

Implementing Meaningful Quality Improvement Projects in FM Residency Programs

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RPS, March 28, 2017



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- Identify RRC requirements for scholarly activities/QI projects
- Compile resources available to assist with QI development and implementation
- Discuss process of development of QI projects
- Discuss process and outcome measures



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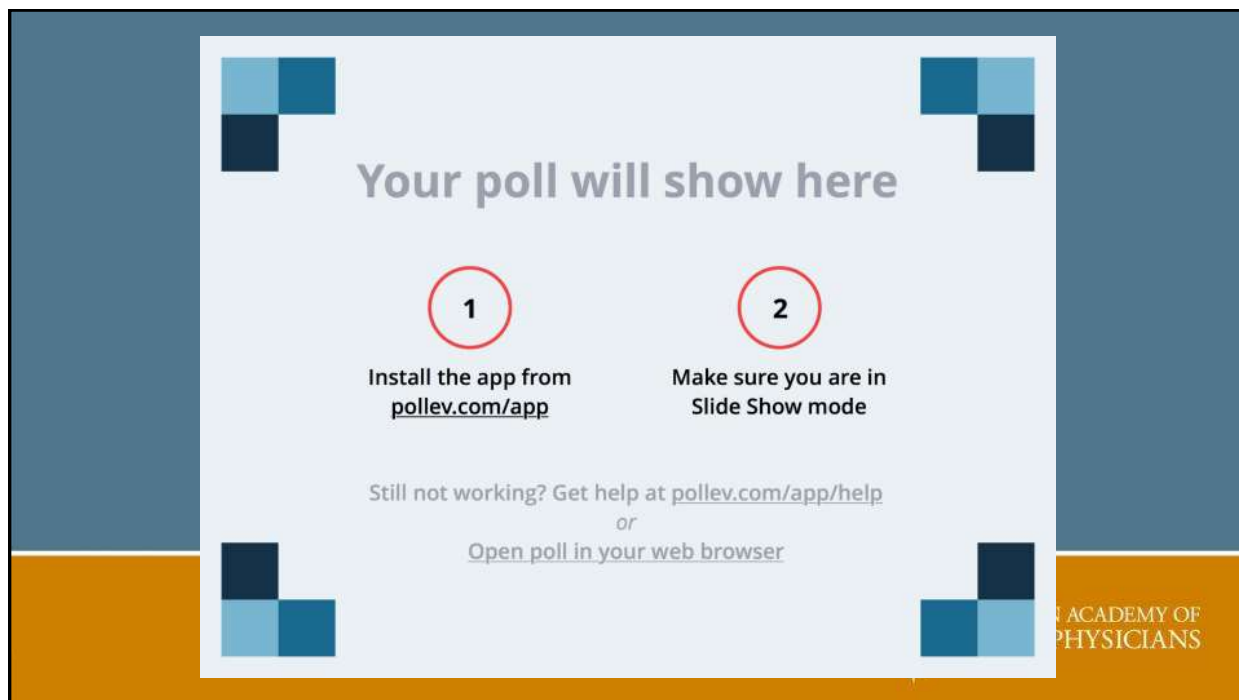
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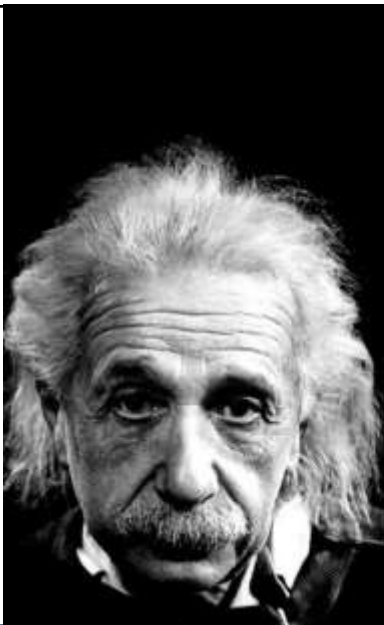
‘Quality Improvement’

- Quality improvement (QI) consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups (HRSA)
- IOM defines quality in health care as a direct correlation between the level of improved health services and the desired health outcomes of individuals and populations

Quality Improvement in Healthcare

- The combined and unceasing efforts of everyone—healthcare professionals, patients and their families, researchers, payers, planners and educators—to make the changes that will lead to
 - better patient outcomes = healthier patient
 - better system performance (care) = less frustration at work
 - better professional development = better doctors and nurses
- Making changes = integral part of this

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We can't solve problems
by using the same kind
of thinking we used
when we created them.

