Incorporating QI / PI / PS Curriculum into GME Programs

Nilesh J. Patel, MD
Program Director
Department of Pediatrics
Los Angeles Medical Center
Why Teach Quality Improvement & Patient Safety to Residents?

Patients expect physicians to provide safe, effective, high quality, and high value care.

Regulatory agencies (ACGME, Residency Review Committees, CLER Program) are demanding that residency programs integrate safety and quality training into the curriculum.

Residents are interested in learning and acquiring tools to provide high quality, cost effective care that will be necessary to their future practice.
CLER Pathways to Excellence

Expectations for an optimal clinical learning environment to achieve safe and high quality patient care

EXECUTIVE SUMMARY
CLER Pathways to Excellence

**Patient Safety**

*PS Pathway 1:* Reporting of adverse events, close calls (near misses)

*PS Pathway 2:* Education on patient safety

*PS Pathway 3:* Culture of safety

*PS Pathway 4:* Resident/fellow experience in patient safety investigations and follow-up

*PS Pathway 5:* Clinical site monitoring of resident/fellow engagement in patient safety

*PS Pathway 6:* Clinical site monitoring of faculty member engagement in patient safety

*PS Pathway 7:* Resident/fellow education and experience in disclosure of events
HQ Pathway 1: Education on quality improvement
HQ Pathway 2: Resident/fellow engagement in quality improvement activities
HQ Pathway 3: Residents/fellows receive data on quality metrics
HQ Pathway 4: Resident/fellow engagement in planning for quality improvement
HQ Pathway 5: Resident/fellow and faculty member education on reducing health care disparities
HQ Pathway 6: Resident/fellow engagement in clinical site initiatives to address health care disparities
CLER Pathways to Excellence

**Care Transitions**

- **CT Pathway 1:** Education on care transitions
- **CT Pathway 2:** Resident/fellow engagement in change of duty hand-offs
- **CT Pathway 3:** Resident/fellow and faculty member engagement in patient transfers between services and locations
- **CT Pathway 4:** Faculty member engagement in assessing resident-related patient transitions of care
- **CT Pathway 5:** Resident/fellow and faculty member engagement in communication between primary and consulting teams
- **CT Pathway 6:** Clinical site monitoring of care transitions
Why Teach Quality Improvement & Patient Safety to Residents?

- Accountability → Reporting Purposes
  - Specific data
  - Agencies
  - State/federal regulators

- Research → Beyond Doubt
  - Lots of data
  - Prove hypotheses
  - Statistical

- Improvement → Just Enough to Learn
  - Limited data
  - Small samples/tests of
  - Changes incorporated as needed
Why Teach Quality Improvement & Patient Safety to Residents?

- So our residents and fellows can become **STEWARDS** of high quality, high value, safe, patient-centered care!

- So our training programs can establish a **Culture of Safety and Quality** that residents and fellows will incorporate into their future practice!

- So our residents and fellows can assume future **Leadership** Roles in healthcare quality, patient safety, and systems improvement.
QI / PI / PS Curriculum

Where Can I Find Resources?

AAIM / ACP High Value Care Curriculum

Institute for Healthcare Improvement

Outside Institutions – UCSF QI / PS Blueprint
# Quality Improvement Curricula

## Practice-Based Learning
Learn and Improve via Audit of Performance

Improve the quality of care for a panel of patients

## Systems-Based Practice

<table>
<thead>
<tr>
<th>Practice</th>
<th>Description</th>
</tr>
</thead>
</table>
| Work effectively with other care providers and settings | Work effectively within
- Multiple health delivery systems
- An inter-professional team |
| Improve health care delivery | Recognize system error and advocate for system improvement |
| Cost-effective care for patients and populations | Identify forces that impact the cost of healthcare, advocate for and practice cost-effective care |

