

Redesigning M&M

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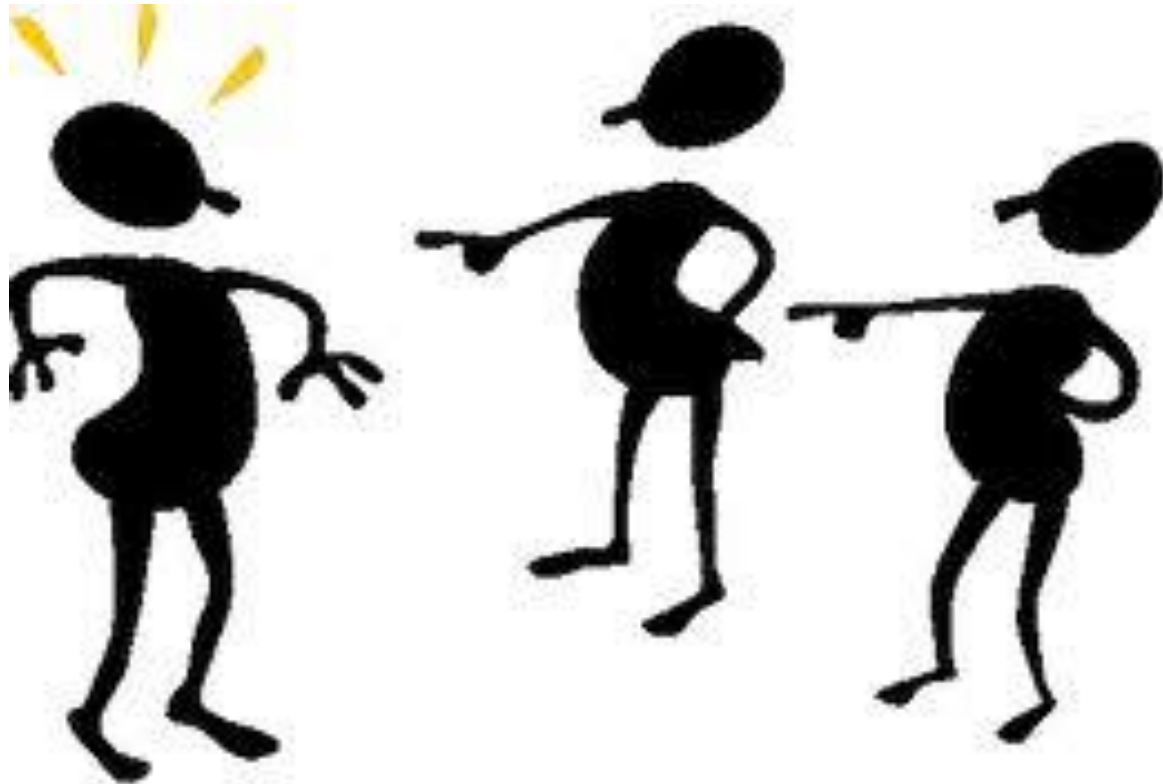
Agenda

- Introduction to session
- Review of M&M at our sites
- Key characteristics
- Exercise (optional and up to you)
- Discussion

What this is NOT:



What this is NOT:

