

ENHANCING QUALITY IMPROVEMENT AND PATIENT SAFETY (EQuIP) ROTATION
Overview of Rotation with Goals and Objectives
June 2018 Revision

Location: University Medical Center New Orleans

Length: Two or Four Weeks

Rotation Director: Fred Rodriguez, MD, LSU Pathology – (Cell) 504 -201-5489

Rotation Coordinator: Treva Lincoln - (Office) 504-568-2092

UMCNO Coordinators: Donna Blady, RN - UMCNO/PI Analyst – (Office) 504-702-3036
(Cell) 504-301-6766
Erica “Ros” Pruitt, RN, UMCNO Director of Quality/Safety & Risk
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Overall Goals and Objectives:

The EQuIP rotation aims to emphasize the importance of a multisource, multidisciplinary and interprofessional approach to integrating Patient Safety (PS) and Quality Improvement (QI) initiatives within the healthcare system by using core principles of Quality Management (QM), Performance Improvement (PI), and Patient Safety.

Skill Level Designation: N/A

Rationale for the Rotation:

The overarching rationale for the launching of the EQuIP rotation is multidimensional and involves the following: the ACGME accreditation process including the CLER site visit, residency training RRCs, program requirements and program specific milestones, the Joint Commission, the LSU SOM EQuIP office and alignment with UMCNO Quality, Safety and Risk Management practices.

The **Accreditation Council on Graduate Medical Education (ACGME)** Common Program Requirement (VI.A.3.) requires that residents integrate and participate in interdisciplinary clinical QI and PS programs. Further, the ACGME CLER visit has a conceptual framework that includes a focus area (Focus Area 1) on PS and QI such that residents are encouraged to participate in the reporting of errors, unsafe conditions and near misses by involvement in interprofessional teams aimed at promoting safe care and improving both systematic and patient outcomes.

The EQuIP rotation provides exposure to the multidimensional aspects of Quality Management and Performance Improvement. It allows exposure to the ACGME accreditation process including the Clinical

Learning Environment Review (CLER) site visit, residency training RRCs, program requirements and program specific milestones, the Joint Commission, the function and duties of the LSUHSC School of Medicine EQUIP office and an introduction to and participation in UMCNO Quality, Safety and Risk Management committees and practices.

The **LSU School of Medicine Enhancing Quality Improvement through Patient Safety (EQUIP)** office, housed within the Graduate Medical Education office, was founded in order to bring awareness to PS and QI among residents and faculty and to bridge the knowledge gap among practitioners in the system.

UMCNO's Quality Safety, and Risk Management Offices offer oversight and centralization of all quality and cost variables within the hospital system that contribute to defining valuable care and practices.

As such, at the end of the EQUIP rotation the resident will be able to satisfactorily:

1. Describe key concepts in PS/QI/QM/PI (**Medical Knowledge**)
2. Define Valuable Care and the input of both quality and cost as variables (**Medical Knowledge**)
3. Describe epidemiologic risk factors and prevention strategies surrounding medical error (**Medical Knowledge**)
4. Understand process and the importance of event reporting including near misses (**Medical Knowledge**)
5. Understand event analysis and outcomes (**Medical Knowledge**)
6. Formulate ideas for enhanced care delivery at UMCNO (**Patient Care, Practice Based Learning and Improvement and Systems Based Practice**)
7. Communicate effectively within the delivery team on PS/QI topics (**Interpersonal and Communication Skills, Professionalism, Systems Based Practice**)

Below serves as an example schedule. The precise schedule is housed online within the LSU GME webpage:

http://www.medschool.lsuhs.edu/medical_education/graduate/EQUIP/rotation.aspx

REQUIRED ELEMENTS OF THE EQUiP ROTATION

A resident is NOT considered to have completed the EQUiP rotation until ALL of the elements listed below have been completed.

