



AIAMC National Initiative VIII

Capstone Presentations

Cohort Four

Curriculum Development
March 24th (2:10-4:30pm)
Blackbird Studio

Cohort Four teams

- Aurora Health Care -OB/GYN
- Guthrie/Robert Packer Hospital
- St. Luke's University Health Network - Anderson
- UnityPoint Health- Des Moines (CHF)
- Virginia Mason Medical Center

Capstone Questions

- What did you hope to accomplish?
- What were you able to accomplish?
- Knowing what you know now, what might you do differently?
- Expectations versus Results:
On a scale of 1 to 10 (with “1” meaning nothing and “10” meaning everything) how much of what you set out to do was your team able to accomplish?

KINDNESS IS EASY: SIMPLE INTERVENTIONS TO CREATE A MORE WELCOMING CLINIC ENVIRONMENT FOR THE LGBTQ+ COMMUNITY

Salma Aljamal, MD; Nimisha Kumar, MD; Brittany Schall, MD; Marie Forgie, DO;
Nicole Salvo, MD; Kari Schmidt Oliver, MD; Kristi Rapp, MBA; Kimberly Johnson, CMA;
Angela Eifert; Amanda Speck Malmberg, RN; Jacquelin Coby-Beaver, MAEd;
Alex Cade-White MDiv, MPH, BCC; Deborah Simpson, PhD



AURORA SINAI MEDICAL CENTER
OBSTETRICS & GYNECOLOGY



Q1. What did you hope to accomplish?

- Understand, recognize, & address the challenges the LGBTQ+ community faces in accessing reproductive health care, including family building
- Work to eliminate overt and covert discriminatory procedures and practices in our clinical spaces through creating affirming and welcoming environments
- Increase patient satisfaction and provider comfort
- Make physical changes to our clinic space to make it feel welcoming to LGBTQ+ patients



Q2. What were you able to accomplish?

- Safe Space training for most clinic staff
 - Residents, attendings, MA's, RN's, and front desk staff

CHANGED

- Formal clinic name
 - FROM Women's Health Clinic
 - To *Aurora Academic Specialists in Obstetrics & Gynecology*
- Gendered bathroom signs to gender neutral signs
- Clinic artwork to more neutral photographs taken by our own clinic team members



Q3. Knowing what you know now, what might you do differently?

- Implement the DEI corner of the newsletter sooner to aid in staff engagement and education
- Increase number of patients surveyed pre/post safe space training to assess if significant change was noted in improving the clinic's environment
- Have some of our project's excellent attendings provide role modeling for clinic staff



Q4. Cohort #4 – Expectations vs Results

On a scale of 1 to 10 (with “1” meaning nothing and “10” meaning everything) how much of what you set out to do was your team able to accomplish?

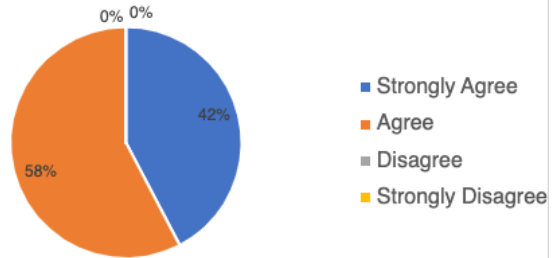
- 9/10
- We accomplished almost all of what we set out to do with this project:
 - Safe space training of our staff (highly rated)
 - Surveying the patients pre and post training
 - Changing the clinic name, bathroom signage, clinic art
- Things still pending include changing:
 - Pamphlets in the vitals area
 - Educational materials inside the exam rooms



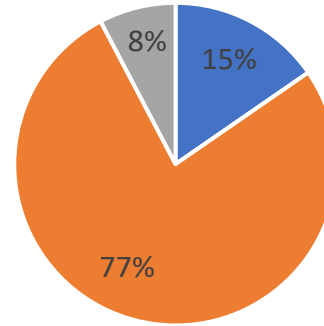
Some Highlights!

Patient Survey

Overall, did you feel that our clinic environment is welcoming to all LGBTQIA+ patients?

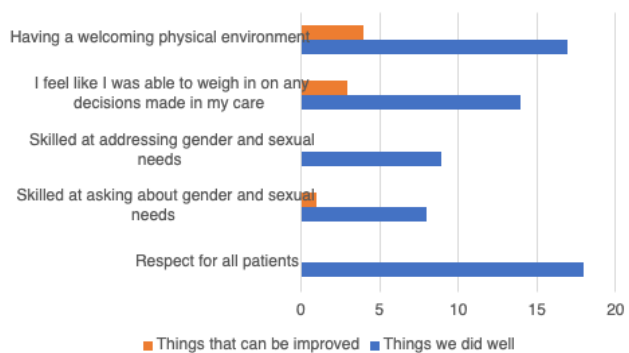
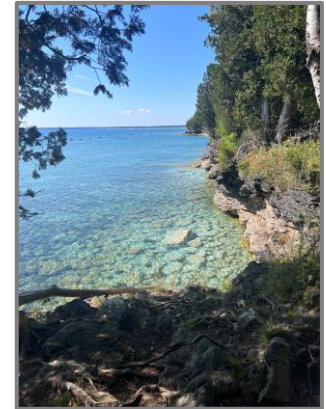


Do you identify as LGBTQIA+?



■ Yes ■ No ■ Prefer not to answer

Clinic Art



Response – NAC and other members

QUESTIONS



NI VIII Meeting Four – Capstone Presentation
Cohort Four: Clinical Quality Improvement

Viewing health equity through SDOH lens in the in-patient setting

Muhammad A Khan MD, Ghanshyam Bhatta MD, Rabin Adhikari MD, Bikal Lamichhane MD, Sohaib K Shabih MD, Muhammad S Aleem MD, John Pamula MD



Q1. What did you hope to accomplish?



- Conduct a thorough assessment of the current state of SDOH identification and intervention in the inpatient setting at Guthrie Robert Packer Hospital.
- Identify key SDOH barriers that are affecting patient outcomes and quality of care in the inpatient setting at Guthrie Robert Packer Hospital.
- Develop and implement an SDOH screening tool that can be used to identify patients' social needs and connect them with appropriate resources and interventions.
- Train healthcare providers and staff at Guthrie Robert Packer Hospital on how to use the SDOH screening tool and how to address identified social needs.
- Establish partnerships with community-based organizations and other healthcare providers to expand the availability of social services and resources to patients in the inpatient setting at Guthrie Robert Packer Hospital.
- Monitor and evaluate the effectiveness of SDOH screening and interventions in improving patient outcomes, reducing healthcare disparities, and promoting health equity in the inpatient setting at Guthrie Robert Packer Hospital.
- Disseminate best practices and lessons learned from this initiative to other healthcare organizations and stakeholders, to promote the adoption of similar SDOH identification and intervention strategies in other settings.

Q2. What were you able to accomplish?

- Primary data was collected through distribution of questionnaire amongst patients admitted to resident driven inpatient services. (n=229; 75 patients during first PDSA cycle and 154 patients during second PDSA cycle)
- Data analysis was done with chi-square analysis. There is statistically significant ($p < 0.001$) association between stress and financial stability, as well as stress and food security. Those who reported higher stress, also reported higher financial strain and food insecurity
- Patients who screened positive from the questionnaire were provided resources and support with help of social workers/case managers



Q3. Knowing what you know now, what might you do differently?



Barriers encountered

- Difficulty in integrating EPIC based tool for screening of inpatient population.
- Patients had hesitancy in answering some of the questions due to their personal nature.
- Healthcare providers were hesitant to ask some of these questions.
- Due to higher patient acuity in the inpatient setting, less priority given to identifying SDOH barriers for patients.