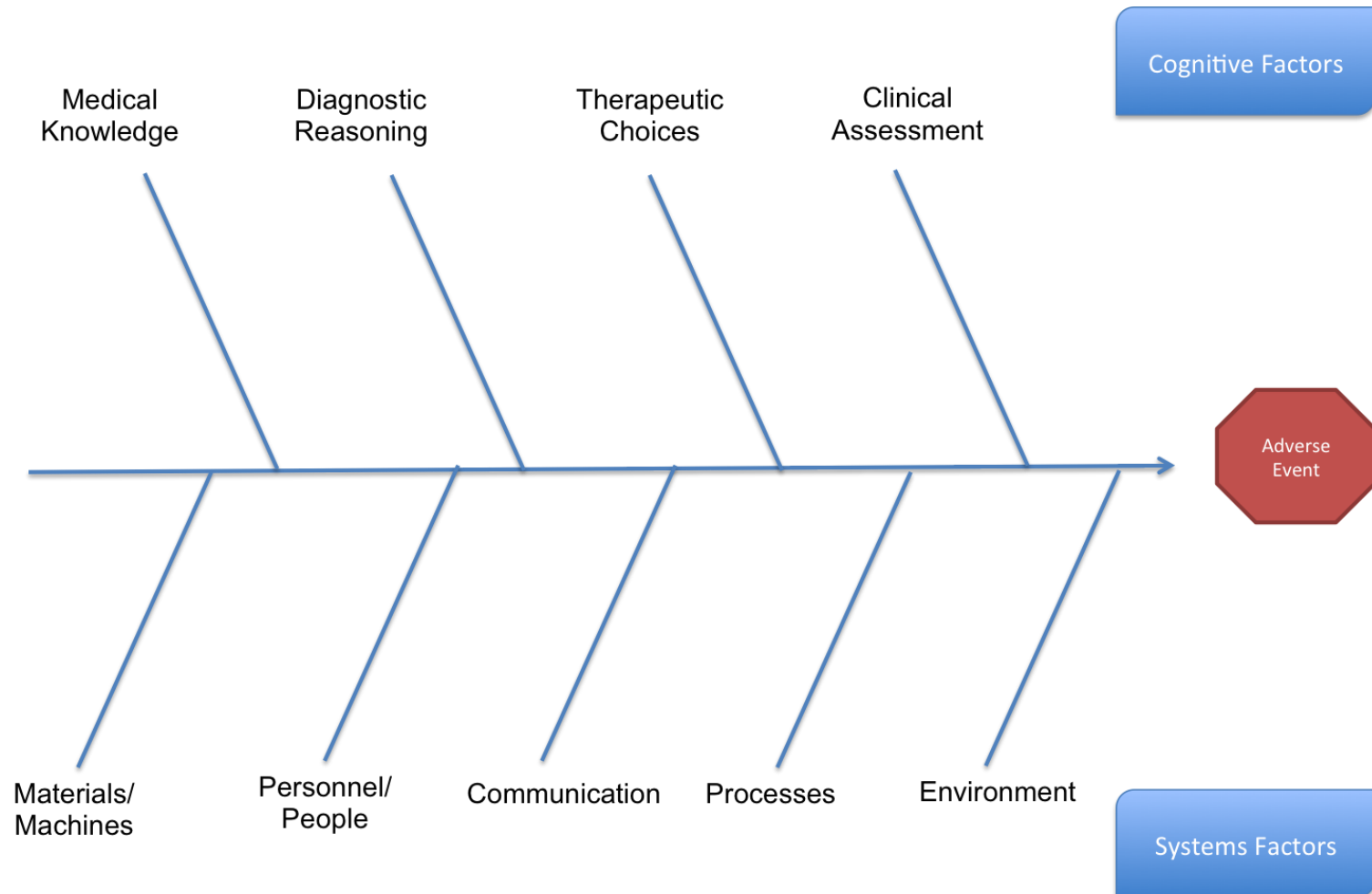


University of Colorado M&M

- M&M Task Force assembled
- Cases identified by CMR or M&M faculty
- Cases prepared by CMR and M&M faculty member
- MD→DOM-wide audience
 - Special invites to services involved, other disciplines
- Cases presented by CMR
- Discussion facilitated by M&M faculty member

