence-based
Patient-centered

How Do We Get There? What Do We Value & Teach?

Continual pursuit of safety in healthcare

Honesty, openness, transparency and disclosure

Continual reduction in waste

Teamwork & accountability across disciplinary lines

Patient-centeredness in all things

Commitments to recognize and address anomalies in professional behavior

Awareness of economics, healthcare costs, and social stewardship

A dirt path winds through a lush green forest. Two signs are placed on the path, one on the left and one on the right. The sign on the left is a light green rectangle with a black border, containing the text 'Quality & Patient Safety'. The sign on the right is a similar light green rectangle with a black border, containing the text 'Graduate Medical Education'. Both signs are supported by black vertical posts. The path is covered in fallen leaves and leads into the distance between the trees.

**Quality &
Patient Safety**

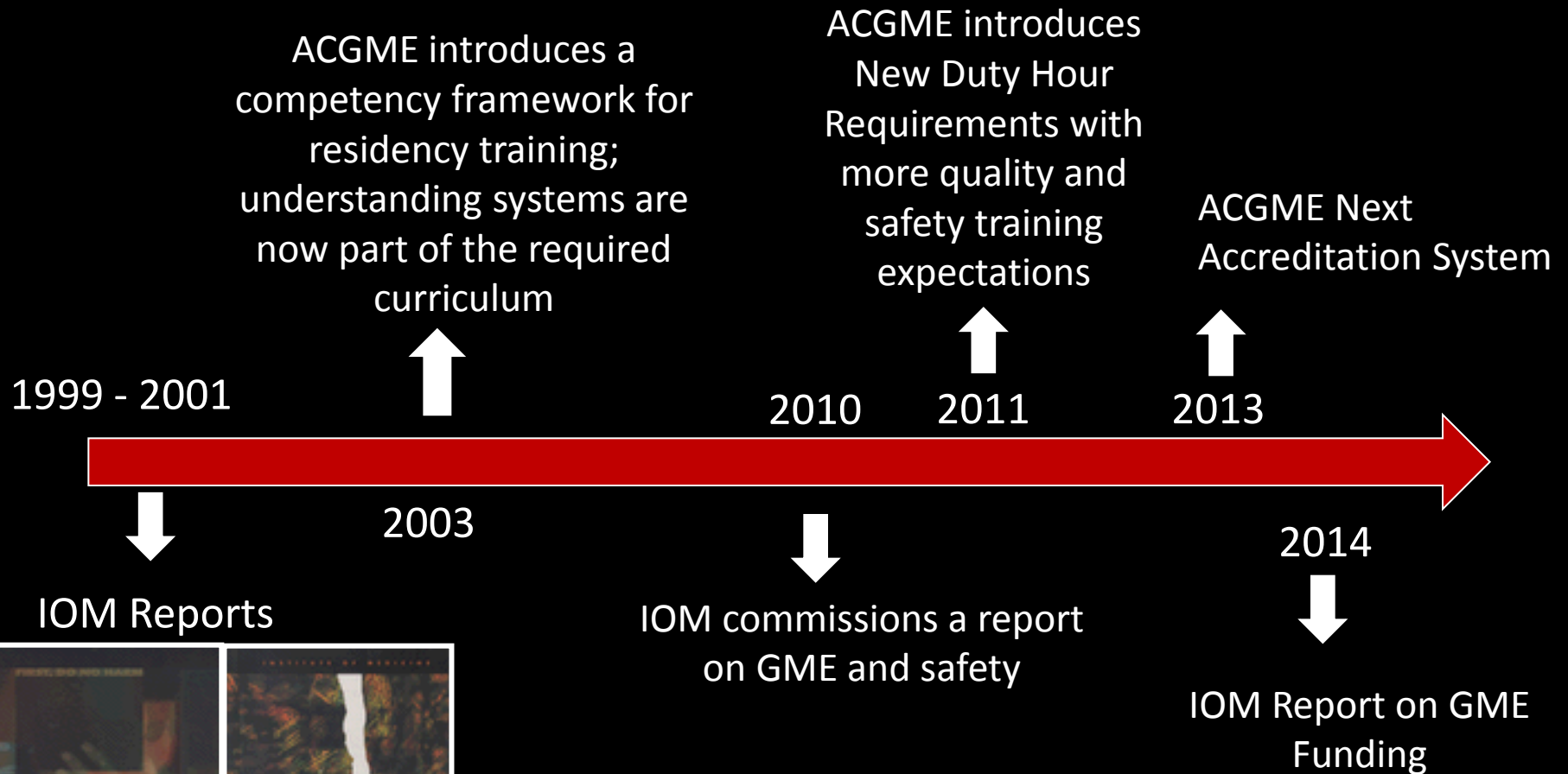
**Graduate
Medical
Education**

Finally Coming Together

Jennifer S. Myers MD

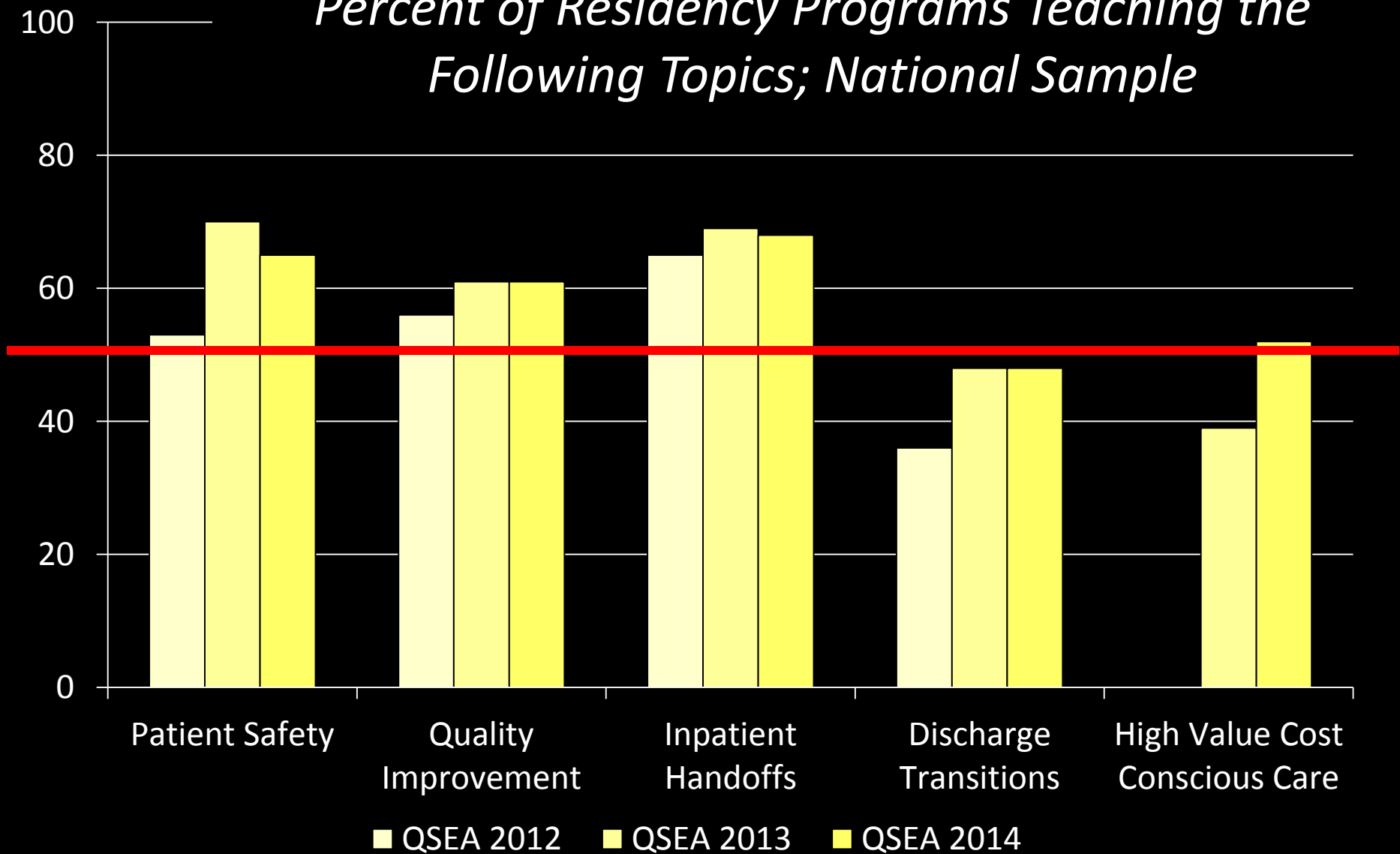
December 5, 2014

Timeline for Quality and Safety Education

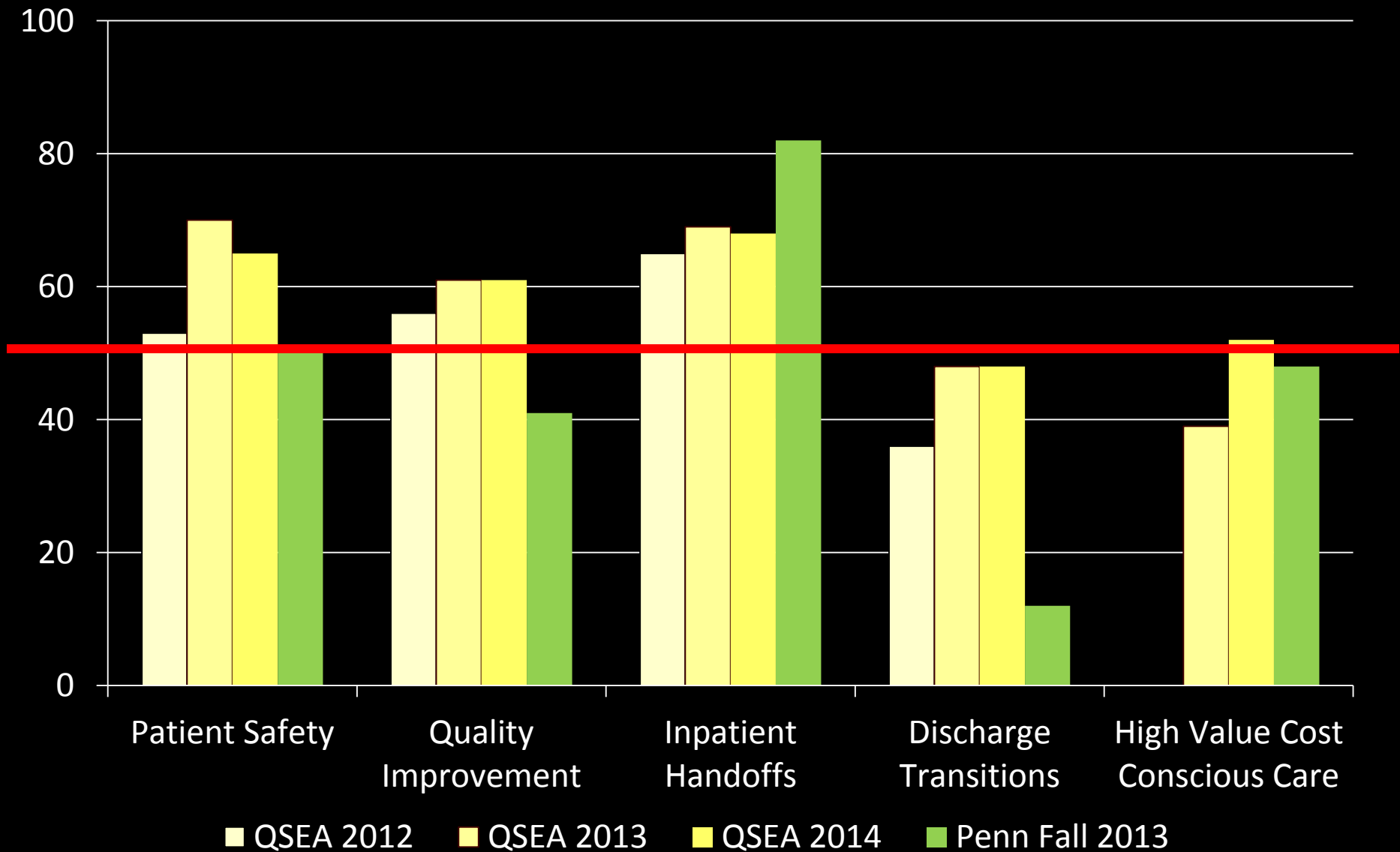


A Call to Action

Percent of Residency Programs Teaching the Following Topics; National Sample



Penn is Not That Much Better!



Barriers:

- Hidden Curriculum
- Lack of faculty expertise & buy-in
- Time
- Change
- “QI” can be seen as a bad word

Incentives:

- Public opinion
- External Regulations
- GME funding
- OUR PATIENTS



“...graduate medical education must include training and active participation in quality and safety initiatives by every resident physician”.

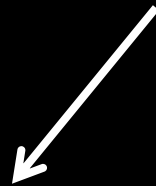
Dr. Tom Nasca; JAMA

ACGME has the aspirational goal of demonstrating to the public that America's teaching hospitals and institutions are safe and of high quality.

SPECIAL REPORT

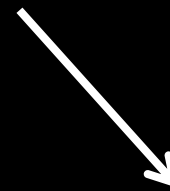
The Next GME Accreditation System — Rationale and Benefits

Thomas J. Nasca, M.D., M.A.C.P., Ingrid Philibert, Ph.D., M.B.A., Timothy Brigham, Ph.D., M.Div.,
and Timothy C. Flynn, M.D.

