**Facilitator's Guide**

**Description**:

This activity addresses the fifth step in the framework for high value care and the final module in the curriculum. This is the seventh in a series of seven sessions.

**Aim:**

The aim is to facilitate the start of a quality improvement activity that engages subspecialty fellows with other providers and administrators within your institution. The overall aim is to help fellows contribute to a High Value Care culture at their institutions. The most important step to facilitate this process is to identify key leaders in quality and safety within your hospital or ambulatory setting. There are a number of key resources available to help introduce a systematic approach toward quality improvement. The goal of this activity for the fellows should be to produce a finished product (see below) that demonstrates their active participation in identifying a high value quality improvement goal and their plan to achieve that goal.

Products might include the following:

* Written summary reports or abstracts
* Slide or poster presentations
* Submission to local, regional, and national meetings
	+ Subspecialty meetings, ACGME meeting, ACP Chapter meetings, ACP National Meeting (click to submit abstracts to ACP meetings [http://www.acponline.org/education\_recertification/education/program\_directors/abstract\_competitions](http://www.acponline.org/education_recertification/education/program_directors/abstract_competitions.htm)), APDIM/ASP poster submission
* Teachable Moment publication in JAMA Internal Medicine

It is strongly recommended that you choose projects in which data are readily available and align with your organization's goals.

**Learning Objectives**:

* Explain the rationale for engaging in HVC QI projects
* Explore one commonly used model for quality improvement
* Review high value care project ideas
* Select a quality improvement project focused on a high value care theme
* Promote a high value care institutional culture

**Audience/Setting**: The intended audience for this module is subspecialty fellows and key quality and safety leaders, financial leaders, and data analysts (to extract data from the EMR) from your institution. Ask your DIO to help you identify these key personnel to attend the session. Make sure to share the learning objectives of the session with these special guests.

**Equipment Required**: computer with LCD projector for PowerPoint presentation; white board or flip chart for recording group work; **hospital- or clinic-level data** on misuse or overuse of diagnostic testing, treatments, or inappropriate care settings. Print out hard copies of the A3 roadmap for participants. A room with Internet access is preferable.

**Online Resources**:

**High Value Care Project Ideas:**

1. Subspecialty society Choosing Wisely lists available for free online at <http://www.choosingwisely.org/clinician-lists/>
2. MKSAP Choosing Wisely Recommendations available for free online at <https://hvc.acponline.org/clinrec_mksap.html>

**Quality Improvement Curriculum Aids:**

1. **Road Map for QI:**

This collaborative product from the AMA, IHI, and CMS introduces the basic framework of quality improvement to physicians. <http://www.mjainmd.com/medicine/roadmap_for_quality_improvement.pdf>

1. **HVC QI Project Report:**

Worksheet to help guide residents through their quality improvement project and to stimulate post-project reflection and lessons learned.

1. **QI tools from University of Pennsylvania Health System:**

This site includes free access to slides, QI tools, a blank A3 roadmap form, sample completed A3 roadmap forms with real projects, and reading lists.<http://www.uphs.upenn.edu/gme/online/leadershipresources/qualityImprovement.html>

**References**:

1. Landon BE, Hicks LS, O'Malley AJ, et al. Improving the management of chronic disease at community health centers. *N Engl J Med*. 2007;356:921-934
2. Djuricich AM, Ciccarelli M, Swigonski NL. A continuous quality improvement curriculum for residents. *Acad Med*. 2004;79(10 suppl):S65-S67
3. Holmboe ES, Prince L, Green M. Teaching and improving quality of care in a primary care internal medicine residency clinic. *Acad Med*. 2005;80:571-577
4. Shojania KG, McDonald KM, Wachter RM, Owens DK. Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies. *Vol 1.* Rockville, MD: Agency for Healthcare Research and Quality. 2006:14-18
5. Patel MS, David MM, Lypson ML. The VALUE Framework: training residents to provide value-based care for their patients. *J Gen Intern Med* 2012;27:1210-1214

**Presentation #7 Instructions:**

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| Step | Description | Estimated Time |
| 1 | PREPARATION WORK IN ADVANCE: Identify hospital or clinic champions responsible for quality metrics and data tracking and invite them to the initial meeting with the fellows. The DIO will be able to help you identify these people, as it is now part of the CLER program. Share the learning objectives of the session with these special guests before the meeting. | In advance |
| 2 | Set up an initial informational meeting for fellows and local quality champions (use prepared slides for this)* Introduce your quality, safety, finance, and data guests to the fellows
* Explain the learning objectives (slide #2)
* Review curricular framework with a focus on step 5: Identify system level opportunities to improve outcomes, minimize harms, and reduce health care waste (slide #3)
* Review rationale (slide #4)
* Small group session (slide #5): Break into groups to review the subspecialty Choosing Wisely Lists or the MKSAP High Value Care Recommendations and have them identify five potential ideas for their projects. Make sure that the focus of the activity is on reducing waste in the system (unnecessary testing and treatment or inappropriate setting for care), minimizing harms (radiation exposure, medication side effects), or improving patient care through communication (incorporating patient values and concerns into care plans). Have the small groups share their “top five” lists with the larger group for discussion.
* Review the A3 roadmap slide emphasizing the importance of problem statement and root cause analysis BEFORE designing implementation (blank A3 roadmap handout available for download)
* Review examples of fellow-led projects provided in the slides (slides #7-11)
* Discuss next steps and plan for follow up (slide #12)
 | 30 minutes |
| 3 | Set up meeting with fellows and key hospital or clinic champions to review data and select a metric to improve (consider partnering with trainees and faculty from other divisions/departments in the hospital- surgery, anesthesia, emergency medicine, and pathology)* Allow the fellows to lead the discussion and be actively involved in the choice- they need to feel this is their project!
* Download and print copies of the A3 QI roadmap (Module 7 handout) or other QI tool of your choosing to use at the meeting
* Have the fellows and administrators work together to develop an improvement plan
 | 1 hour  |
| 4 | Assist fellows and their teams in the creation of presentations of their projects (can be abstracts, oral presentations, or posters). Arrange a time and place for the team to present their projects locally and assist them in submitting their work to national subspecialty meetings, ACP abstract competitions, APDIM/ASP meetings, ACGME meeting, and/or for publication | Variable |
| 5 | Assist fellows in preparing abstracts of their projects to be submitted to regional and National meetings. | Variable |