
 **MEG** Medical Education Group

**Polling Question**

In which setting do you work?

- A. Academic Medical Center
- B. Society or Association
- C. Healthcare System/Hospital
- D. Medical Education Company
- E. Gov't/VA
- F. Other

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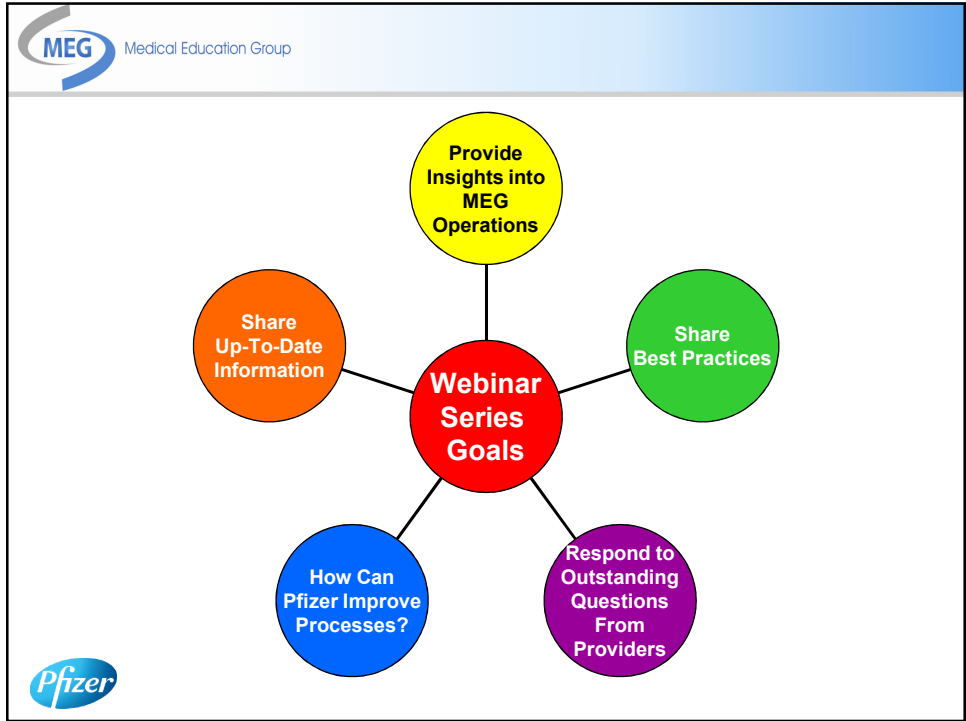
 **MEG** Medical Education Group

**First Fridays Webinar Series:  
Medical Education Group (MEG)**

**August 5<sup>th</sup>, 2011**

This webinar is being recorded


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MEG Medical Education Group Agenda


- Welcome
- Considerations for Health Systems and PI-CME, Darrell Spurlock, Jr., PhD, RN, Director of Research, Mount Carmel Health System
- Using Small Groups and PI-CME at Carle, Barbara Huffman, M.Ed, FACME., CME Manager, Carle Foundation Hospital
- Q and A
- Closing Remarks