RRC requirements



- **Residents' requirements as of July 1, 2016**
 - **IV.B. Residents' Scholarly Activities**
 - IV.B.1. The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. (Core)
 - IV.B.2. Residents should participate in scholarly activity. (Core)
 - IV.B.2.a) Residents should complete two scholarly activities, at least one of which should be a quality improvement project.
 - IV.B.3. The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities.

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ABFM Requirements

The ABFM requires residents who entered family medicine residency training on or after June 1, 2012 (including those who received advanced placement credit for prior training in another specialty, including osteopathic training), to complete the Resident Certification Entry Process. In order to become certified by the ABFM, the following requirements must be met:

- Completion of 50 Family Medicine Certification points which includes:
 - Minimum of one (1) Knowledge Self-Assessment (KSA) activity (10 points each)
 - Minimum of one (1) Performance Improvement (PI) activity with data from a patient population (20 points each)
 - Additional approved KSA Knowledge Self-Assessment, Clinical Self-Assessment (CSA 5 points each), or Performance Improvement activities to reach a minimum of 50 points

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ABFM's criteria for meaningful QI

- Quality Improvement (QI) efforts must be developed using best available evidence criteria and national standards
- QI efforts must ensure meaningful physician participation
- QI efforts must incorporate self-evaluation, pre- and post-intervention audits of physician performance using quality indicators based on best available evidence
- QI efforts must incorporate the development and implementation of an individualized plan for intervention

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How Does QI Work?

- ❑ State the problem and desired result
- ❑ Understand the problem using data
- ❑ Identify and select strategies to improve (i.e., solutions)
- ❑ Implement solutions on a small scale
- ❑ Test selected solution(s)
- ❑ Expand scope and spread throughout a program, organization, or system
- ❑ Evaluate outcomes of QI



www.cdc.gov

Performance Improvement Activities

Performance Improvement (PI) activities consist of introductory materials, detailed instructions, and an interactive quality improvement (QI) development process. The QI implementation period is a minimum of 7 days with the exception of the Hand Hygiene PPIA which has a minimum of 14 days (two 7-day periods) for the QI implementation period. Please keep these timelines in mind when completing your Family Medicine Certification requirements.

Available Topics	Points	Access Activity
Asthma PPIA	20	START
Comprehensive PPIA	20	REVIEW
Coronary Artery Disease PPIA	20	START
Depression PPIA	20	START
Diabetes PPIA	20	START
Hand Hygiene PPIA	20	START
Heart Failure PPIA	20	START
Hypertension PPIA	20	START

Alternative Performance Improvement Activities

Note: the Cultural Competency **MINI** is worth 20 Family Medicine Certification points.

Available Topics	Points	Access Activity
Cultural Competency MINI	20	START

Tools

- Physician Portfolio User's Guide
- Support Center
- State Password
- Change Practice Pathway

Activity Documents

[Introduction](#)

- Asthma PPIA
- Comprehensive PPIA
- Coronary Artery Disease PPIA
- Cultural Competency **MINI**
- Depression PPIA
- Diabetes PPIA
- Hand Hygiene PPIA
- Heart Failure PPIA
- Hypertension PPIA

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ABFM QI – ‘METRIC’

- An innovative online practice/quality improvement program from the American Academy of Family Physicians
- **M**easuring
- **E**valuating and
- **T**ranslating
- **R**esearch (Evidence based guidelines)
- **I**nto
- **C**are (Patient)

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How does the METRIC Work?

