

## Western Reserve Hospital Summer Quality Improvement Fellowship Program

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### **Purpose:**

The purpose of this experience is to gain exposure in the hospital environment to the quality, service and safety processes that are necessary for proper functioning of a medical facility. This shall be accomplished through attendance at hospital meetings / workgroups, completion of basic quality improvement online resources, and weekly feedback and reflection by the participant. There will also be clinical shadowing experiences in different hospital areas for the participant to gain additional experience in the QI and safety processes.

### **Stipend:**

\$1200 – paid ½ after completion of 2<sup>nd</sup> week of experience, and final ½ at end of fellowship

### **Length:**

6 weeks, after 2<sup>nd</sup> semester of 1<sup>st</sup> year

### **Housing:**

Free if required, (in student housing complex)

### **Meals:**

\$50 / week meal allowance through use of medical student swipe-badge

## Fellow requirements:

Participant should be in good standing with OUHCOM and have successfully completed the first year of curriculum. The student selected for participation in this program must [apply online](#) and provide documentation of the following before beginning the experience:

Current CV

Up-to-date immunization record, including:

- Proof of current Tb test completion
- Proof of current influenza vaccination
- Proof of current MMR vaccination status

## Orientation:

During the Summer Quality Improvement orientation, the participant will read, review and sign the Experiential Learning Program Guidelines and Safety Information Agreement Form. These documents outline the responsibilities and expectations necessary of WRH experiential learners. This document will be reviewed during the QI orientation. The following items will also be reviewed in detail.

### 1) Schedule:

Calendar shared (with invitation) online: link activated 2 weeks before start

Details to the calendar may be changed at any time due to personnel needs or room availability. It is recommended that the QI Fellow check the calendar daily for the most up-to-date information

### 2) Modules:

a. Institute for Healthcare Improvement –

- i. [IHI Basic Certificate Course - \(red\)](#) – minimum requirement for QI fellowship
- ii. all modules – participant option to complete all modules

Participants must register (free), modules free for students, (15-30 minutes per module)

Quality Improvement (QI) **101, 102, 103, 104, 105**, 201, 202, 301

Patient Safety (PS) **101, 102, 103, 104, 105**, 201, 202, 203, 204

Leadership (L) **101**

Patient- and Family-Centered Care (PFC) **101**, 102, 201, 202

Triple Aim for Populations (TA) **101**, 102, 103

Graduate Medical Education (GME) 201, 202, 203, 204, 205, 206, 207

\*\* See [website/ video](#) for a more complete explanation of IHI modules

- b. American College of Physicians High Value Care (HVC) modules 3.0

[http://hvc.acponline.org/curriculum\\_list.html](http://hvc.acponline.org/curriculum_list.html) registration not necessary

(5-10 minutes per module est.)

1. Eliminating Healthcare Waste & Over-ordering of Tests
2. Healthcare Costs & Payment Models
3. High Value Diagnostic Testing and Cancer Screening
4. High Value Hospitalization
5. Overcoming Barriers to High Value Care
6. High Value Quality Improvement

\*\* see website for a more complete explanation of the HVC modules

- 3) Meetings: The following meeting will be attended during the 6 week experience. Attendance is necessary for the Fellow to begin the basic understanding of the interdisciplinary nature of quality and the impact QI can have in the hospital setting.

*Cancer Conference*: resident led review of oncological cases with expert opinions on proper patient care and follow up.

*Case Management Meeting*: daily bedside review of in-house patients for discharge planning, needs and goals.

*Chest Pain meeting*: monthly meeting with focus on metrics and quality data to meet Chest pain accreditation

*Continuous Service Readiness*: monthly multi-disciplinary accreditation task-force to optimize preparedness for all surveys, including the triennial Healthcare Facilities Accreditation Program (HFAP).

*Department of Surgery Meeting*: semi-annual meeting of the department of surgery with review of all items pertaining to the delivery of surgical services to patients focusing on cost, quality and outcomes.