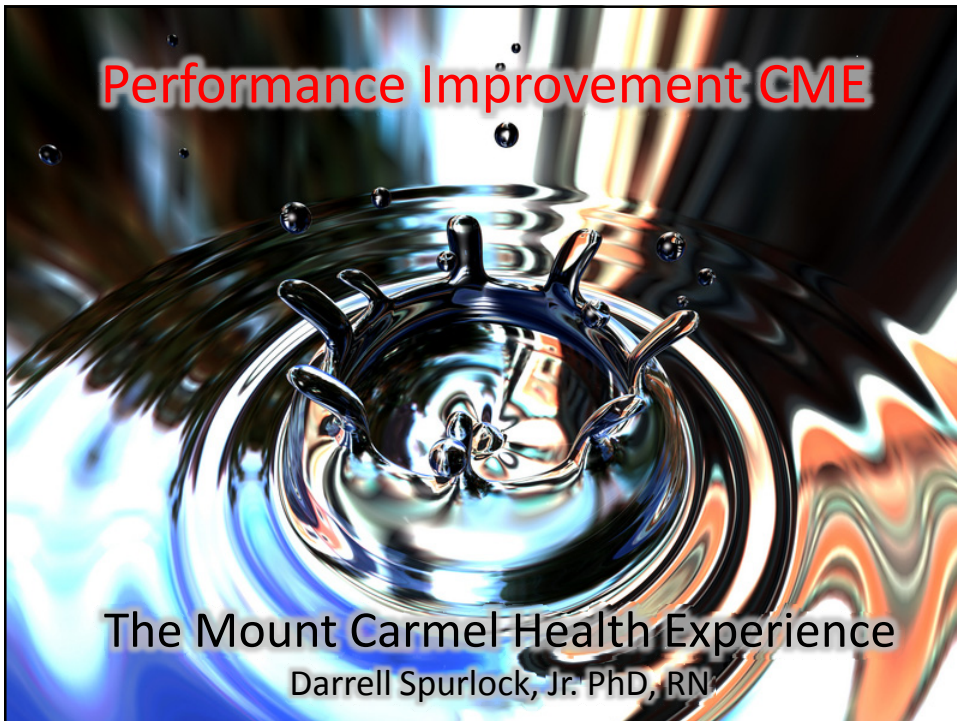
Pfizer logo in the bottom left corner.

 MEG Medical Education Group

## Considerations for Health Systems and PI-CME

Darrell Spurlock, Jr., PhD, RN, Director  
of Research, Mount Carmel Health  
System

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## Performance Improvement CME

The Mount Carmel Health Experience  
Darrell Spurlock, Jr. PhD, RN

## Continuing Medical Education

- Continuing medical education, like many other forms of continuing professional education, often suffers from a lack of rigorous evaluation of effectiveness
- Cognitive gain (improved knowledge) does not equate to changed behavior (improved practice)
- PI CME seeks to involve physicians more intimately with performance improvement (behavior change) by providing feedback on performance, close monitoring of practice, and a *dynamic* rather than *static* approach to education

## Performance Improvement CME

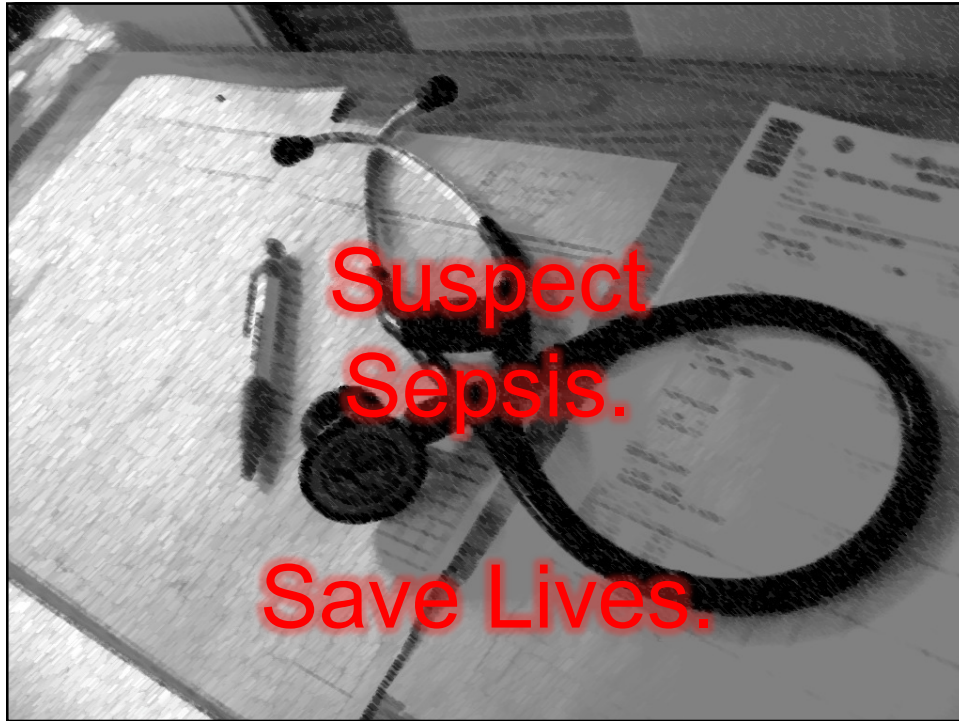
- Three stage process:
  - Learning from current practice
  - Implementing performance improvement activities
  - Reassessing and learning from performance improvement interventions
- Long-term process; takes commitment and adequate support
- Linkages with quality improvement staff and others supporting data collection are important