- Step by step process that takes 1-few months depending on Metric chosen
- **Stage A: Learning from Current Practice**
 - Complete Practice Assessment Questionnaire.
 - Enter data from patient charts (10 or 15 charts, depending on the module).
 - Assess personal performance and compare results nationally.

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How does the METRIC Work?

- **Stage B: Learning from the Application of Performance Improvement to Patient Care**
 - Select from multiple interventions.
 - Use provided resources to develop Action Plan.
 - Implement Action Plan for a minimum of one month, using tips, templates and resources from METRIC.

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The screenshot displays the METRIC web application interface. It features two main sections, each with a title bar and a list of possible steps for implementation.

Indicator — Pneumonia Vaccination
Intervention Category — Physician/Staff Education — (CCOF Category — Health System)
Possible Steps in Intervention Implementation Plan

Physician/Staff Education

- ☒ [CDC: Prevention of Pneumococcal Disease](#)
- ☒ [CDC: Infection and Immunizations](#)
- ☐ After training staff, make copies or distribute for download, whichever is applicable, and distribute to staff for use in clinic/office/hospital.
- ☐ Print or download education materials. Read and utilize knowledge in practice.
- ☒ Print or download staff education materials. Distribute/present to staff.

Add Custom Step

Intervention Category — Guidelines — (CCOF Category — Decision Support)
Possible Steps in Intervention Implementation Plan

Guidelines

- ☒ [AAP: Diagnosis and Treatment of Community-Acquired Pneumonia](#)
- ☒ Print or download guides. Distribute/present to staff.
- ☐ Download guidelines to RCA.
- ☐ Use guidelines in practice.
- ☐ Print or download guidelines. Read and utilize knowledge in practice.
- ☐ After training staff, make copies or distribute for download, whichever is applicable, and distribute to staff for use in clinic/office/hospital.

Add Custom Step

How does the METRIC Work?

- **Stage C: Learning from the Evaluation of the Performance Improvement Effort**
 - **Complete Practice Assessment Questionnaire (re-measure).**
 - **Enter data from patient charts (re-measure).** Does not need to be the same patients as the baseline; patients need to have been seen since implementation of the action plan.
 - Compare to baseline measurements and reflect on experience

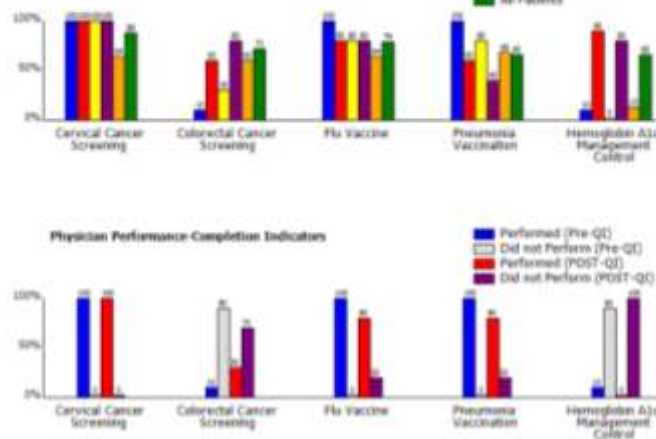
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1648 McGrathiana Pkwy, Ste. 550 | Lexington, KY 40511-1247
Ph: 859-269-5626 or 888-995-5700 | Fax: 859-335-7501 | www.theabfm.org



Physician Profiles > My Certification > Activities

Family Medicine Certification Activities

Current Stage Activity

Self Assessment Activities

Performance Improvement Activities

Alternative Performance Improvement Activities

External Approved Alternative Activities for Performance Improvement Activities

Note: ABFMP physicians who complete alternate Family Medicine Certification Performance Improvement Activities are still required to pay the external activity fee to the external provider in order to receive Family Medicine Certification credit for these activities, if applicable.

