



Incorporating Continuous Quality Improvement Methods into the Annual Program and Institution Evaluation Process

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Today's Presenters



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Why CQI?

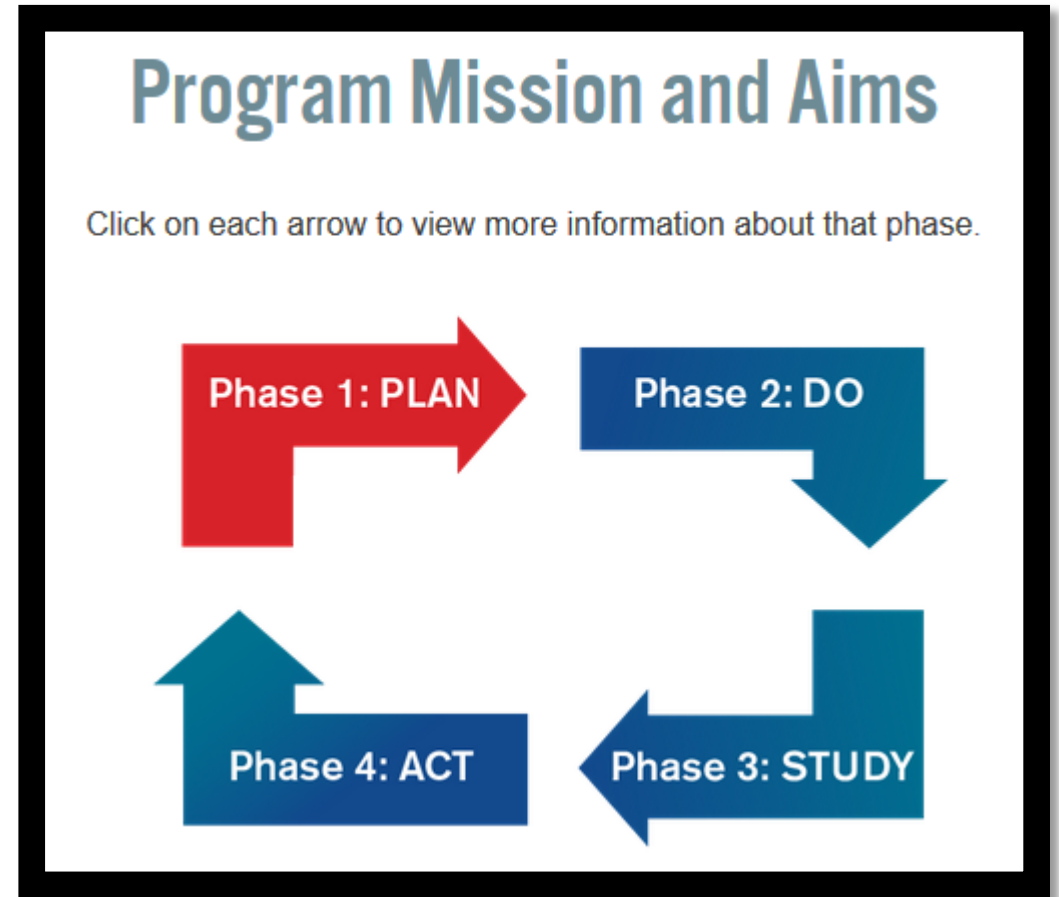
- Standard approach toward innovation and growth
- Clinicians know and understand
- Next Accreditation System explicitly adopts CQI



ACGME Next Accreditation System

"Over time, we envision that the NAS will allow the ACGME to create an accreditation system that focuses less on the identification of problems and more on the success of programs and institutions in addressing them."

- *Nasca, Philibert, Brigham, & Flynn NEJM, 2012*



Screenshot from ACGME website describing the NAS Self-Study

CQI Elements

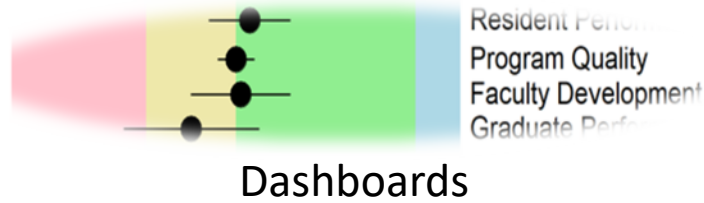
- **APE Template:** Document containing metrics (Dashboard, ACGME survey reports) with blanks for required information
- **SMART goal:** Specific, Measurable, Accountable, Realistic, Timely
- **PDSA cycle:** Plan, Do, Study, Act
- **Dashboard:** Easy to read, standardized summary of available metrics from multiple sources