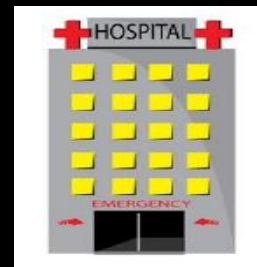


MILESTONES:

Demonstrate Competency
in Quality & Safety



Clinical Learning Environment
Review Program:
Engage Residents & Faculty in
Institutional Quality & Safety Efforts



Milestones for Quality & Safety

Patient Care	PBLI (QI)	SBP (Safety)
Ready for unsupervised practice	Ready for unsupervised practice	Ready for unsupervised practice
Acquires accurate histories from patients in an efficient, prioritized, and hypothesis-driven fashion	Analyzes own clinical performance data and actively works to improve performance	Identifies systemic causes of medical error and navigates them to provide safe patient care
Performs accurate physical exams that are targeted to the patient's complaints	Actively engages in quality improvement initiatives	Advocates for safe patient care and optimal patient care systems
Synthesizes data to generate a		Activates formal system

“Ready for Unsupervised Practice”

minimize the need for further diagnostic testing	improvement to improve care for a panel of patients	Reflects upon and learns from own critical incidents that may lead to medical error
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Clinical Learning Environment Review Program (CLER)

Six Key Focus Areas for CLER:

1. Quality Improvement
2. Patient Safety
3. Handoffs & Transitions
4. Supervision
5. Professionalism
6. Duty Hours/Fatigue Management



Key Questions:

How engaged are the residents and fellows?

How integrated is the GME leadership and faculty in the hospital/medical center efforts across the six focus areas?

University of Pennsylvania Health System



Acknowledgements:

PJ Brennan MD; CMO

Jeffrey Berns MD; DIO

Pat Sullivan PhD; VP QI/PS

Neha Patel; MD MS

Lisa Bellini MD; Vice-Dean Faculty Affairs

- Tertiary care health system in Philadelphia (3 hospitals)
- 789 beds at our primary academic teaching hospital
- 78 accredited GME programs
 - 1147 housestaff
- Department of Clinical Effectiveness & Quality Improvement (CEQI)
- National reputation for quality and safety

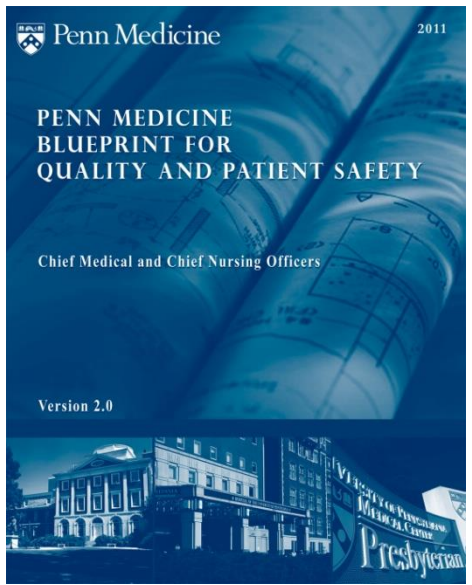


Penn's Blueprint for Quality & Patient Safety (2009)

◆ Penn Medicine ◆
Blueprint for Quality and Patient Safety

Penn Medicine will eliminate preventable deaths and preventable 30-day readmissions by July 1, 2014

Imperatives	Priority Actions
Accountability For Perfect Care	<ul style="list-style-type: none"> ◆ “Always” events - strive to provide perfect care ◆ Implement clear lines of accountability that span inpatient and ambulatory environments
Patient And Family Centered Care	<ul style="list-style-type: none"> ◆ Provide consistent and thorough communication regarding plan of care ◆ Increase patient and family involvement in UPHS forums and integrate patient feedback into clinical and service improvement efforts
Transitions In Care/Coordination Of Care	<ul style="list-style-type: none"> ◆ Redesign clinical processes to ensure that patients and their information are safely transitioned from one level of care to another
Reducing Unnecessary Variations In Care	<ul style="list-style-type: none"> ◆ Eliminate variations in care processes where none exists ◆ Balance conformity in practice with needs of individual care ◆ Improve the value of our health care products and service outcomes
Provider Engagement, Leadership, And Advocacy	<ul style="list-style-type: none"> ◆ Strengthen organizational capacity and capability for continuous improvement ◆ Increase involvement of housestaff in quality, safety and service excellence efforts