- **Attendance at all didactic presentations:**
 - Dr. Rodriguez – “Process Improvement: The EQUiP Rotation”
 - Ms. Lincoln – “Institutional Quality Improvement and Patient Safety”
 - Ms. Blady – “Quality, Safety, Risk, and Accreditation: University Medical Center New Orleans”
 - Date completed: _____

- **Completion of all required Institute for Healthcare Improvement (IHI) on-line modules:**
 - QI 102: How to Improve with the Model for Improvement (1.5 hr)
 - QI 103: Testing and Measuring Changes with the PDSA Cycle (1.25 hr)
 - QI 104: Interpreting Data: Run Charts, Control Charts, and Other Tools
 - PS 101; Introduction to Patient Safety (1.5 hr)
 - PS 102: From Error to Harm (1.0 hr)
 - PS 201: Root Cause and System Analysis (1.5 hr)
 - See below for more information regarding the IHI modules
 - Date completed: _____

- **Attendance at two or more UMCNO Medical Staff or Other UMCNO Committee meetings**

- **An oral presentation encompassing:**
 - An in depth concept idea for a viable QI/PS project (either an original project or enhancement of an existing QI/PS project)
 - Submission of the presentation power point for the EQUiP archive
 - Submission of a completed “Project Plan” form for the EQUiP archive
 - See below (page 7, Paragraph 7) for more information regarding the oral presentation
 - Date completed: _____

- **Periodic status reports until completion of the QI/PS project**
 - The resident will be queried at intervals by Dr. Rodriguez for these status reports until the project is completed
 - It is expected the resident will submit an abstract of their project for oral or poster presentation at the annual LSU EQUiP Spring Quality Forum (see page 7, paragraph 7).
 - Date completed: _____

- **Completion of the rotation pre-test and post-test**
 - Date completed: _____

WEEK ONE OBJECTIVES: Didactics and Online Learning Modules

Didactic One Objectives: By the end of Didactic One, the resident is expected to be able to:

- Explain the structure of the EQUiP rotation
- Understand the requirements for institutional committee attendance
- Be conversant in the principles behind QI and Patient Safety
- Understand examples of basic methodologies and processes used in QI/PS/QM/PI (Root Cause Analysis, PDCA, Lean, etc.)

Didactic Two Objectives: By the end of Didactic Two, the resident is expected to:

- Know how this rotation fits into the ACGME competencies and milestones – and the rationale behind these connections.
- Consider the intent and impact of the CLER program.
- Understand and engage with the EQUiP program – goals, resources, requirements, and place in the GME structure.

Didactic Three Objectives: By the end of Didactic Three, the resident is expected to be able to:

- Explain the UMCNO quality and safety management/improvement structure, policies and processes including RCA and PI Team initiatives
- Discuss regulatory standards for quality and safety, including the JC National Patient Safety Goals
- Identify the UMCNO's central priorities for quality and safety
- Explain the process of OPPE (Ongoing Provider Performance Evaluation)
- Describe UMCNO's committee structure
- Understand which committees he/she will observe and each of these committee's central mission and purpose as it relates to QI / PS
- Hospital National Patient Safety Goals

All assigned IHI on-line modules should be completed in week one.

DETAIL OF WEEK ONE DIDACTICS AND IHI LEARNING MODULES

Didactic One: General orientation to the EQuIP Rotation and Basics of QM/PS

Dr. Fred Rodriguez

Date/Time: See the EQuIP Rotation Calendar on the EQuIP website

Location: Contact Dr. Rodriguez at 504-201-5489

Didactic Two: Orientation to the LSU GME EQuIP Office , CLER, and Related Topics

Ms. Treva Lincoln

Date/Time: See the EQuIP Rotation Calendar on the EQuIP website

Location: Lions Clinic, 6th floor, Learning Center

Didactic Three: General orientation to the UMCNO QM/PS Program

Ms. Donna Blady

Date/Time: See the EQuIP Rotation Calendar on the EQuIP website

Location: Lions Clinic, 6th floor, Learning Center or UMC QM Department, UMC Tower 3, First floor

Online IHI Modules

The resident will need to register online for these IHI modules.

