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ABMS® Patient Safety Improvement Program

Online PERFORMANCE IMPROVEMENT Activity

ABMS® Patient Safety Foundations

Online Enduring Activity

ABMS® Quality Improvement in Practice

Online PERFORMANCE IMPROVEMENT Activity

A Continuing Education Activity
Jointly Sponsored by:



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ABMS® Patient Safety Improvement Program (PSIP)

PSIP OVERVIEW

The ABMS® Patient Safety Improvement Program is an online patient safety education and quality improvement module that will enable certified physicians from all twenty-four ABMS boards and other healthcare professionals to learn essential knowledge, skills, and attitudes about safety and apply them to improve care in their own clinical environment.

The ABMS Patient Safety Program will provide an educational experience that incorporates key patient safety topics, methods of assessment, case scenarios as learning examples, and improvement activities for individual physician practices.

Upon successful completion of the program, clinicians eligible for Maintenance of Certification (MOC) will receive CME credit, which will be transmitted to the diplomates' specialty board to meet their MOC requirements.

The Patient Safety Improvement Program includes three broad areas:

- (1) *Patient safety scenarios* that highlight key themes of patient safety that cut across disciplines (e.g., medication errors, handoffs, teamwork), as well as more specific scenarios that will be applicable to physicians from related specialties, such as surgery.
- (2) *Patient safety curriculum and quality improvement fundamentals*. The patient safety curriculum will flow directly from the scenarios and will encompass four broad categories – Epidemiology, Systems, Communication and Safety Culture. Each category includes several subcategories, which were arrived at via research of current web-based patient safety tools, a literature review, and consultation with ABMS member boards. The *quality improvement fundamentals* will include what the participant needs to know to make improvements in practice.
- (3) *Patient safety improvement activities* (change packages) that will introduce changes the individual physician can make in his/her own practice setting (e.g., daily goals, hand hygiene, and medical reconciliation). Physicians will be expected to enter baseline data, make changes in practice, and enter additional data to reflect the result of the improvement effort.

PSIP OBJECTIVES

After completing this continuing medical education activity, the participant should be able to:

1. Identify key themes of patient safety that cut across disciplines (e.g., medication errors, handoffs, teamwork) and settings.



2. Distinguish the four broad categories of patient safety curriculum, including
 - a. Epidemiology
 - b. Systems
 - c. Communication
 - d. Safety Culture
3. Apply Quality Improvement Fundamentals, including what [participants need] to know to make improvements in their own practice.
4. Plan, implement and measure improvements in their own practice setting that positively impact patient safety.

PSIP – COURSE OUTLINE

- I. Patient Safety Scenarios with Sample Errors Illustrated
 - a. Sylvia, a 42-year-old female, presented to the emergency department with a two day history of headache, neck pain, and photophobia
 - b. Allison, a 2 year old with a history of prematurity, chronic lung disease and asthma, and congestive heart failure after Tetralogy of Fallot Repair
 - c. Joan Morris, a 67-year-old female admitted to the interventional radiology service for cerebral angiography
 - d. Ms. Sinclair, a 30-year-old woman, notices an abnormality on a monthly self-breast exam
- II. Patient Safety Curriculum Sections
 - a. Epidemiology
 - i. Identify the issues that have created a national focus on patient safety
 - ii. List the most common types and causes of adverse events
 - iii. Define a system for classifying errors by severity and frequency
 - b. Systems
 - i. Define a system
 - ii. Identify an example of a workaround and its effect on the system
 - iii. Identify the multiple layers of the healthcare system that influence the ability to improve care
 - iv. Distinguish between error mitigation and recovery.
 - c. Communication
 - i. Recognize the role that communication plays in achieving patient safety
 - ii. Identify three types of barriers that may affect patient-practitioner communication
 - iii. Apply the recommended steps for disclosure of an adverse event to a patient
 - iv. Identify a strategy for improving the transfer of information from practitioner to practitioner