External Approved Performance Improvement Activities	Points	
RPL-SAS Tobacco Study	20	Information
AAFP Approved Activities	-	View List
APP Approved Activities	-	View List
AAPO Approved Activities	-	View List
ABFMP Self-Designed Activities	-	View List
Aurora Health Care: Asthma Control Test in Treating Asthma	20	Information
Aurora Health Care: Asthma Control Test in Treating Asthma	20	Information
Aurora Health Care: Nutrition Approaches for the Management of Chronic Diseases and Diabetes	20	Information
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California Department of Public Health: Chlamydia Screening in Primary Care	20	Information
Center for Health Policy, University of Missouri-Columbia module: Improving Provider Communication and Patient Adherence: A Health Literacy Program	20	Information

Physician's External Activity Fee Schedule: Physicians' External Activity Fee Schedule for Accredited Physicians

Related Pages

[Track Your Progress](#)

[Manage Medical Elements](#)

Tools

- Physician Profiles User's Guide
- Support Center
- Make Feedback
- Change Practice Settings

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Challenges...

- Identifying meaningful QIs for clinical practice
- Timeframe
 - Minimum 1 week!
 - Not enough for process or outcome measures!
- Data collection and analysis
 - Individual vs Cumulative
- Educating rest of the clinic staff/providers not directly involved in the QI project



Challenges...

- Stakeholder challenges
 - Nurses
 - 'one more thing to do'
 - Residents
 - Time/rotational demands/lack of buy in
 - Faculty
 - Need for 'QI knowledgeable faculty'
 - Time! Time!! Time!!!
- Gathering meaningful data from EMR!
- Sustaining processes/outcomes long-term



Solutions



- Develop QI projects pertinent to practice
 - ResPIP
- Work with IT to collect cumulative data for clinic
- Engage/educate stakeholders
- Identify TEAM/leader
- Identify process + outcome measures

Solutions

- Cincinnati Children's Medical Center identified 4 key drivers for resident involvement in QI:
 - (1) knowledge of key concepts of improvement science (*Institute of Healthcare Improvement (IHI) Open School, the Association of American Medical Colleges Teaching for Quality report, the Michigan Quality System*);
 - (2) resident-initiated quality QI projects and facilitation of “buy in”;
 - (3) protected time for learning and development of QI projects; and
 - (4) a sustainable system to keep track of resident-initiated projects.

Education in quality improvement for practice in primary care during residency training and subsequent activities in practice.

Carek PJ, Dickerson LM, Stanek M, Carter C, Godenick MT, Jebaily GC, Sprague S, Baxley E.

Abstract

BACKGROUND: Quality improvement (QI) is an integral aspect of graduate medical education and an important competence for physicians.

OBJECTIVE: We examined the QI activities of recent family medicine residency graduates and whether a standardized curriculum in QI during residency resulted in greater self-reported participation in QI activities in practice after graduation.

METHODS: The family medicine residency programs affiliated with the South Carolina Area Health Education Consortium (N = 7) were invited to participate in this study. Following completion of introductory educational activities, each site implemented regularly occurring (at least monthly) educational and patient care activities using QI principles and tools. Semiannually, representatives from each participating site met to review project aims and to provide updates regarding the QI activities in their program. To examine the impact of this project on QI activities, we surveyed graduates from participating programs from the year prior to and 2 years after the implementation of the curriculum.

RESULTS: Graduates in the preimplementation and postimplementation cohorts reported participating in periodic patient care data review, patient care registries, QI projects, and disease-specific activities (57%-71% and 54%-63%, respectively). There were no significant differences in QI activities between the 2 groups except in activities associated with status of their practice as a patient-centered medical home.

CONCLUSIONS: Most but not all family medicine graduates reported they were actively involved in QI activities within their practices, independent of their exposure to a QI curriculum during training.

What's in It for Me? Maintenance of Certification as an Incentive for Faculty Supervision of Resident Quality Improvement Projects.

Rosenbluth G, Jabas JA, Baron RB.