## Interpersonal and Communication Skills

Transitions of care
High Value Care Curriculum

AAIM / ACP

- **FREE**, off-the-shelf Curriculum
- Step-wise Framework
- Six 1-hour presentations
- Activities are in **Small Group** format, with activities involving **Actual Cases** to engage residents
- **Facilitator’s Guide** accompanies each presentation to help faculty prepare
- **Program Director’s Toolbox**
Presentation #1 – “Eliminating Healthcare Waste and Over-ordering of Tests”
Headache, Heart Failure, Deep Venous Thrombosis

Presentation #2 – “Healthcare Costs and Payment Models”
 Appendicitis, Sports Injury, Osteomyelitis

Presentation #3 – “Utilizing Biostatistics in Diagnosis, Screening & Prevention”
Chest Pain, Periodic Health Examinations, Chemoprevention

Presentation #4 – “High Value Medication Prescribing”
Seasonal Allergies, Discharge Medication Reconciliation

Presentation #5 – “Overcoming Barriers to High Value Care”
Low Back Pain, URI, Septic Joint

Presentation #6 – “High Value Quality Improvement Projects”
<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>SUB-COMPETENCY</th>
<th>REPORTING MILESTONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Care</strong></td>
<td>PC-1</td>
<td>Effectively uses history and physical examination skills to minimize the need for further diagnostic testing.</td>
</tr>
<tr>
<td></td>
<td>(gathers and synthesizes information)</td>
<td></td>
</tr>
<tr>
<td><strong>Medical Knowledge</strong></td>
<td>MK-2</td>
<td>Interprets complex diagnostic tests accurately.</td>
</tr>
<tr>
<td></td>
<td>(diagnostic testing and procedures)</td>
<td></td>
</tr>
<tr>
<td><strong>Systems Based Practice</strong></td>
<td>SBP-3</td>
<td>Consistently works to address patient specific barriers to cost-effective care.</td>
</tr>
<tr>
<td></td>
<td>(cost-effective care)</td>
<td></td>
</tr>
<tr>
<td>COMPETENCY</td>
<td>SUB-COMPETENCY</td>
<td>REPORTING MILESTONE</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------</td>
<td>------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><em>Practice Based Learning and Improvement</em></td>
<td>PBLI-2</td>
<td>Analyzes own clinical performance data and actively works to improve performance.</td>
</tr>
<tr>
<td></td>
<td><em>(performance audit)</em></td>
<td></td>
</tr>
<tr>
<td><em>Professionalism</em></td>
<td>PROF-3</td>
<td>Recognizes and accounts for the unique characteristics and needs of the patient/caregiver.</td>
</tr>
<tr>
<td></td>
<td><em>(responds to patient’s unique needs)</em></td>
<td></td>
</tr>
<tr>
<td><em>Interpersonal and Communication Skills</em></td>
<td>ICS-1</td>
<td>Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations.</td>
</tr>
<tr>
<td></td>
<td><em>(communicates effectively)</em></td>
<td></td>
</tr>
</tbody>
</table>
Quality Improvement and Patient Safety for KP Residents
Hugo Danilo, Director of Performance Improvement, LAMC
Clinical Toolbox
Project Charter
Radiation Oncology UBT

Problem Statement:
The regional goal for colorectal screening has consistently not been met by the Dept. of Radiation Oncology.

S.M.A.R.T. Goal:
Increase colorectal screening for the Dept. of Radiation Oncology to >30% (regional target) by Q1 2013

Start Date: Sept. 11, 2012
End Date: Dec. 31, 2012

Team:
Sponsor: R. Luterbach / Dr. R. Wang
Champions: Dr. Mitchell Greigian
Co-Leads: S.C. Miller / M. Villanueva
SMEs: Mark DeHaro
Maria Caceres
David J. Harrington
Asa Chan
Jodi Sujishi
Kevin Monge
UTB Facilitators: Ebony Sonye-Stevens
Visio Barkan

Process Mapping

- Graphical method to map a process
  - Activities are depicted by symbols
  - And linked by arrows
  - Visualizes process, gaps and ideas
## S.M.A.R.T Goals