University of Colorado M&M

Modified Fishbone Diagram



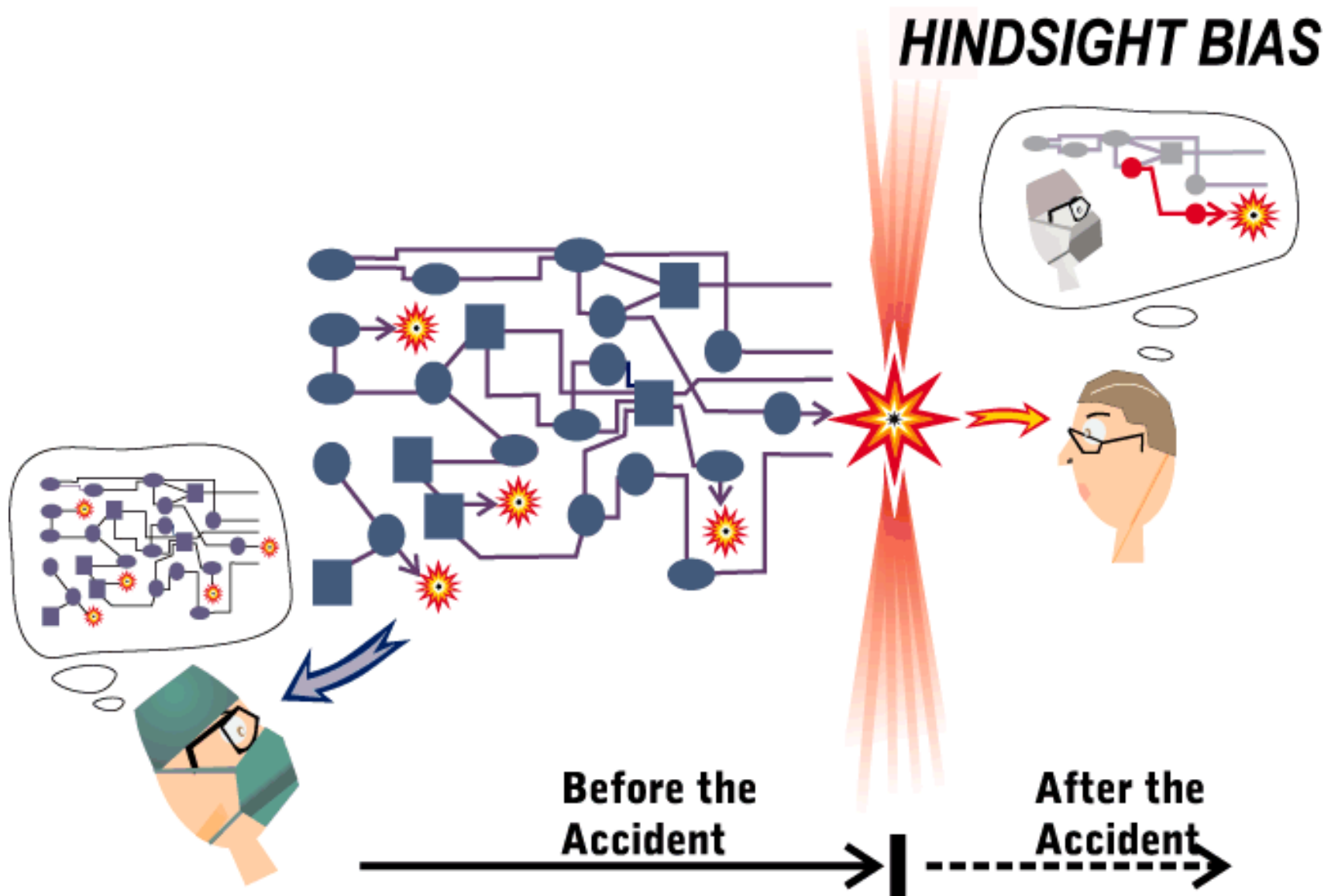
University of Colorado

- Using case as a way to focus discussion on systems and improvement
- Highlighted cases that represent common failures seen by trainees
- Faculty member facilitates “Systems” discussion
- Trainees complete reflection sheet to demonstrate “lessons learned”
- All outputs go to DOM VC of Quality and action required

