



Cross-Continuum Competencies in Quality Improvement and Patient Safety: Realizing Greater Value Via QIPS Outcomes

AiAMC-Member Best Practices Webinar Series

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Today's Presenters



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Cross-Continuum Competencies in Quality Improvement and Patient Safety: *Realizing Greater Value Via QIPS Outcomes*

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Disclosures

- No Financial Disclosures
- Educational Psychologist and Educational Researcher (Go Hoos!)

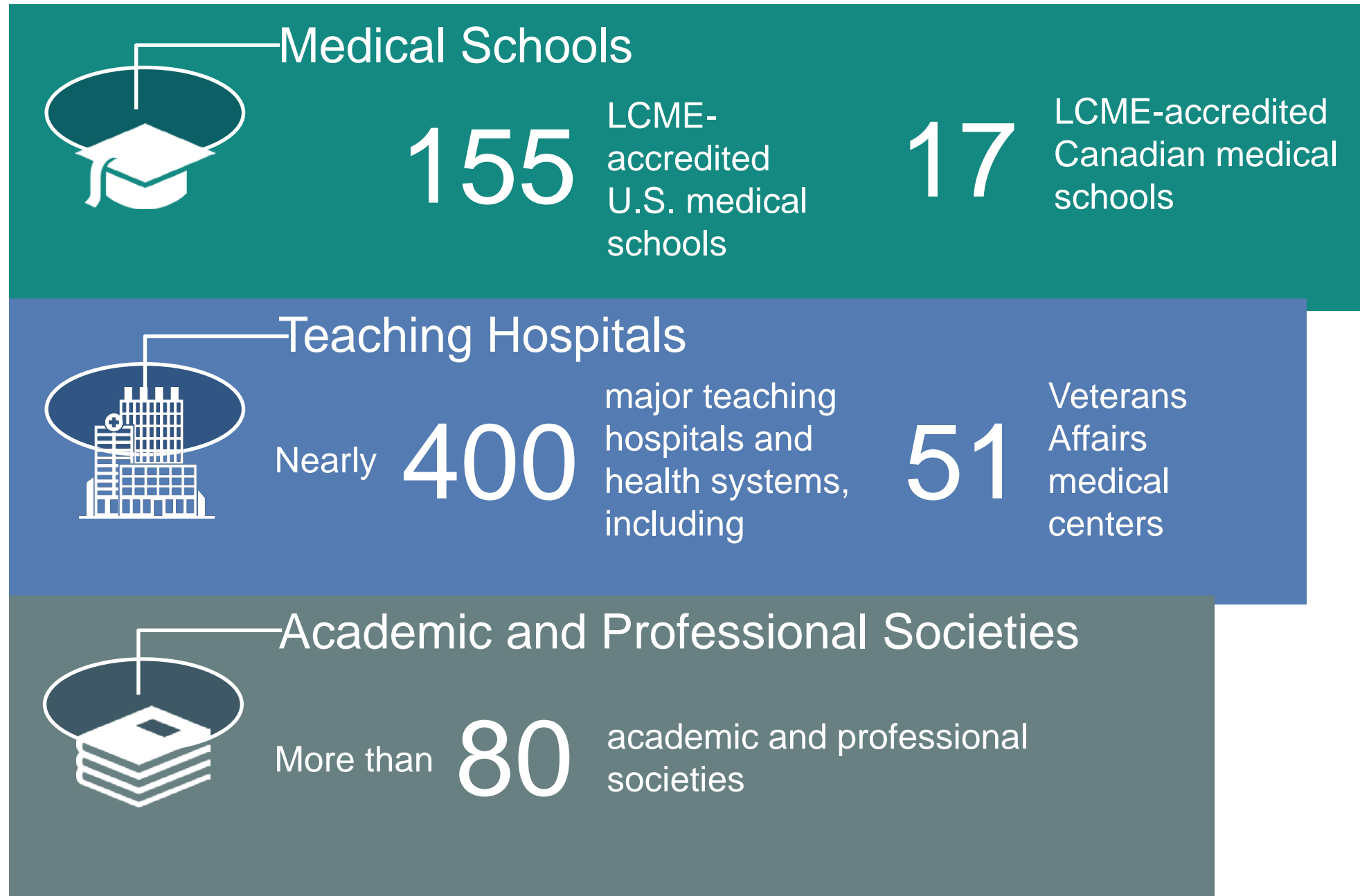


SCHOOL *of* EDUCATION
and HUMAN DEVELOPMENT



Our Members

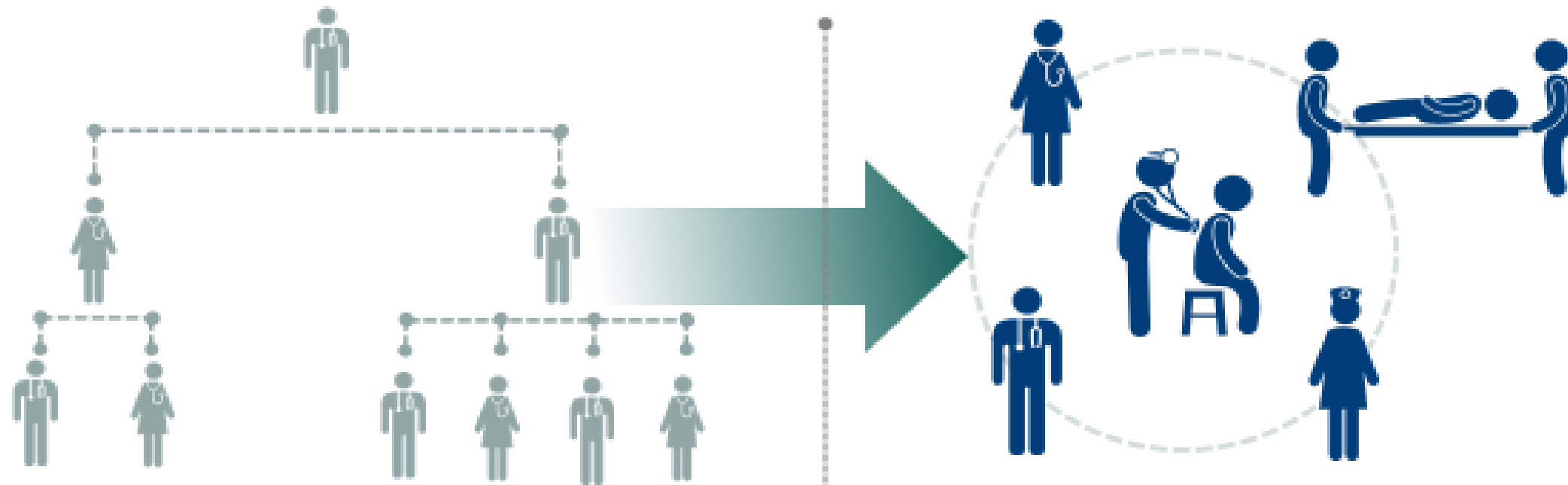
The members of the AAMC are institutions rather than individuals. They include:



Workshop Objectives

1. Describe the *New and Emerging Areas in Medicine Competencies Across the Learning Continuum Series*
2. Defend the case for patient safety education – One IAMC Story
3. Translate new QIPS competencies into local practice

A Changing Health Care & Educational System



Hierarchical
Autonomous
Competitive
Individualistic
Expert-centered
Siloes: Education, Health Care

Collaborative
Team-based
Service-based
Mutually Accountable
Patient-focused
Integration: Education & Health Care

Modern Patient Safety Movement: *Two Decades Old*



QIPS Collaborative: *Guiding Questions*

What are the competencies expected of entering residents, entering faculty, and experienced attending physicians/preceptors regardless of specialty?

How can these be used to inform curricular design for UME, GME and CME programs?

How do these competencies build across the continuum?

What are sample educational activities that are developmentally appropriate to teach and/or assess these competencies?

What resources are available for medical educators to reinforce these competencies?

QIPS Collaborative: *Intended Uses*

Educators, their diverse healthcare colleagues, including patients, can use the competencies as a starting point for conducting **collaborative patient safety improvement discussions**.

Determine **whether your institution addresses these competencies** in formal and informal ways and how methods used in one program, clerkship, or service may be used across settings.

Prioritize for local needs and **develop strategies to teach and assess** these competencies and fill identified gaps.