Lessons learnt

- Engage stakeholders early and often: Engaging stakeholders, including healthcare providers, staff, and patients, early and often in the project planning and implementation process can help to build support for the project and ensure that it meets the needs of all stakeholders.
- Use a multidisciplinary approach: Using a multidisciplinary approach that includes healthcare providers, social workers, community-based organizations, and other stakeholders can help to identify SDOH-related issues and develop effective interventions that address these issues.
- Prioritize patient privacy and confidentiality: Prioritizing patient privacy and confidentiality is critical when collecting and managing data related to SDOH. Ensuring that sensitive information is stored securely and shared appropriately can help to build trust with patients and promote patient engagement in the project.
- Financial strain, food insecurity, and housing instability ranged SDOH needs are more pronounced in the inpatient population. Increased efforts towards SDOH screening in this population, emphasizing the health disparities to C-suite, and plugging people who requiring assistance into community resources can significantly improve community health and reduce burden on the healthcare system.

Q4. Cohort Four – Expectations versus Results

On a scale of 1 to 10 (with “1” meaning nothing and “10” meaning everything) how much of what you set out to do was your team able to accomplish?

- 8





Total number of in-patients screened	229
Financial strain	N=84 (36.6%)
Lack of transportation	N=38 (16.5%)
Food insecurity	N=60 (26.2%)
Housing instability	N=33 (14.4%)



Response – NAC and other members

QUESTIONS

“Pharmacy”: Food as Medicine for Chronic Diseases

Andrew Goodbred MD, FAAFP; Meagan Grega MD, FACLM; Ileana Perez-Figueroa MD;
Ifunanya Akusoba MD; **John Hayes JR MD**; Emily Bilyk DO; Matthew Dorcus DO;
Parampreet Kaur MD; Kushee-Nidhi Kumar MD, MS; Adam Maziuk MHA, NRP, ACM-FP

What did you hope to accomplish?

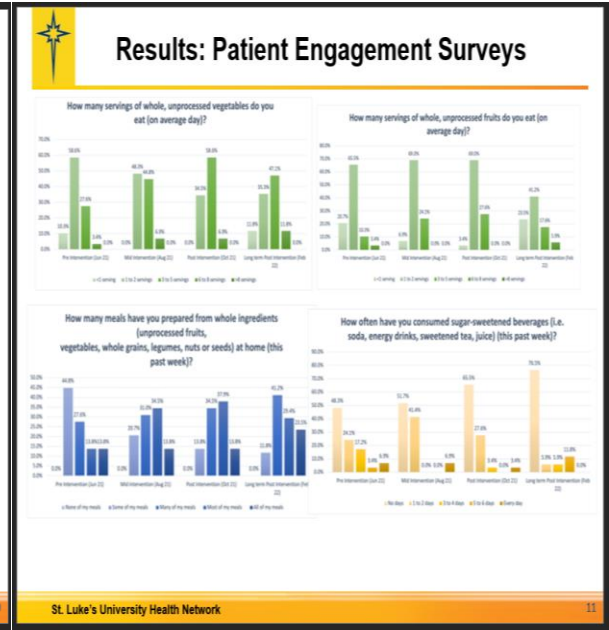
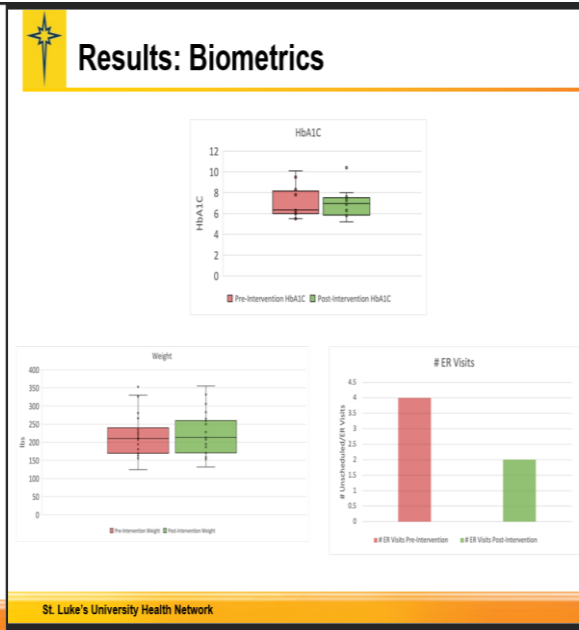
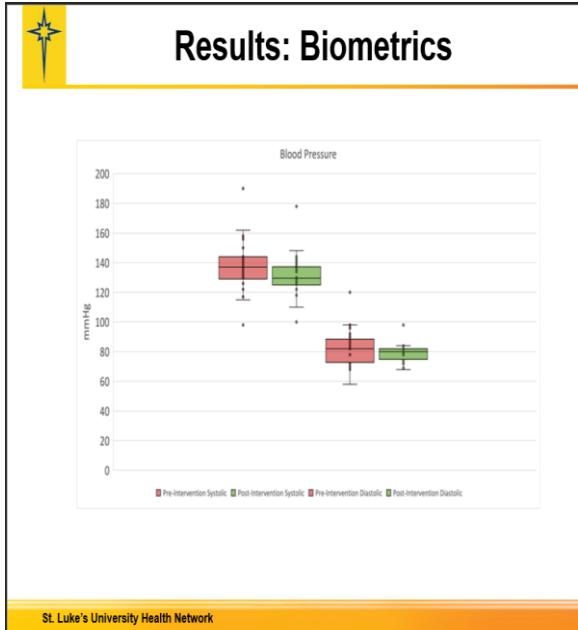


- Racial minorities 2x likely as whites to develop chronic diseases
- Women more likely than men to develop chronic diseases

- Decrease blood pressure in hypertensive patients by 5 points and A1C by 0.5 points in diabetic patients after a 20-week “Farmacy” intervention at St. Luke’s Family Practice.
- Improve patient lifestyle practices by enhancing patient health education and health engagement in at least 50% of patients by end of a 20-week intervention
- Identify and measure community outreach gaps for the CSA program to encourage patient diversity, equity, and inclusion through demographic data and open-ended questions



What were you able to accomplish?



- Achieved AIM for **SBP reduced by 7 points** which exceeded the 5-point goal, **DBP by 3 points**
- HgbA1c did not show much improvement (**only by 0.2**) which did not reach our aim of reduction by 0.5 points.
- Our patient engagement was **more than 50%** as out of the initial 54 patients 32 of them completed at least 50% of the program
- There was a **50% decrease in unscheduled visits/ER visits** (4 preintervention and 2 post-intervention periods) after the CSA intervention.
- **Improved patients' lifestyle practices and health engagement** as compared to pre- and post-intervention surveys



Knowing what you know now, what might you do differently?

- **Success Factors** – having **staff consistently engaged with the process**; direct contact with patients.
- **Barriers** - Patient enrollment and engagement was challenging due to COVID-19 and travel-to-and-from pick-up sites, timings of pick-up, and ‘walk with a doc’ were also challenging but were improved after adding new pickup sites. .
- We plan to look at effective ways to bring fresh produce and lifestyle medicine educational resources into patient care interactions throughout the network.
- **Next Steps and Sustainability**- Refrigerators with CSA shares are being planned to have better access for patients with food prescriptions and simplify pick-ups for family members
- Design and **facilitate expanded cross-cultural family interest, enrollment, and participation.**



Cohort Four – Expectations versus Results

- On a scale of 1 to 10 (with “1” meaning nothing and “10” meaning everything) how much of what you set out to do was your team able to accomplish?

Answer: 8/10

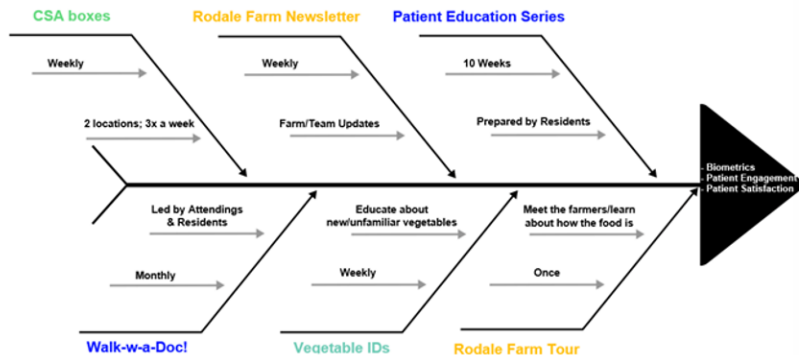
We were able to accomplish our goals in lowering the mean BP and decreasing unscheduled visits/ER visits of the group but did not lower the HbA1c to desired aim.

