Development of Fellowship in Quality and Patient Safety

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Introduction
There is a demonstrated interest, both nationally and organizationally, in improving the value, quality and safety of the health care we deliver.

A need exists for physicians with knowledge in quality and safety to lead these initiatives, however, it has been identified that training in these topics within residency and fellowship programs is generally insufficient.

Partly in response to the Institute of Medicine’s report, To Err is Human, medical education is striving to enhance their patient safety and quality curricula.

Hypothesis
Development of an Administrative Fellowship in Quality and Patient Safety is one initiative that will address the identified gap in formal physician education in quality and safety.

Methods/Curriculum
Fellowship’s curriculum was designed as a one-year pilot:

- **Experiential (70%)**
  - Resident Patient Safety Awareness Project
  - Telemetry Utilization Project
  - Residency Quality and Safety Lectures
  - Departmental Peer Review Committee
  - Research and Scholarly Activity

- **Self-Learning (15%)**
  - IHI Modules
  - Certification in Medical Quality
  - Advanced courses (American College of Physician Executives)
  - Pursuing MBA with focus in Medical Management

- **Didactic (15%)**
  - Change Management
  - Process Management/A3
  - Systems-Delivery

Results

**EXPERIENTIAL**
Within six months, two fellow-led PI projects have been implemented, utilizing a standardized A3 approach including opportunity statement, background assessment, goal identification, analysis, action planning and follow-up.

- **Resident Patient Safety Awareness Project**
  - **Goal**: to increase resident awareness of their role in quality/safety
    - Surveyed residents’ knowledge, skills and attitudes toward quality/safety (Fig. 1)
    - Implemented daily Patient Safety Discussion (PSD)
      - Quality/safety/systems issues are regularly identified during morning case presentations
      - Issues are catalogued for presentation of focused follow-up
    - Evaluated PSD impact through a post-survey (Fig. 2)

- **Telemetry Utilization Project**
  - **Goal**: to improve appropriate utilization in medicine teaching service
    - Evaluated appropriateness of current telemetry usage
    - Designed tool to support clinician decision-making
    - Expanding intervention to ED and other services
    - Received funding to perform institutional cost-analysis

- **Research and Scholarly Activity/Poster Presentations**
  - IHI National Forum- December 2011
  - AIAMC Annual Meeting- March 2012
  - AAMC Annual Integrating Quality Meeting (June 2012)

- **Committees/Task Forces Participation**
  - AIAMC-collaboration on the National Initiative III
  - IHI Open School Chapter Leader
  - Board of Directors, American College of Medical Quality
  - Chair, CME, American College of Medical Quality
  - AAMC, Group on Women in Medicine and Science

**SELF-LEARNING & DIDACTIC**
Completed IHI Basic Certificate
Completed 127.5 hours of advanced courses through American College of Physician Executives (ACPE)

**ALIGNMENT OF GOALS**
Each of the above activities supports organizational Annual Operating Plan or 5-year strategy to improve clinical quality and patient safety.

Key Lessons Learned
- Opportunities to improve value in health care are endless!
- Fellowship provides a formal structure to produce research and scholarly activity in quality and patient safety.
- Focused efforts can positively impact residents’ learning and perception of safety.

Conclusions
Creating a Fellowship in Quality and Safety proves valuable in closing the gap in physician education and leadership training, while achieving demonstrable clinical, educational and organizational results.

Next Steps: Secure permanent funding; Recruit next Fellow