Scope & Approach



Tiered based on level of learner – student, resident, and attending physician



Integrated and built from existing milestones, EPAs, competencies in specialized areas



Aligned with the six core domains of competence by the ACGME/ABMS



Physician—level competencies that are applicable to all physicians regardless of specialty



Engaged diverse stakeholders throughout development process

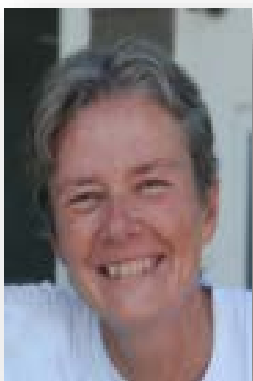


Continuous enhancement model

QIPS Collaborative: *Working Group Members*



**Veronica Catanese,
MD, MBA**



Carol Cronin



Nancy Davis, PhD



Linda Headrick, MD, MS



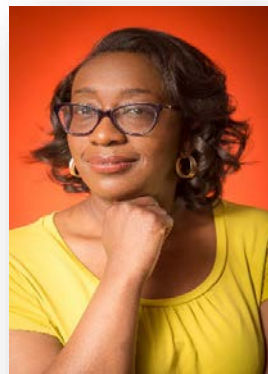
**Eric Holmboe, MD,
MACP, FRCP**



**Kathryn M. Kellogg,
MD, MPH**



Rachel Kelz, MD



**Monica Lypson, MD,
MHPE**



**Jennifer Myers, MD,
FHM, FACP**



**Kathy McGuinn,
MSN, RN, CPHQ**



Michelle Ogunwole, MD



Steve Singer, PhD



**Nathan Spell III,
MD**



Brian Wong, MD, FRCPC

QIPS Tiered Competency Domains



Six Aims of for
Improvement, IOM 2001

QIPS Domain: Patient Safety (n=9)

Practices that reduce the occurrence of preventable adverse events and medical errors.

Entering Residency

Defines and differentiates unsafe conditions, events, and near misses for improvement of patient safety.

Entering Practice or Fellowship

Follows practice specific protocol for safety event and hazard reporting to improve patient safety.

Experienced Faculty Member

Role models practice specific protocol for safety event and hazard reporting to improve patient safety.

Domain: Quality Improvement (n=12)

Systematic ongoing practices that lead to measurable improvement in health care services and patient outcomes.

Entering Residency

Participates in local system improvement activities in the context of rotations or learning experiences.

Entering Practice or Fellowship

Contributes to local QI initiatives in the context of rotations, departmental, or institutional efforts.

Experienced Faculty Member

Role models or demonstrates for others the skills required to identify, develop, implement, and analyze quality improvement in health care delivery.

Creates, implements and evaluates quality improvement initiatives at the practice, department, service line, institutional or community level.

Domain: Patients and Families as QIPS Partners (n=6)

Engagements with patients and family that are based on respect, dignity, information sharing, participation, and collaboration in the pursuit of quality improvement and patient safety.

Entering Residency

Identifies opportunities to engage patients and families in improving quality and safety at both the individual and organizational levels.

Entering Practice or Fellowship

Participates as a team member with patients and families in efforts to improve quality and safety, including system level activities.

Experienced Faculty Member

Intentionally demonstrates for others the inclusion of patients and families in quality improvement and patient safety activities at both the individual and organizational levels.

Domain: Teamwork, Collaboration, and Coordination (n=7)

The knowledge, methods, and skills needed to interact effectively in healthcare settings and to deliver clear information and services for improved patient outcomes.

Entering Residency

Defines interprofessional collaborative practice; describes the value that each member of the healthcare team brings to the delivery of high quality and safe patient care.

Entering Practice or Fellowship

Optimizes the care team; works as a member of the interprofessional team to address system quality and safety priorities.

Experienced Faculty Member

Role models interprofessional collaborative clinical practice; engages in interprofessional continuing education (for the healthcare team).

Domain: Health Equity in QIPS (n=10)

Application of a quality improvement lens to the provision of equitable and safe care to attain health equity, the highest level of health for all people.

Experienced Faculty Member

Role models how to explore and act upon unique sociocultural attributes of patients.

Entering Practice or Fellowship

Engages with community to explore unique sociocultural attributes (values, customs, beliefs) that are relevant to the health of populations with health disparities.

Entering Residency

Describes how patients' sociocultural attributes (values, customs, beliefs) may influence their interactions with the healthcare system.




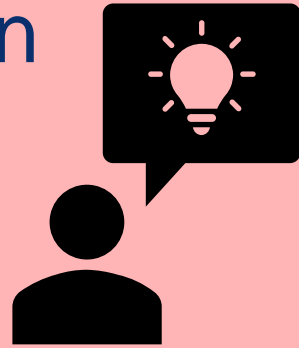
Baystate Health

Baystate Orthopedic Surgery Center

Small Group Instructions

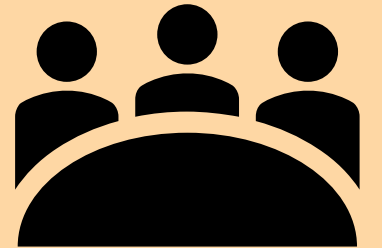
1 Rate your institution on the IHI scale

 3 min




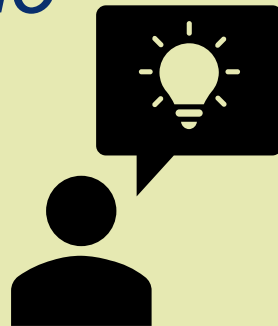
2 Discuss what led to your rating – write on whiteboard!