- We were able to engage more than 50% of patients who completed the intervention and as shown in our surveys. Though 20% of patients starting were Black or African American, this only accounted for 6.5% of those who completed the intervention in that demographic diverse population.
- Many who signed up had multiple jobs or childcare responsibilities that kept them from pick-ups. We have discussed getting funding for fridges where patients could stop to pick up CSA shares on their own schedule
- A longer intervention would be helpful in gathering HbA1c data. We are looking at ways to supply more fresh produce plus additional lifestyle medicine access and patient education throughout the network.

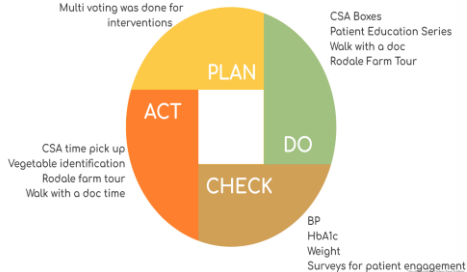


Methodology Highlights

Interventions for Improving Biometrics, Patient Engagement and Patient Satisfaction



Multidisciplinary team met bimonthly
Multi voting was done for interventions



ORGANIC FARM CSA NEWSLETTER

SHARE ITEMS
Box Choy
Kale
Head Lettuce
Endive
Chard
Summer Squash
Peas
Scallions

- Summer Squash is delicate, try your best not to injure the skin – keep dry & bagged
- The entire fennel plant is edible! The bulb is best to sauté, while we like the foliage fresh or for pickling.
- Endive will always need to be well washed – its organic!

Chloe Hettinger was first drawn to agriculture by her reverence for sunshine; something she shares wholeheartedly with the crops. With an educational background in human rights and holistic health, she dreams of fostering healing relationships within social and ecological communities. She is a poet, spiritual sojourner, and a rapt student of life, above all.

Meet your Farmer!
Chloe Hettinger



Enjoy the scenic views of St. Luke's Anderson Campus while in the company of your community and friendly doctors
This is a free event and all are welcome!!

Date: June 30th-October 27
(Monthly on Wednesdays)

Time: 5:30-6:30pm

Place: St. Luke's Anderson Campus
(meet at the white goods near the Cancer Center)

Full Schedule
Kickoff June 30 th
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Response – NAC and other members

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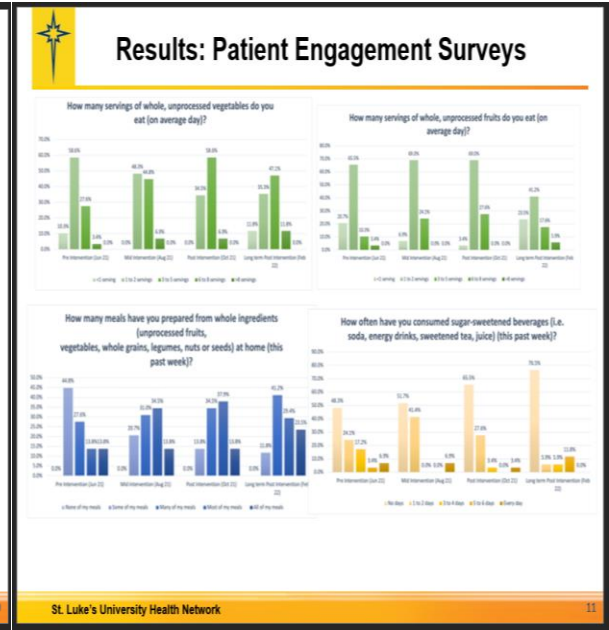
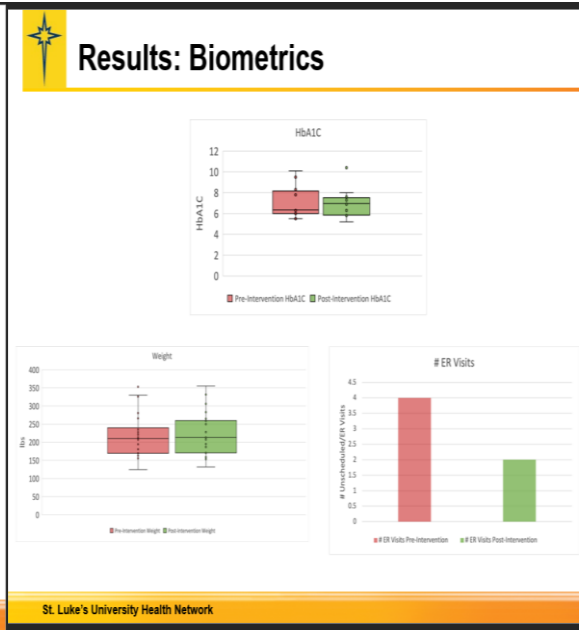
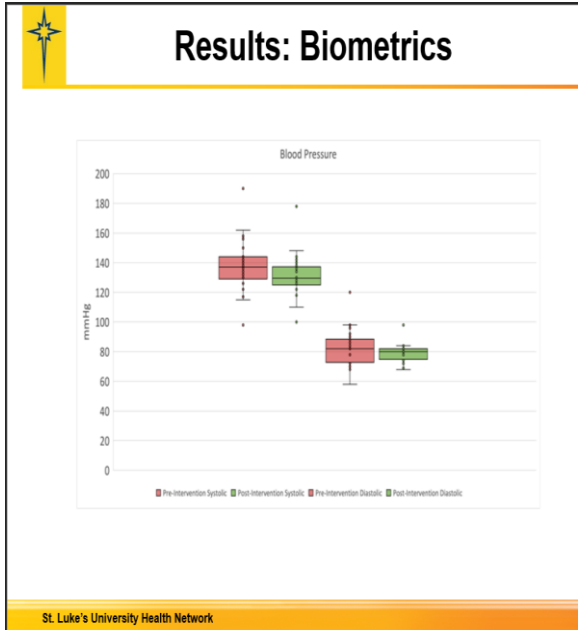


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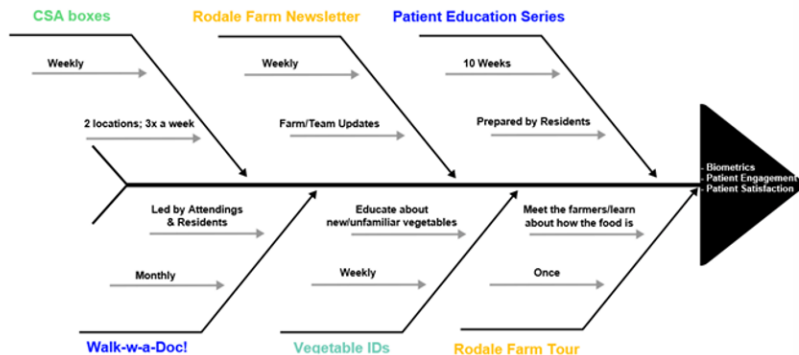
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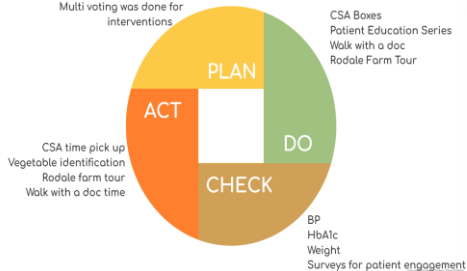


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Response – NAC and other members

QUESTIONS



UnityPoint Health
Des Moines



AiAMC
Alliance of Independent
Academic Medical Centers

NI VIII Meeting Four – Capstone Presentation
Cohort Four: Clinical Quality Improvement

Examining Socioeconomic Factors with Treatment/Outcomes in Congestive Heart Failure Inpatients

Hayden Smith, Jonathan Hurdelbrink, Vanessa Calderon, Sean Kennedy,
Austin Pillon, Tyler Schwiesow, Chanteau Ayers, William Yost



**National
Initiative**

Q1. What did you hope to accomplish?

