Putting the “I” back in “QI”—Teaching Lifelong Skills in Clinician-Directed Quality Improvement (FR432)

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Objectives

- Describe the relevance of a strong understanding of quality improvement (QI) from an educational, clinical care, and national policy perspective.
- Evaluate QI projects using a standard tool and example projects from three institutions.
- List and describe at least three methods used to integrate QI into the longitudinal curriculum of hospice and palliative medicine fellowship and/or interdisciplinary teams.

Several recent reforms in healthcare signal a shift towards assessing and improving quality of care as part of the overall demonstration of value. Most of these efforts target resource-intensive, low-value services that often do not meet the goals of patients or caregivers. Increasingly, palliative care clinicians, who are well versed in counseling patients regarding goal setting and avoiding unnecessary care, are asked to lead, design, implement, and evaluate QI initiatives to reduce costs and demonstrate improved outcomes. Additionally, with implementation of the Next Accreditation System (NAS), the ACGME is increasingly emphasizing the teaching of patient safety and QI in training programs. It is critical that palliative care practitioners of all disciplines have an understanding of QI processes and the ability to implement these processes in the clinical setting.

Using a multinstitutional, interdisciplinary team of quality experts and education leaders in palliative care, we aim to demonstrate how audience members can incorporate novel teaching methods into QI for their own learners. We will introduce a tool for reporting and assessing QI projects. Then, using this tool, we will review three examples of QI projects from several institutions in a small-group format, inviting open conversation regarding their strengths, weaknesses, and applicability. This will spur lively discussions on the challenges and barriers of QI initiatives within our field or those that integrate with other disciplines. Lastly, we will review successful methods from our own experience of integrating QI into the longitudinal curriculum of our palliative care fellowships and interdisciplinary teams, such as risk evaluation and mitigation strategies (REMS) for buprenorphine, extended-release and long-acting opioid analgesics, and transmucosal immediate-release fentanyl products; institutional risk reporting systems; and patient safety committees. Overall, we aim to provide audience members with an implementable action plan to take home that inspires lifelong QI.