 7 min




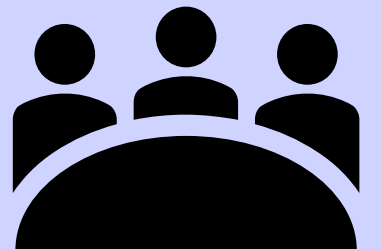
3 *“How could QIPS competencies help me increase my institution’s IHI rating?”*

 5 min



4 Discuss what ideas you had

 10 min

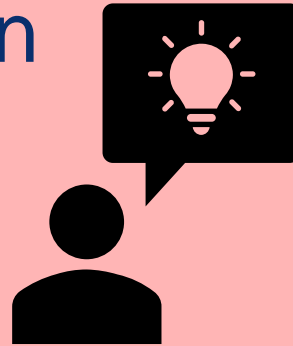


1

Rate your institution on the IHI scale



3 min



2

Discuss what led to your rating – notetaker prepare to summarize!



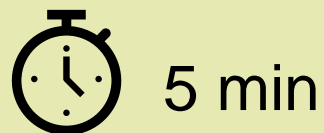
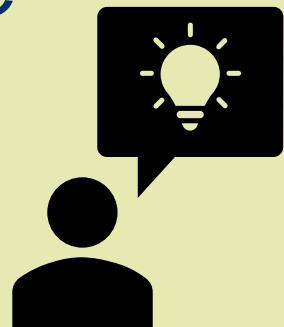
7 min

Learning System

| | SCORE: 1 | SCORE: 2 | SCORE: 3 | SCORE: 4 |
|---------------------------|--|---|--|--|
| Harm Events | Harm events and reported near misses are reviewed periodically, but not consistently. Voluntary and anonymous reporting is sporadic. | The organization follows up on serious harm events, but lessons learned are not shared with the entire organization. | The organization has clear processes in place in some areas to evaluate and learn from near misses and safety events, including voluntary and anonymous reporting systems available to all staff and defined event review processes. | The organization has clear processes in place to evaluate and learn from near misses and safety events across the organization, including voluntary and anonymous reporting systems available to all staff, defined event review processes, and audit systems. |
| Patient Engagement | There is no process to engage patients and families and/or their involvement in learning systems is discouraged. | Less than one quarter of the areas of the organization engage patients and families in learning systems and feedback processes. | The organization includes patient and family representatives in at least half of all learning systems and feedback processes. | The organization includes patient and family representatives in all learning systems and feedback processes. |

3

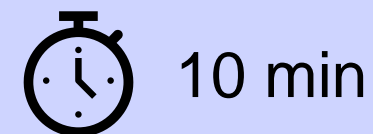
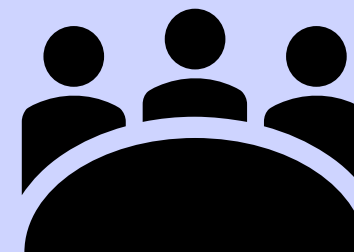
“How could QIPS competencies help me increase my institution’s IHI rating?” Refer to Sample Comps



5 min

4

Discuss what ideas you had – notetaker prepare to share



10 min

How can QIPS competencies help you communicate about Quality and Education with key stakeholders?

How can QIPS competencies help you align education/programs across the continuum?

What are some big/small steps you could take?

