

# CME that Addresses QI: Getting Started

## Obtaining Quality Improvement Data at My Institution to Incorporate in CME Activity Planning

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# DEFINE A PROBLEM TO WORK ON TODAY

3-minute Brainstorm:

What do you hope to achieve in this hour with us?



# WHY AND WHERE

## Top-down Approaches and Bottom-Up Approaches to QI

- Distinguishing QI from PI
- How QI looks from **Medical School**-based CME office (UCSF)
- How QI looks from a **Hospital**-based CME office (Winthrop)

# QUALITY ALPHABET SOUP

- **QA** = check to make sure a **PROCESS** is optimal (e.g., is this the best way to do this?)
- **QC** = check to make sure a **PRODUCT** meets minimal criteria (e.g., is this car really ready to leave the factory?)
- **QI** = cycle of continuing improvement to ensure a **SYSTEM** is optimal (e.g., what's in our way to making this better?)
- **PI** = improvement in behavior and conduct of the **INDIVIDUAL** (*or a system?*) to enhance achievement of goals
- **QA** ≠ **QI**
- **QI** ≠ **PI**

# THE MEDICAL SCHOOL PERSPECTIVE

**UCSF Health**

**UCSF Medical Center**

**UCSF Medical Center**  
at Mission Bay



**UCSF Benioff Children's Hospitals**  
Oakland | San Francisco

Quality Happens Here

**UCSF School of Medicine**

**UCSF Medical Education**  
School of Medicine

**UCSF Office of Continuing Medical Education**

Quality is Learned Here

*Society for* **ACADEMIC**   
Continuing Medical Education

LEADERSHIP • SCHOLARSHIP • COLLABORATION

# QI (and QA and PI) @ UCSF



# The Medical School & QI

- Medical Students (aka UME)
  - QI Training
  - QI Project Elective
  - QI Presentations
- Residents & Fellows (aka GME)
  - ACGME Requirements
  - Whistleblower Policies (Patient Safety)
  - Resident & Fellow Quality Improvement & Incentive Program (RFQIIP)
  - Director of Quality and Safety Programs for OGME (MD)



# UCSF OCME & QI

- Lifelong Learners/Practicing Clinicians (aka CME)
  - Faculty Development – teaching QI
    - Lean & A3 Training
    - QI for Dummies
  - RSS – studying QI
    - M&M Conferences (sentinel events, medical errors)
    - Quality Measure Conferences
  - MOC – doing QI
    - Resident project supervision
    - Team-based systems analysis and improvement
  - Leadership – watching QI
    - CME Governing Board
    - MOC Quality Review Board
    - Director of Innovations and Outcomes (MD)



# THE HOSPITAL PERSPECTIVE

- Why QI matters to your institution, and to your learners
- **First Do No Harm**
  - QI Measures addressing Patient Safety
- **Patient Satisfaction Measures**
  - Communication, Questions, Listening
- **Measures that drive reimbursement rates**
  - Preventable readmissions, Hospital Acquired Conditions (HAC) and LoS
- National Measures and their sources: IHI.org, [CMS.gov](https://www.cms.gov)

# TOP-DOWN APPROACHES

- Leadership-driven QI
- Quality Officers and what they measure:  
Dashboards, examples
- *Reimbursement* and QI Measures

## BOTTOM-UP APPROACHES

- The perspective of the individual patient
  - Case Conferences
  - M&M conferences
  - Sentinel events, Good Catch, Near-Miss registries
  - Can lead to big initiatives
    - 3 Winthrop Hospital examples:  
Physician-Patient Communications;  
DVT;  
Delirium

# FINDING MEASURES (In General)

- Your own health system website!
- CDC National Healthcare Safety Network (NHSN)
- Collaborative Alliance for Nursing Outcomes
- National Database of Nursing Quality Indicators
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
- Institute for Healthcare Improvement (IHI)
- The Joint Commission
- Leapfrog Group
- National Quality Forum (NQF)
- Office of Statewide Health Planning & Development (OSHPD)

MyChart

Find a Doctor

Search the Site



Find a Doctor

Medical Services

Patients & Visitors

Referring Physicians

About Us

## Patient Experience

UCSF Medical Center and UCSF Benioff Children's Hospital surveyed patients for more than 10 years. We compared our medical centers in the county to other medical centers in the county as part of a national survey commissioned by the American Hospital Association. UCSF hospitals are among the top performing hospitals in our hospitals and among the top performing hospitals in the county.

UCSF uses patient survey results to measure progress to improve care and to identify opportunities for improvement. We are committed to providing the highest quality of care and to continuously improving our performance.