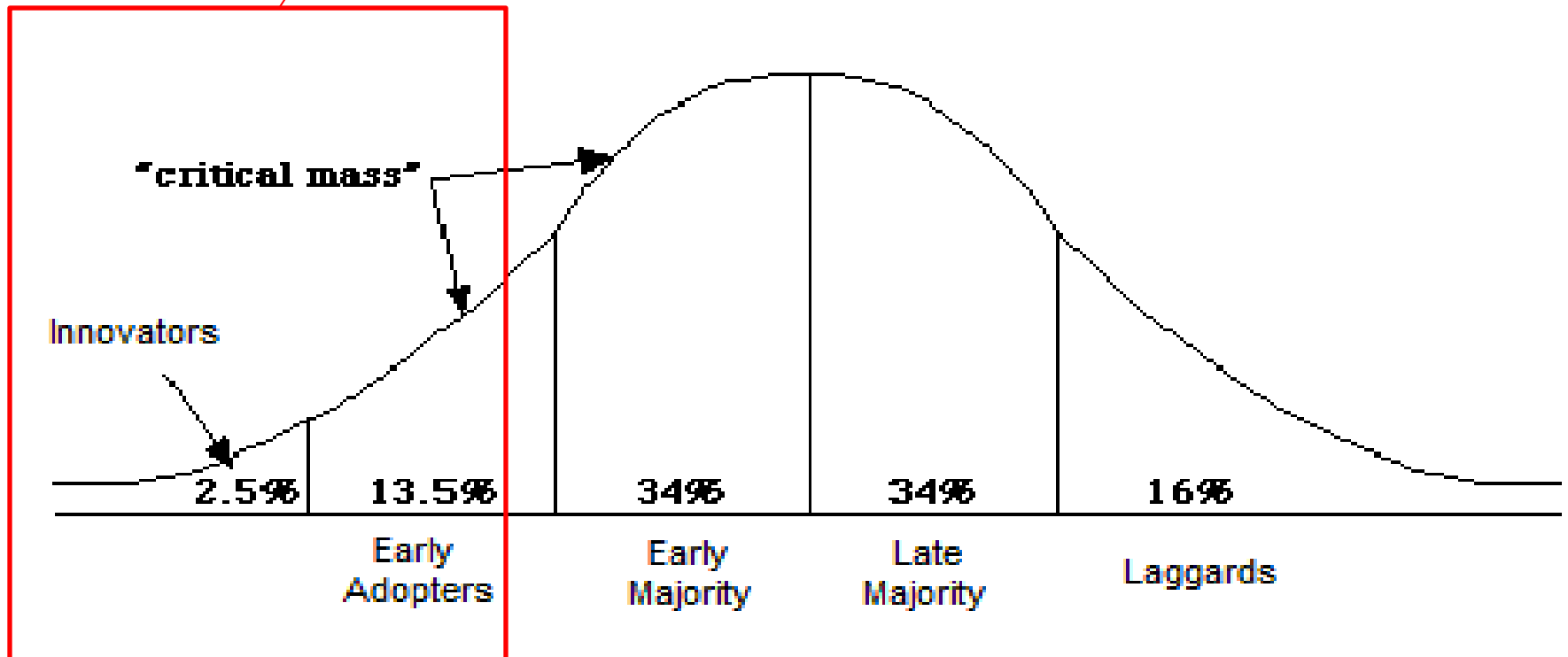


Increase involvement of house staff in quality, safety and service excellence efforts