- Our goal was to conduct a medical chart review to evaluate possible disparities in outcomes in patients from different racial, ethnic, and socioeconomic backgrounds with congestive heart failure.



Q2. What were you able to accomplish?

- Overall, our study revealed limited associations between SES variables and care/outcomes. Our most meaningful findings were the significant difference in mortality among patients receiving standard CHF treatment and the difference in mortality among uninsured patients.
- Limitations in our findings include use of home addresses within census tract data to approximate income and may not have been truly representative. Additionally, several patients had multiple encounters within the study period, which may have been a confounding factor affecting treatment and outcomes.
- One of our initial goals that we did not accomplish was to quantify patients receiving appropriate smoking cessation. There is ongoing work within care teams to identify where this is being recorded and if it is happening consistently.



Q3. Knowing what you know now, what might you do differently?

- It may have been helpful to schedule more regular meetings at the end of the project to help guide conversations towards use of this data for future interventions.
- Data collection was difficult and did take a significant amount of time. With all the variables that can be collected from the EMR, it may have been more efficient to dedicate more time early on to selecting specific variables to study, as this may have allowed us time to discuss and study an intervention.



Q4. Cohort Four – Expectations versus Results

On a scale of 1 to 10 (with “1” meaning nothing and “10” meaning everything) how much of what you set out to do was your team able to accomplish?

- 8. As previously noted, there were some limitations, but we did accomplish our initially stated goal to evaluate possible disparities in heart failure management. Ideally, we would have been able to implement and study an intervention.



Table. Review of treatment and outcomes in congestive heart failure inpatients seen at two Midwestern hospitals reported as odds ratios or hazard ratios*

Variable	Ejection Fraction w/in 365 days	Treatment Standards ⁺	Mortality ⁺	30-Day Readmission
	n=3,706	n=3,039	n=3,039	n=2915
<i>Excluded Preserved EF</i>		X	X	X
Socioeconomic related variables				
Race (White)	0.8 (95% CI: 0.6, 1.1)	1.1 (95% CI: 0.9, 1.5)	1.9 (95% CI: 1.0, 3.9)	0.9 (95% CI: 0.6, 1.2)
Hispanic/Latino	1.3 (95% CI: 0.6, 2.5)	1.4 (95% CI: 0.8, 2.6)	1.1 (95% CI: 0.3, 4.1)	0.5 (95% CI: 0.2, 1.5)
Median Income (increase of 15K)	1.0 (95% CI: 1.0, 1.1)	1.0 (95% CI: 0.9, 1.0)	0.9 (95% CI: 0.8, 1.1)	1.0 (95% CI: 0.9, 1.1)
College Degree	0.8 (95% CI: 0.4, 1.4)	1.2 (95% CI: 0.8, 2.1)	2.2 (95% CI: 0.6, 7.7)	1.3 (95% CI: 0.5, 3.1)
Micro vs Metro	0.6 95% CI: 0.5, 0.9	1.0 (95% CI: 0.7, 1.3)	1.6 (95% CI: 0.9, 2.6)	0.5 95% CI: 0.3, 0.9
Rural vs Metro	0.6 95% CI: 0.5, 0.8	1.1 (95% CI: 0.9, 1.3)	1.0 (95% CI: 0.6, 1.5)	0.5 95% CI: 0.4, 0.8
Private vs Medicare	1.2 (95% CI: 0.9, 1.6)	1.5 95% CI: 1.2, 2.0	0.8 (95% CI: 0.4, 1.4)	0.6 95% CI: 0.4, 0.9
State vs Medicare	1.5 95% CI: 1.0, 2.2	1.1 (95% CI: 0.8, 1.4)	0.9 (95% CI: 0.5, 2.0)	0.9 (95% CI: 0.6, 1.4)
Uninsured vs Medicare	0.6 (95% CI: 0.2, 1.6)	0.7 (95% CI: 0.3, 1.6)	4.8 95% CI: 1.3, 17	0.6 (95% CI: 0.1, 3.6)
Covariates				
Age (5-year increase)	0.9 95% CI: 0.9, 0.9	0.9 95% CI: 0.9, 0.9	1.1 95% CI: 1.1, 1.2	1.0 (95% CI: 0.9, 1.0)
Comorbidities (#)	0.9 95% CI: 0.9, 0.9	0.9 95% CI: 0.9, 0.9	1.0 (95% CI: 0.9, 1.1)	1.1 95% CI: 1.1, 1.2
Male	1.2 95% CI: 1.0, 1.4	0.9 (95% CI: 0.8, 1.0)	0.8 (95% CI: 0.6, 1.1)	1.3 (95% CI: 1.0, 1.6)
Teaching Hospital	1.1 (95% CI: 0.9, 1.3)	1.0 (95% CI: 0.8, 1.0)	1.2 (95% CI: 0.8, 1.7)	1.4 95% CI: 1.1, 1.8
On Therapy	1.2 95% CI: 1.1, 1.4	N/A	0.5 95% CI: 0.4, 0.8	0.8 (95% CI: 0.6, 1.0)

Estimates based on multiple logistic or proportional hazards regressions (i.e., mortality) with Firth's bias correction; comorbidities = Elixhauser comorbidities; **bolded/highlighted** represents significant.

*Smoking counselling was poorly documented in medical record and not modeled.

+Ejection Fraction (EF) was also associated with outcome in these models.



Response – NAC and other members

QUESTIONS



NI VIII Meeting Four – Capstone Presentation
Cohort Four: Clinical Quality Improvement

Providing Discharge Instructions in Preferred Language

Alexander Kettering, MD; Gillian Abshire, RN, MS; Deborah Lee, MD;
Matt Birmingham, MD; Christie Schmutz, MD; Evan Coates, MD; Alvin Calderon, MD



Q1. What did you hope to accomplish?

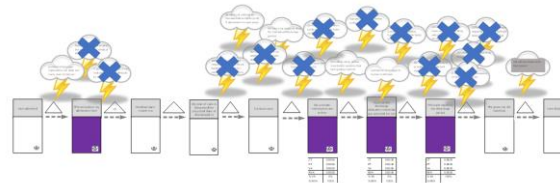
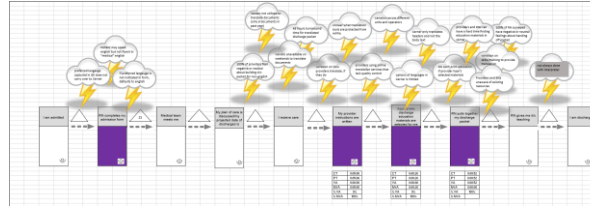
- Patients dependent upon preferred language other than English are discharged with written instructions that do not align with their preferred language. At Virginia Mason Medical Center, approximately 75% of the time, there is misalignment between the documented preferred language of a patient and the patient's actual required use of interpreter services, leading to discharges that are not only inequitable, but also potentially error-prone, as patients are discharged without an accurate sense of the steps required to safely transition from their hospitalization to post-discharge course.
- Using the Virginia Mason Production System skills of setup reduction, 5S, and mistake-proofing, we will provide written discharge instructions to patients with “limited English proficiency” in the language of their choice.



Q2. What were you able to accomplish?