How We Introduced CQI into the APE/AIR



WAYNE STATE
School of Medicine

APE Template

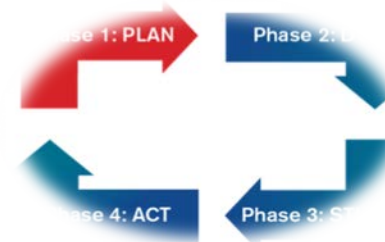


ANNUAL PROGRAM EVALUATION
ACTION PLAN

Update your 2013-2014 Action Plan Items and identify items for 2014-2015.

Year	SPECIFY the Action Plan Item	MEASUREMENT - How will program determine item is complete?	ACCOUNTABILITY - Identify faculty and staff responsible for execution and monitoring	Realistic-Is this item attainable this academic year?	Timely—What key dates are central to successful execution?
2013-2014 (drop down)					
2015	ITE indicated weakness in Pulmonary and Critical Care	More dedicated MKSAP sessions.	PGY 1, 2, 3	Self Test through MKSAP	When next scores are available

SMART Goals



PDSA Cycles

2014

2015

2016

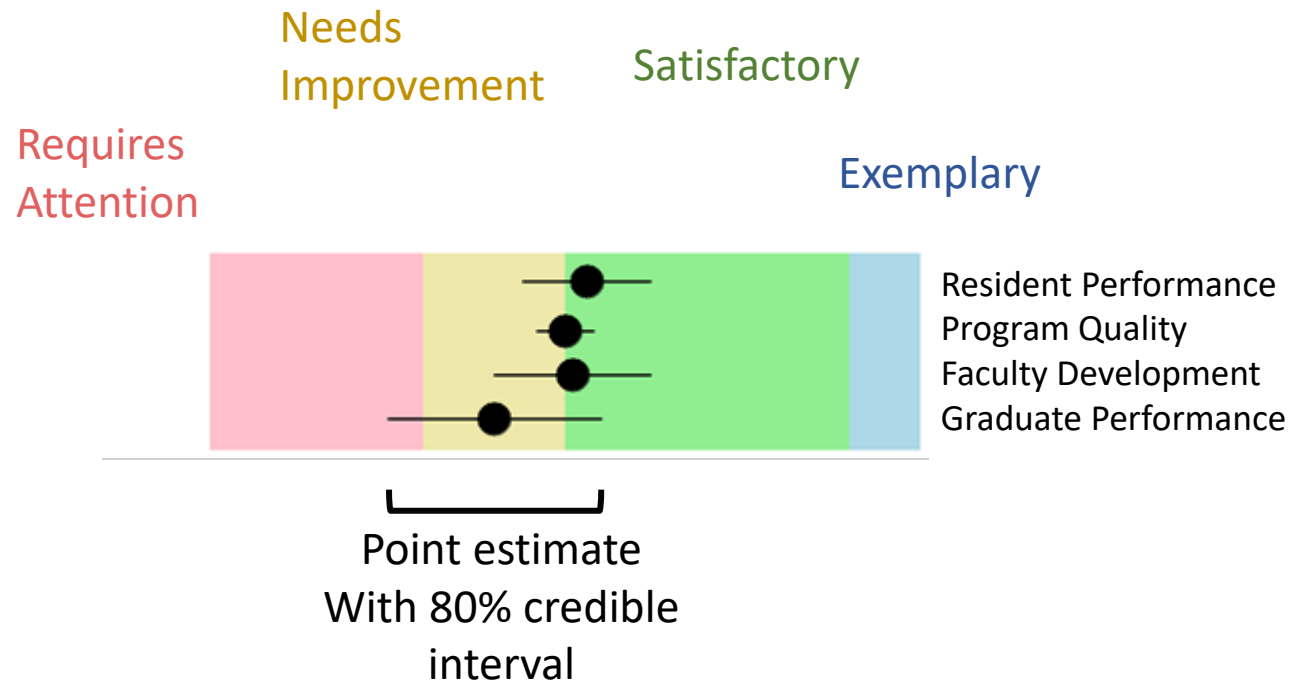
2017

2018

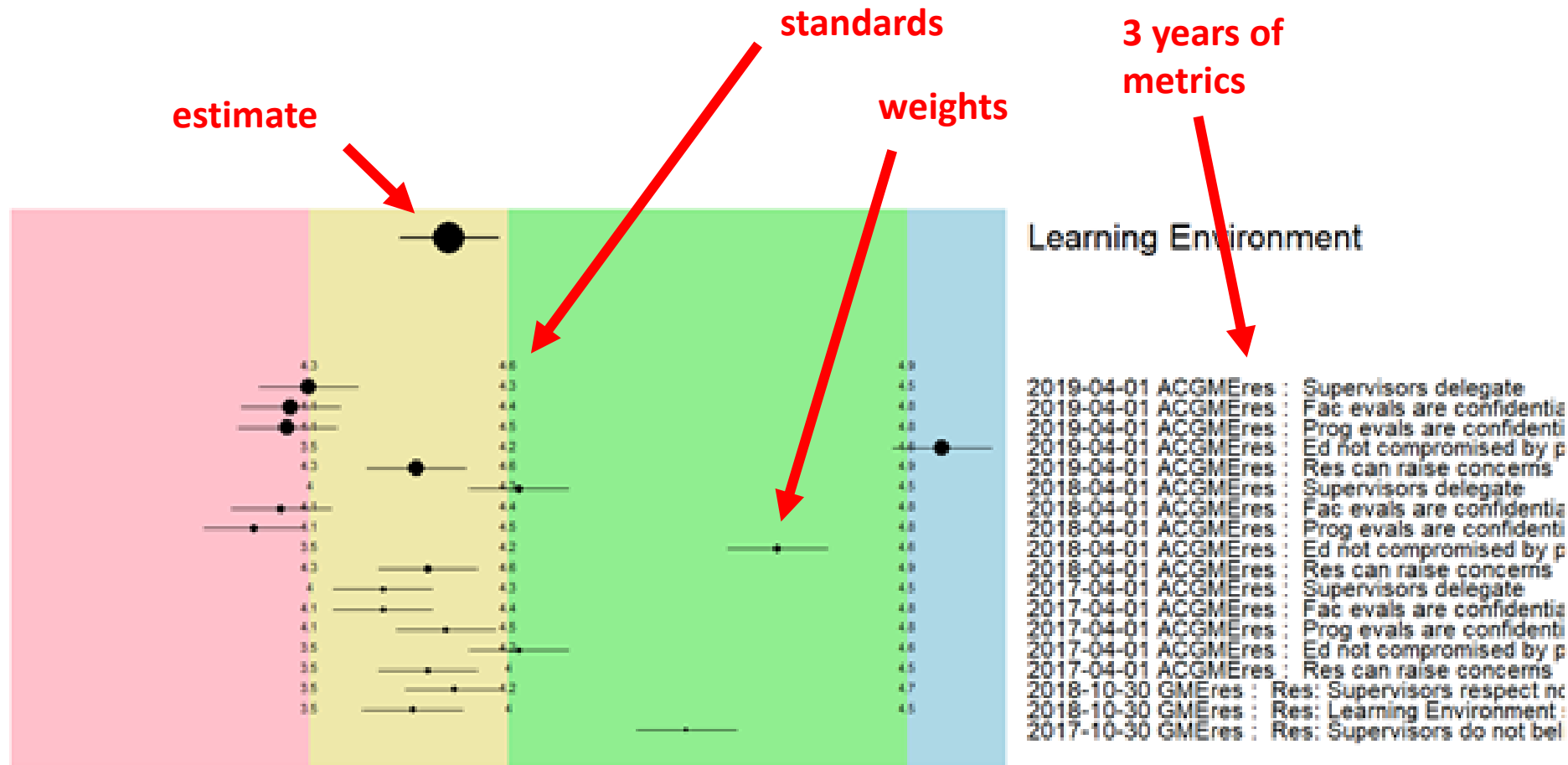
2019

2020

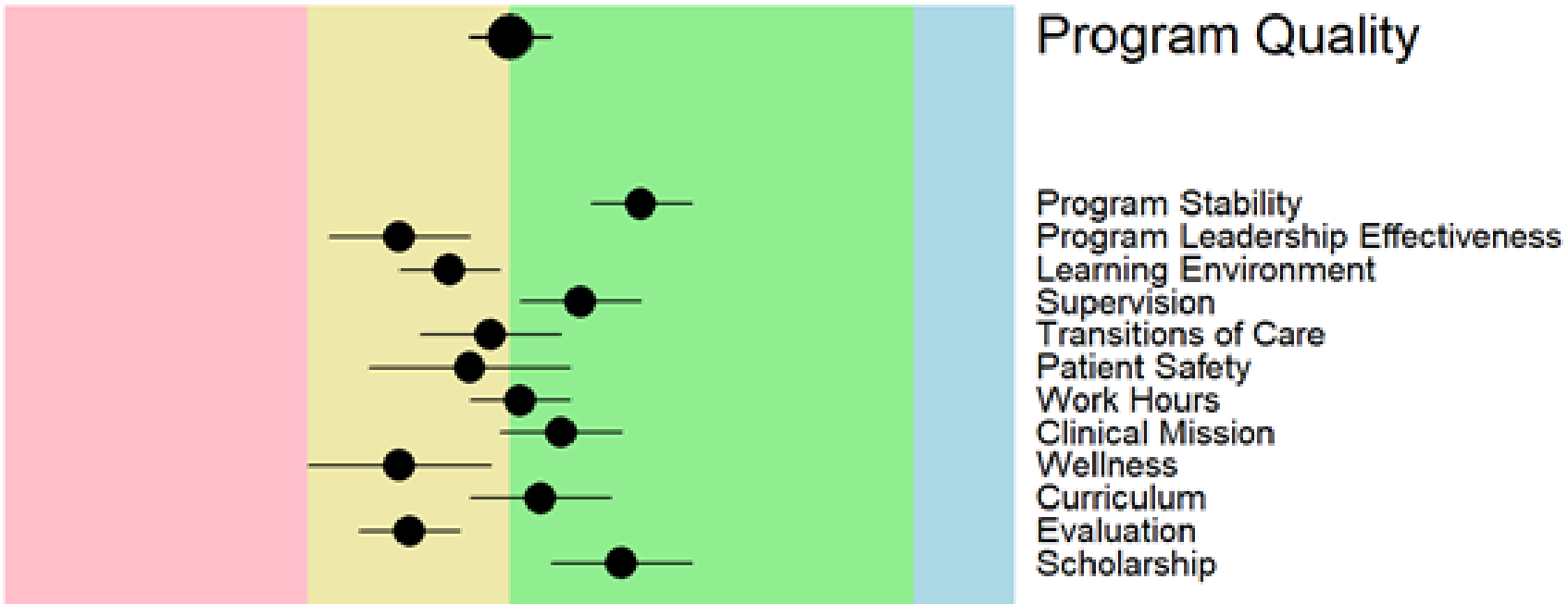
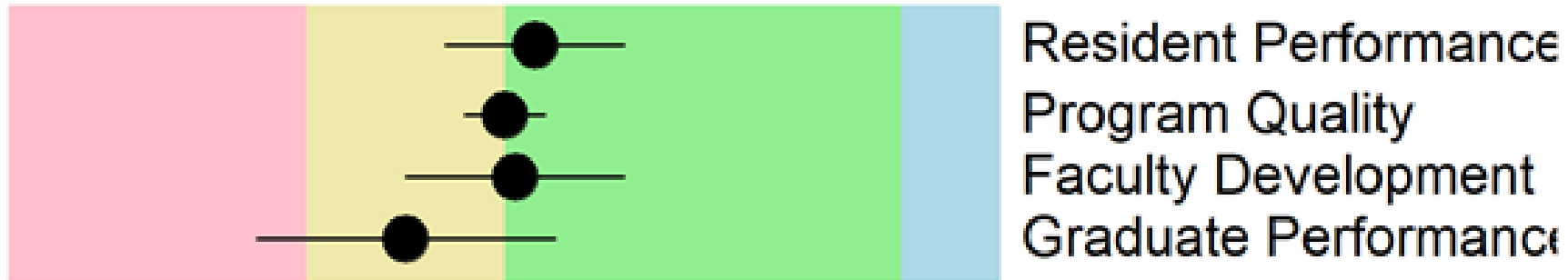
Dashboard Design