Login instructions – please note the Group Password needed for access:

1. Register your account at www.IHI.org/RegisterFull using your LSUHSC email address
2. Once you are logged in after registering, go to www.IHI.org/EnterPasscode and enter the LSUHSC group passcode – 2D7C3EC1 – and click “Get Access” button. This step is crucial in order to be able to track your individual progress in completing all modules.
3. Complete the assigned module courses

As part of our institutional subscription, you have access to all available online courses, though the only required courses at this time are:

- QI 102: How to Improve with the Model for Improvement (1.5 hr)
- QI 103: Testing and Measuring Changes with the PDSA Cycle (1.25 hr)
- QI 104: Interpreting Data: Run Charts, Control Charts, and Other Tools
- PS 101; Introduction to Patient Safety (1.5 hr)
- PS 102: From Error to Harm (1.0 hr)
- PS 201: Root Cause and System Analysis (1.5 hr)

Completion of these modules is MANDATORY and will be tracked.

OPTIONAL Courses are:

- QI 101: Introduction to Health Care Improvement (1.25 hr)
- QI 201: Planning for Spread: From Local Improvements to System Wide Change (1.25 hr)
- PS 105: Responding to Adverse Events (1.75 hr)

WEEKS TWO THROUGH FOUR: Active Learning and Application

1. **Daily check-in** (by phone, text, or in person) with Ms. Donna Blady of the UMCNO QM staff to review the work flow for the day.
2. **Intermittent meetings** by the resident with Dr. Rodriguez for the resident to share his/her experiences from all of the attended committee meetings and /or RCAs or PI teams, and other EQUIP experiences to initiate discussions that involve:
 - Gaps in learning or experience that need to be fulfilled
 - Impediments regarding the progression of the resident's learning experience on the rotation
 - Potential topic for end of rotation presentation
 - The resident will also be provided feedback regarding his/her progress on the rotation during these meeting with Dr. Rodriguez.
2. **Root Cause Analysis (RCA) or "Mock" RCA**
 - Resident participation in any/all RCA/reportable event investigations occurring during weeks 2-4 is a required component of the rotation. Assignment is at the discretion of UMCNO Quality office.
 - If no RCA occurs during weeks 2-4 of the resident's rotation, a "Mock" RCA experience will be afforded the resident
3. **"Hazard Room" Patient Safety Assessment**
 - During weeks 2-4 of the resident's rotation, a "Hazard Room" Patient Safety Assessment experience will be afforded the resident.
4. **Process Improvement (PI) Teams**
 - Resident participation in any active PI Teams is also required if available during weeks 2-4. Examples of PI teams may include patient Alarm tracking, Hand Washing, or Pathology lab indicators such as Critical value reporting
5. **Clinical Learning Environment Review (CLER)**
 - Resident participation in any CLER tracers, CLER visit preparation, or follow up is also required if such activities occur during weeks 2-4.
6. **UMCNO Committee meetings**
 - Resident participation in UMCNO Committee work is a requirement of the rotation during weeks 2-4. Assignment, scheduling and the role that the resident plays will be designed by the UMCNO Quality office. At the discretion of the UMCNO Quality office, the resident may be advanced to take a more active role at the committees.

- **Possible UMCNO Committees include (Contact Ms. Blady to coordinate your attendance) :**
 - 1. CQM (Monthly every fourth Tuesday at 12:00 Noon)monthly
 - 2. Code Blue
 - 3. Critical Care
 - 4. Environment of Care (EOC)
 - 5. Ethics
 - 6. Grievance
 - 7. Laser
 - 8. Medical Staff Department Meetings
 - 9. Offender Care
 - 10. Patient Safety
 - 11. Infection Control
 - 12. Trauma Quality Improvement
 - 13. Stroke