Highlights:

- 100% reduction in % pts who received written provider instructions in a language that was not their preferred language.
- 100% reduction in % pts who received written education in a language that was not their preferred language.
- 75% reduction in % of nurses who reports feeling negative or neutral about building final discharge packet for patients who do not speak English.
- 67% reduction in % providers who report feeling negative or neutral about writing patient instructions for pts who do not speak English.
- 25% improvement of environmental health and safety of care environment.
- 25% reduction in set-up reduction for RN
- 8% reduction in set-up time for provider



Instructions From Your Doctor

김치스경 Reasons for hospitalization

You were admitted for chest pain.

입원중 주요내역 (진료, 검사, 중재) Hospitalization Summary

You underwent cardiac catheterization. Two stents were placed in the left side of your heart.

약제 변경 Medication Changes

Start taking - aspirin, clopidogrel and metoprolol.
Stop taking - ibuprofen.
Resume - other medications.

추가 약속 Future Appointments

Please follow up with Dr. Lee to discuss the blood pressure control in 1 week.

병력으로 돌아오거나 의료 제공자에게 연락해야 하는 이유 When to return to the hospital or call
Return to the ER if you develop chest pain or shortness of breath.

추가 지침 Additional instructions:

Resume the dieting in 2 weeks.

김치스경

가슴 통증으로 입원했습니다.

입원중 주요내역 (진료, 검사, 중재)

당신은 심장 카테터 삽입을 받았습니다. 두 개의 스텐트가 심장의 왼쪽에 배치되었습니다.

약제 변경

복용 시작 - 아스피린, 클로피도그렐 및 메토프롤롤
복용 중지 - 이부프로펜
이력서 - 다른 약들

추가 약속

김 MD, 내보라 1주 이내 혈압 조절에 대해 논의하기 위해 Lee 박사와 후속 조치가 필요하십시오.
(206) 383-6079

병력으로 돌아오거나 의료 제공자에게 연락해야 하는 이유
가슴 통증이나 호흡 곤란이 발생하면 응급실로 돌아옵니다.

추가 지침

2주 안에 다이어트를 재개하십시오.



Q3. Knowing what you know now, what might you do differently?

- *Success in this type of project really comes down to the tenacity and dedication of each individual team member, and a broader medical center culture that supports this work.*
- *We found that we were greatly limited by technology, and that it really took a “village” to develop creative workarounds around technological limits in order to implement changes at our institution. It is that central cultural component of the project team that allowed us to begin to find substantive success.*
- *Without true dedication to the cause on a broader level, the technological barriers posed would certainly have been enough to halt the project in its tracks.*
- *Knowing what we do now, we would have focused more on technological barriers earlier in the process and ways to improve or bypass said barriers, as these were the greatest hindrance to progress.*



Q4. Cohort Four – Expectations versus Results

On a scale of 1 to 10 (with “1” meaning nothing and “10” meaning everything) how much of what you set out to do was your team able to accomplish?

1 2 3 4 5 6 7 **8** 9 10



Our Team at Work!



Thank you to all who contributed!



Response – NAC and other members

QUESTIONS



AIAMC National Initiative VIII

Capstone Presentations

Cohort Five

Sustainability and Next Steps
March 24th (2:10-4:30pm)
Blackbird Studio A & B

Cohort Five teams

- Aurora Health Care –Internal Medicine
- Barnabas Health –Monmouth Medical Center
- Baystate Health
- Guthrie/Robert Packer Hospital
- Hackensack Meridian Health –Ocean Medical Center
- Ochsner Health System
- Ohio Health

Capstone Questions

- What did you hope to accomplish?
- What were you able to accomplish?
- Knowing what you know now, what might you do differently?
- Sustainability and Next Steps:
What does your CEO need to know to help keep your work sustainable?

Striving to Improve Hypertension Inequities: Finding Joy in the Process

Chiamaka Ogemdi Isiguzo DO, Victoria Gillet MD, Latanya Cherry MSM,
Tiffany Adams RN, David Hamel MD, Deborah Simpson PhD

Aurora Health Care Internal Medicine Residency
Milwaukee, Wisconsin

Q1. What did you hope to accomplish?

- **Aim:** To address inequities in uncontrolled blood pressure for African American (AA) patients in an Internal Medicine Residency Clinic
- **Strategy:** Education and resource distribution to 75% of these patients
 - 90 home blood pressure cuffs available for AA pts with dx HTN
 - Food vouchers
 - Living Well F2F and virtual education sessions:
 - Healthy food demonstrations and tasting experiences
 - Exercise
 - Medications



Q2. What were you able to accomplish?

- **Resources:**

- 98% (88/90) of Home Blood Pressure Cuffs distributed to AA patients with dx HTN
- Living Well Lifestyle Change Series for Patients
 - Interactive demonstrations with mini didactics

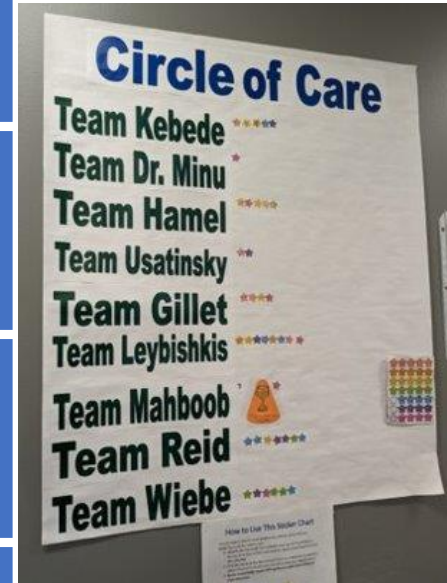
- **Audit-interviews**

- Clinician knowledge of project was inadequate
- Limited translation to action in clinics



Q3. Knowing what you know now, what might you do differently?

Assertive	Be more assertive about needing resources from system <ul style="list-style-type: none">• Home Blood Pressure Cuffs
Engage	Engage residents with roles "built" into existing responsibilities <ul style="list-style-type: none">• Make participation a part of required intern curriculum
Celebrate	Celebrate small successes and contributions by all to project (eg, residents, clinical staff, faculty)
Host	Host a "competition" early on (went from 2/mo to 20/mo) <ul style="list-style-type: none">• Clinic teams with most BP cuffs distributed wins pizza!



Q4. Cohort #5 – Sustainability & Next Steps

What does your CEO need to know to help keep your work sustainable?

- System policies/procedures seek consistency across primary care
 - *Limits* innovation and agility for those in direct patient care
 - *Allow* clinics to “try” locally with consistent resource availability and partnership options (eg, funding for BP cuffs, vouchers)
- Patience and Persistence:
 - Innovation can be challenging (false starts, resources that became unavailable)
 - *Now* AA BP Control is a system initiative



Agility Required – Thanks to All who Helped

Project strategies continuously evolved as promised resources \neq actual.
Shifted to what's within clinic/residency program resources & control.

- Keep Stirring Virtual Patient Education
 - Video Scripting/Production Team
 - Includes:
 - Bonit Gill DO, Henok Hardilo MD, Nicholas Nassif MD, Zeba Shethwala DO
- Clinic Staff Interviewers
 - Includes: Nicholas Gibson MD



Response – NAC and other members

QUESTIONS



NI VIII Meeting Four – Capstone Presentation
Cohort Five: Sustainability and Next Steps



Underrepresented in Medicine – Residency Recruitment

Joseph Jaeger, DrPH, Deonna Williams- Square MPA, MPH,
Sylvia Jacobs SHRM-CP,
Priya Fernicola MPAH, MS, & MMC NIVIII Committee

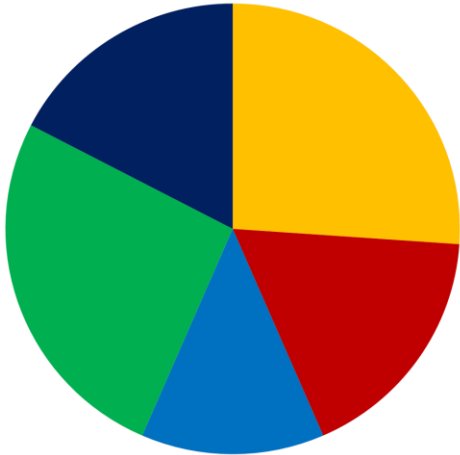


Q1. What did you hope to accomplish?