## PI CME at Mount Carmel

- No previous PI CME activity had been undertaken prior to this project
- Large health system in Columbus, Ohio:
  - 8,000+ employees
  - 1,500+ physicians
- Busy CME office providing dozens of CME events each year
- Graduate Medical Education: 5 residency programs, 80+ residents

## Background

- PI CME Topic: Improving inpatient sepsis care
- Each year, sepsis spectrum illnesses claim thousands of lives; many deaths are preventable
  - In 2003, 23% of hospital deaths involved sepsis
  - That is, nearly 1 in 4 deaths in hospitals involve patients with sepsis
- Much of the improvement in care efforts for sepsis has focused on treating *severe sepsis*, when patients already exhibit signs of systemic inflammation and shock; little is known about caring for patients prior to this state



## Sepsis PI CME

- Mount Carmel Health has been working to improve care for patients with severe sepsis for several years
- The international *Surviving Sepsis Campaign* provided for the development of bundles of interventions aimed at improving mortality among patients with sepsis
- Most efforts had focused on rapid identification and treatment of patients either in the ED or ICU; not enough attention is paid to inpatients who develop sepsis while admitted to the hospital

## Physician Involvement

- Project idea started in the Internal Medicine residency program
- Residents and IM faculty were involved from the beginning
- Critical care attending physicians deeply involved as other sepsis care initiatives developed across the system
- Involvement *spread* as a result of this project

## Measures & Reporting

- Initial performance metrics:
  - Compliance with sepsis alerts
  - Compliance with full bundle of interventions
  - Costs of care
  - Timeliness of care
- Revised metrics:
  - Process of care measures: abx within 60 minutes of *Time 0*, adequate fluid resuscitation, lactate levels drawn, blood cultures drawn prior to abx; central line access
  - Costs of care

## CME Innovation

- Traditional methods:
  - *Grand Rounds* speaker who was local, published, and well-respected [Attended by 33 physicians and 41 others]
  - Agenda item on clinical department meetings
- Innovative methods:
  - PI data snapshots distributed to physicians electronically
  - Sepsis video shown at kickoff events, department meetings
  - Sepsis blog for sharing, discussion, and awareness

**SUSPECT SEPSIS** / *A resource dedicated to Sepsis suspicion, recognition and treatment*

Home   About this Initiative   Contact Us   Educational Resources »   Research

*Home » Mid-level Providers » A small thing can turn into a big problem*

### A small thing can turn into a big problem

*Posted on Feb 20, 2011 in Mid-level Providers, Nursing | 0 comments*



We might not often think about small clinical problems that seem harmless. But, these kinds of problems are just the ones – in the right patients – that can turn into big problems for the clinician and the patient. What might seem like a small wound with local irritation can, without proper and prompt treatment, turn into something much more significant. Take



## System-wide Synergy

- Confluence of many different activities all aimed at improving care for patients with sepsis
- Some were locally-generated, some were the result of a parent system-initiated program to address sepsis care
- Complete revision of QI/PI structure at MCHS to allow for campus-specific design of improvement interventions; **physicians co-lead** these teams
- Past year: 5 educational events; website; 20 folks traveled for education/QI conference

## Evaluation

- Since the kickoff of the sepsis care improvement initiative, mortality has improved by over **10%** on average across our campuses
- LOS reduced by about 1 day
- ~ 94 lives saved
- Cost avoidance of > \$1M
- Process monitoring shows some improvements (fluid resuscitation), but there is more room for improvement
  - Campus teams are charged with developing interventions at their own sites, since sites vary in their staffing, medical staffs, etc.

