Quality Improvement Essentials: A Course to Facilitate Culture of Quality Care & MOC

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Background

• 2008 began journey to eliminate preventable patient harm
• 2009-10 NCH leaders (n=40) attended external QI training
• GLOBAL AIM: Create organizational culture of quality & safety committed to elimination of preventable harm
  o Problem: Lack of organization QI capability to meet Global Goal
  o Solution: 2011 created Quality Improvement Essentials (QIE) course to train 300 hospital leaders (Figure 1)

Methods

• 4 month skills-based QIE course
  o 2 per year; 9 half-day sessions
  o 20 participants in each cohort
• Curriculum & expectations (Figure 2)
  o QI tools & methods, team building, SPC, change management, innovation/spread
• Participant-led QI projects
  o End of course & 6 month follow-up QI project presentations
  o Physicians expected to submit for MOC
• Core resources & support tools
  o Executive & QI coaches to assist with design, implementation, & analysis
  o Key Terminology Guide (Figure 3)
  o Intranet data tools & resources

Results

• 7 multidisciplinary QIE courses completed
  o 115 participants: 68 physicians, 9 physician extenders, 28 nurses, & 10 non-clinical hospital managers
  o 30 MOC-approved projects originating in course
• 140+ QI projects in various domains of the Patient/Family Centered Quality-Safety Strategic Plan (Figure 4)
• QIE alumni serve as teachers & mentors for future QIE participants, other faculty, residents & hospital staff
• Increased baseline knowledge leading to decreased # of sessions while covering more content
• Increased QI-related publications 2012-2014 (Figure 5)