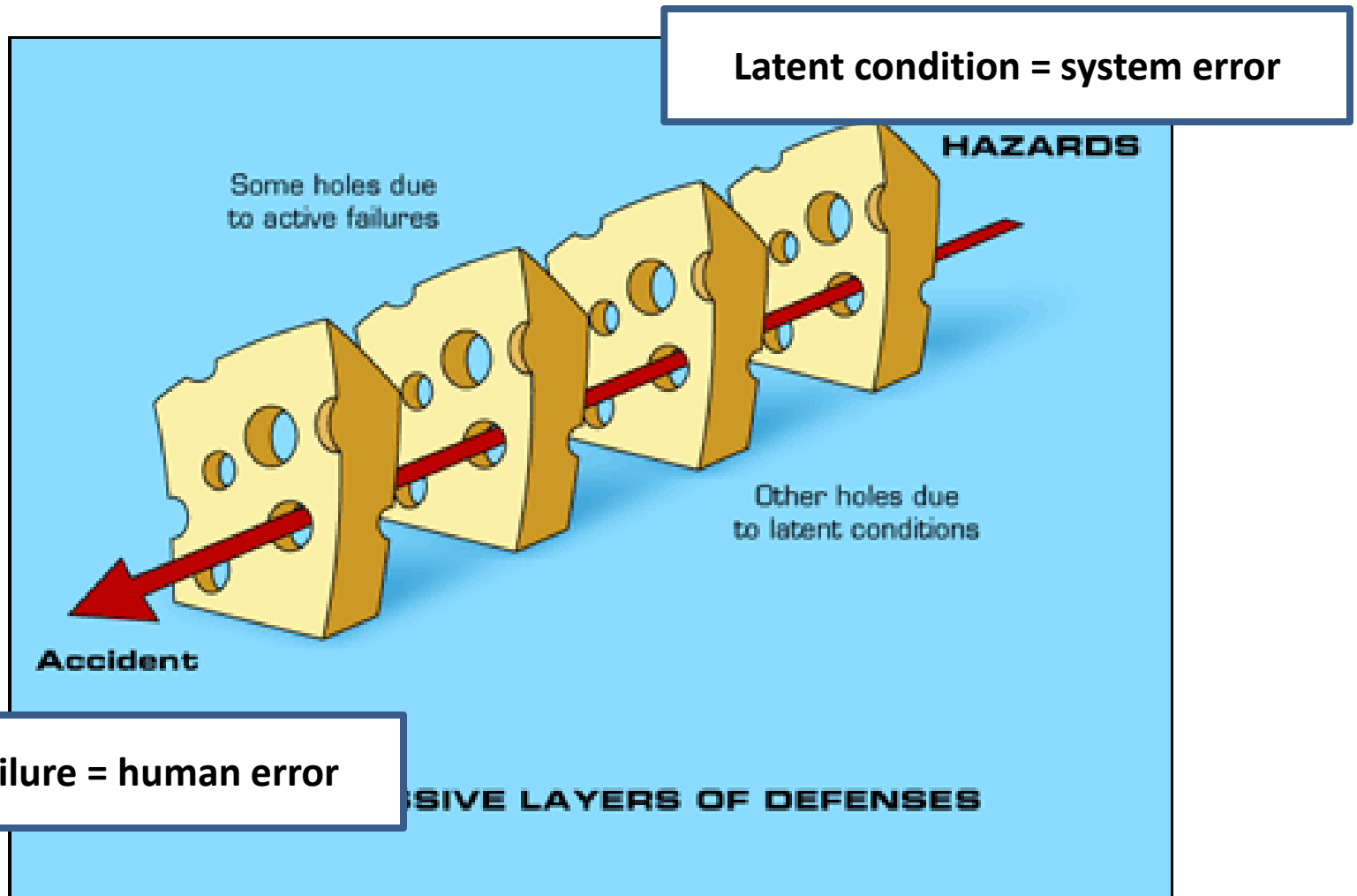
Northwestern University

- Cases identified by word of mouth and incident reporting system
- Cases prepared by chief residents (review EHR, discussion w/ professionals involved)
- Nurses, pharmacists, physician specialists, other team members invited to attend
- Cases presented by senior resident not involved in case
- Discussion facilitated by chief resident

Understanding Root Causes



Reason's Model of Accidents



Northwestern University

- Identify contributing factors
 - Communication
 - Training
 - Fatigue/scheduling
 - Environment / equipment
 - Rules / policies / procedures
 - Patient related factors
- Generate 2-3 action items
- Provide follow up on past action items

Banner Good Samaritan Medical Center and Phoenix VA Healthcare System

CONFERENCE OBJECTIVES:

1. Provide a systematic review of near misses and adverse events in order to improve patient safety, quality, and outcomes.
2. Create a safe environment for inter-professional review and discussion of contributing factors of near misses and adverse events.
3. Create action plans for ongoing systems improvement.
4. Provide a learning opportunity for trainees and staff to address the ACGME core competencies.

Banner Good Samaritan Medical Center and Phoenix VA Healthcare System

- Under utilized Chief Resident in Quality and Safety (CRQS) identified to spear head the change.
- Cases
 - Residents/Attendings brought cases to CRQS
 - CRQS had cases from experience attending on wards
 - Incident reports
- A list of core concepts that we wanted to expose them too
 - For example:
 - What is quality vs. patient safety?
 - Importance of and How to file incident reports
 - Recognition of near miss/medical error/slip/mistake
 - Cognitive error vs. System error
 - Root Causes Analysis
 - Situational Awareness

Banner Good Samaritan Medical Center and Phoenix VA Healthcare System

- Structure
 - Disclaimer slides
 - Introduction of learning topic
 - Interactive as much as possible with video, role play, and activities
 - Case presentation
 - Typically by resident or member of team involved in case
 - Link relevance of case to learning topic
 - Situational awareness topic with case about over dose of pain medication
 - Discussion
 - Updates on previous action items and reporting back
 - Evaluation for CME credit

Banner Good Samaritan Medical Center and Phoenix VA Healthcare System

- Successes
 - CME provision to physician providers that attended and pharmacy/nursing/ancillary staff equivalent
 - Improved the collaboration and communication between providers and other professions such as pharmacist, social workers, and quality improvement nurses in a non-threatening and collegial environment.
 - 2 root causes analysis groups were formed, and 5 actual changes to work flow were made and REPORTED BACK to the residents
- Struggles
 - Not feasible to have a large collaborative conference every month
 - Lecture vs. Learner Engagement
 - Making the conference applicable at 2 very different institutions.
 - Evaluation of learners for competency

Key Characteristics

- Set expectations
- No-blame, safe environment
- Inter-professional approach
- Structured approach to present review
- Have a do-able action item
- Give follow-up on action item
- Involve your hospital
- Not every M&M needs to be Q/S focused

Structured approach to analysis

- Contributing Factors (Vincent)
 - Patient, individual, task, team, work environment, organizational management
- VA National Center for Patient Safety
 - Communication, environment/equipment, training, rules/policies, fatigue/scheduling, barriers
- Fishbone
 - Visual representation of concepts above

Exercise

- At your tables, work on redesigning your M&Ms to focus on Q/S
 - Individually or in pairs
- What would you change?
- How would you assess learners?
- How would you evaluate the new M&M program?