## Notes on Implementation

- In large hospital systems, it is impossible to contain the activity of others so that the effect of a PI CME activity can be clearly evaluated
- Chart abstraction is tedious, time-consuming work; even if an EMR is in place, developing sensitive and specific metrics sometimes requires chart review – and this requires people power
- We developed a two-layer review abstraction process; physicians were involved at level 2



## Using Small Groups and PI-CME at Carle

Barbara Huffman, M.Ed, FACME.,  
CME Manager, Carle Foundation  
Hospital



## Grant Recipient- Carle Hospital, Urbana, Illinois

- Facilitated small group with focus on diabetes
- Data from EMR and existing diabetes registry
- Collaboration with CME, Quality and Medical Mgt
- Learning plan by each MD on his/her specific improvement

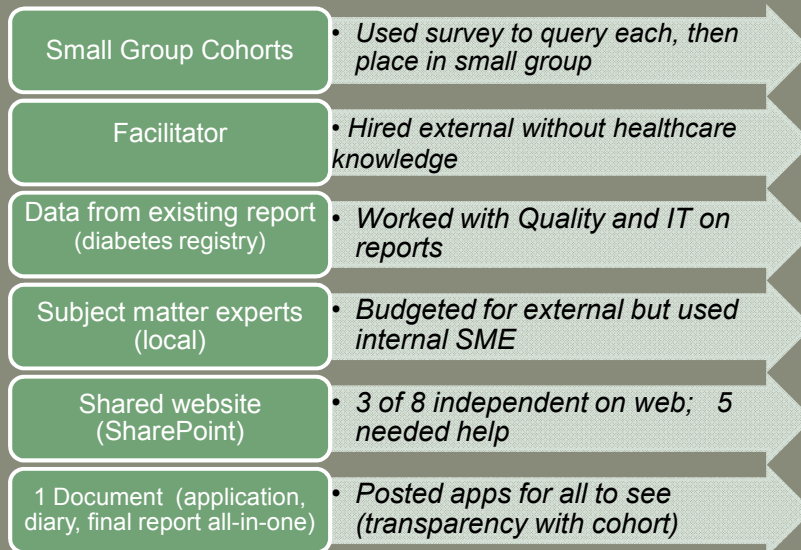


**Results:** 7 completed all stages; 1 dropped after stage 1 (new baby)

**Focus of Improvements:** 2 group visits; 1 HBP in elderly; 2 HbA1c; 1 leading change; 1 patient education/Prochaska; 1 team communication



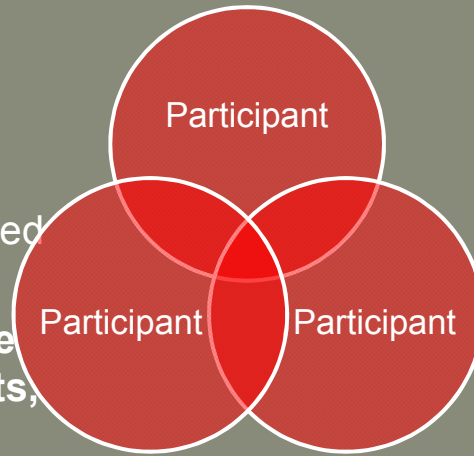
### Carle PI Design



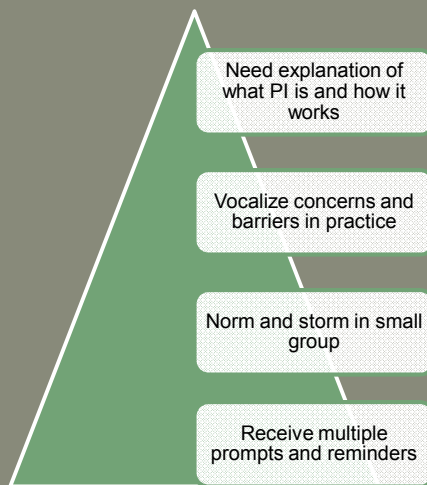
## Small Group Design- The Hidden Benefit?