How the Dashboard Works



Diagnosing Using the Dashboard



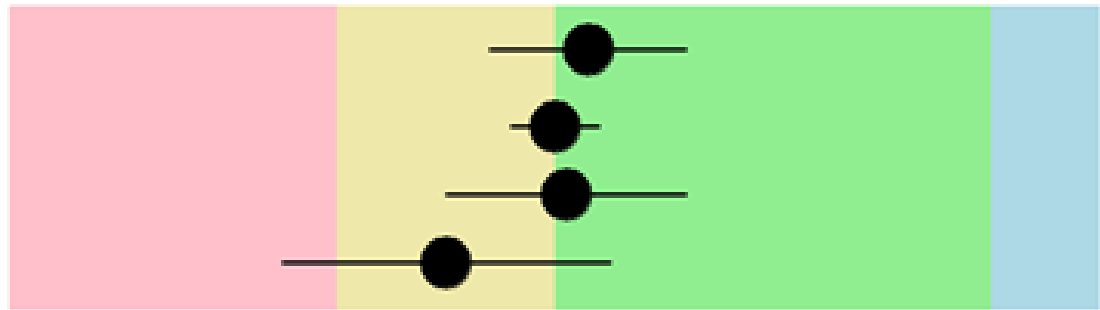
SMART Goal Action Items

Title of Action Item:

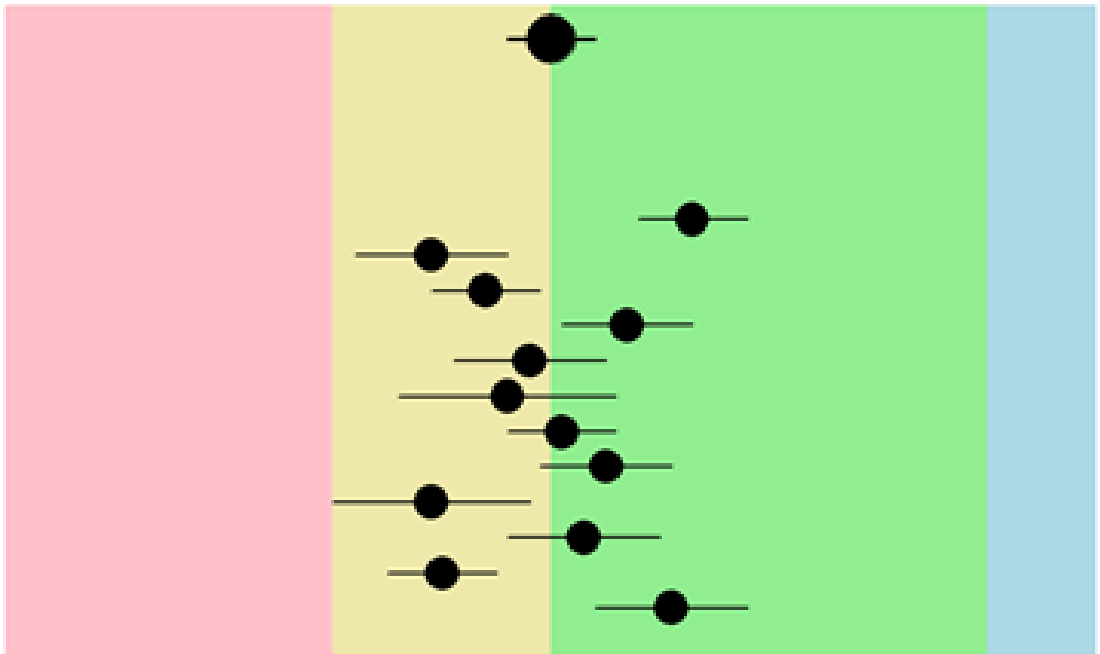
Targeted Area of Improvement: Program Quality

S	M	A	R	T
Specific goal	Measure of outcome	Accountable persons	Reasonable result	Time-oriented
What will the goal accomplish? How and why is it necessary to accomplish it?	How will you measure whether or not the goal has been reached?	Who is responsible to lead this goal?	Do you have the necessary knowledge, skills, abilities, resources, time to accomplish the goal?	What are the target dates to start and complete the goal?

