Resident Education in Systems Based Practice and Quality Improvement Using Interdisciplinary Workgroups

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Introduction

- ACGME Core Competencies
  - Systems Based Practice
- CLER focus areas
  - Quality Improvement
- Magnet status
  - MD / RN Relations Committee
Project Overview

• Interdisciplinary groups to develop solutions to systems issues

• 3 one-hour sessions in Spring 2014
**Goals of the Project**

- Uncover workflow issues
- Solutions for workflow issues
- Empower frontline staff to solve problems
- Educate meaningfully on system perspective
- Fulfill ACGME and CLER expectations
- Improve understanding between disciplines
Who participated?

Surgery residents (40)
Nurses (40) – OR / Periop, SICU, MICU, surgical floors
Pharmacists (20)
Respiratory Therapists (8)
Nurse Practitioners (3)
Case managers / Social Work (5)
EPIC programmers (4)
Other residents (15)
Attendings (2)

Total ~ 130 participants
Who was on board?

Bruce Schirmer (General Surgery PD)
Tracy Hoke (Head of Quality)
Nan Dunlap (Dean of SOM)
Susan Kirk / Diane Farineau (GME)
Lorna Facteau / JT Hall (Nursing/Magnet)
Stephanie Mallow-Corbett (Pharmacy)
Rich Shannon (Executive VP of Health Affairs)
1st Session

• 10 minute lecture to introduce the project
  • Focus on system problems, not people problems
  • Understand problems from the perspective of multiple disciplines
• Moderators
1st Session

• 13 Small Groups, 8-10 people per group

• What are the workflow issues / system issues that you experience on a daily basis?
Between 1st and 2nd Session

- Leadership Team picked 13 issues for groups to discuss
- Each group matched with administrative leader
  - Appropriately scoped topics
    - Not hospital staffing, bed capacity
Workgroup Topics

- Pager / communication etiquette (2 groups)
- Paging the incorrect person
- Including RNs and Pharmacists on floor rounds
- Communicating the daily plan to RNs / Pharmacists / patients
- When resident scrubbed in OR, delay in returning pages
- Medications given in the OR not documented in EPIC
- Medication Reconciliation at admission and discharge
- Creation of an Acute Care RT protocol
- Knowing when patient is ready to go from SAS to the OR
- Patients “falling off the list” in EPIC when transferring between units
- Educating MICU on SICU workflow and protocols
2nd Session
• Each group with one workflow issue, brainstorm solutions
• Used A3 quadrants to structure discussion
• At the end of the session, group decided on one solution that is best
3rd Session

• Each group developed their solution into a proposal

• How to implement, location, timeframe, education plan

• How to measure success of proposal (METRIC)
Workgroup Results
Delay in Pages Returned When Scrubbed
Meds in OR not documented in EPIC

**Please add these procedures to the History activity tab**

Primary Surgeon: ***

Surgeons: ***
Assistants: ***
Findings: ***
Anesthesia: {UVA Brief Op Anesthesia:305900112}
IV Fluid: ***
EBL: ***
Specimens: ***
Drains: ***
Complications: ***
Disposition: ***
Condition: ***

Periop antibiotics: ***
Time of Last Dose of Periop Antibiotics: ***
Post op antibiotic plan: ***
Indication for antibiotics (if longer than 24 hours total): ***
Other Relevant Intra-op Medications (steroids, immunosuppressives, long-acting pain meds, etc.): ***
Educating MICU on STICU Workflow
Paging Etiquette Standards

Begin each text page with one of the following phrases to convey appropriate urgency:

- **FYI**
  - Information sharing, does not necessarily require a callback.

- **Need Action**
  - Something needs to be done or a question needs to be answered.

- **Urgent**
  - Immediate return phone call is required.

- **Come Now**
  - Requires immediate presence at a patient bedside.

These additional guidelines will help us achieve our ultimate goal of team member and patient safety:

- Numerical-only pages are for medical emergencies and require an immediate call-back for non-emergencies, text-page.

- All pages require a phone number to call back, not just a PIC number.

- If a return call is expected from a page, be available at the phone for at least 3 minutes.

- If you receive a page that is not meant for you, do not ignore it. Call back and inform the team member that they have paged the wrong person.

- When possible, use the Provider Team PIC for conveying patient care issues to the primary team rather than a personal physician PIC number.

- It is the responsibility of the Primary Team to ensure the Provider Team PIC is correctly assigned in EPIC.

- When these Standards are not followed, please contact your Unit Based Leadership help chain for assistance.
Paging Etiquette Standards

- Interdepartmental and interdisciplinary collaboration to create the standards

- Philosophy: everyone is busy, we need to be courteous other’s time

- Following this standard is a sign of respect
  - Etiquette, not a policy
Begin Texts with…

- **“FYI”** - Information sharing, does not necessarily require a callback
- **“Need Action”** - Something needs to be done or a question needs to be answered
- **“Urgent”** - Immediate return phone call is required
- **“Come Now”** - Requires immediate presence at a patient bedside
Numerical-only pages are for medical emergencies and require an immediate call-back.

Non-emergencies, text-page

If a return call is expected from a page, be available at the phone for at least 3 minutes.

If you receive a page that is not meant for you, do not ignore it! Call back and inform the team member that they have paged the wrong person.
Education Plan and Rollout

- Announcements at department meetings / unit huddles
- Flyers
- Email from VP of Health System
- Modify paging website interface
- Video
Keys to Success

- Representation from all groups
- Proper framing / ground rules
- Protected time blocks
- Administrative support (globally, in groups)
- Passionate leaders
Questions?