- ✓ Small groups met monthly
- ✓ Gave support and advice to each other
- ✓ Indirect learning based on colleague learning

**Discovery- we have overlapping interests, needs, results!**



## The Carle Experience with Novice PI Participants



- ⊖ Quick but no more than 3-4 minutes; no slides
- ⊖ Used group brainstorming
- ⊖ Facilitator let them become a group
- ⊖ Facilitator sent emails and links (frequent)

**20/20 Diabetes Management Participation Request**

**\* My contact information**

Name: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**\* Approx total number of all patients in your current practice**

1-500: \_\_\_\_\_  
 501-1000: \_\_\_\_\_  
 1001+: \_\_\_\_\_

**\* Name up to 3 issues/barriers that you believe block or hinder your patients from achieving control of DM**

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**Choose one of the following responses regarding your use of clinical practice guidelines for DM**

I frequently (1 or more times per week) refer to the clinical practice guidelines for Diabetes Mellitus  
 I periodically (4-5 times per month) refer to the clinical practice guidelines for Diabetes Mellitus  
 I seldom (1-2 times per quarter) refer to the clinical practice guidelines for Diabetes Mellitus  
 I never refer to the clinical practice guidelines for Diabetes Mellitus

**\* Which statements are more like you?**

I can cope with a high degree of uncertainty when changing to a new system or adding something new to my practice.  More like me  Less like me

I am venturesome. I don't like the unknown, the daring, the risky.  More like me  Less like me

I am willing to accept an occasional setback when a new idea is put into effect.  More like me  Less like me

I like to look ahead to my current system's foundation for use in other specialties along with the better using a new idea.  More like me  Less like me

**3. Name up to 3 issues/barriers that you believe block or hinder your patients from achieving control of DM**

Response	Response Percent	Response Count
1. _____	100.0%	7
2. _____	85.7%	6
3. _____	71.4%	5
answered question		7
skipped question		0

**4. Choose one of the following responses regarding your use of clinical practice guidelines for DM**

Response	Response Percent	Response Count
I frequently (1 or more times per week) refer to the clinical practice guidelines for Diabetes Mellitus	28.6%	2
I periodically (4-5 times per month) refer to the clinical practice guidelines for Diabetes Mellitus	28.6%	2
I seldom (1-2 times per quarter) refer to the clinical practice guidelines for Diabetes Mellitus	42.9%	3
I never refer to the clinical practice guidelines for Diabetes Mellitus	0.0%	0
answered question		7
skipped question		0

**Participant Survey**

**20/20 Diabetes Management Participation Request**

**Rate the extent of your ability to use the following technology-based tools.**

to little or no extent      to some extent      to a moderate extent      to a great extent

Email:

On-line discussion group:

Twitter, etc:

Conduct on-line search for information:

Video-conference from personal computer:

Phone Texting:

Use ShowPath, Google groups, etc:

**\* Please indicate your availability for each suggested meeting time.**

before work (morning):  works for me  not ideal but could make work  does not work for me

weekday morning:

after hour (afternoon):

weekday evening:

after work (evening):

Other (please specify): \_\_\_\_\_

**20/20 Diabetes Management Participation Request** **SurveyMonkey**

**1. My contact information**

Response	Response Percent	Response Count
Name:	100.0%	7
Email Address:	100.0%	7
Phone Number:	85.7%	6
answered question		7
skipped question		0

