From Competition to Collaboration:
Aligning institutions to improve quality

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Disclosures

• None
Objectives

• Recognize the value of a learning collaborative as a resource for quality improvement
• Identify new partners for co-creation of a collaborative to build capacity and sustainability
• Learn to leverage your trainees as change agents to move your organization forward
Commitment to Collaboration

• Executive Quality Committee of the Metro Minnesota Council on Graduate Medical Education (MMCGME)—Academic health center consortium
The MMCGME (Metro Minnesota Council on Graduate Medical Education) Learning Collaborative will be the “implementation leader” for advancing quality improvement & patient outcomes in academic teaching hospitals across Metro Minnesota.
Unique patient safety network:

- MAPS founded in 2000
- 50 public-private health care organizations,
- Minnesota Hospital Association,
- Minnesota Medical Association,
- Minnesota Department of Health,
- Stratis Health
Why this project?
MHA Identified Funding Opportunity

CMS Leading Edge Advanced Practice Topics (LEAPT) Contract

- $218 million awarded to 26 Partnerships for Patients Hospital Engagement Networks, December 2011
- Goals by December 8, 2014:
  - Decrease preventable hospital-acquired conditions by 40%
  - Decrease preventable hospital readmissions by 20%
What if we could demonstrate that a teaching hospital can lead the community in quality, safety and patient outcomes?
What was the goal?

• Creation of a community-wide learning collaborative
• Unify around a single quality improvement initiative—improve care across systems
• Leverage learners as change agents
• Demonstrate that academic centers can perform rapid quality improvement
• Partner with the Minnesota Hospital Association to align with MAPS initiatives
Early Challenges

• Residents/students transition between sites and health systems – each with its own processes, priorities
• Competing demands on time
• Care team is always evolving, new members
• Preceptor understanding of QI may be limited
  • Not modeled
• Often limited investment in the health system
  • “I just work here sometimes”
How did we do it?

Engage physician learners at every step of the process

- 1,391 residents asked to rank preferences among 5 potential training topics
- 824 (59.3%) responded

We found these results surprising!
Pressure ulcers, really?

Top reported adverse event since 2003

Over the 11 years of reporting, Minnesota patients have experienced close to 1,000 serious pressure ulcers in our hospitals.
Focus on the Physicians

• Consulted with Pressure Ulcer Advisory Group, wound care experts from participating sites
  • Where are gaps in physician knowledge, participation?
  • Multidisciplinary approach
  • What do they need to know, do?

• Environmental scan of existing training: most directed at wound care team, nursing

Defined essential knowledge for physicians:

\emph{not} effort to make them PU experts
Pressure Ulcer *Training Module* (including pretest & post test)
Feedback

Enhanced understanding of role in prevention

- Strongly disagree
- Disagree
- Agree
- Strongly agree

- 23
- 33
- 362
- 107
Feedback

Increased understanding of responsibility to document

- Strongly disagree: 23
- Disagree: 36
- Agree: 347
- Strongly agree: 119
Pre- and Post- Quiz Results

- **HCMC**: Pre-quiz: 85%, Post-quiz: 90%
- **Regions**: Pre-quiz: 75%, Post-quiz: 80%
- **UMMC**: Pre-quiz: 90%, Post-quiz: 95%
Results
HCMC Pressure Ulcer Story
Adverse events reported to MDH

Stage 3-4 Decubitus Ulcers

**Through Oct 6, 2015**
Successes

• Created new partnerships: GME & MHA
• Standardized our approach to a patient safety issue across multiple institutions
• Engaged physicians in quality improvement
• Found a learning collaborative that works, now can expand impact
• Achieved 100% “residents participated in quality improvement activity” on ACGME survey
• Residents are leading their faculty on pressure ulcer documentation/identification
Challenges

Compliance Totals By Institution

- **Hennepin County Medical Center**
  - Completed: 226
  - Remaining: 22

- **Regions**
  - Completed: 37
  - Remaining: 19

- **University Medical School**
  - Completed: 325
  - Remaining: 720

- Completed
- Remaining
Challenges

- Sustainability?
- Creation of an initiative bigger than education—is it possible?
- Transient nature of learners in an academic environment
- Formal team training
Lessons Learned

• Regulatory requirements will not motivate
• Gain engagement by appealing to physicians’ desire to provide optimal patient care
• Align vertically and horizontally for success
• Allow trainee to determine own pace, level of detail
• Use their time efficiently
• Focus on the essentials
If you would like to test the training:

www.cme.umn.edu/pressureulcer/prequiz-mha.html

If you are interested in obtaining this training for yourself or as an institution, reach out to Nadine Simonson, at the Minnesota Hospital Association

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