7. The Resident’s End of Rotation Summation Presentation and Follow Up

a. At the conclusion of the rotation, the resident will present one in depth concept idea for a viable QI/PS project at UMCNO. The presentation should be a 40 to 50 minute PowerPoint presentation. The team will discuss the concept, query the resident on the rationale, feasibility and potential outcomes of the projects.

b. At the summation presentation, the resident will provide copies of a completed “UMCNO Project Charter” using the format and template provided by the UMCNO QM Department

c. A copy of the resident’s PowerPoint presentation will also be provided to the LSUSOM EQuIP office (Ms. Lincoln), the Rotation Director (Dr. Rodriguez), and the resident’s respective Program Director

d. Additionally the resident will be expected to continue to pursue and develop the project proposed at the end of the rotation presentation during their ensuing clinical rotation months. A timeline with specific milestones will be established and the resident’s progress on continuing the project will be monitored by Dr. Rodriguez, UMCNO QM staff, and the LSUSOM EQuIP office. It is expected that the resident will present the status of his/her project at a meeting of the UMCNO Comprehensive Quality Management Committee approximately 3 to 6 months after completing the EQuIP rotation.

e. Lastly, it is expected that the resident will submit an abstract of their project to the LSUSOM EQuIP office for presentation at the annual Spring Quality Forum with the intent that the abstract will eventually be submitted for publication in a peer reviewed journal.

f. **Completion of “a.” through “e.” above is a REQUIREMENT of the rotation!**

7. Proposed QI/PS projects

Projects should fall under one of the major subgroup headings:

- Hand offs
- Improving Interdisciplinary and Interprofessional Teamwork

- Communications
- Duty Hours
- Health Care Disparities
- Professionalism
- Patient Identification
- Use of Medicines
- Use of Alarms
- Infection Prevention
- Identification of Patient Safety Risks
- Prevention of Mistakes in Surgery
- Patient Education

8. Pre and Post Test

A 5 question pre-test and then a follow up 36 question post-test will be distributed to the rotating resident. Use of these tests is for trend data collection. No minimum passing score is required.

9. Weeks Two-Four Webinars and Reading Assignments: See GME/EQuIP website

RESIDENT AND ROTATION EVALUATIONS:

Residents will be evaluated by their Program Directors across the 6 Core competencies and the QI/PS Milestones via *New Innovations* based on input provided by the Rotation Director, UMCNO QM staff, and LSUSOM EQUiP staff. Data points will aggregate into a 360 degree evaluation (faculty, non-physician, self and peer). Written multiple choice questions (MCQs) as seen in the RISE examination scores and the pre and post test questions may be considered. Residents will also be provided with constructive feedback by the attending faculty during the rotation. Data utilized when assessing the resident's performance will include the following:

- Attendance at didactics
- Successful completion of assigned online modules
- Active participation in at least one RCA if available
- Meaningful attendance in at as many as possible UMCNO multidisciplinary committee meetings
- End of rotation presentation
- Completion of pre-test and post-test

The Resident will be asked to evaluate their experience on the rotation and will be given the opportunity to provide feedback on the strengths and weaknesses of the rotation for future development via an on line survey from the LSUSOM EQUiP office.

In addition to the EQUIP Rotation Goals and Objectives described above, the resident is also encouraged to apply the knowledge, experience, and skills acquired during the rotation to pursue these additional QI/PS/QM/PI Goals and Objectives:

GOALS

(The development of effective learning skills and the importance of life-long learning are a primary focus of the rotation.)

At the end of the rotation the resident will have sufficient knowledge and training to:

1. Define Process Improvement, Quality Improvement, and Patient Safety concepts.
2. Discuss key elements of PS/QI issues and projects.
3. Identify potential PI/QA issues and projects within the LSUHSC/LCMC health care system.
4. Review basics of major health insurance systems and how to improve elements which will improve patient care.
5. Define Value Based-Care and the considerations of quality and cost as variables within it.
6. Describe epidemiologic and system-based risk factors and prevention strategies associated with medical error.
7. Understand the root cause analysis process and the importance of sentinel event reporting, including near misses.
8. Understand the importance of outcomes in patient safety and cost effective patient care.
9. Formulate ideas for improving the quality of patient care and outcomes for patients at UMC.
10. Communicate effectively with multidisciplinary teams regarding PS and QI issues and topics.