- Increase the number of underrepresented minorities interviewed during our resident recruitment season.
- Interview our current URIMs on their recruitment/current experience.
- Match with more URIMs.
- Increase resident diversity to promote better patient experiences and outcomes.



Q2. What were you able to accomplish?



MMC - URIM resident survey results	
Context	Percentage
URIM visibility ●	100% of the residents reported that URIM visibility is critical during interviews
Pressure ●	67% of the residents felt pressure entering the program as a URIM
Expectation ●	50% of the residents felt that they did not have the same expectations as everyone else
Mentorship ●	100% of the residents felt as if a URIM mentorship would help with URIM recruitment and retention
Community health ●	67% of the residents felt as if a community health track would help with URIM recruitment and retention

Q3. Knowing what you know now, what might you do differently?

- Continuously follow-up/ monitor each department's progress.
- Create a formal communication plan.



Q4. Cohort Five – Sustainability and Next Steps

What does your CEO need to know to help keep your work sustainable?

- As long as we continue to have C-suite level support, our work will continue to be sustainable.



Response – NAC and other members

QUESTIONS



**Baystate
Health**



UMass Chan
MEDICAL SCHOOL



AiAMC
Alliance of Independent
Academic Medical Centers

NI VIII Meeting Four – Capstone Presentation
Cohort Five: Sustainability and Next Steps

GME JEDI Collaborative

**Ryan Quarles, MD; Martha Anderson; Natalya Maharaj, MD MPH; Kathryn Jobbins, DO,MS;
Heather Z. Sankey, MD, MEd; Reham Shaaban, DO; Sharon Wretzel, MD; Petal Eleder, MD; John
Hopkins, MD; Danielle Walsh, DO; Caitlyn Wasserman, MD**



**National
Initiative**

Q1. What did you hope to accomplish?

- The Baystate GME JEDI Collaborative is a forum to address the specific needs around the issues of Justice, Equality, Diversity, and Inclusion for the learners in GME programs at UMass Chan-Baystate by building on existing initiatives with our PURCH program and aligning JEDI education and initiatives among the various GME programs and align with the DEI goals of the institution.
- > Develop a dashboard to track the progress of our GME programs towards including JEDI core principles (i.e implicit bias and others) in the domains of recruitment, education, and retention.



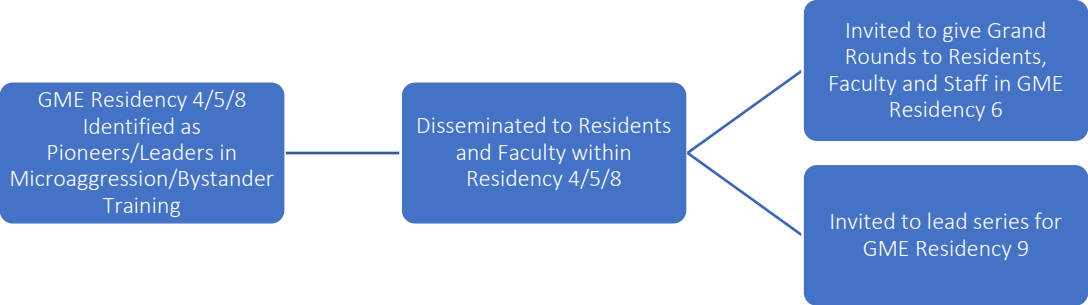
Q2. What were you able to accomplish?

Created Dashboard:

Colored by Each Question (highlighting who does it well and who doesn't)

	URM Resident %	URM Faculty %	Microaggression	Cultural Specific Education	Trauma	Structural Racism	Race and Racism in Medicine	Healthcare Disparities	Social Determinants of Health	Implicit and Unconscious Bias	Gender and Sexual Orientation	Active Bystander Training
Overall	2.00	1.56	3.40	2.94	2.89	3.17	3.26	3.40	3.34	3.63	2.94	3.14
GME -Residency 1	1.50	3.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
GME -Residency 2	1.50	1.00	4.00	4.50	4.50	4.00	4.50	4.50	5.00	5.00	5.00	5.00
GME -Residency 3	4.00	3.00	3.00	4.00	4.00	3.00	3.00	4.00	4.00	4.00	2.00	3.00
GME -Residency 4	1.50	1.00	4.00	3.00	3.00	3.50	4.00	4.00	4.00	4.00	3.50	3.50
GME -Residency 5	1.60	1.00	4.80	3.40	2.60	4.20	4.60	4.40	4.00	4.60	3.00	4.60
GME -Residency 6	1.20	1.40	3.20	3.00	2.40	3.40	3.20	3.40	3.00	3.40	3.40	2.80
GME -Residency 7	3.75	2.25	2.00	3.00	2.50	2.50	2.50	3.00	3.00	2.75	2.00	2.25
GME -Residency 8	2.00	1.75	4.50	3.50	2.25	4.25	4.50	4.00	4.00	4.50	3.00	4.25
GME -Residency 9	2.00	1.67	2.00	2.33	4.00	3.00	2.67	3.33	3.00	3.33	4.00	1.33
GME -Residency 10	2.14	1.43	3.57	2.71	3.71	2.57	2.57	2.71	2.86	3.29	2.43	2.86

Collaboration and Dissemination of Resources:



Q3. Knowing what you know now, what might you do differently?

- **Key Findings**

- Survey and subsequent creation of dashboard helped to identify areas to connect for resources
- Highlighted common areas of need throughout programs that would require greater institutional support to remedy

- **Limitations**

- Challenging to disseminate results of dashboard
- Has only looked at one time point – will need to be updated at least annually to track metrics

- **Next Steps and Sustainability**

- Collaborate with new VP DEI to share resources for education throughout health
- Continue to collaborate with UME, GME and community partners to ensure initiatives meet learner/community needs



Q4. Cohort Five – Sustainability and Next Steps

- What does your CEO need to know to help keep your work sustainable?

JEDI is going to be at the forefront of medical education and the graduate and undergraduate levels, because of the needs of our trainees and patients. However, education that is happening only in these realms will not have the longevity and sustainability of an impact as system wide initiatives. In addition to our new leadership in our VP of DEI, we should seek out and utilize the resources available from our clinician educators, community partners to develop system wide educational initiatives that put our patients, their needs and their satisfaction at the forefront.



Response – NAC and other members

QUESTIONS



NI VIII Meeting Four – Capstone Presentation
Cohort Four: Clinical Quality Improvement



Social Determinants of Health (SDOH) Screening at Pediatric Well-Visits

Erin Warnick, Julia Hendricks, Marzia Choudhury, Victor O. Kolade MD



What did you hope to accomplish?

Our vision and aims

Vision Statement

To lead sustainable improvement in collection of data on social determinants of health in the primary care practices at Guthrie; this project focused on Pediatrics.

- Primary objective - to increase completion of Social Determinants of Health Questionnaire in 3 Pediatric offices in the Guthrie Health System (Corning, Southern Tier, and Sayre Pediatrics) to 50%, 50% and 75% completion, respectively, over a 3-month average by the Spring of 2022
- A secondary objective was to assess barriers to completing the SDOH screening questionnaire through a survey sent to pediatric office staff as identified managers



What were you able to accomplish?

Achievements

- We collected and trended SDOH completion data from 2021 through the end of January 2023
- We surveyed practice staff seeking information on barriers to questionnaire completion



Knowing what you know now, what might you do differently?