**2. Approx total number of all patients in your current practice**

Response	Response Average	Response Total	Response Count
1-500	725.00	1,450	2
501-1000	5,700.00	11,400	2
1001+	1,040.00	5,201	5
answered question		7	
skipped question		0	

**Participant Name:** \_\_\_\_\_ **PI CME Project**

**Contact Preference:**  Email  Phone  Page

**Initial Evaluation: Rate yourself on each of these dimensions of evaluation.**

**1. Effort:** What level of commitment do you plan to make to the 20/20 project?  
 Minimal commitment  
 Modest commitment  
 Significant commitment  
 Heavy commitment

**2. Confidence:** What is your level of confidence in your skills and abilities to manage uncontrolled diabetes mellitus?  
 Great deal of confidence  
 Moderate confidence  
 Little confidence  
 Not at all confident

**3. Intensity (energy):** Rate your expectation of the ratio of work (effort) to reward (outcomes, improvement, results).  
 Painful  
 Difficult  
 Not at all

**4. Influence:** How do you expect this experience to influence your clinical practice of managing the patient who diabetes?  
 A great deal  
 Somewhat  
 Little  
 Not at all

**Step 1 - Discovery:** Write a personal learning goal statement. Incorporate your answers to the following questions:  
 What did you discover from your patient data about your practice habits, and what new practice habits will you implement?  
 What did you discover from your patient data about your practice habits, and what new practice habits will you implement?  
 What did you discover from your patient data about your practice habits, and what new practice habits will you implement?

**Step 2 - Practice:** Write a personal learning goal statement. Incorporate your answers to the following questions:  
 What did you discover from your patient data about your practice habits, and what new practice habits will you implement?  
 What did you discover from your patient data about your practice habits, and what new practice habits will you implement?  
 What did you discover from your patient data about your practice habits, and what new practice habits will you implement?

**Step 3 - Reflection:** Participants will be required to develop a summary statement of the extent to which they achieved their personal learning goal on the dimensions of effort, confidence, intensity and influence. Furthermore, the project coordinator and physician leader will compare pre and post aggregated data on patient change outcomes measured by clinical parameters consistent with IOM and NCAH standards.  
 Write a summary statement that includes your personal reflection on the 20/20 PI process along with lessons learned relative to you or your patients.

**All-In-One Report**

**Stage 3 - Practice:** Participants will be required to develop a summary statement of the extent to which they achieved their personal learning goal on the dimensions of effort, confidence, intensity and influence. Furthermore, the project coordinator and physician leader will compare pre and post aggregated data on patient change outcomes measured by clinical parameters consistent with IOM and NCAH standards.  
 Write a summary statement that includes your personal reflection on the 20/20 PI process along with lessons learned relative to you or your patients.

**Instructions: Rate yourself on each of these dimensions of evaluation.**

**1. Effort:** What level of commitment did you make to the 20/20 project?  
 Minimal commitment  
 Modest commitment  
 Significant commitment  
 Heavy commitment

**2. Confidence:** What is your level of confidence in your skills and abilities to manage uncontrolled diabetes mellitus?  
 Great deal of confidence  
 Moderate confidence  
 Little confidence  
 Not at all confident

**3. Intensity (energy):** Rate the ratio of work (effort) to reward (outcomes, improvement, results).  
 Painful  
 Difficult  
 Not at all

**4. Influence:** How do you expect this experience to influence your clinical practice of managing the patient with diabetes?  
 A great deal  
 Somewhat  
 Little  
 Not at all



- ❖ The AHME-Pfizer Block grant provided Carle with the opportunity to try PI CME.
- ❖ The Carle CME Committee would like to run 1 PI cohort per year.

**Contact Information:**

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## Until Next Time...

- Please join us for our next webinar –
  - Todd Dorman, PhD
  - Friday, September 9, 2011
  - 11am ET
- Next grant window: September 1 – October 15 for activities starting after January 1, 2012
- See what providers are doing to move education forward
  - PfizerMedEdGrants
    - Resource Center
      - Publications
      - First Friday Webinars
    - Transparency Report