*Emergency Department (ED) Operations*: physician-led review of all ED data, including trainees, Emergency Medical Squads (EMS), quality, systems communications and patient satisfaction.

*Emergency Preparedness Committee*: every other month review of disaster readiness with respect to drills, as well as policies and procedures that pertain to mass casualty disasters.

*EMR / Forms Management meeting:* monthly planning and education related to all medical record forms / EMR templates used in clinical areas

*Environment of Care Meeting:* every other monthly safety focused meeting to review protective services incidents, fire drills, life-safety issues and employee incidents, as well as the policies and procedures that pertain to these items

*Graduate Medical Education (GME) Committee:* monthly review of all items pertaining to the training and accreditation of medical residents and student trainees.

*Hospital Operations:* every other month meeting of select hospital leaders for review of current operations and innovation for potential hospital outreach

*Infection Control Risk Assessment (ICRA):* bi-weekly review of hospital-wide construction and renovation for protection of patients, staff and visitors.

*Intensive Care Unit (ICU) Multi-disciplinary Rounds:* daily review of all patients in the ICU, including ICU Intensivist, medical resident, medical students nursing, respiratory therapy, dietary, physical therapy, pharmacy, case management, quality improvement and palliative care services

*Morbidity and Mortality Committee (M & M):* monthly presentation of patient cases in which a mortality occurred, or in which a significant morbidity factor was identified. There is both a surgical and medical M&M committee with focus from this area.

*Mortality Committee:* monthly administrative review of patient records which pertain to mortality cases and preparation of these records for presentation at monthly physician morbidity and mortality committee meetings

*Nursing Quality Meeting:* review of nursing quality indicators and projects with focus on peer review and actionable items

*Patient Safety Coach Meeting:* every other month team meeting of hospital wide department representatives that submit observations of compliance with safety behaviors with a focus on improvement

*Patient Safety Council:* multi-disciplinary committee that reviews patient safety indicators and specific patient safety projects

*Patient Safety Huddle:* twice weekly informal administrative meeting to review key parameters of patient safety with a focus on communication and action

*PPEC Committee:* monthly physician peer review meeting with regards to unusual behaviors, outcomes or professional activities

*Quality Council:* administrative multi-disciplinary oversight committee with review of all quality indicators, projects and actions

*Quality Improvement Huddle:* informal weekly departmental review of quality issues, including physician complaints, and physician opportunities for improvement

*Recruitment Committee:* monthly meeting to discuss medical student recruitment strategy as well as the retention of CORE based medical students into WRH residency programs. Retention of residents and well as local, state and national recognition of trainees and attending physicians is also discussed

*Revenue Cycle:* monthly review of appeals, denials, and other issues related to the financial performance of a healthcare facility and third party payers

*Safety Rounds* – weekly observational rounds on patient care areas for compliance with HFAP standards

*Service Excellence Council:* quarterly review of patient satisfaction data and actionable items related to the patient experience

*Stroke Team Committee:* every other month meeting of all stroke team leaders including clinical and non-clinical to review stroke protocol and statistical outcomes

*Unusual Occurrence Meeting:* monthly review of unusual occurrences, medication errors and adverse drug reactions for trending, tracking and educational opportunities

*Utilization Review Committee:* physician led data review of utilization statistics, including readmissions, avoidable days, audits, and medical records

*Value Analysis Committee:* monthly review of products, new equipment, and capital purchases related to patient care

## **Research:**

There is no required research outcome or publication that is expected. However, if opportunity arises for participation in any original or ongoing research project, it is expected that the participant follow all established protocols / policies through both OUHCOM and Western Reserve Hospital in regards to IRB notification and qualifications.

**Future Ideas:**

The following are concepts that may be developed during the 6 week experience. We would be happy to work with you, but cannot guarantee that any of these ideas (or ideas of your own) may come to fruition:

IHI Open School Chapter Leader??

Project extension through 2<sup>nd</sup> year and into 3<sup>rd</sup> year?

Pre-CHAP assignment through QI fellowship completion