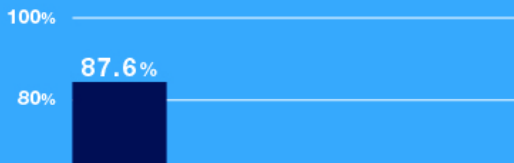
To assess our overall performance, we recommend UCSF to their friends and family. UCSF is a member of the American Hospital Association's Consumer Assessment of Hospital Satisfaction (CAHPS) government-sponsored state survey. UCSF hospitals are among the top performing hospitals in the county.

In 2017, 87.6 percent of those surveyed responded "definitely yes" when asked if they would recommend UCSF to their family and friends.

Select up to 3 hospitals to compare:

<input checked="" type="checkbox"/> Remove Comparison	Infection in the Blood	Infection in the Urinary Tract	MRSA Infection	C. difficile Infection	Surgical Site Infection After Colon Surgery
Sort	Sort	Sort	Sort	Sort	Sort
<input checked="" type="checkbox"/> <b>Children's Hospital &amp; Research Center, Oakland dba UCSF Benioff Children's Hospital Oakland</b> Oakland, California <a href="#">MORE DETAILS</a>					UNABLE TO CALCULATE
<input checked="" type="checkbox"/> <b>UCSF Health - Mission Bay</b> San Francisco, California <a href="#">MORE DETAILS</a>					
<input checked="" type="checkbox"/> <b>UCSF Medical Center Moffitt-Long Hospitals</b> San Francisco, California <a href="#">MORE DETAILS</a>					

### Adult Patient Experience Would Recommend to Family and Friends UCSF Medical Center January - December 2017



For help finding a doctor or other assistance, contact our Referral Service at (888) 689-UCSF or (888) 689-8273.

Have a question? Send us an email.



DISCUSS AMONGST YOURSELVES

What are you considering in  
CME for QI? *(15 min)*

*(Find a peer to compare notes)*



DISCUSS AMONGST YOURSELVES

Peer Networking – What  
did you discover?  
*(10 min)*



# PUTTING INTO PRACTICE

## Take-Home Worksheet (Page 2)

### Map the QI Landscape at your Institution

- Identify 3 key QI Leaders in your institution
- Identify 3 key QI measures already being tracked: Baselines
- Identify 3 in-house committees or workgroups on Quality that you can join
- Identify 3 QI measures that are addressable using a CME/MOC activity
- Design 3 CME outcome measures that reflect QI impacts
- Identify resources for scalability and sustainability of QI/CME projects



# NEXT STEPS: *Document for next your Self-Study!*

ACCME criteria that can be met by CME involvement in QI:

- **Option A- Commendation Criteria**

- **Criterion 16** The provider operates in a manner that integrates CME into the process for improving professional practice.
- **Criterion 20** The provider builds bridges with other stakeholders through collaboration and cooperation.
- **Criterion 21** The provider participates within an institutional or system framework for quality improvement.

- **Option B- Commendation Criteria**

- **Criterion 26** The provider advances the use of health and practice data for healthcare improvement.
- **Criterion 36** The provider demonstrates improvement in the performance of learners.
- **Criterion 37** The provider demonstrates healthcare quality improvement.

# NEXT STEPS

## The Journey to MOC Portfolio Sponsorship



**PORTFOLIO PROGRAM**  
American Board of Medical Specialties™

<https://MOCportfolioprogram.org/>



# Worksheet for Your At-Home Application of QI

**Step 1: Define a quality problem to improve:** Who? What? When? Where? Why? How?

*Hint: smaller problems may be easier starting points*

**PRACTICE POINT:** Identify 3 existing in-house committees/workgroups on QI that you can join

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Step 2: Now make it a S.M.A.R.T. aim,** so you can define the data to be gathered.

1. **S**pecific (patient population)
2. **M**easurable (what and how much?)
3. **A**chievable (are we the right people to address this? Beware of EMR goals)
4. **R**elevant (is it a patient outcome?)
5. **T**ime-bound (over what interval do you intend to see the improvement)

**PRACTICE POINT:** Identify 3 key QI measures already being tracked (Baselines)

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

**Step 3A: Check the SMART aim with a mentor/(leader buy-in)** and choose a methodology (Six Sigma, Lean, PDSA, etc).

**PRACTICE POINT:** Identify 3 key QI Leaders in your institution

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

**Step 3B: Identify your timeline/tempo** (huddles/check-ins/adjustment cycles/report intervals).

**PRACTICE POINT:** Identify resources for scalability and sustainability of QI/CME projects

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

**Step 3C: Develop your tracking tools.** Worksheets, measurement sheets, run charts, databases

**PRACTICE POINT:** Identify 3 QI measures that are addressable using a CME/MOC activity

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

**Step 4: Begin!**

**PRACTICE POINT:** Design 3 CME outcome measures that reflect QI impacts

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_