<table>
<thead>
<tr>
<th>Letter</th>
<th>Attribute</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>S</strong></td>
<td>SPECIFIC</td>
<td>Avoids generic statements</td>
</tr>
<tr>
<td><strong>M</strong></td>
<td>MEASURABLE</td>
<td>Based on metrics and data</td>
</tr>
<tr>
<td><strong>A</strong></td>
<td>ATTAINABLE</td>
<td>Should be doable</td>
</tr>
<tr>
<td><strong>R</strong></td>
<td>RELEVANT</td>
<td>Related to Problem Statement</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td>TIMELY</td>
<td>Must have an end date</td>
</tr>
</tbody>
</table>
Team Roles

**Sponsor**
- Establishes the need & vision
- Initiates the project
- Allocates resources and time
- Removes barriers
- Rewards and recognizes

**Champion /Process Owner**
- Promotes change in the organization
- Ensures change is sustainable
- Focuses on results
- Can be liaison between team and Sr. mgmt.

**Project Lead (s)**
- Assembles team
- Facilitates meetings
- Ensures work is progressing
- Ensures project coordination
- Provides status reports
- Partners with IA

**Team members**
- Does the improvement work
- Subject matter expert
- Works with team to create the best solutions
- Runs tests and collects data

**Improvement Advisor**
- Provides PI support and guidance
- Helps interprets data and results
- Helps team “see” their learnings & successes
- Helps with change aspects
Problem Statement:
The regional goal for colorectal screening has consistently not been met by the Dept. of Radiation Oncology.

Team:
Sponsor: R. Luterbach / Dr. R. Wang
Champions: Dr. Michael Girvigian
Co-Leads: S.C. Miller / M. Villanueva
SMEs: Mark DeHaro
       Maria Caceres
       David J. Harrington
       Aida Chan
       Jodi Sujishi
       Kevin E Monge
UBT Facilitators: Ebony Jones-Streets
                 Vicki Barkan

S.M.A.R.T. Goal:
Increase colorectal screening for the Dept. of Radiation Oncology to >30% (regional target) by Q1 2013

Time Frame:
Start Date: Sept. 11, 2012
End Date: Dec. 31, 2012

<table>
<thead>
<tr>
<th>Metric</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glycemic Control (HbA1c &lt; or = 9.0)</td>
<td>45%</td>
<td>70%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>30%</td>
<td>18%</td>
</tr>
<tr>
<td>Advise to Quit</td>
<td>50%</td>
<td>81%</td>
</tr>
<tr>
<td>Offered Strategies &amp; Rx to Quit</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>LDL-C Test in Diabetics</td>
<td>40%</td>
<td>67%</td>
</tr>
<tr>
<td>Follow-up for High Blood Pressure</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Reading SSCOR Target, by Distr date</td>
<td>65%</td>
<td>87%</td>
</tr>
</tbody>
</table>
“If I had an hour to save the world I would spend 59 minutes defining the problem and one minute finding solutions.”
Process Map

A graphical means of depicting the steps or activities which constitute a process. It is a fundamental planning tool for creating solutions.

Why?

- Provides clear understanding of the process scope or execution baseline.
- Illustrates what is happening versus what should be happening
- Captures critical organizational knowledge
- Facilitates identification of problem areas
- Stimulates ideas for business process reengineering
- Facilitates identifying locations for data gathering (process measurement)
Process Map

Example

Patient Calls for Appointment → Ask for MRN and other Patient information → Phone Triage / Is it Urgent?

If No: Book Appointment

If Yes: Instruct Patient to go at ED or UC → Finish the Call
Brainstorming

A freeform method of generating unconstrained ideas/solutions and equalizing involvement in the analysis process

Why?