Write a SMART Goal for this Program



Resident Performance
Program Quality
Faculty Development
Graduate Performance



Program Quality

Program Stability
Program Leadership Effectiveness
Learning Environment
Supervision
Transitions of Care
Patient Safety
Work Hours
Clinical Mission
Wellness
Curriculum
Evaluation
Scholarship

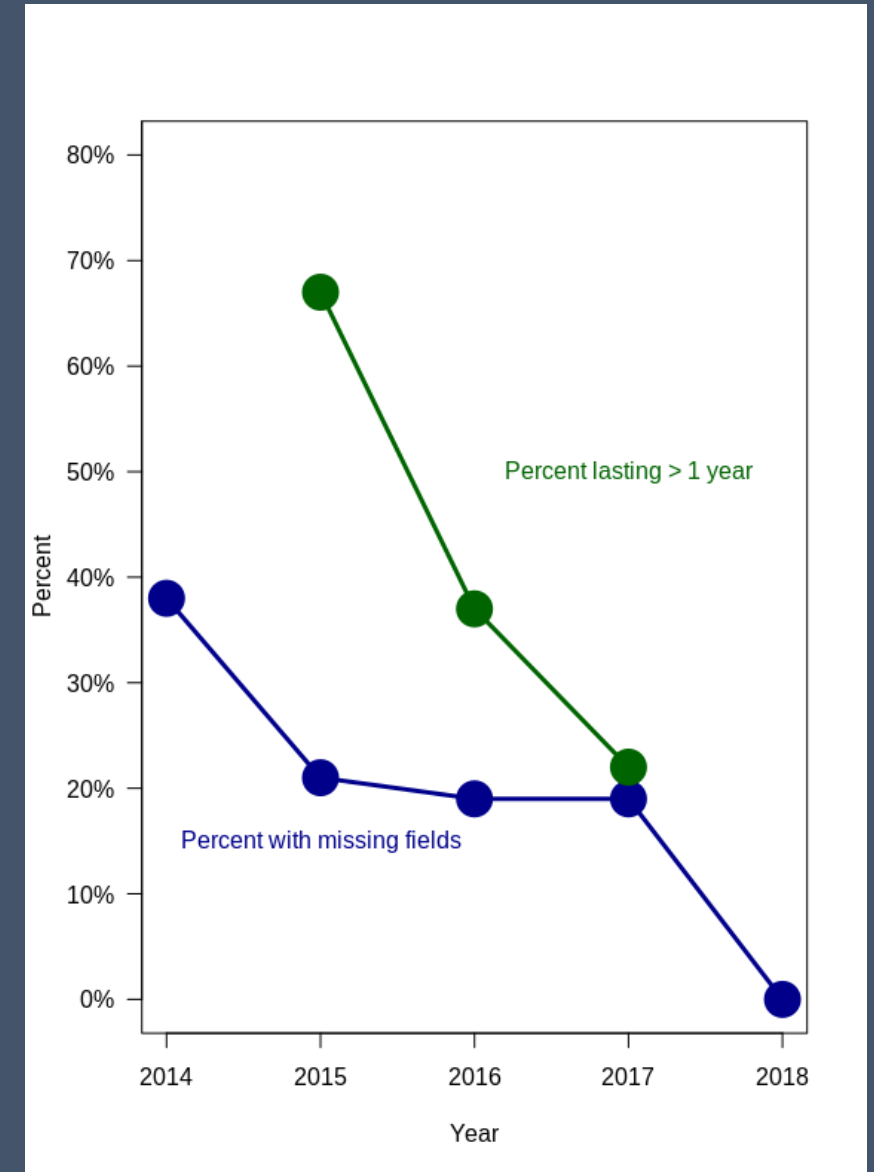
S Specific goal
M Measure of outcome
A Accountable persons
R Reasonable result
T Time-oriented

Methods

- **4 Academic Years** (2014-15 through 2017-18)
- **7 Programs** (120-125 residents)
- **SMART goals**
 - Adherence to SMART format
 - Carryover or completion at each year

Results

- **151** unique SMART goals
- SMART goal adherence
 - **38%** missing section (2014-15) to **0%** (2017-18)
 - Measurable and Accountable most often missing
- Carryover and Completion
 - Time to completion: **3.1** years (2014-15) to **1.5** years (2016-17)