- d. Safety Culture
 - i. Identify the elements of a safety culture (beliefs, attitudes, and values about work, risk, and safety)
 - ii. Identify the value of learning in creating and sustaining patient safety
 - iii. Recognize the relationship between reporting and learning

III. Quality Improvement Fundamentals

- a. Define the Model for Improvement
- b. List the "three key questions" that guide improvement
- c. List characteristics of effective aim statements
- d. List characteristics of measures used in quality improvement
- e. List the four stages of the Plan-Do-Study-Act (PDSA) cycle
- f. Identify tools to help you conduct PDSA cycles
- g. Recognize strategies for identifying changes that may lead to improvement
- h. Apply quality improvement principles to patient safety

IV. Patient Safety Improvement Activities

- a. Learners will complete one of the activities listed, with suggested activities based on their responses to screening questions regarding their type of practice and setting
 - i. Hand Hygiene for physicians with routine, direct physical patient contact
 - ii. Medication Reconciliation for physicians providing longitudinal patient care that includes medications
 - iii. Allergy List for physicians providing longitudinal patient care that includes medications
 - iv. Critical Test Results Communication for physicians who receive or provide test results requiring immediate action (laboratory, pathology, radiology, etc.)
 - v. Correct Site/ Patient/ Procedure for physicians routinely performing major invasive procedures (surgery, interventional radiology, etc.)
 - vi. Safer Prescription and Order Writing for physicians routinely writing medication prescriptions or orders
 - vii. Discharge Planning for physicians routinely involved in patient discharge (inpatient)
 - viii. Critical Test Results Communication for non-practicing physicians
 - ix. Safer Prescription and Order Writing for non-practicing physicians

PSIP - TEACHING METHODS

This online activity includes text, visual aids, pre and post-test, data analysis and reflection requiring overall practice evaluation.

PSIP - ACCREDITATION/CREDIT HOURS



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ACCME Credit

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of HealthStream and the American Board of Medical Specialties. HealthStream is accredited by the ACCME to provide continuing medical education for physicians.

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Practicing Physicians

HealthStream designates this educational activity for a maximum of **20*** *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

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[ABMS® Patient Safety Foundations \(PSF\)](#)

PSF - OVERVIEW

ABMS® Patient Safety Foundations delivers a patient safety education module, online, for a wide variety of physicians, including certified physicians from all twenty-four ABMS specialty boards. ABMS Patient Safety Foundations is designed so physicians will acquire essential knowledge, skills, and attitudes about safety and apply them in their own clinical environment.

The patient safety curriculum will encompass four broad categories – Epidemiology, Systems, Communication and Safety Culture. Each category includes several subcategories, which were arrived at via research of current web-based patient safety tools, a literature review, and consultation with ABMS member boards.



Upon successful completion of the online program, physicians will receive CME credit. If seeking MOC credit, results will be transmitted to their designated specialty board to meet MOC requirements.

PSF - OBJECTIVES

After completing this continuing medical education activity, the participant should be able to:

5. Identify key themes of patient safety that cut across disciplines (e.g., medication errors, handoffs, teamwork) and settings.
6. Distinguish the four broad categories of patient safety curriculum, including...
 - a. Epidemiology
 - b. Systems
 - c. Communication
 - d. Safety Culture

PSF – COURSE OUTLINE

II. Introduction

II. Patient Safety Curriculum Sections

- a. Epidemiology
 - i. Identify the issues that have created a national focus on patient safety
 - ii. List the most common types and causes of adverse events
 - iii. Define a system for classifying errors by severity and frequency
- b. Systems
 - i. Define a system
 - ii. Identify an example of a workaround and its effect on the system
 - iii. Identify the multiple layers of the healthcare system that influence the ability to improve care
 - iv. Distinguish between error mitigation and recovery.
- c. Communication
 - i. Recognize the role that communication plays in achieving patient safety
 - ii. Identify three types of barriers that may affect patient-practitioner communication
 - iii. Apply the recommended steps for disclosure of an adverse event to a patient
 - iv. Identify a strategy for improving the transfer of information from practitioner to practitioner
- d. Safety Culture



- i. Identify the elements of a safety culture (beliefs, attitudes, and values about work, risk, and safety)
- ii. Identify the value of learning in creating and sustaining patient safety
- iii. Recognize the relationship between reporting and learning

III. Summary/Conclusion

PSF - TEACHING METHODS

This online activity includes text, visual aids and post-tests.