REPORT OUT AT TABLES

Suggestions

Assessment

- Learner knowledge of key safety concepts (test)
- Learner attitudes towards patient safety (survey)
- Resident awareness of systems issues (survey)

Evaluation

- Attendance at M&M
- Learner/participant satisfaction
- Culture of safety scores at organization
- # of event reports
- # of system changes made

QUESTIONS? THOUGHTS?

References

- Discussion of medical errors in morbidity and mortality conferences. E Pierluissi, MA Fischer, et al. JAMA 2003; 290: 2838-42.
- Educational quality improvement report: outcomes from a revised morbidity and mortality format that emphasised patient safety. ML Bechtold, S Scott, et al. Postgrad Med J 2008; 84:211-16.
- Morbidity and mortality conference: A survey of academic internal medicine departments. JD Orlander and BG Fincke. J Gen Intern Med 2003; 18;656-58.
- A descriptive study of morbidity and mortality conferences. HJ Aboumatar, CG Blackledge, et al. Am J of Medical Qual 2007; 22:232-38.

References (cont'd)

- A systems approach to morbidity and mortality conference. JH Szostek, ML Wieland, et al. American Professors of Medicine, 663-668.
- Using patient safety morbidity and mortality conference to promote transparency and a culture of safety. MK Szekendi, C Barbard, et al. Joint Comm J on Qual and Safety 2010; 36(1): 3-9.
- Using the morbidity and mortality conference to teach and assess the ACGME general competencies. JC Rosenfeld. Current Surgery 2005; 62: 664-69. (a few interesting but older citations here)

QSEA Hot Topic: Teaching Value Based Care

Agenda

- Why add yet another topic?!?
- Two examples
- Planning for VBC at your institution

What is the problem?

- We spend too much on healthcare
 - And we keep spending MORE
 - We spend it in the wrong ways and places
 - 30% is waste
- 60% of personal bankruptcies in US from healthcare costs
- This \$\$ is not getting us the outcomes we want
- Nobody is able to take this on (certainly not Congress!)
- Physicians must lead the charge
- We could save

If other prices had grown as quickly as healthcare costs since 1945...

- A dozen eggs would cost \$55



- A gallon of milk would cost \$48



- A dozen oranges would cost \$134

Learn how to eliminate healthcare costs while improving patient outcomes with ACP's new interactive cases.

Access Online Cases ➔

SHARE f t in

In the News

View All ➔

- 1 Yes, It's a Headache, No, You Don't Need a Brain Scan - NPR
- 2 We Are Giving Ourselves Cancer - The New York Times
- 3 Test overuse: Why does it happen and what can we do about it? - Kevin MD

What is High Value Care?

ACP's High Value Care (HVC) initiative is a broad program that connects two important priorities for the College:

1. Helping physicians to provide the best possible care to their patients.
2. Simultaneously reducing unnecessary costs to the healthcare system.

Why We Care

Approximately 30% of healthcare costs (more than \$750 billion annually) are spent on wasted care.

This wasted care is potentially avoidable and would not negatively affect the quality of care if eliminated.

ACP is committed to doing our part to help bend that cost curve and to reduce the unsustainable financial burdens to our healthcare system.

What We Offer

Healthcare Professionals:

ACP has developed clinical recommendations, physician resources, curriculum and public policy recommendations around this initiative.

Patients:

We have also developed resources to help patients understand the benefits, harms, and costs of tests and treatments for common clinical issues.