GENERAL COMPETENCY-BASED EDUCATIONAL OBJECTIVES

1) Medical Knowledge

Residents will demonstrate understanding of quality improvement and research methodologies, as well as the application of this knowledge.

Residents will demonstrate knowledge and understanding of quality improvement fundamentals.

Residents will demonstrate knowledge and understanding of research design and methodology and basic biostatistics.

Residents will learn to recognize gaps in their knowledge and promote resourceful development of expertise.

2) Practice-Based Learning & Improvement

Residents will identify strengths, deficiencies, and limits in their own knowledge and expertise, set learning and improvement goals, and identify and perform appropriate learning activities.

Residents will systematically analyze their practice using quality improvement methods and implement changes for practice improvement and should incorporate formative evaluation feedback into their daily practice.

They should use information technology to access and manage medical information to support and optimize their own education.

They will learn to facilitate and participate in the education of patients, families, students, residents, and other health professionals.

Residents will locate, appraise, and assimilate scientific evidence and continuously improve patient care based on constant self-evaluation and lifelong learning. In doing so, they will learn to keep current with reading assignments and to constantly search current literature for the most recent developments in the field and to incorporate those findings into practice.

Residents will become comfortable in reading and understanding the medical literature regarding quality and performance improvement, patient safety, and cost-effective care.

Residents will improve their research methodology in QI and PS projects by reviewing the medical literature, utilizing information technology, such as electronic medical records, PubMed searches, and relevant internet sites and feedback from attending faculty, mentors, quality and research associates.

3) Interpersonal and Communication

Residents will improve interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, health care professionals, and administrators.

Residents are expected to communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; communicate effectively with physicians, other health professionals, and health-related agencies; work effectively as a member or leader of a healthcare team or other professional group; act in a consultative role to other physicians and health professionals; and maintain comprehensive, timely, and legible medical records.

Residents will improve their interviewing and interpersonal skills as they pertain to quality improvement and research efforts.

Residents will learn concise, accurate and effective writing skills essential for scholarly publications

4) Professionalism

Residents must commit to carrying out their professional responsibilities and adhere to ethical principles.

Residents are expected to create and sustain a therapeutic and ethically sound relationship with patients, their families, health care professionals, and administrators.

Residents must adhere to professional and ethical principles pertaining to confidentiality of patient information, collection and dissemination of data, and business practices.

Residents must be compassionate, have integrity, and maintain respect for others and be accountable to patients, families, other health care providers, administrators and insurance payers, society, and the profession.

Residents must be sensitive and responsive to a diverse patient population, including diversity in gender, culture, race, religion, disabilities, socioeconomic status, and sexual orientation.

Residents must interact appropriately with staff in a manner that promotes team cohesiveness and successful accomplishment of task with which residents are involved.

Residents must research, develop and compose scholarly activities with the highest ethical standards.

Residents will be exposed to high quality conflict resolution skills

5) Systems-Based Practice

Residents must have an awareness of and responsiveness to the larger context and system of healthcare.

Residents must understand how to seek out resources from other health systems.

Residents must work as a team member to develop and fashion medical care that is cost-effective and of optimal value.

Residents will be exposed to other healthcare delivery settings and systems in order to design plans that improve access, coordination and implementation of cost-effective and appropriate care.

Residents will understand how their professional practices affect other healthcare professionals, the healthcare organization, and society in general and how elements of the healthcare system affect their own practice.

Residents will discuss patient care within local and national healthcare systems based on evidence-based medicine, outcomes, and patient safety.