In 'hindsight':

- Surveys directed at providers may yield higher response rates than surveys of nursing staff
 - > Provider lists can be defined using the Find a Provider weblink, removing the need to consult with office managers prior to survey deployment



Sustainability and spread? Open call to our CEO =



Gratitude: A system contract with UniteUs is close to being signed

Recommendations: Incentivizing providers to pursue SDOH data may improve collection rates, as may elevating metric ownership

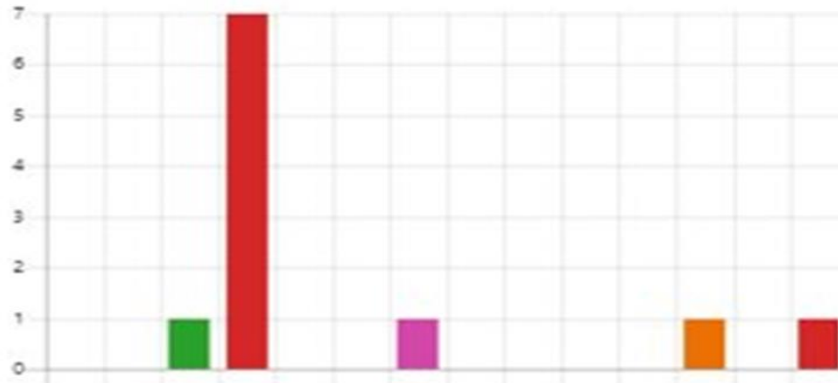


Survey data

What barriers have you faced in completing the SDOH screening questionnaire at office visits?
Check all that apply.

[More Details](#)

 I do not know what the questi...	0
 I have never seen the SDOH s...	0
 There's not enough time to as...	1
 Patients do not want to/are u...	7
 Not relevant to office visits	0
 I don't know how to use the E...	0
 I assume that other nurses/pr...	1
 I do not know the right time t...	0
 I only ask the questions to pat...	0
 The questions are confusing	0
 The questions are too long	0
 I do not feel comfortable aski...	1
 I don't know who to refer the ...	0
 Other	1



Response – NAC and other members

QUESTIONS

Institutional Justice, Equity, Diversity and Inclusion Strategic Plan at OUMC

**K. Ussery-Kronhaus, MD, C. Scott, MD, J. Wheatley, MD, K. Kronhaus, MD, W. Wynkoop, MD
F. Hernandez, M. Skoulos, MD, D. Alnabwani, MD, E. Obamedo, MD, F. Acquah, MD, C.
Samuel, MD, O. Obarobest, MD and V. Patel, MD**

Q1. What did you hope to accomplish?

The purpose of our project is to create a Justice, Equity, Diversity, and Inclusion (JEDI) strategic plan for Ocean University Medical Center (OUMC) Graduate Medical Education and Medical Staff. Hackensack Meridian Health as an organization and Medical School have many initiatives around Diversity, Equity, and Inclusion. However, we identified an area for improvement in our Clinical Learning Environment.

Education - to increase JEDI topics and education in our grand rounds series to reach medical students, residents and faculty.


House officer recruitment- to evaluate our holistic review process and measure the National Residency Match outcomes at OUMC

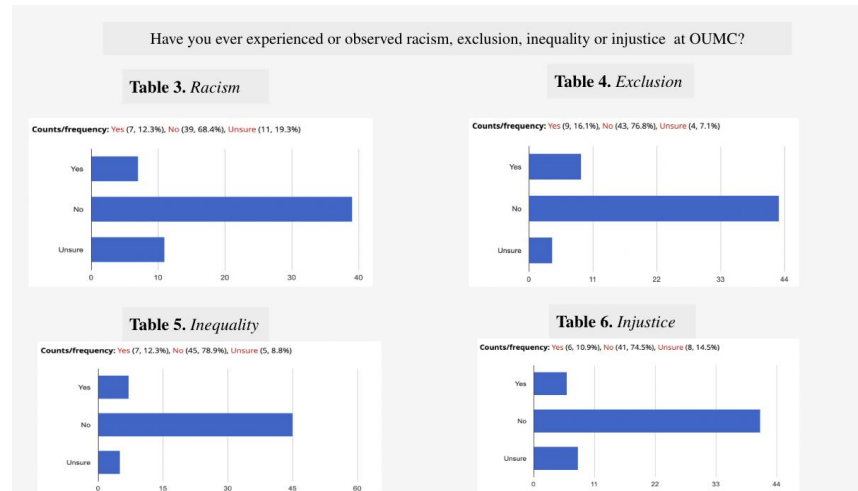
Faculty recruitment- to evaluate our holistic review process of faculty applicants and faculty diversity.







Mentorship- develop mentorship program across the continuum of student/resident/faculty



Q2. What were you able to accomplish?

 Our team developed a survey to learn more about our current residents and attendings with regards to experiences with inclusion, equity, justice and diversity at Ocean University Medical Center.



-  Family Medicine residents are mentoring Brick Township High School students' STEM projects/research.
-  Family Medicine residents attended the Medical Technology day at the local high school. We presented on the different careers in medicine as well as a blood pressure and CPR workshop
-  We launched OUMC Program instagram pages for recruitment
-  We planned a JEDI focused resident wellness activity
-  Tracking DEI Metrics for recruitment of residents and faculty
-  Increased Educational topics on JEDI topics

Q3. Knowing what you know now, what might you do differently?

- 1) Put more emphasis on the JEDI events encouraging resident leadership and planning
- 2) Have a different recruitment process to the JEDI committee, initially it was program appointed but then later in the Initiative it became more self nominated



Q4. Cohort Five – Sustainability and Next Steps

✦ What does your CEO need to know to help keep your work sustainable?

Justice, equity, diversity, and inclusion are essential components of GME

- 1) Promotes fairness and equity for trainees. Help to mitigate the impact of implicit bias and systemic inequities.
- 2) Enhances cultural competency.
- 3) Promotes well-being and reduces burnout
- 4) Improves patient outcomes
- 5) Ensures equitable access to care
- 6) Enhances the Quality of Research



Response – NAC and other members

QUESTIONS



Redesigning Recruitment in Health Care

Rajiv B. Gala, MD; Ronald Amedee, MD; Carl Tholen; Donna Guidroz; Brittany Ducote; Jose Posas, MD; Anna White, MD; Shelly Monks

Q1. What did you hope to accomplish?

- The objective of this project is to assemble a diverse group of experts to critically look at how we can re-design recruitment into health care to promote diversity in an inclusive manner.
- We approached this by critically *analyzing* the current application process looking for sources of bias and attempted to *develop* evidence-based strategies to efficiently promote a holistic methodology that promotes diversity and inclusion in medicine.



Q2. What were you able to accomplish?

- We completed a baseline Needs Assessment of our GME programs to understand how they approached holistic reviews of applications (if they did)
- We then created some different holistic rubrics to share with everyone to serve as a starting point for them to customize
- We have been tracking the impact of their interventions in regards to overall demographic changes in our matched trainees



Q3. Knowing what you know now, what might you do differently?

- It is critical that each program review their mission statement and develop a shared vision of what qualities would translate to a successful trainee
- No single rubric will capture these different qualities. It was helpful to have multiple examples so teams could customize the standard review process
- HR's approach to reviewing applications for jobs is very different than what GME does. The tools they use are focused on keywords from the job description
- Finding data points in ERAS applications are challenging. For example, if you are interested in recruiting trainees with local ties, hometown is not always entered by the applicant.



