**Facilitator Guide**

**Description**:

This activity addresses the 5th step in the framework for high value care and the final (6th) session in the curriculum. The PowerPoint presentation is to be presented as an introduction to High Value Quality Improvement for residents. If your program already engages in QI projects, the presentation can be given as a stand-alone presentation to energize residents to continue their QI efforts and to focus them on High Value themes.

**If your program does not have an existing quality improvement curriculum, follow level 1 instructions after presenting session #6:**

The aim is to facilitate the start of a quality improvement activity that engages a group of residents. The most important step to facilitate this process is to identify key leaders in quality within your hospital or clinic setting. There are a number of resources available to help introduce you to the concepts of quality improvement and how to take a step-by-step approach with your trainees toward a simple product. The goal of this activity for the residents should be to produce a product (see below) that demonstrates their active participation in identifying a high-value quality improvement goal and their plan to achieve that goal.

**If your program has an existing quality improvement curriculum follow Level 2 instructions after presenting session #6:**

The goal of this module is for your residents to focus on quality improvement activities that will promote high value care: ideas that will eliminate waste, reinforce evidence-based care, or disseminate education around one of the Choosing Wisely recommendations. Residents will create a product and present their work to their peers, locally, regionally, or nationally.

Products might include:

* Written summary reports or abstracts
* Slide or poster presentations
* Submission to local, regional, or national meetings
  + ACP Chapter meetings, ACP National Meeting (click to submit abstracts to ACP meetings <http://www.acponline.org/education_recertification/education/program_directors/abstract_competitions.htm>), regional or nation SGIM meetings, APDIM poster submission
* Teachable Moment publication in JAMA Internal Medicine

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

**Learning Objectives**:

•Define QI and its role in high value care

•Explain the rationale for engaging in HVC QI projects

•Review commonly used models for quality improvement and introduce a 5-Step Model for High Value Quality Improvement

•Explore high value care projects created by residents

•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 Internal Medicine residents. Time should be spent walking the residents through the process of developing a quality improvement project, including sharing any local data on the various topics of interest to the residents. This may require two preparatory sessions before scheduling the actual project time. The initial project work should be done in a small group setting with time and space for reviewing data, determining metrics, talking to stakeholders, and revisiting results as available. Some time in a large group setting will be necessary for the delivery of the final presentation (not more than 1 hour). Additional time will be required to disseminate presentations in other settings. Residents will generally need to present their projects to the Institutional Review Board if they wish to pursue publication.

**Equipment Required**: Computer with LCD projector for power point 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.

**Online Resources**:

**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>)
2. **HVC QI Project Report:** Worksheet to help guide residents through their quality improvement project and to stimulate post-project reflection and lessons learned
3. **Trinity Health Curriculum on QI from MedEd Portal:** This curriculum includes a QI Series Planner, Facilitator’s Guide, and Improvement Workbook for residents. The complete curriculum is available at MedEd Portal, “QI Training Series.”

**Product Samples (available in PD toolbox):**

1. **Teachable Moments JAMA Internal Medicine**

* Author submission instructions

1. **Sample Summary Reports and Abstracts**

* HVC QI Foley Catheter Project
* Multidisciplinary Care PDSA

1. **Sample Presentations**

* DocID Slide Presentation

1. **Sample Posters**

* Hospital Medicine High Value Efforts
* Generic over Brand Name PPIs on Discharge

**References**:

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2. Massoud MR. Advances in Quality Improvement: Principles and Framework. Quality Assurance Project, QA Brief. Spring 2001.

3. Gawande, Atul. The Checklist Manifesto: How to Get Things Right. New York: Metropolitan Books, 2010.

4. Pronovost P, Needham D, Berenholtz S, et al. An intervention to decrease catheter-related bloodstream infections in the ICU. N Engl J Med. 2006 Dec 28;355(26):2725-32. [PMID: 17192537]

5. Shojania KG, McDonald KM, Wachter RM, Owens DK, eds. Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies (Vol. 1: Series Overview and Methodology). Rockville, MD: Agency for Healthcare Research and Quality (US); 2004 Aug. [PMID: 20734525]

6. Provost, L et. al. QI 102: How to Improve with the Model for Improvement. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. Available on [www.IHI.org](http://www.ihi.org/). Accessed on 11/20/2017

7. Langley G, Moen R, Nolan K, et al. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance. Wiley, 2009.

8. QI™ Toolkit Roadmap. Agency for Healthcare Research and Quality, October 2014. Rockville, MD. Available at: <http://archive.ahrq.gov/professionals/systems/hospital/qitoolkit/qiroadmap.html>. Accessed 11/20/17.