Program Director's Toolbox

Download

- Assessing HVC Milestones
- Sample Resident Evaluation Form HVC Milestones
- HVC Curriculum Impact Survey
- HVC Educational Prescription
- HVC Audit and Feedback
- HVC Critical Appraisal Economic Analysis
- HVC Presentation #6 Sample HVC QI Slideshow
- HVC Presentation #6 Sample HVC QI Tool
- HVC Presentation #6 Teachable Moments JAMA Internal Medicine
- HVC Presentation #6 Sample HVC QI Poster
- HVC Presentation #6 Sample 2 HVC QI Poster
- HVC Presentation #6 Sample HVC QI Report

http://hvc.acponline.org/curriculum_list.html

6 Sessions with cases

	Topic	Example Cases Included
1	Eliminating Healthcare Waste and Over-ordering of Tests	Headache, heart failure, deep venous thrombosis
2	Healthcare Costs and Payment Models	Appendicitis, sports injury, osteomyelitis
3	Utilizing Biostatistics in Diagnosis, Screening and Prevention	Chest pain, periodic health examination, chemoprevention
4	High Value Medication Prescribing	Seasonal allergies, discharge medication reconciliation
5	Overcoming Barriers to High Value Care	Low back pain, URI, septic joint
6	High Value Quality Improvement	

Interactive Ideas in the curriculum overview

Think-Pair-Share

Audience Response Systems

Small Group Work

Worksheets

Wicked Questions

Talking Stick

Pre-Session Work

Wiki



[Competition](#) » [Learning Center](#) » [About Us](#) » [Updates](#) » [Costs Of Care](#)

Search the site

Welcome, Cheryl ([view profile](#))

Hello and welcome to the learning modules. After watching these short videos on strategies to decrease overutilization and medication costs, you can demonstrate your knowledge and earn a Teaching Value Certificate by successfully completing the assessments.

[Learn](#)

[References](#)

[Rankings](#)

[Teaching Value Forum](#)

Learning Modules

- ▶ [Overuse: Top 10 reasons that tests are overused and how to take charge.](#)
- ▶ [GOTMeDs: How to counsel patients to reduce prescription drug costs](#)

<http://www.teachingvalue.org/study.aspx?which=lg>

Learning Modules

▼ Overuse: Top 10 reasons that tests are overused and how to take charge

Take the overuse quiz at any time; the videos and screen casts will help you master the quiz.

Introduction
to
Overuse

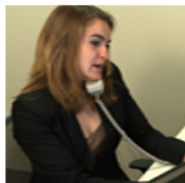
[Introduction to the Overuse module \(view\)](#)



[Overuse part 1: The intern considers CT \(view\)](#)
[Debrief for part 1 \(view\)](#)



[Overuse part 2: The resident's perspective \(view\)](#)
[Debrief for part 2\(view\)](#)



[Overuse part 3: The attending's perspective \(view\)](#)
[Debrief for part 3\(view\)](#)

Resources

[Additional resources to the Overuse module \(view\)](#)

Value-based care curriculum

Karyn Baum, for the VBC Team
QSEA 2014



UNIVERSITY OF MINNESOTA
Driven to DiscoverSM

Motivations

- Utilization/waste/cases
- An interested resident
- Perfect storm of connections



Development process

- The PD and coffee
- Program-owned curriculum
- Assembled the team
- Syllabus design
- Assignments



Goals

Residents will be able to:

- Explain the unique role physicians play in providing high-value care
- Understand the charges (and costs) of common diagnostic and therapeutic tests and procedures
- Effectively decide which tests to order, keeping value-based care and patient preferences in mind as guiding principles
- Effectively discuss value with patients and peers
- Integrate value as a criterion for decision-making in the everyday practice of medicine



3-part curriculum

- Formal sessions
 - 18-month rolling curriculum
 - 1 session every other month
- Morning report
 - Series of 8 sessions over 2 months
- M & M integration
 - Week following formal session beginning in September
 - Challenge to implement



Tenants for formal sessions

- Use adult learning theory in design
- 3 learning objective max per session
- Sessions simulcast to all 3 hospitals
 - On-site facilitators
- Real cases and interaction in all sessions
- Keep slides relatively generic for easy adaptation
- Feedback after each session to improve



Formal sessions

- Value-based care: why do we need it?
- Physicians' role in decreasing waste
- Health insurance basics
- Ethical considerations
- High-value decision making
- Communicating value decisions
- Choosing screening and diagnostic tests
- Choosing treatment
- Making a difference through data and improvement