- Brainstorming produces many ideas / solutions in a short time.
- Allows you to ask "who, what, why, when, where, or how" questions.
- Facilitates the creative thinking process.
- Separates idea generation from the judging of the ideas.
Brainstorming: 
The Fishbone Diagram

- Man (Human Factors)
- Material (supplies)
- Machine (Technology)
- Measurement (Data)
- Milieu (Environment)
- Method (Process)

The Problem
Brainstorming

Step 1

Ask team why something goes wrong.
Group ideas into themes.

**Cleaning Method**
- Only 1 EVS employee
- Need minimum of 20 min to sterilize

**Staffing**
- Currently one nurse and one tech
- Floaters used instead of Staff

**Anesthesia**
- Insertion of A-line takes too long
- Insertion of Central-line takes too long
Brainstorming:
The Fishbone Diagram
### Brainstorming

**Step 2**

*Discuss and identify potential solutions per issue or theme*

<table>
<thead>
<tr>
<th>Theme for ISSUES</th>
<th>IDEAS FOR RESOLUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning method</td>
<td>Use bleach based cleaner</td>
</tr>
<tr>
<td>Staffing</td>
<td>Add one tech</td>
</tr>
<tr>
<td>Insertion of A-line takes too long</td>
<td>Perform A-Line before Pt comes in room</td>
</tr>
</tbody>
</table>
**Goal**

**Primary Drivers**
1. 
2. 
3. 

System components that will contribute to moving the goal

**Secondary Drivers**
1. 
2. 
3. 

Elements of the primary drivers that can be used to create projects and will affect the primary drivers

**Changes**
1. 
2. 
3. 

Things that can be implemented to move the secondary drivers

---

**Driver Diagram**

A pictorial display that helps conceptualize an issue and determine the pathway to achieve your goal.
Discuss, Prioritize, and Place ideas on an Effort vs Benefit Matrix.
Driver Diagram

Primary Drivers

Secondary Drivers

Changes

1. ___________
2. ___________
3. ___________
4. ___________
5. ___________
6. ___________
7. ___________
8. ___________
9. ___________
10. ___________
11. ___________
12. ___________
13. ___________
14. ___________
15. ___________
16. ___________

• Goal
Podiatry Service Experience

Primary Drivers
- Service Oriented Culture
- Appointment Scheduling Process
  - Appointment Demand
  - Appointment Supply

Secondary Drivers
- Service Oriented Processes
- Standard Scripting
- Right Phone Number
- Referral Requirements
- Centralized Scheduling
- Consults
- Diabetic Nail Care
- Clinic Cancellations
- Back Up Plan for MD Vacation/Sick Time
- Templates Open

Changes
1. Nurses schedule follow-up appointments before members leave clinic;
2. Schedulers confirm member is happy with when they got appointment
3. Scheduler scripting – introduce themselves as part of Podiatry team
4. Disable old phone number, which just rings unanswered
5. Ensure PCPs and members know referrals are good for 3 years
6. Assign scheduler in centralized call center with primary responsibility for podiatry
7. Train other schedulers in podiatry scheduling
8. Ensure consult slots are only used for new patients
9. Replace vacant MD position with diabetic nail care nurse
10. Create proactive back up scheduling process to have necessary supply when MDs are out on vacation or sick
11. Open Podiatry templates 3 months instead of 2 months so follow-up appointments do not have to be wait listed

ASQ scores
Length of Waiting List
Access scores
# Solutions Action Plan

<table>
<thead>
<tr>
<th>Problem / Issue</th>
<th>Theme</th>
<th>Proposed Solutions / Actions</th>
<th>Identified by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attributed to Deming
Appropriate Testing of Children with Pharyngitis

CSG Measure: Patient Population ages 2-18 years

NILESH J. PATEL, MD, FAAP

Department of Pediatrics
Los Angeles Medical Center
### Measure Definition

<table>
<thead>
<tr>
<th>Appropriate testing of children with pharyngitis</th>
<th>Children diagnosed with pharyngitis who were prescribed an antibiotic and also received a Group A streptococcus test 3 days before or 3 days after the prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 2-18 years</td>
<td></td>
</tr>
</tbody>
</table>

