NC-ACP Education Innovation Project Updates

February 2016

Project Title:

Improving Quality Improvement Residency Education and Provider Performance Through a Shared Online Experience

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***Project Summary:***

In order to continue to engage trainees in individual and program-wide quality improvement efforts, our project team continued the deployment of our “home-grown” online interactive experience: the SharePointTM Individual Performance Improvement Module. As previously described, these modules engage trainees in performance improvement focused on a quality target selected by program leadership and provide experience based QI education by having trainees interact with their own data and through performance measurement in comparison to peers. The general workflow starts with Phase 1 in which residents complete a chart review with online data entry. At this point, they are presented with their personal performance as well as the performance of their peers in aggregate (at the clinic and program level). Residents then complete an individual performance improvement plan. After 3-6 months, residents begin Phase 2 that prompts them to once again review their performance online and comment on successes and challenges to improvement. Using this model, our residency program has developed several quality initiatives that have lead to meaningful impacts on patient care in our resident continuity clinics.

***Progress to Date:***

In year 1 (2012-13), the initiative focused on the completion of diabetic foot exam in our continuity clinics. For year 2 (2013-14), residency program leadership selected a focus on test follow-up of testing ordered in the outpatient setting. Results of these projects were reported out in prior updates but both resulted in statistically significant improvement – in both diabetic foot exam completion rates as well as the rates of follow-up of tests ordered in the resident clinics.

Year 3 of this effort (2014-15) focused on screening and prevention. A multi-disciplinary team of residents, clinic directors, and program leadership selected a focus on adherence to USPSTF Grade A/B recommendations and vaccinations in our clinic populations. The Sharepoint experience was built in Spring 2014. This included the recommendation that all patients should be screened for USPSTF Grade A and B recommendations at each new patient visit or routine follow-up visit. Completion, patient refusal or clinical reason why the recommendation could not be completed should be documented. Similarly, all patients should be screened for and documented to receive or decline age appropriate vaccinations. During academic year 2014-15, 2nd and 3rd year residents were given a half day of ambulatory time to complete the Phase 1 (Fall) and Phase 2 (Spring). In phase 1, residents properly acknowledged 77% of guidelines for patients at risk. This increased to 85% in phase 2 (p-value <0.001). The percentage of guidelines for at-risk patients that were actually completed in phase 1 and phase 2 were 71% and 79%, respectively (p <0.001). As in previous years, each resident was required to complete and document an individual improvement plan with the goal of addressing any gaps in meeting these national guidelines for screening and prevention.

***Next Steps:***

This is an ongoing source of QI investment for our residency program. We are currently writing a manuscript to describe the “We Follow-up” efforts. Analysis is ongoing to evaluate the successes of the prevention and guideline project. We are in year 4 of the effort (2015-16), with the current focus being a review of documentation of goals of care conversations in clinic patients.

Grant Funds Financial Report

Current Year (FY16) Expenditures: $0

This effort became an internal priority for our program and department leadership. As such, all expenditures for development were covered by department funding. Statistical analysis was similarly funded through internal research funding.