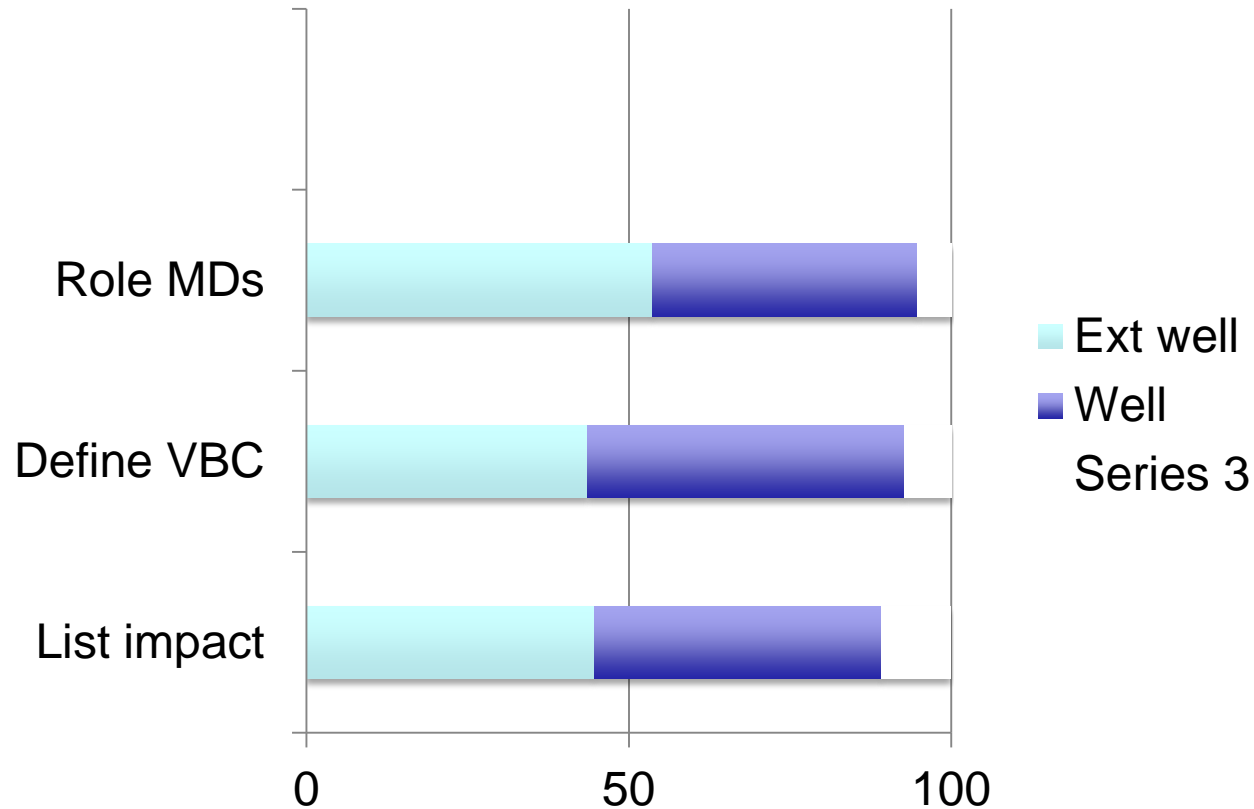


Evaluation plan

- Level 1: Satisfaction (each session)
- Level 2: Attitudes and Knowledge
 - Pre/post
 - Possible skills evaluation via OSCE
- Level 3: TSH, BMP, A1C's ordered per month
- Level 4: \$\$ labs/month on gen med



Level 1 results thus far



Additional results

- Satisfaction:
 - LOVED the small group and case-based nature
 - Would have even more specifics
 - Card or website to access
 - Many worry
- Baseline lab costs: \$950/pt on Gen Med at UMMC
 - Run chart going forward on monthly basis
 - No change as of February 2014



Acknowledgements

- Gordon Mosser
- Howard Epstein
- Tony Killeen
- Stephan Gildemeister
- Jill Bowman
- Nacide Ercan-Fang
- Paul Kleinschmidt
- Alisa Duran-Nelson
- Ryan Kelly
- James Emerson
- Klint Kjeldahl
- Andrew Olson
- Benji Mathews
- Kelly Frisch
- John Song
- Collin Turner
- Craig Roth



High Value Idea Competition for House Staff

How can we improve the quality or reduce the cost of care? You see opportunities every day and it is your time to act! All Residents and Fellows are invited to submit your individual or group idea(s).



The top 3 ideas will each win:

- » \$2,500 CASH PRIZE!
- » An interdisciplinary team to work with you on designing and implementing your idea
- » Opportunity to win an additional \$2,500 Grand Prize at the May 16 *GME Quality and Safety Day*
- » Travel support to present your project at a national meeting.

Ideas will be judged by Residency Faculty, Hospital and Banner Health System leaders based on the following criteria:

- » Potential impact on housestaff education
- » Potential impact on patient care (quality, cost, process, safety, etc)
- » Scalability/feasibility
- » Alignment with Banner Health System Initiatives
- » Alignment with Choosing Wisely lists
- » Submissions are due by September 1
- » For the entry form and contest details, visit www.BannerHealth.com/GoodSamHighValueCare

Special thanks to the sponsors: Cash prize funding is provided by the BGSMC Medical Staff, travel funds by the Department of Medical Education, and resources for the interdisciplinary teams by BGSMC Administration.