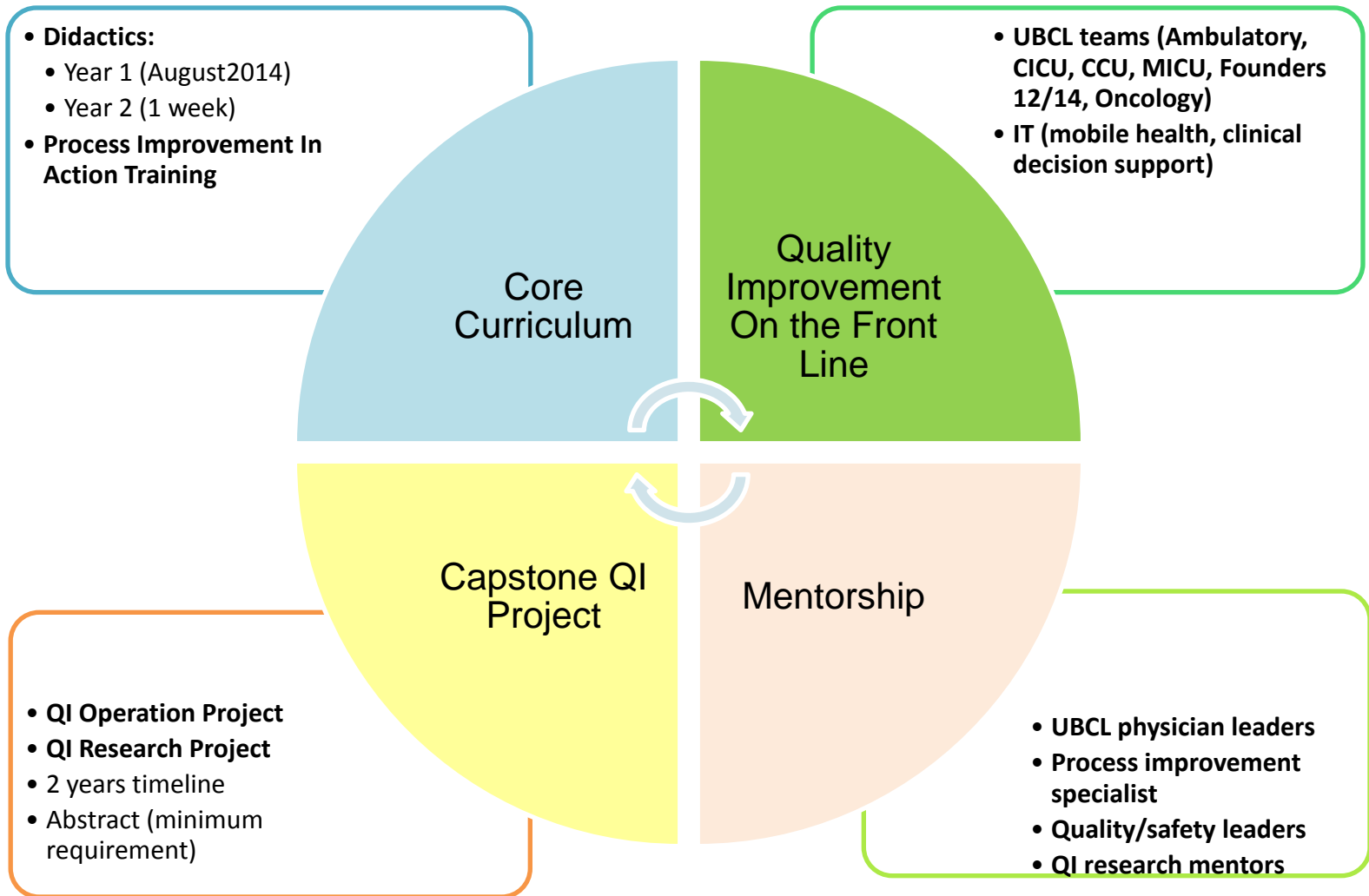


The Beginning of Our Story

Identifying & Engaging the Residents and Fellows Who Wanted to be Leaders and Change Agents for Healthcare Improvement



Healthcare Leadership in Quality Track



Established in 2009-2010

Patel N, Brennan PJ, et al. Academic Medicine 2014

Housestaff & Advanced Practitioner Quality Council



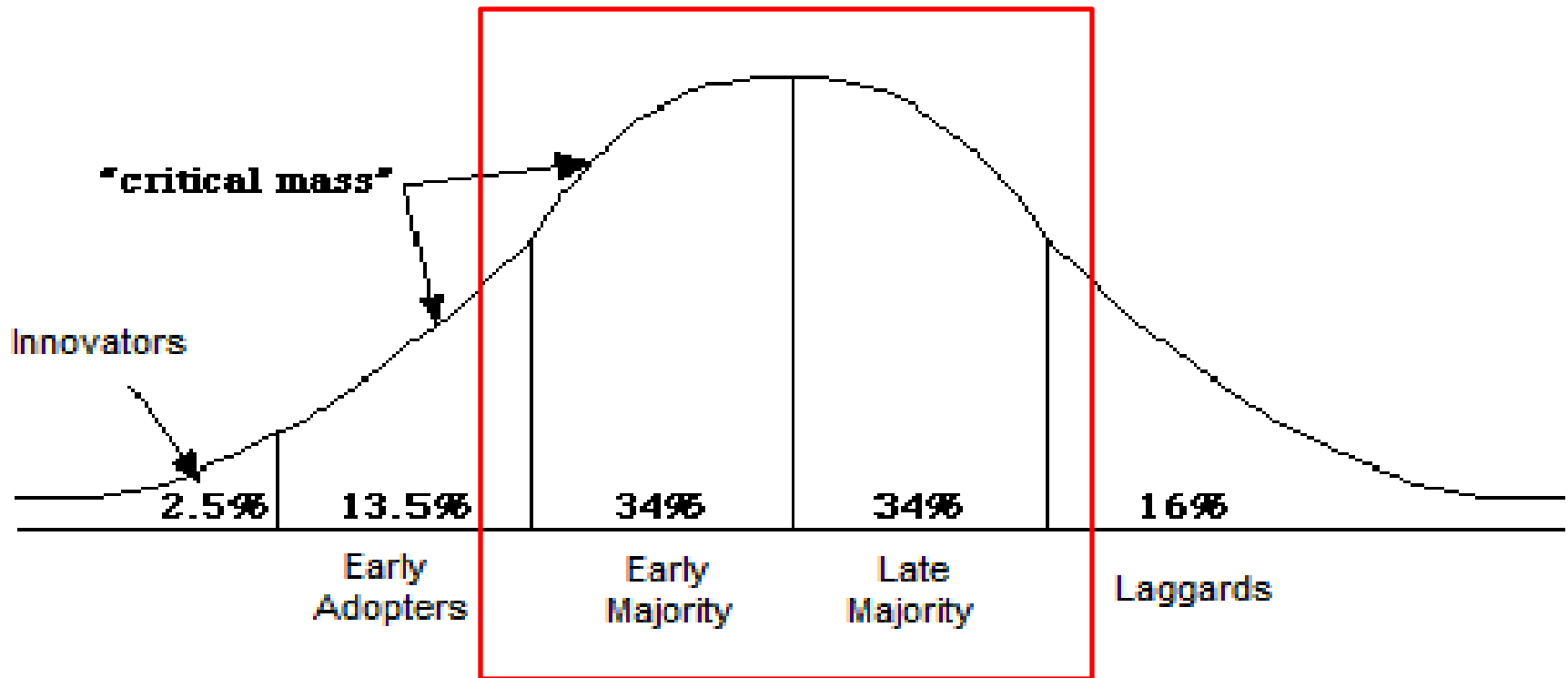
A forum for QI “problem-solving” with residents from diverse departments

