



GME Enterprise as Influencer, Hospital Leadership as Driver: A Story of I-PASS Implementation

Richard J. Vath MAEd

Sr Director & Dean of Education

Our Lady of the Lake Regional Medical Center

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Creating a Shared Need & Execution Plan

AIM: Prior to July 1, 2017, we set a GME-wide goal for increasing the measurable occurrence of I-PASS hand-offs on all acute care patients on teaching services (via EHR “biopsy”) from an unmeasured baseline to 80% by the end of AY18 (June 30, 2018)

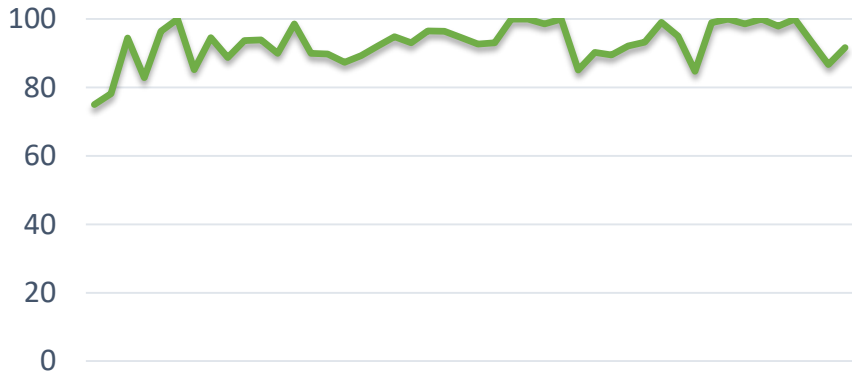
GME and Quality leadership partnered to drive rapid change:

- (1) Hospital Quality set timeline for go-live and an expectation of surveillance
- (2) GME supported EHR hand-off template optimization and developed a process for surveillance
- (3) GME shared surveillance data across programs; Hospital Quality reported data up through hospital leadership

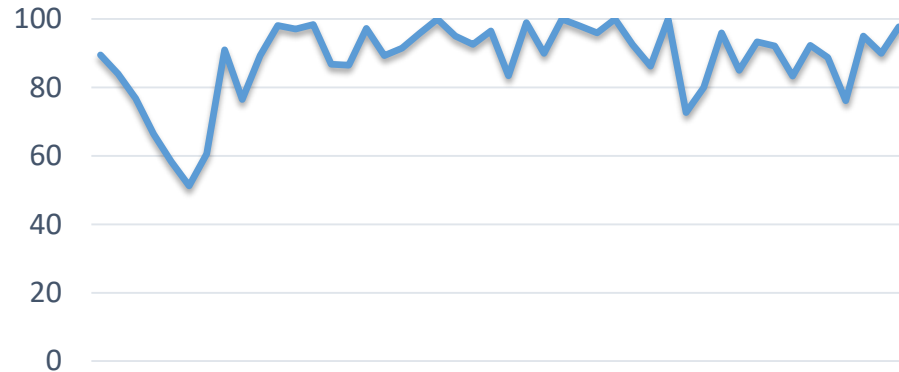
3 Stories of IPASS Compliance in EPIC across AY18