**Exclusions:**
- Encounters with > 1 diagnosis
- Children with a history of antibiotic Rx within 30 days of encounter
PI in Action
Defining the Present

TOTAL PHARYNGITIS ENCOUNTERS

- Pediatrics: 75%
- FM: 10%
- Urgent Care: 5%
- ED: 10%
PATIENT WITH SORE THROAT

History and Physical include:

- Fever
- Headache
- Odynophagia
- Pharyngopalatal Petechiae
- Tonsillopharyngeal Exudate
- Scarletiniform Rash

Fever
- Halitosis
- Odynophagia
- Dysphagia
- Enlarged & Inflamed Tonsils
- Pharyngopalatal Petechiae
- Tonsillopharyngeal Exudate
- Large, Tender Cervical Nodes

Fever
- Sneezing
- Nasal Discharge
- Nasal Congestion
- Post-nasal Discharge
- Cough
- Conjunctival Injection

VIRAL SYNDROME
Code 079.99

ACUTE PHARYNGITIS
Code 462

NO Antibiotics

ACUTE TONSILLITIS
Code 463

STREPTOCOCCAL TONSILLITIS
Code 034.0

RAPID STREP TEST
In Clinic

NEGATIVE Test
Await Results of THROAT CULTURE

POSITIVE Test
Prescribe ANTIBIOTICS

Rapid Strep Test
NO

Throat Culture
NO

Antibiotics
NO
LAMC PHARYNGITIS TESTING RATES

PI in Action
Studying Performance
Throat Culture Performed per Pharyngitis Encounter

Appropriate Pharyngitis Testing

LAMC

<table>
<thead>
<tr>
<th>Year</th>
<th>Pediatrics</th>
<th>Family Medicine</th>
<th>Emergency Medicine</th>
<th>Urgent Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. Set a SMART goal

- **S** = Specific  Anyone can understand
- **M** = Measurable  Metrics and Data exist
- **A** = Attainable  Knowing how to improve
- **R** = Realistic  Considering constraints
- **T** = Timely  Must have a date

2. Create a Project Charter

**Problem Statement:**
Time for new KP members to book first appointment with a PCP > 1 month

**SMART Goal:**
Reduce TAT for new KP members to book first time appointment with PCP from > 1 month to less than 2 weeks by September 30, 2012