Examples of Improving SMART Goals

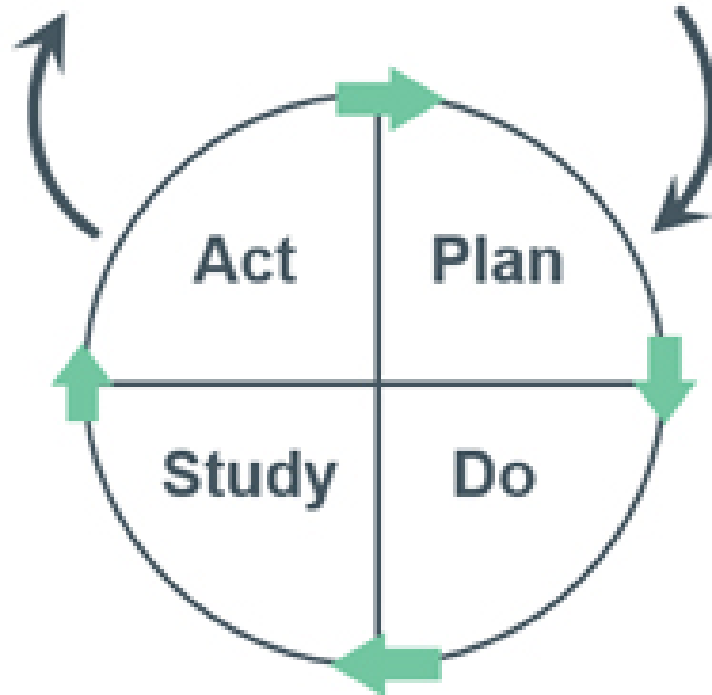
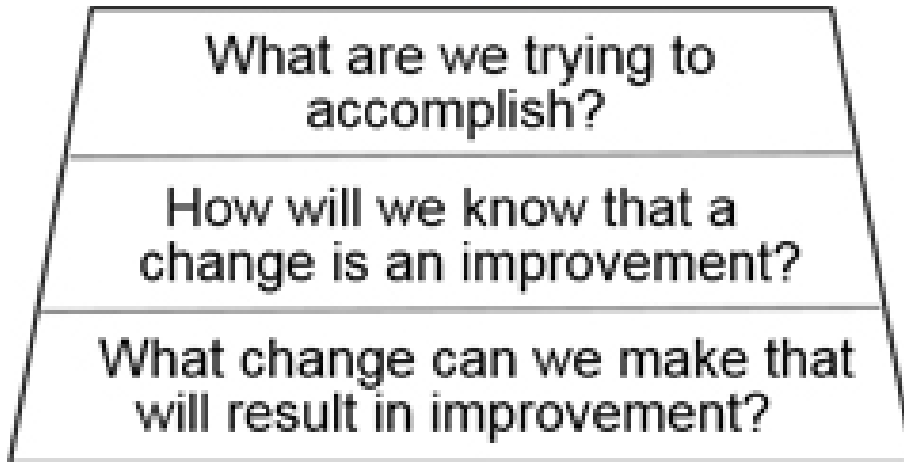
TABLE

Year	SMART Goals					Years Continued	Outcome
	Specific	Measurable	Accountable	Realistic	Timely		
2014–2015	Improve learning environment at site J__	Concerns reviewed in timely fashion	Dr. U__ (program director)	Collegiality can be improved	Ongoing	3	Never completely resolved
Comment: The measurement component had no specified metric and was not time-bound. This goal persisted from year to year and was never meaningfully completed. Action items like this motivated the introduction of a PDSA cycle structure into the APE document template in 2017–2018.							
2015–2016	Improve faculty scholarly activity	N/A	Dr. W__ (core faculty)	Part of annual faculty review	N/A	3	Never completely resolved
Comment: There was no measurement or time-bound component. It persisted each year and never resolved. A limited scope would have facilitated completion. ⁹							
2016–2017	Design a scholarly activity timeline for faculty	Count presentations and publications	Drs. I__ and R__	PhD researcher meet individually with faculty	First presentation within 6 months	1	Resolved: scholarship increased
Comment: There was a clear measurement and time-bound component and the realistic quality was documented. This goal was carried over 1 year then resolved.							
2017–2018	Share EBM for questions that arise in clinic	Count questions submitted by residents to chief	Dr. G__ (resident) and residents	Monthly presentation by residents of EBM answers (3 max)	First meeting in 3 months, quarterly thereafter	N/A	Resolved
Comment: Adhered to the SMART format and was resolved within the academic year.							

Abbreviations: SMART, specific, measurable, accountable, realistic, timely; PDSA, plan-do-study-act; APE, annual program evaluation; N/A, not available; EBM, evidence-based medicine.