Connect health system quality priorities with resident/AP ideas & leadership

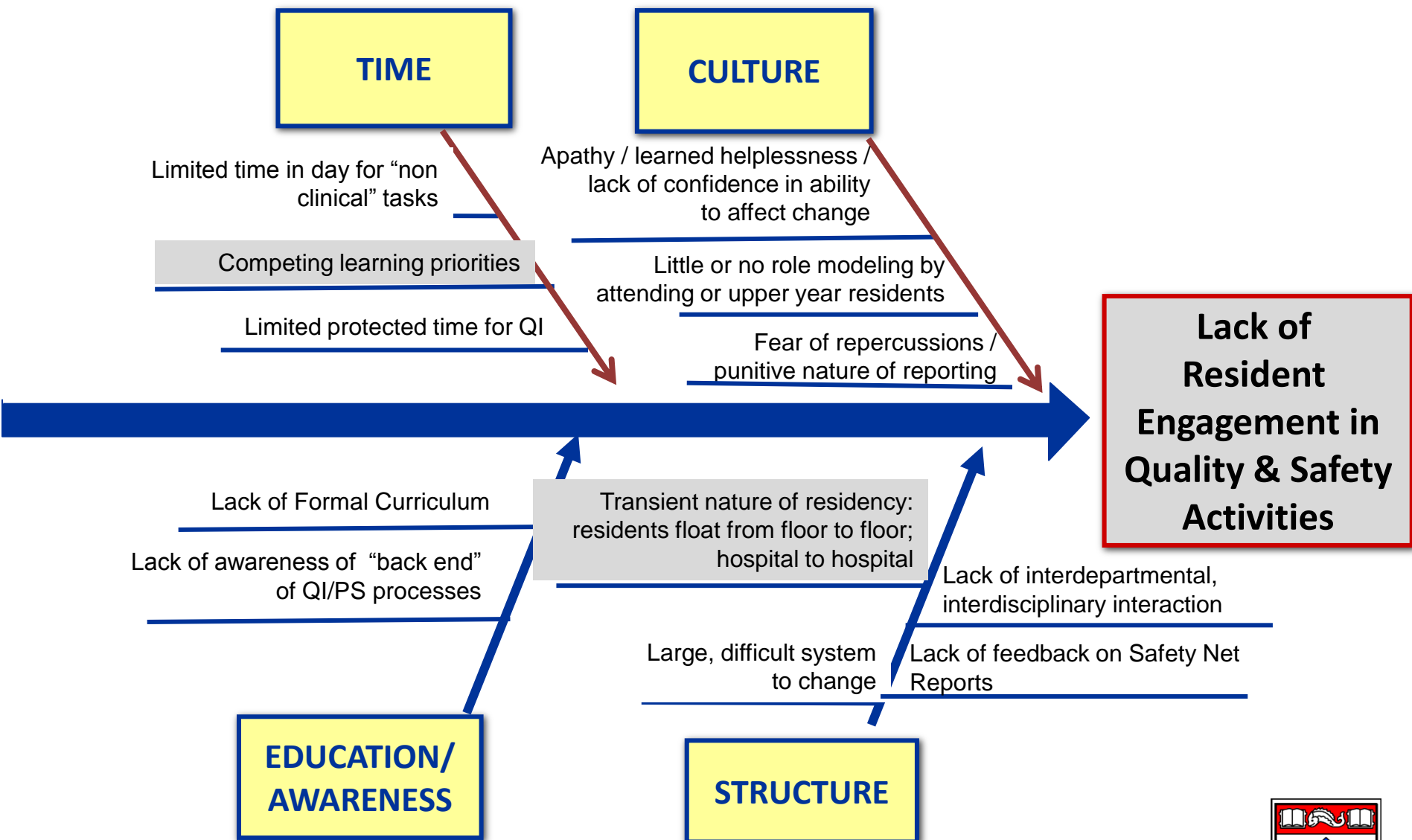
Annual QI Project

Established 2011 at UPHS

The Middle of our Story: Reaching the Majority



What Do The Residents Think ?