**Team Members:**
- Sponsors
- Leads/Owners
- Change Agent (PM, IA, MD)
- SME: Subject Matter Experts

**Time Frame:**
- Start Date
- Key Milestones
- End Date
- Control Date

3. Measure current performance

4. Understand the Process

5. Identify the Root Cause of a problem

6. Prioritize Solutions

7. Action Plan (who / When /What)

<table>
<thead>
<tr>
<th>Idea</th>
<th>Owner</th>
<th>Physician</th>
<th>Action</th>
<th>Notice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Vargas</td>
<td>Vargas</td>
<td>Send to the team, write up sheet of action.</td>
<td>Completed</td>
</tr>
<tr>
<td>1</td>
<td>Vargas</td>
<td>Vargas</td>
<td>Collect feedback on use of PSS cards.</td>
<td>Completed</td>
</tr>
<tr>
<td>2</td>
<td>Vargas</td>
<td>Vargas</td>
<td>Review all call reviews and see how they can be improved.</td>
<td>Completed</td>
</tr>
<tr>
<td>3</td>
<td>Vargas</td>
<td>Vargas</td>
<td>Prepare a new call script for podiatry.</td>
<td>PO Issued</td>
</tr>
<tr>
<td>4</td>
<td>Vargas</td>
<td>Vargas</td>
<td>Review all call reviews and see how they can be improved.</td>
<td>Completed</td>
</tr>
<tr>
<td>5</td>
<td>Vargas</td>
<td>Vargas</td>
<td>Review all call reviews and see how they can be improved.</td>
<td>Completed</td>
</tr>
<tr>
<td>6</td>
<td>Vargas</td>
<td>Vargas</td>
<td>Review all call reviews and see how they can be improved.</td>
<td>Completed</td>
</tr>
<tr>
<td>7</td>
<td>Vargas</td>
<td>Vargas</td>
<td>Review all call reviews and see how they can be improved.</td>
<td>Completed</td>
</tr>
<tr>
<td>8</td>
<td>Vargas</td>
<td>Vargas</td>
<td>Review all call reviews and see how they can be improved.</td>
<td>Completed</td>
</tr>
<tr>
<td>9</td>
<td>Vargas</td>
<td>Vargas</td>
<td>Review all call reviews and see how they can be improved.</td>
<td>Completed</td>
</tr>
<tr>
<td>10</td>
<td>Vargas</td>
<td>Vargas</td>
<td>Review all call reviews and see how they can be improved.</td>
<td>Completed</td>
</tr>
<tr>
<td>11</td>
<td>Vargas</td>
<td>Vargas</td>
<td>Review all call reviews and see how they can be improved.</td>
<td>Completed</td>
</tr>
<tr>
<td>12</td>
<td>Vargas</td>
<td>Vargas</td>
<td>Review all call reviews and see how they can be improved.</td>
<td>Completed</td>
</tr>
<tr>
<td>13</td>
<td>Vargas</td>
<td>Vargas</td>
<td>Review all call reviews and see how they can be improved.</td>
<td>Completed</td>
</tr>
<tr>
<td>14</td>
<td>Vargas</td>
<td>Vargas</td>
<td>Review all call reviews and see how they can be improved.</td>
<td>Completed</td>
</tr>
</tbody>
</table>

8. Measure Improved performance
## Embarking on a PI Project

### Current Pediatric Resident Projects

<table>
<thead>
<tr>
<th>Research</th>
<th>MENTOR</th>
<th>PROJECT</th>
<th>IRB Approval</th>
<th>Work-In-Progress DATE</th>
<th>GRAND ROUNDS DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filler</td>
<td>An</td>
<td>Outcomes with Medical Versus Surgical Intervention for Pediatric Parapneumonic Effusion and Empyema</td>
<td>YES</td>
<td>10/29/2014</td>
<td>TBD</td>
</tr>
</tbody>
</table>
InterOffice Memorandum

September 11, 2015

To: Jeannie Huang, DO
    Nilesh Patel, MD
    Robert Cooper, MD
    4700 Sunset Boulevard, Los Angeles, California 90027

Re: Increasing Human Papillomavirus Vaccination Rates among Pre-Adolescent Males and Females at Kaiser Permanente Los Angeles Medical Center

Dear Dr. Huang,

A designated reviewer on the Kaiser Permanente Southern California (KPSC) Institutional Review Board (IRB) reviewed your submission and determined that this is not human subjects research as defined by 45 CFR 46.102 (d) and (f).

If you have any questions, please contact Marcela Sanchez at 626-405-6124 (8-335-6124) or via email at Isabel.M.Sanchez@kp.org.

Sincerely,

[Signature]

Armida Ayala, MHA, PhD
Director of Human Research Subjects Protection
Office/Institutional Review Board (IRB)
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

**Definition:** The percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were **NOT** dispensed an antibiotic prescription on or three days after initial dx. Includes all outpatient encounters.

**Target:** 72%

**LAMC Current Rate:** 59.6%

**Number need to meet target:** 68 members

**Goal:** Decrease number needed to meet target to 34 members
Tobacco Cessation Management

**Definition:** Smoking members who were 18 years or older who **WERE** treated in one of the following ways:

- A) had **Wellness Coaching** for quitting smoking (including KPonCall), OR
- B) attended a **Health Education smoking cessation class** (including orientation) OR
- C) were dispensed/administered a form of **nicotine replacement therapy** including nicotine patches or varenicline (one of the above medications ordered as "HISTORICAL MED" also counts), OR
- D) were dispensed/administered a form of **bupropion** and had a diagnosis of smoking; bupropion ordered as "HISTORICAL MED" also counts)

**Target:** 22%

**LAMC Current Rate:** 16.7%

**Number need to meet target:** 664 members

**Goal:** Decrease number needed to meet target by 50%
Osteoporosis Testing in Older Women

**Definition**: The percentage of Medicare women 65-85 years of age who report ever having received a bone density test to check for osteoporosis.