From Stansfield, Markova, & Baker (2019) JGME, 11(5), 585-591.

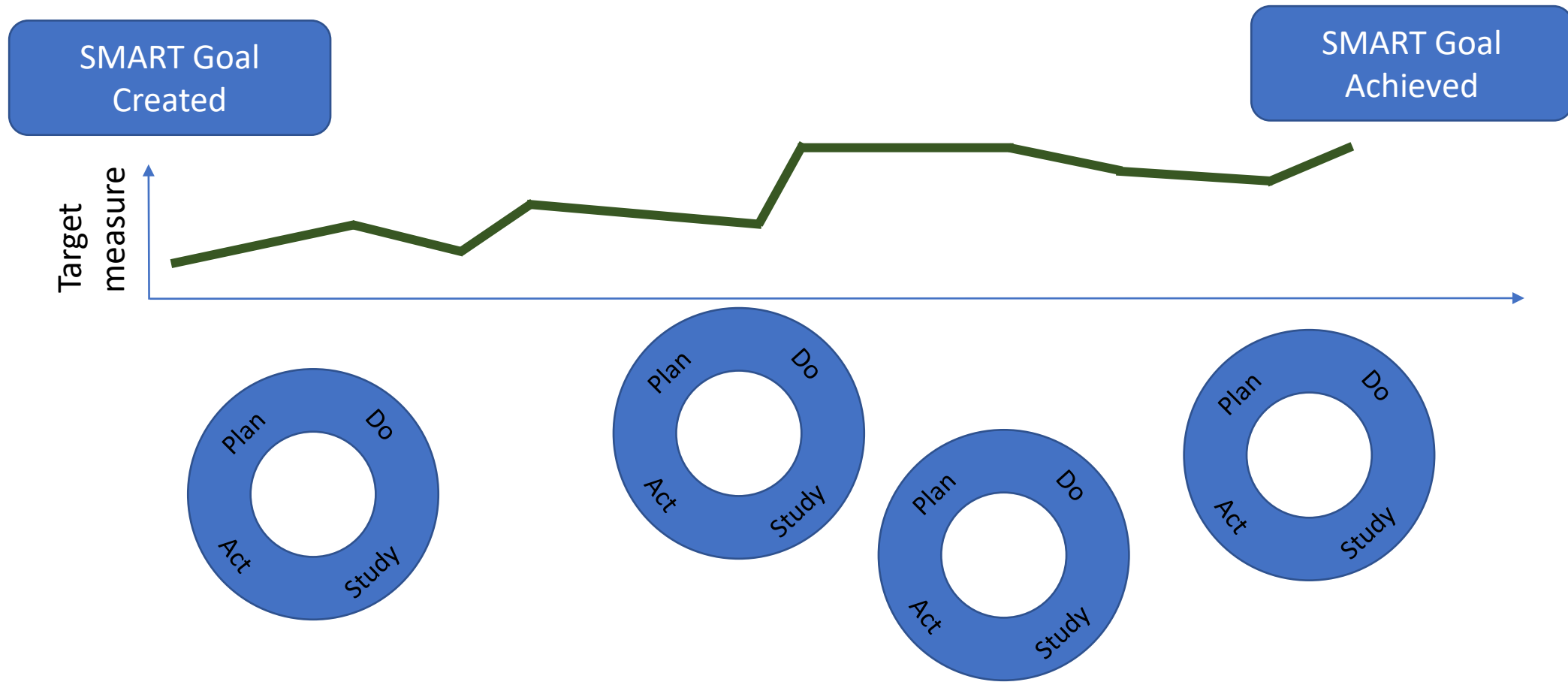
Model for Improvement



From the IHI (Institute for Healthcare Improvement) website

<http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx>

Use of PDSA to Achieve SMART Goals



Wisdom Gained

- Action items quality improved
- SMART goals were more focused, clearer and resolved in less time
- Introducing QI methods was an iterative, multiyear process
- Implementation challenges:
 - Changes made based on input, new elements every year
 - PDs & PCs turnover
 - Takes investment in faculty, PD and PC development
 - Generalizable to large GME institutions?



Next Steps



Increasing leadership by PDs, more effective PECs



Creating a common language and a culture of CQI



Ready for program and institutional ACGME self-study



Continue improvement