High Value Ideas from Phoenix





GME High Value Competition



PRINT



EMAIL



FONT SIZE

High Value Competit...

[High Value Care](#)[Competition Rules](#)[Judges](#)[Winners 2013-2014](#)[Quality & Safety Day](#)

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High Value Care

Housestaff High Value Idea Competition

Value is calculated as the quality divided by the total costs. Efforts that improve quality or reduce costs, increase value. It is essential that we all work to improve value in health care.

Trainees see opportunities to improve value everyday and NOW is your time to act!

All residents and fellows from any program at Banner



Related Links

[High Value Care Entry Form](#)[Printable High Value Care Flyer](#)

High Value Competit...

[High Value Care](#)

[Competition Rules](#)

[Judges](#)

[Winners 2013-2014](#)

[Quality & Safety Day](#)

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[AZ](#) > [Judges](#)

High Value Care Judges

Housestaff High Value Idea Competition Chairs:

- Steve R. Brown, MD Program Director, Family Medicine Residency Program
- Cheryl W. O'Malley, MD Program Director Internal Medicine Residency Program

Banner Health System	BGSMC Graduate Medical Education	BGSMC Administration
<p>Dr. John Hensing (CMO, Banner Health)</p> <p>Dr. Robert Groves (Medical Director, Critical Care Clinical Performance Group)</p>	<p>Dr. Alan Leibowitz (DIO, Chief Academic Office, Banner Health)</p> <p>Dr. Richard Gerkin (Director of GME Research)</p>	<p>Dr. Steve Narang, (CEO, Banner Good Samaritan)</p> <p>Ursula Sobas-Gonzales, RN (Chief Nursing Officer)</p> <p>Anita Hancock, RN (Director of Quality Management)</p>

Related Links

[High Value Care Entry Form](#)

[Printable High Value Care Flyer](#)



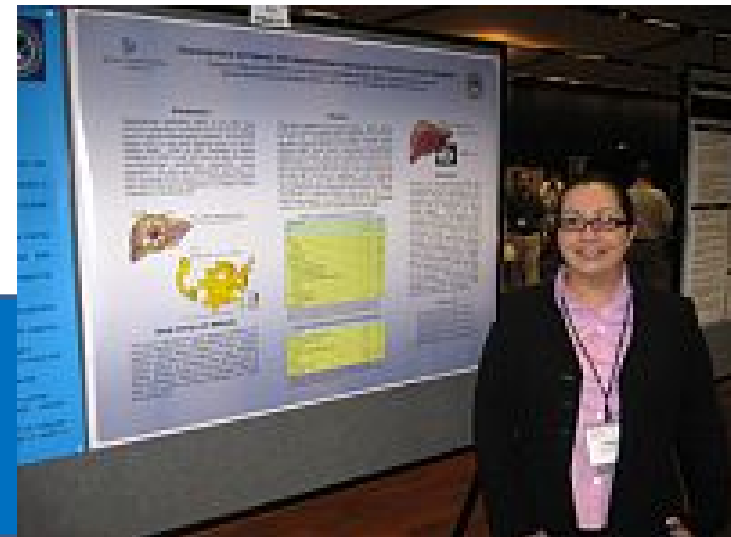
Contest Winners

1. **Jeffrey Abildgaard, MD, Orthopedic Surgery:** *Attempted reduction of unnecessary diagnostic testing by utilization of cost transparency.*
2. **Ryan Evans, MD, Family Medicine:** *An evidence based approach to reducing the incidence of catheter-associated Urinary Tract Infections.*
3. **Christian Hourani, MD, and Lise Harper, MD, Internal Medicine:** *Implementation of a hospital-wide system to increase the appropriate use of cardiac stress testing.*



GME Quality and Safety Day

- 3 winners will present project outcomes to the judges
- National speaker giving the key note
- Poster session for all other housestaff posters
- Interdisciplinary judges from around the health system.



Other Resources

- Healthcare Blue Book is a free consumer guide to help patients understand fair prices for healthcare services in their areas.
www.healthcarebluebook.com
- Choosing wisely
www.choosingwisely.org
- Wikipedia and Consumer Reports have started a health article review project based on the references from this curriculum.
http://en.wikipedia.org/wiki/Wikipedia:Health_Article_Review_Project
- Fairhealth: is a national independent, not-for-profit corporation whose mission is to bring transparency to healthcare costs
 - <http://fairhealthconsumer.org/>