Residents will be exposed to costs- and risk-benefit analysis in and population-based care and its ability to improve or compromise quality of care.

Residents will learn to advocate for quality patient care and optimal patient care systems in order to and assist patients within system complexities.

Residents will design at least one quality improvement and/or research activity aimed at improving healthcare.

Residents will work effectively with faculty, quality improvement staff, research associates, administrators, and other staff on at least one project aimed at improving healthcare and healthcare delivery.

Residents will learn to utilize system resources available for quality improvement and research activities while being cost-conscious and without compromising quality of care, patient confidentiality, or ethical standards

Residents will identify institutional strengths and weaknesses as they pertain to quality improvement and research and working within system resources to improve upon areas of weakness.

6) *Patient Care* – Direct patient care will not occur on this rotation. However, residents will become aware of how quality improvement, performance improvement, and patient safety issues and activities enhance the residents' ability to provide cost-effective, efficient, and appropriate care and improve patient outcomes and satisfaction.

Addendum for Pathology Residents

In addition to the activities described above for the EQUIP Rotation month, Pathology Residents will also have the following activities:

Additional Supervisors: Chantelle Collado (UMCNO Path) (Office) 504-702-3449
Rita Vivero (UMCNO Path) (Office) 504-702-3444

The **ACGME Pathology Residency Review Committee (RRC)** Pathology Residency Milestones state clearly that for a pathology resident to reach Level 4 in competency, a pathology resident must:

1. Understand the inherent risks of hand offs and perform hand offs according to the situation and according to the Background- Analysis- Recommendation guidelines
2. Be able to investigate deviations from policies on supervision
3. Follow patient safety polices and accreditation requirements
4. Be able to trouble shoot patient safety issues (including pre-analytic, analytic and post analytic) without supervision
5. Participate in OSHA and PPA training
6. Participate in lab safety training
7. Understand when and how to file an incident or safety report
8. Understand a Quality Management plan
9. Be able to interpret quality data, charts and trends
10. Understand continuous improvement tools – Lean and Six Sigma
11. Properly define serious reportable events
12. Participate in a root cause analysis
13. Participate in proficiency testing – review and analyze results
14. Attend and participate in QI meetings
15. Complete a QI project
16. Participate in hospital wide and department wide quality, risk management and safety initiatives
17. Reflect on errors in group setting
18. Participate in or lead communications regarding error with other clinicians
19. Participate and run lab meetings
20. Attend, prepare, and present at multidisciplinary conferences
21. Recognize the importance of the final diagnosis
22. Effectively communicate regarding critical values

The **Joint Commission** has established the National Patient Safety Goals for both Hospitals and for laboratory services that are updated yearly. Residents, in particular pathology residents working within the labs, must be aware of these goals.

WEEK ONE PATHOLOGY DIDACTICS OBJECTIVES:

Argie Leach, Rita Vivero, Chantelle Collado, Tracy Moll

Date/Time/Place: See the EQUiP Rotation Calendar on the EQUiP website

Location: UMC Pathology Department, UMC, Fifth floor

By the end of the Pathology Didactic, the resident is expected to:

- Understand the department's accreditation and regulatory processes.
- Understand the process of B-SAFE reporting at UMCNO and the types of reports involving the pathology department
- CAP accreditation process and checklists
- Joint Commission National Lab Safety Goals
- Demonstrate a knowledge of proficiency testing and its consequences
- Understand the department's internal quality and safety processes
- Critical values reporting
- Quality indicators/tracking
- Understand how department's policies support quality and safety
- Discuss current hot topics and projects in the department – and how these fit into organization's system (reporting and goals).

B-SAFE Incident Investigation

The resident is expected to actively participate in at least one B-SAFE incident report with Chantelle Collado during the month. The resident should contribute in a meaningful way to data collection and to making recommendations if relevant. The resident should learn the process of setting measurable goals and for establishing follow up plans. The resident will be asked to log this information into an online T drive.