- **Numerator**: # of women in the denominator who had a bone mineral density (BMD) test in the back or hip anytime in the past 5 years.
- **Exclusions**: None

**LAMC Current Rate**: 92.8%
**Number need to meet target**: 668 members
**Goal**: Decrease number needed to meet target to 334 members
Pneumococcal Vaccine (Age 65 years and older)

**Definition**: The percentage of Medicare members 65 years of age and older who have ever received a pneumococcal vaccine. No exclusions.

**Target**: 91.4%

**LAMC Current Rate**: 90.8%

**Number need to meet target**: 256 members

**Goal**: Reach 256 members by end of year
Performance Improvement and Patient Safety

Courses/Events:

Presentations

Developing Your Improvement Project

Enroll in the Institute of Healthcare Improvement (IHI) Open School

Are you interested in courses that are available online for either faculty or residents? Take advantage of the courses available online through the IHI Open School and earn your IHI Open School Basic Certificate of Completion.

“The mission of IHI Open School is to advance health care improvement and patient safety competencies in the next generation of health professionals worldwide.

We offer students, residents, and faculty free online courses that teach the foundations of improvement, safety, system design, and leadership. Open School courses are also available to health care organizations and professionals.” – IHI Open School

*Fee waived for our teaching institution

IHI Open School Course Summaries (pdf)

Performance Improvement Toolkit:

Courtesy of the National PI Team: PI Wiki Improvement Tools

- Project Team Charter
- Testing Action Plan
- Process Mapping Templates
- How To Rank Ideas To Test
- Driver Diagram Template
- PDSA Action Plan Template

Additional information and tools can accessed using the below links.

- Program Office
- PI Wiki Improvement Tools

Current Residents

- Global Health Program
- Research
- Regional Courses and Workshops
- Policy and Procedures
- Recruitment Opportunities and KPSC Events
- Employee Assistance, Resources and Discounts

Performance Improvement and Patient Safety

Resources

- Off Track Openings
- Affiliates
- FAQ’s
- Sample Contract & Resident Manual
- Salary & Benefits

Upcoming Events

- CAFP (California Academy of Family Physicians) Summit
  Sep 12th, 2015
- Western University Residency Fair
  Sep 17th, 2015
Performance Improvement

Performance Improvement | Improvement Institute Programs | 2015 Calendar of Events | Tools & Resources | Tools | Strategic Partnerships | Current improvement Projects | Contacts | Clinical and Operational Improvement Learning catalog

Performance Improvement

We provide tools and training both in person and through virtual on-demand performance improvement training for all audiences in Kaiser Permanente leadership, project leads, experts and front-line teams. Front-line training is provided in partnership with the Labor Management Partnership.
At the Kaiser Permanente Improvement Institute, our leaders, Improvement Advisors (experts) and front-line teams learn how to apply KP’s Improvement Model to address system-level problems. Our approach focuses on systems assessment, scoping, prioritization and executing on 90-120 day rapid cycles via cross-functional teams.

Improvement Institute Programs

- Improvement Advisors
- Interactive Learning Sessions
- Advanced Institute
- Lean Six Sigma Black Belt Certification Program
- Leadership Program
- Advanced Performance Improvement for Physician Leaders
- Advanced Statistics
- Statistical Process Control (SPC)
- Local Training
- Rapid Improvement Model + (RIM+)
- Associate Improvement Advisor (formerly 3 Day PI Workshop)
- Workplace Safety
Plan

Act

Study

Do

Attributed to Deming