11) Development and Implementation of a Quality Improvement Training Platform: The Quality Improvement Academy

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PROJECT DESCRIPTION

Our hospital made a decision to create its own quality improvement training for our workforce back in 2013. The impetus for the project was recognition of the need to build our capacity for doing improvement work, to create a common language of improvement, maintain high-quality care and align the projects with institutional goals and clinical priorities of: patient safety (example: Reducing C Diff Infections), patient experience (example: Quiet and Restful) and high reliability (example: Reducing Readmission – COPD patients). The Quality Improvement Academy (Academy) was instituted in 2013 and has run 3 intensive 2 – 5 month trainings since, training over 170 individuals and running 16 multidisciplinary project teams. Training was coordinated by a course director from the Department of Quality and Patient Safety and instructors were drawn from within the institution. Course curriculum, consisting of 16 hours of instruction, was developed by internal faculty. Trainees were drawn from clinical (physicians, residents, nurses, medical assistants), non-clinical (including patient representatives), business employees and patient representatives. The format included didactic and hands-on training of use of improvement methods, project charters, AIM statements, measurement/data analysis, and Plan-Do-Study-Act (PDSA) work. Each team received oversight from an executive sponsor and a coach/trainer and access to an institutional-wide shared QI drive which was utilized for communications and storage depot for course materials and team folders containing documents. Attendees were asked to complete a pre- and post- training confidence survey. We have created an innovative QI training model that is suitable for replication to other institutions.

The following is a brief description of each team:

- Medication Safety in Ambulatory- focus on creating process for efficient and reliable monitoring of 'outside of hospital' laboratory results (GI)
- Surgical Site Infection Reduction – Colon – goal: reduce rates of deep and organ space infections
- C Difficile Reduction – goal: 100% utilization Tru-D for terminal cleaning
- Patient Experience -Quiet Restful – goal: reduce Yacker Tracker triggers and nuisance alarms
- Patient Experience – Responsiveness- goal: create a Nurse Call data set that will measure effectiveness of process interventions in order to improve patient experience, Hospital Consumer Assessment of Healthcare Provider and System (HCAHP) scores
- Patient Experience – Cleanliness- goal: understand patients perception of clean and improve HCAHP scores
- Joint Replacement Team- Reducing Readmissions – goal: provide total hip or knee arthroplasty patients with standardized education preoperatively with goal of preventing readmissions

- Readmission – Reducing Readmission of Chronic Obstructive Pulmonary Disease (COPD) Patients – Goal: reduce annual unplanned COPD readmissions by 10%
- Ambulatory Moving Through the Visit –goal: improve workflow as well as patient experience
- Psychiatry- Improving Transmission of Continuity of Care Document-Goal: improve post discharge continuing care plan transmission rates to next level of care provider
- OB Elective Induction Bundle – Goal: reduce the number of elective inductions on full term pregnancies
- Improving Pain Management – Goal: improve patient satisfaction with management of acute pain on Infectious Disease and Renal Services
- HF Readmission Reduction – Goal: reduce 30-day heart failure readmissions to 20% by improving patient education and transitions in care
- GYN – High Risk Cytology F/U- Goal: develop a reliable, efficient and practical lab tracking system for monitoring of high risk cervical cancer screenings
- Implementing High Reliability Sepsis Management – goal: improve Sepsis order set utilization in order to improve reliability of sepsis care

OUTCOMES ACHIEVED

- Met goals of alignment to organizational goals, public reporting, prevention of harm
- 70% Academy graduates continue to use quality improvement skills on the job
- Post-Academy confidence survey demonstrated a significant increase in quality improvement knowledge from pre-Academy confidence survey
- Has been successful at establishing a cadre of QI mentors for our workforce
- Completed projects serve as resource material for testing changes for other institutional projects
- Our Academy model has a broad application to other health-care institutions and meets the Joint Commission's standard of PI.03.01.01 for improving performance on an ongoing basis

LESSONS LEARNED

- Important to offer trainees encouragement for mindset change from always rushing to solutions to testing and keeping simple
- With a cadre of trained staff and QI Mentors, our institution now has the resources to offer online version of the intro training and facilitate ongoing oversight of QI projects
- Motivation and recognition are key ingredients for team work and project success. Encouraging unit-based projects with leadership support and QI Academy mentoring is a strong predictor of success of future projects