9. Djuricich AM, Ciccarelli M, Swigonski NL. A continuous quality improvement curriculum for residents: addressing core competency, improving systems. Acad Med. 2004 Oct;79(10 Suppl):S65-7. [PMID: 15383393]

10. Holmboe ES, Prince L, Green M. Teaching and improving quality of care in a primary care internal medicine residency clinic. Acad Med. 2005 Jun;80(6):571-7. [PMID: 15917362]

**Presentation #6 – Instructions**

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| Step | Description | Estimated Time |
| 1 | * Welcome group, introduce speaker and go over Learning Objectives. Review the High Value Care Framework on slide #3 and point out that doing QI projects is a chance to practice step 5*.* | 5 minutes |
| 2 | **What is Quality Improvement?**   * Define QI on slide #4 and discuss why it is important on slide #5. * Discuss examples of QI success in other industries as well as in the medical field on slide #6 and #7*.* These examples are adapted from Atul Gawande’s *Checklist Manifesto*, which can be suggested to residents as a good, informative read on QI in medicine. * Re-introduce the 5-step framework for high value quality improvement, and remind the residents that this model is derived to align with the HVC framework and incorporates multiple other QI models that we will discuss in a moment. | 10 minutes |
| 3 | **QI Models and Tools**   * Introduce the different QI models (slide #9). There are lots of models, can choose the ones (even if they aren’t listed) that your institution uses most frequently. * Two examples (PDSA and A3 problem solving, adapted from Lean models) are provided on slides #10 and #11. You may also print up the blank A3 framework for participants to review this in detail. Focus on the left side of slide #10 and the importance of a problem statement and current condition that is based on data (usually provided by chart review) and not just a hunch. Also focus on the essential role of root cause analysis; don’t assume you know what is leading to the problem. These are common QI pitfalls. | 15 minutes |
| 4 | **Brainstorming Projects**   * Break into small groups and start brainstorming project ideas with the residents using the resources provided on slide #11. Either print out the lists, or show them online. * If there is time remaining, show the residents the two example projects which were completed by residents and presented at the Institute for Healthcare Improvement conference. One project involved reducing unnecessary folate testing in outpatient clinic, and the group performed several PDSA cycles to try to understand ordering behaviors and how to enact change. The second group focused on providing feedback and incentives to increase documentation of advanced care planning. | 20 minutes |
| 5 | * Discuss the next steps and further resources listed on slides #15 and #16. * Review summary slide. |  |

**Presentation #6: Follow up activities for a program without an established QI curriculum (level 1)**

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| Step | Description | Estimated Time |
| 1 | Identify a group of residents available to participate in the activity (3-5 hour total time commitment) | 15 minutes |
| 2 | Set up an initial meeting of the small group of residents  Explain the learning objectives   * Review 5 Steps to HVC framework and the related 5 Steps to Quality Improvement. * Define and review performance improvement steps (PDSA or CUSP) | 30 minutes |
| 3 | PREPARATION WORK IN ADVANCE: Identify hospital or clinic champions responsible for quality metrics and data tracking, and obtain data relevant to project idea   * 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) | **PREP WORK TO BE DONE IN ADVANCE** |
| 4 | Set up meeting with residents and key hospital or clinic champions to review data and select a metric to improve   * Allow the residents to lead the discussion and be actively involved in the choice- they need to feel this is their project! * Have the residents and administrator work together to develop an improvement plan | 1 hour |
| 5 | Assist residents in the preparation and delivery of the final presentation or product using the provided templates. Arrange a time and place for residents to present the projects. | Variable |
| 6 | Email a copy of completed presentation to [dsmith@acponline.org](mailto:dsmith@acponline.org) so that it can be shared with other programs on the curriculum website. | 1 minute |
| 7 | Assist residents in preparing abstracts of their projects to be submitted to regional and national ACP abstract competitions, regional and national SGIM meetings, APDIM meetings, and/or for publication. | Variable |

**Presentation #6: Follow up activities for programs with an established QI Curriculum (Level 2)**

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| Step | Description | Estimated Time |
| 1 | Review resident-completed quality improvement projects and select 3-4 projects that incorporate high value quality improvement principles. For example, projects that focus 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). | Variable |
| 2 | Assist residents in the preparation and delivery of the final presentation or product using the provided templates. Arrange a time and place for residents to present the projects. | 30 minutes |
| 3 | E-mail a copy of completed presentation to [dsmith@acponline.org](mailto:dsmith@acponline.org) so that it can be shared with other programs on the curriculum website. | 30 minutes |
| 4 | Assist residents in preparing abstracts of their projects to be submitted to regional and national ACP abstract competitions, regional and national SGIM meetings, APDIM meetings, and/or for publication. | Variable |