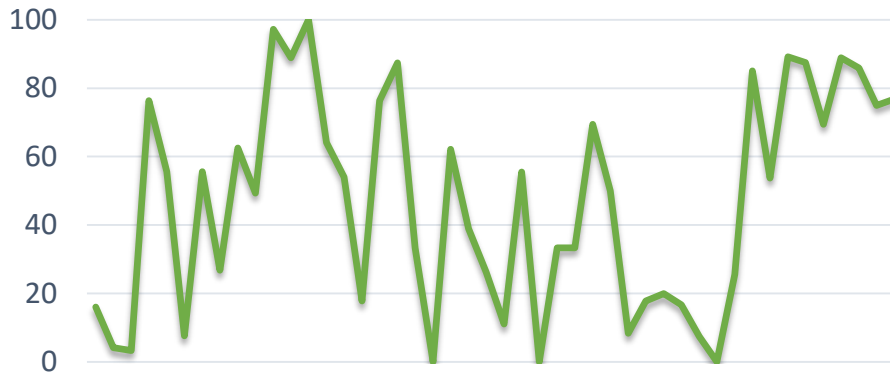
Pediatrics



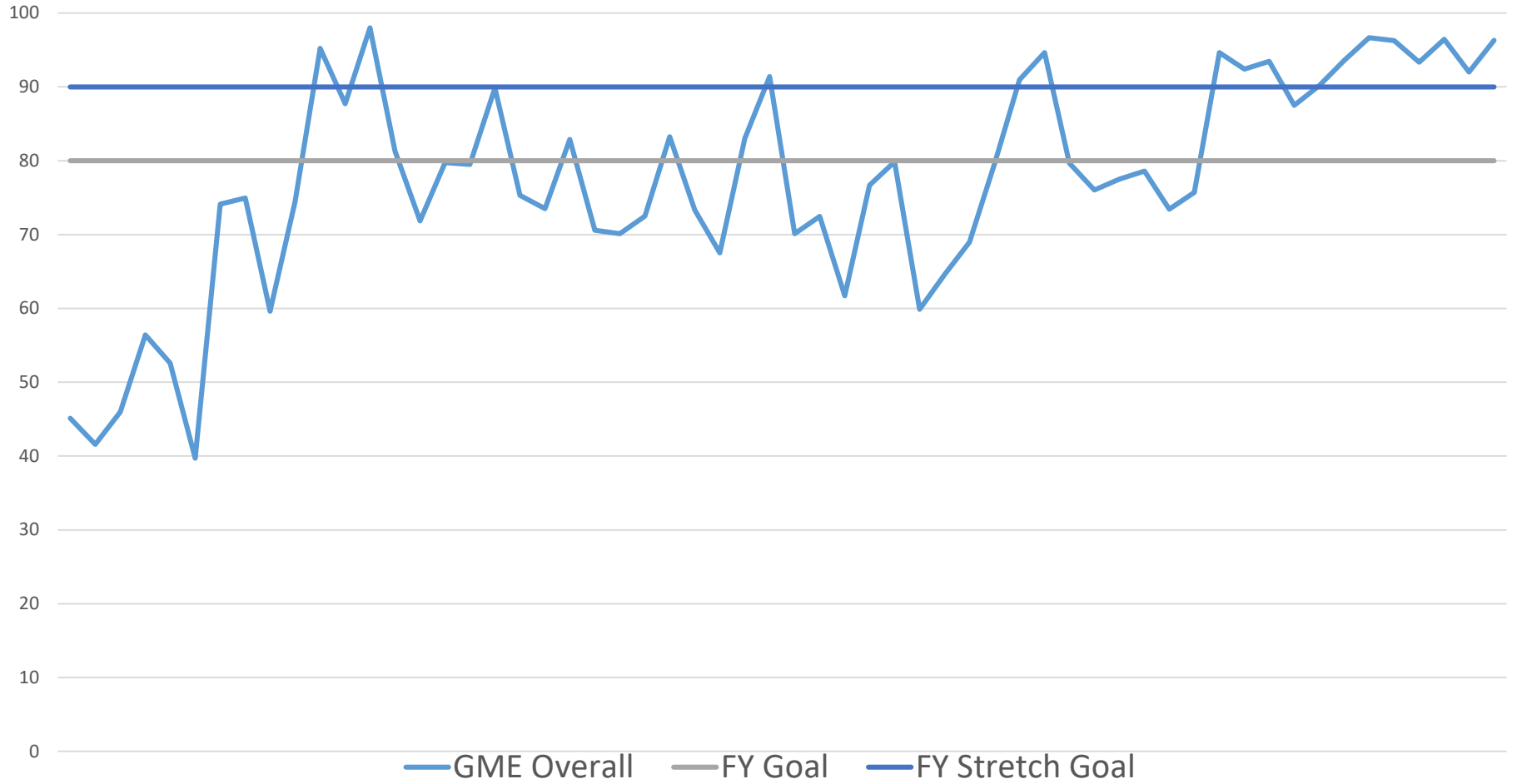
Internal Medicine



General Surgery

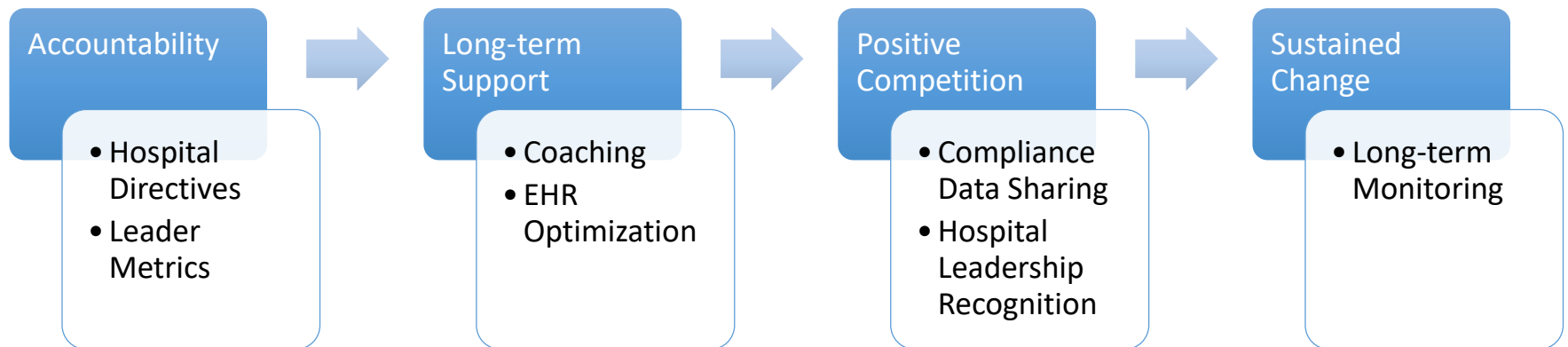


OVERALL GME IPASS Compliance in EPIC (7/17-9-18)



Impact & Lessons Learned

- Sustained data sharing and hospital recognition drove average compliance to above the 90% stretch goal by the end of AY18.
- I-PASS compliance is now shared with hospital medical executive committee and hospital board as part of Quality Reporting
- Follow-up initiatives are underway to develop family-centered and team-based I-PASS processes in GME areas



Thank you to the OLOL Academic Clinical Integration Team