PSF - ACCREDITATION/CREDIT HOURS

ACCME Credit

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ABMS[®] Quality Improvement in Practice (QIP)

QIP - OVERVIEW

ABMS[®] Quality Improvement in Practice delivers a patient safety education and quality improvement module, online, for a wide variety of physicians, including certified physicians from all twenty-four ABMS specialty boards. ABMS[®] Quality Improvement in Practice is designed so physicians will acquire essential knowledge, skills, and attitudes about safety and apply them in their own clinical environment. The program includes quality improvement curriculum, performance measurement and quality improvement activities that demonstrate both knowledge and behavior change.

ABMS[®] Quality Improvement in Practice includes two broad areas:



- (4) *Quality improvement fundamentals* will include what the participant needs to know to make improvements in practice.
- (5) *Patient safety improvement activities* (change packages) that will introduce changes the individual physician can make in his/her own practice setting (e.g., daily goals, hand hygiene, and medical reconciliation). Physicians will be expected to enter baseline data, make changes in practice, and enter additional data to reflect the result of the improvement effort. (NOTE: Non-practicing physicians will observe simulations of change packages to demonstrate performance improvement.)

Upon successful completion of the online program, physicians will receive CME credit. For practicing physicians, this course qualifies as a Performance Improvement activity and was planned in accordance to AMA format guidelines. For non-practicing physicians, this activity qualifies as an enduring CME activity and therefore has an alternate amount of credits assigned. If seeking MOC credit, results will be transmitted to their designated specialty board to meet MOC requirements.

QIP - OBJECTIVES

After completing this continuing medical education activity, the participant should be able to:

7. Apply Quality Improvement Fundamentals, including what [participants need] to know to make improvements in their own practice.
8. Plan, implement and measure improvements in their own practice setting that positively impact patient safety.

QIP – COURSE OUTLINE

- I. Introduction
- II. Quality Improvement Fundamentals
 - a. Define the Model for Improvement
 - b. List the "three key questions" that guide improvement
 - c. List characteristics of effective aim statements
 - d. List characteristics of measures used in quality improvement
 - e. List the four stages of the Plan-Do-Study-Act (PDSA) cycle
 - f. Identify tools to help you conduct PDSA cycles
 - g. Recognize strategies for identifying changes that may lead to improvement
 - h. Apply quality improvement principles to patient safety
 - i.
- III. Patient Safety Improvement Activities



- a. Learners will complete one of the activities listed, with suggested activities based on their responses to screening questions regarding their type of practice and setting
 - i. Hand Hygiene for physicians with routine, direct physical patient contact
 - ii. Medication Reconciliation for physicians providing longitudinal patient care that includes medications
 - iii. Allergy List for physicians providing longitudinal patient care that includes medications
 - iv. Critical Test Results Communication for physicians who receive or provide test results requiring immediate action (laboratory, pathology, radiology, etc.)
 - v. Correct Site/ Patient/ Procedure for physicians routinely performing major invasive procedures (surgery, interventional radiology, etc.)
 - vi. Safer Prescription and Order Writing for physicians routinely writing medication prescriptions or orders
 - vii. Discharge Planning for physicians routinely involved in patient discharge (inpatient)
 - viii. Critical Test Results Communication for non-practicing physicians
 - ix. Safer Prescription and Order Writing for non-practicing physicians

QIP - TEACHING METHODS

This online activity includes text, visual aids, pre and post-test, data analysis and reflection requiring overall practice evaluation.

QIP - ACCREDITATION/CREDIT HOURS

ACCME Credit

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