

Quality Improvement Curriculum Geriatrics Fellowship 7/2021 – 7/2022

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OVERALL DESCRIPTION

While traditional research and education continues to improve our knowledge of geriatric medicine, the recommended care for older adults is still provided only about 30% of the time.¹²³ This gap between what we know in medicine vs. what we do in medicine is referred to as the **Know-Do gap**.

The purpose of this curriculum is to

- 1) Augment your skills in quality improvement in order to effectively tackle this Know-Do gap at a systems level in your future real world practice.
- 2) Teach you how to identify and measure the outcomes that matter most to your older patients.
- 3) Show you how to leverage health system priorities and quality metrics in order to advocate for what your patients care about
- 4) Build a foundation to become future leaders in Age-Friendly Health System transformation

To achieve this, you will

- learn fundamental nuts and bolts of quality improvement through interactive lectures
- gain exposure to UCSD QI Infrastructure and measurement tools
- conduct a yearlong mentored interdisciplinary quality improvement project using the Lean approach and Age-Friendly Health System framework

If you choose to frontload the work on your project, you will have the opportunity

- submit a QI abstract to the Annual Geriatrics Society Conference by December 2021 (the conference takes place May 2022)

REQUIREMENTS

- Attendance of QI lectures
- Complete IHI modules on Age-Friendly Health Systems and Healthcare Disparities

Optional and Encouraged

- Complete Epic Slicer Dicer Web-based tutorial
- Submit Abstract to the American Geriatrics Society Annual Conference (12.2021)
- Year-end presentation of UCSD A3 Poster at Geriatrics Grand Rounds (6.2022)

GOALS AND OBJECTIVES

Based on AGS Geriatrics Curricular Milestones, ACGME Objectives, and Age-Friendly Health System Aims

QI Knowledge:

- 1) Articulate how QI and Traditional Research are similar and where they are different
- 2) Demonstrate working knowledge of the paradigms for the Model for Improvement, Lean, and Age-Friendly Health System Ms

QI Skills:

¹ Levine DM, Linder JA, Landon BE. The Quality of Outpatient Care Delivered to Adults in the United States, 2002 to 2013. *JAMA Intern Med.* 2016;176(12):1778–1790.

² Wenger NS, Solomon DH, Roth CP, MacLean CH, Saliba D, Kamberg CJ, et al. The Quality of Medical Care Provided to Vulnerable Community-Dwelling Older Patients. *Ann Intern Med.* 2003;139:740–747.

³ McGlynn, E. A., Asch, S. M., Adams, J., Keeseey, J., Hicks, J., DeCristofaro, A., & Kerr, E. A. The Quality of Health Care Delivered to Adults in the United States. *The New England Journal of Medicine*, 2003; 348(26), 2635-2645.

- 3) Learn how to write a problem statement that doesn't contain the solution and set an AIM that is SMART
- 4) Determine Process, Balance, and Outcome Measures that are relevant to your Aim
- 5) Perform a walkthrough and draw a process map in order to best understand the current condition of a problem
- 6) Perform a Gap Analysis using a Fishbone Diagram and the 5 Whys
- 7) Practice PDSA approach
- 8) Learn how to develop measures (using example of what Matters to older adults)

QI Practice-Based Learning:

- 9) Engage IDT members in a QI project by honoring their perspective, starting with a Walkthrough, Self-Assessment, or Readiness Assessment.
- 10) Provide examples of systemwide healthcare metrics (eg. PRIME, QIP, Leapfrog, etc.) relevant to older adults and use available tools (eg. Slicer dicer, Tableau) to engage in PDSA cycles for your own performance
- 11) Strategize on how to maximize the benefits and decrease the harms that healthcare metrics can have on older adults (eg. Goal HbA1C <7 in a frail older adult with multiple comorbidities)
- 12) Use brainstorming techniques and visual management to generate buy-in and engagement from a team around a common goal

METHODS OF INSTRUCTION

- Interactive lectures
- Self-Directed Online Learning
- Mentored longitudinal QI project

ASSESSMENT OF PERFORMANCE

Methods of assessing your performance can include.

- Individual Chart Audits
- Pre and Post-Qatar
- Focus Groups reflection

RESOURCES

WEBSITES

- **Institute for Healthcare Improvement (IHI):** www.ihl.org comprehensive education and resources on QI, includes
 - Online Open School Curriculum course <http://www.ihl.org/education/IHIOpenSchool/Pages/default.aspx>
 - QI Toolkit for project management (pdf) and <http://www.ihl.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx>
 - Age-Friendly Health System Guide to Using the 4Ms in the Care of Older Adults (pdf) and <http://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx>
- **TeamSteps Readiness Assessment:** <https://www.ahrq.gov/teamsteps/officebasedcare/handouts/readiness.html>
- **Guidelines for Publication of Quality Improvement Projects:** <http://www.squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471>

VIDEOS

- **IHI White Videos:** on every QI topic <http://www.ihl.org/education/IHIOpenSchool/resources/Pages/BobLloydWhiteboard.aspx>

PODCASTS

- WIHI: free talkshow program from IHI (includes podcasts on all of the 4Ms)

TEXT BOOKS:

- The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (everything you ever wanted to know about QI)
- The Team Handbook (tips, tricks and resources for effective teamwork and leadership)

ACGME GERIATRICS QUALITY IMPROVEMENT OBJECTIVES

ACGME Objectives

Quality Improvement

- VI.A.1.b).(1) Education in Quality Improvement A cohesive model of health care includes qualityrelated goals, tools, and techniques that are necessary in order for health care professionals to achieve quality improvement goals. Geriatric Medicine
- VI.A.1.b).(1).(a) Fellows must receive training and experience in quality improvement processes, including an understanding of health care disparities. (Core)
- VI.A.1.b).(2) Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.
- VI.A.1.b).(2).(a) Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)
- VI.A.1.b).(3) Engagement in Quality Improvement Activities Experiential learning is essential to developing the ability to identify and institute sustainable systemsbased changes to improve patient care.
- VI.A.1.b).(3).(a) Fellows must have the opportunity to participate in interprofessional quality improvement activities. (Core)
- VI.A.1.b).(3).(a).(i) This should include activities aimed at reducing health care disparities. (Detail)