VA Quality Improvement Rotation
Goals & Objectives

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Description of Rotation & Educational Experience

The quality improvement rotation is an elective experience for the internal medicine residency and required for preliminary medicine interns. Residents on this rotation will learn core concepts related to lean thinking, quality improvement and safety. Residents will obtain experiential learning from direct, hands on projects and a variety of didactic experiences. The curriculum will focus on understanding the approach to quality improvement in the healthcare setting. Residents will be supervised by the VA chief resident in quality and safety for the duration of the rotation.

Schedule

- One-week rotation, Monday- Friday
- Additional sessions and presentations as required by the VA CRQS

Rotation Curricular Goals

- To understand importance and necessity of quality improvement in healthcare
- To provide an introduction into the topic of patient safety
- To learn basic concepts of quality improvement
- To apply the basic concepts of quality improvement towards completion of a quality improvement project
- To be able to participate and/or lead quality improvement projects in the future

Rotation Objectives

Introduction to Quality:

- Describe how the US compares to other nations in terms of quality of care, efficiency, access to care, equity, and cost per person on healthcare.
- Describe and give examples of disparities across and within nations on quality of care.
- Describe how advancements in medicine technology/therapy has added complications and expenses to the healthcare system
- Describe the Institute of Medicine's six aims for improvement and what the current problems are for all of them.

Introduction to the Triple AIM (improvement of population health, experience of care, and per capita cost):

- Define population health. Describe what makes a population.

- List the four main factors that determine population health and their relative weight towards population health.

- List upstream factors that make up the socioeconomic and environmental factors of population health. List individual factors that affect population health.
- Describe what an "upstreamist" is, and why it is important for the Triple Aim.
- Describe a model of population health that illustrates the relationships among the determinants and outcomes of population health.
- Define health equity.
- Describe what question you can ask to help better understand what is important to the individual patient.
- Describe, as of 2014, how the US compared to other countries in terms of healthcare spending as a percentage of gross domestic product (GDP).
- Describe an equation that describe the relationship of quality of care and cost of care in relation to the value of care.
- Describe how unnecessary ED visits suggests sub-optimal quality of care, and how much more expensive ED visits compared to primary care visits are. State what percentage of ED visits were avoidable, and how much money was spent on those visits from a 2007 study. (Choudhry L, Douglass M, Lewis J, Olson CH, Osterman R, Shah P. The impact of community health centers & community-affiliated health plans on emergency department use. Association for Community Affiliated Plans. Accessed March 23, 2016.)
- Define population management.
- Describe three steps to change physicians from "contribution to accountability".
- Define what resource stewardship is.
- Describe, from a 2009 study, what percentage physicians' decisions directly and indirectly account for in terms of overall healthcare expenditure.
- Describe what you as a healthcare provider can do to lower the day-to-day costs of your work.

Introduction to Quality Improvement:

- Describe what the science of improvement is, and the differentiation between pure science and applied science in the context of the science of improvement.
- Describe the "Lens and System of Profound Knowledge" Deming created, and how this is used in the context of quality improvement. Describe the four components.

- Describe why quality improvement is important and three essential systems needed for improvement.
- Describe what the Model for Improvement is. What are the three fundamental questions the Model for Improvement looks to answer?
- Describe the systems of FOCUS PDCA, Six Sigma, and Lean as systems for improvement.

Lean and the A3 Process

Describe the two pillars of Lean in healthcare.

- Describe what value means.
- Describe waste. Describe the process steps that do not add value.
- Describe the goal and mindset of the A3 process.
- Describe a general set of steps for any improvement process.
- Describe the 9 steps of the A3 process.
- Describe the key elements of creating an aim statement.
- Describe why we need measures. Describe how measures for QI are different than for research.
- Describe the differences between outcome, process, and balancing measures.
- Describe the purpose of a cause and effect (fishbone) diagram. Know how to draw a cause and effect diagram. Describe the five categories that should be considered when creating a cause and effect diagram for improvement.
- What is a PDSA cycle?
- Describe the objectives of the Plan phase of the PDSA cycle. Describe example questions you should be answering in the plan phase.
- Describe the objectives of the Do phase of the PDSA cycle. Describe what observers should be taking note of during this phase.
- Describe the objectives of the Study phase of the PDSA cycle. Describe a useful type of chart to make during this phase.
- Describe the objectives of the Act phase of the PDSA cycle. Describe what linking PDSA cycles means and why it is important.
- Describe the three reasons why a test can be 'unsuccessful'.
- Be able to go through the A3 process on example cases.

Competency by PGY level

PGY1

Core Competency: Patient Care

Residents will be able apply principles learned to ensure patient safety and quality care

Core Competency: Medical Knowledge

Residents will learn the key principles of quality improvement and patient safety in the healthcare setting to provide care for common medical conditions and comprehensive preventive care

Core Competency: Practice Based Learning & Improvement

Residents will:

- Learn to self-reflect upon one's practice
- Analyzes own clinical performance data and identifies opportunities for improvement
- Demonstrates participation in and consider the results of quality improvement efforts
- Effectively participates in a quality improvement project
- Actively engage in quality improvement initiatives
- Be able to lead a quality improvement project
- Become familiar with the principles, techniques and importance of quality improvement
- Understands common principles and techniques of quality improvement and appreciate the responsibility to assess and improve care for a panel of patients

Core Competency: Systems Based Practice

Residents will:

- Be able to work effectively within an inter-professional team
- Learn the roles and responsibilities of the health care team
- Learn key concepts of high value care and minimize unnecessary diagnostic and therapeutic tests
- Recognize that external factors influence a patient's utilization of health care and learn about barriers to cost- effective care

Core Competency: Interpersonal & Communication Skills

Residents will:

- Engage in collaborative communication with appropriate members of the team
- Consistently be respectful in interactions with members of the interprofessional team, even in challenging situations

Core Competency: Professionalism

Residents will:

- Complete tasks in a timely manner
- Show accountability for tasks assigned and in all clinical interactions

Assessment Methods

PGY1:
Direct observation and feedback
Written evaluations- faculty supervisor
Presentation of Quality Improvement Project