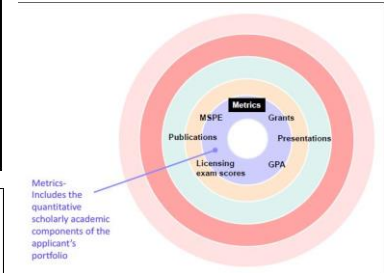
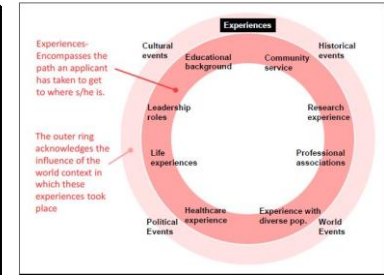
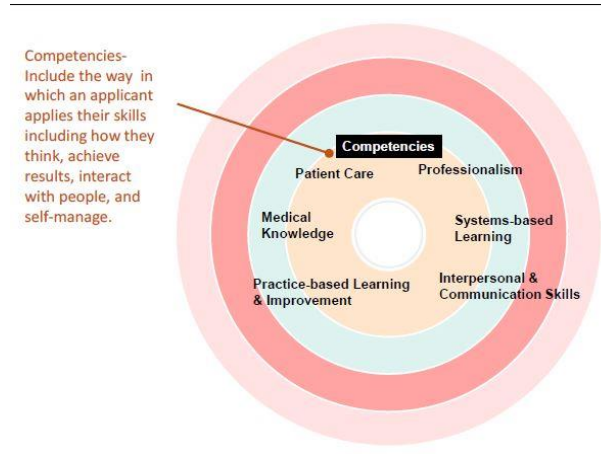
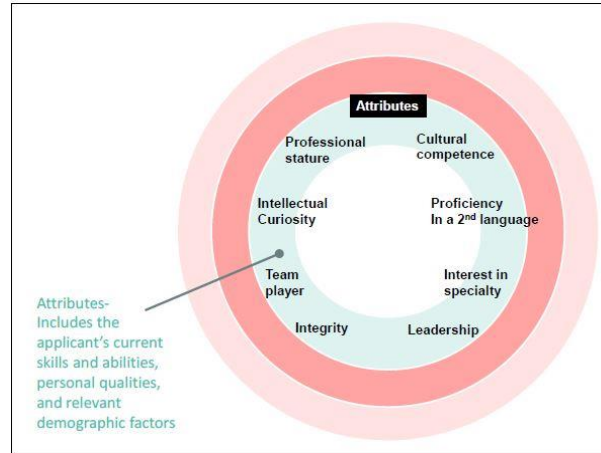
Q4. Cohort Five – Sustainability and Next Steps

- What does your CEO need to know to help keep your work sustainable
 - > We need to keep working to find ways to help facilitate holistic reviews of applications and post-match data analysis. It will likely require development of locally adjustable tools as there are few “best practices or gold standard” methods currently available.
 - > It would be valuable to find someone with expertise in data management to help create an automated method of reviewing post-match data



AAMC Holistic Review Principles in Resident Selection

Question remains... how?



Response – NAC and other members

QUESTIONS



NI VIII Meeting Four – Capstone Presentation
Cohort Five: Sustainability and Next Steps

Championing Change: A System-Wide Initiative to Advance Justice, Equity, Diversity, and Inclusion

Nanette Lacuesta, MD, Najhee Purdy, BS

Jennifer Middleton, MPH, MD, Claire Rockwell, Phillip Clark, Meghan Pelot,

Roma Amin, MD, Sarah Vengal, MD, Sara Sukalich, MD, MEd





What did you hope to accomplish?

Identify and Elevate the role of “Inclusion Champions”

OhioHealth GME

- 39 GME programs across 5 care sites in Central Ohio
- Over 400 residents and fellows
- Full-time (0.7 FTE) Program director for Physician Diversity Initiatives

- **Assess** current state
- **Advance** JEDI in recruitment processes and program-specific goals
- **Create** a culture of JEDI continuous improvement

Inclusion Champions

- Faculty and staff members
- Accountabilities to advance JEDI initiatives within GME strategic plan
- Supported by DIO, DMEs, PDs



What were you able to accomplish?



- 39 Inclusion Champions in 30 GME programs (77%)
- 17 Inclusion Champions representing 14 programs attended IC Retreat (36%)
- 14 programs formally submitted JEDI program specific goals (36% to date)
- Create and distribute JEDI progress reports for best practices in recruitment and culture building (e.g., holistic review, implicit bias mitigation training)
- Increase in URM trainees entering GME programs from 9.3% (2021) to 14.7% (2022)
- 16 programs submitted midpoint recruitment data to support JEDI strategic plan
- Pending results: 2023 recruitment data, annual program specific goals, URM match data





Knowing what you know now, what might you do differently?

JEDI work as Continuous Quality Improvement

JEDI actions in recruitment Survey

- Clarify instructions to improve validity & response rate
- Include response field to collect program specific goals

Communication

- More frequent email updates/announcements
- Standing Inclusion champion “office hours”
- Standing item in system GME meetings





Sustainability and Next Steps

Sustainability requires Support

JEDI work is part of the job

Not volunteerism, requires administrative time

Accountability like other faculty/staff roles to support accreditation

Build JEDI work into existing structures

Annual program evaluations, regular communications, metrics

Committees: evaluation, curriculum, recruitment, competency

Faculty development

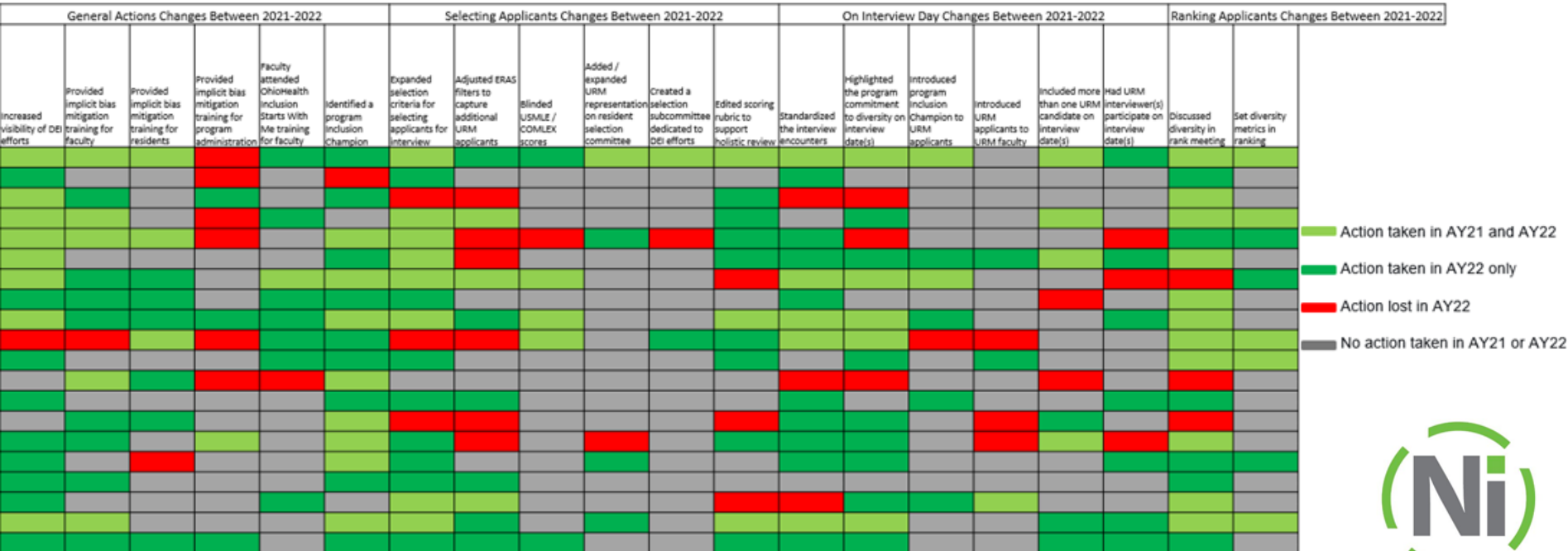
Best practices and “menu” of opportunities

Goal setting within strategic plan

Level up: policy review



Heat map of 20 JEDI recruitment practices across 20 GME programs 2021-2022



Response – NAC and other members

QUESTIONS

Facilitator: Please Ask Your Group:

If we were to describe in ONE WORD what we have learned from these Capstone presentations, what would that word be?

I will share this word in our closing session, which starts at 4:45 in Symphony III. See you there!