Select QIPS Competencies

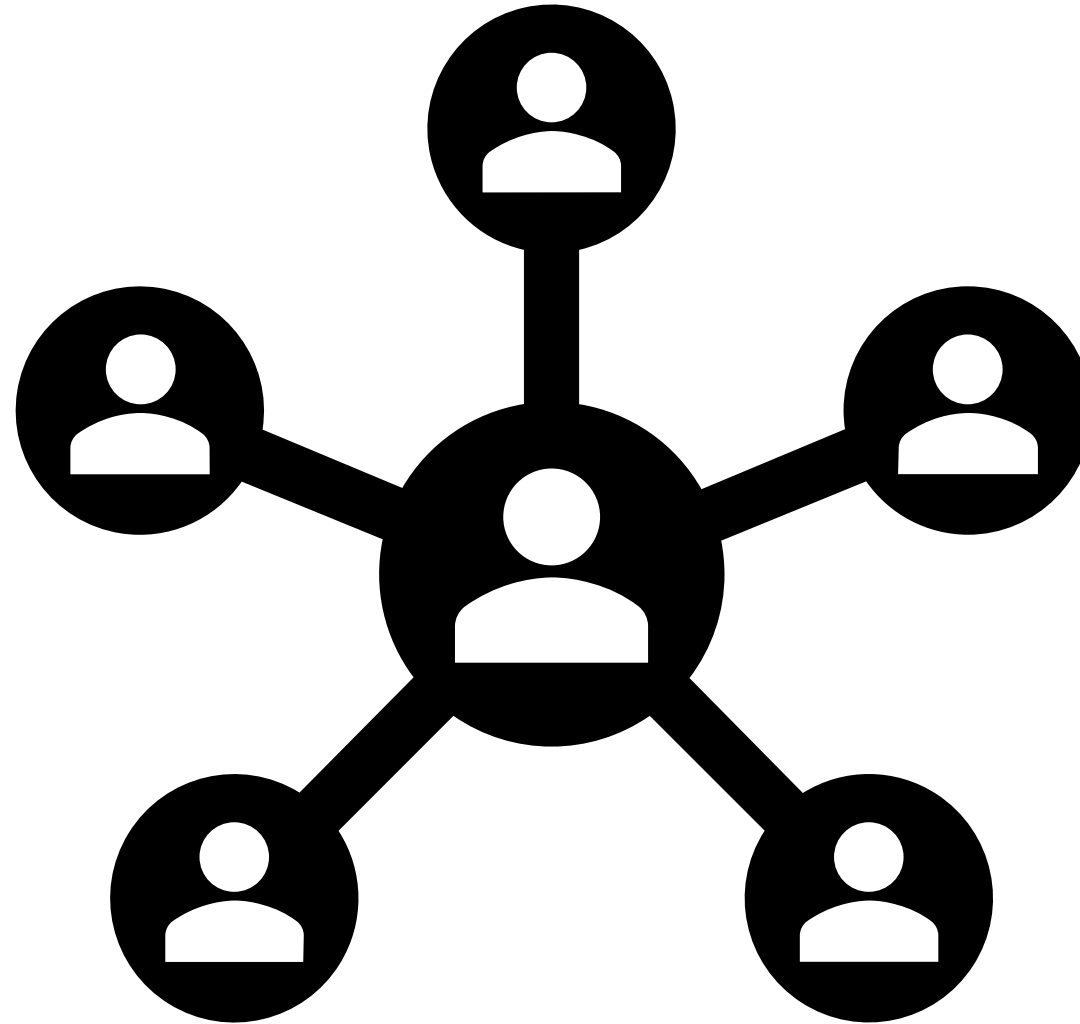
Table 1. Domain I: Patient Safety (continued)

| Entering Residency (Recent Medical School Graduate) | Entering Practice (Recent Residency Graduate) All Prior Competencies + | Experienced Faculty Physician (3-5 Years Post-Residency) All Prior Competencies + |
|---|--|--|
| 6a. Demonstrates knowledge of practice-specific protocol for reporting safety events and hazards to improve patient safety. | 6b. Conducts a analysis of patient-safety events and offers systems-focused error prevention strategies (simulated or actual) (HVI-SBP1). Manages the immediate harm of an ongoing patient safety event (e.g., gathering information, communicating safety plan). | 6b. Conducts a analysis of patient-safety events and offers systems-focused error prevention strategies (simulated or actual) (HVI-SBP1). Manages the immediate harm of an ongoing patient safety event (e.g., gathering information, communicating safety plan). |

Table 4. Domain IV: Patients and Families as QIPS Partners

| Entering Residency (Recent Medical School Graduate) | Entering Practice (Recent Residency Graduate) All Prior Competencies + | Experienced Faculty Physician (3-5 Years Post-Residency) All Prior Competencies + |
|--|---|--|
| Inclusive Practice | | |
| 1a. Identifies opportunities to engage patients and families in improving quality and safety at both the individual and organizational levels. | 1b. Participates as a team member with patients and families in efforts to improve quality and safety, including system-level activities. | 1c. Intentionally demonstrates for others the inclusion of patients and families in quality-improvement (QI) and patient safety activities at both the individual and organizational levels. |

Large Group Debrief



Thank You!

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