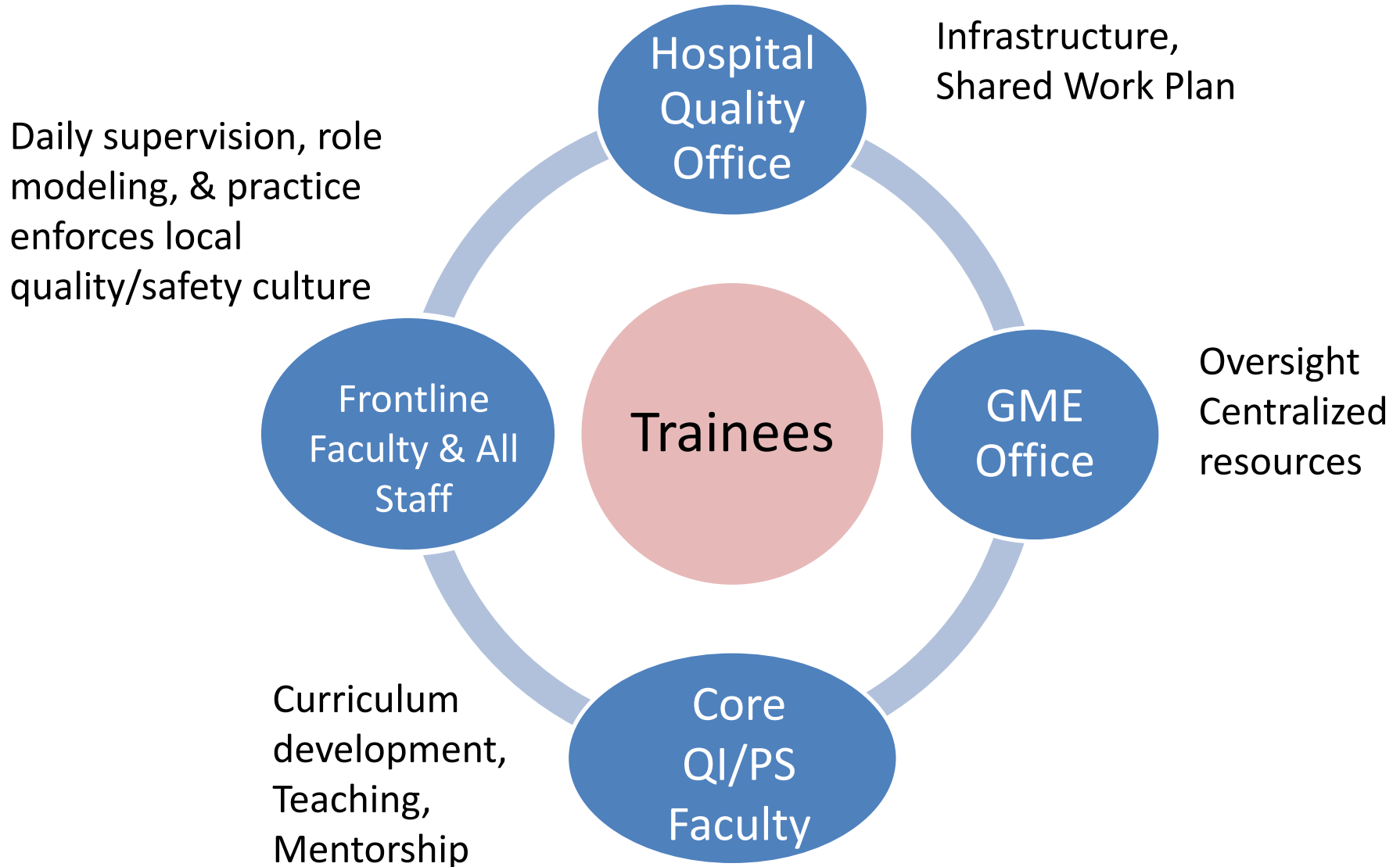


Conceptual Framework for Resident Engagement in Quality & Safety



Shared Responsibility:

New Relationships, Roles, and Work





Penn's GME Quality/Safety Efforts

Culture

Safety Reporting Campaign

FOCLE "Walk Rounds"

Educational Resources

Quality & Safety Toolkit on GME website

Video-based Orientation Module to Introduce Penn's Culture of Quality & Safety

Faculty Development

Faculty Development – as much as humanly possible!

Interprofessional Collaboration

RN/NP involvement in HS Council
Partnering with Nurses for svc orientation

Infrastructure

Associate DIO for QI/PS – new position

Quality/Safety Educator(s) in each department

Hstaff Quality/Safety Leadership Council

Healthcare Leadership in Quality Track

New relationships with Quality Data managers to make data more accessible to programs and trainees

Health System – GME Alignment

Associate DIO for QI/PS – sits in both worlds

Shared QI-CLE "Dashboard" with Outcome measures to focus our work measure progress



Thank You
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