Author information

Abstract

PROBLEM: Residents are required to engage in quality improvement (QI) activities, which requires faculty engagement. Because of increasing program requirements and clinical demands, faculty may be resistant to taking on additional teaching and supervisory responsibilities without incentives. The authors sought to create an authentic benefit for University of California, San Francisco (UCSF) Pediatrics Residency Training Program faculty who supervise pediatrics residents' QI projects by offering maintenance of certification (MOC) Part 4 (Performance in Practice) credit.

APPROACH: The authors identified MOC as an ideal framework to both more actively engage faculty who were supervising QI projects and provide incentives for doing so. To this end, in 2011, the authors designed an MOC portfolio program which included faculty development, active supervision of residents, and QI projects designed to improve patient care.

OUTCOMES: The UCSF Pediatrics Residency Training Program's Portfolio Sponsor application was approved by the American Board of Pediatrics (ABP) in 2012, and faculty whose projects were included in the application were granted MOC Part 4 credit. As of December 2013, six faculty had received MOC Part 4 credit for their supervision of residents' QI projects.

NEXT STEPS: Based largely on the success of this program, UCSF has transitioned to the MOC portfolio program administered through the American Board of Medical Specialties, which allows the organization to offer MOC Part 4 credit from multiple specialty boards including the ABP. This may require refinements to screening, oversight, and reporting structures to ensure the MOC standards are met. Ongoing faculty development will be essential.

How to Improve

Resources

Libraries

How to Improve

Measures

Changes

Improvement Stories

Tools

Publications

IHI White Papers

Case Studies

Audio and Video

Presentations

How to Improve

IHI uses the Model for Improvement as the framework to guide improvement work.

The Model for Improvement,[®] developed by Associates in Process Improvement, is a simple, yet powerful tool for accelerating improvement. This model is not meant to replace change models that organizations may already be using, but rather to accelerate improvement.

Learn about the fundamentals of the Model for Improvement and leading changes on a small scale using Plan-Do-Study-Act (PDSA) cycles.

- [Introduction](#)
- [Forming the Team](#)

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



HOW TO IMPROVE

Introduction

Forming the Team

Setting Aims

Establishing Measures

Selecting Changes

Testing Changes

Implementing Changes

Spreading Changes

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<https://abfm.mocactivitymanager.org/respip/>

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Symbol Sheet - SWT - Bir... The Pembroke Hill School... Welcome to Ingenious Med http://health.mo.gov/liv... The Guide to Community ...

MOCAM Maintenance of Certification
ACTIVITY MANAGER

MOC Info

WELCOME! INDIVIDUALS ORGANIZATIONS QI RESOURCES PARTICIPATION AND ACTIVITY REQUIREMENTS

Residency Performance Improvement Program (ResPIP)

NEW!

Many residency training programs have developed well-structured quality improvement (QI) programs that potentially provide credit opportunities toward Family Medicine Certification requirements for residents and faculty that might fall outside of the American Board of Family Medicine's (ABFM's) existing menu options. The Residency Performance Improvement Program (ResPIP) pathway is a means for residency programs to demonstrate their ability to develop and increase the successful completion of QI efforts for



WELCOME | INDIVIDUALS | ORGANIZATIONS | QI RESOURCES | PARTICIPATION AND ACTIVITY REQUIREMENTS

Residency Performance Improvement Program (ResPIP)

Many residency training programs have developed well-structured quality improvement (QI) programs that potentially provide credit opportunities toward Family Medicine Certification requirements for residents and faculty that might fall outside of the American Board of Family Medicine's (ABFM) existing menu options. The Residency Performance Improvement Program (ResPIP) pathway is a means for residency programs to demonstrate their ability to develop and oversee the successful completion of QI efforts for residents and faculty that meet the ABFM Family Medicine Certification requirements. Approved sponsors will be able to develop and oversee QI efforts without having to submit a separate application for ABFM review for each activity.

To participate in this pathway, residency programs must undergo an application process that assesses several components of organizational capacity for teaching QI fundamentals and conducting QI efforts. Components that the ABFM will assess include:

- Institutional characteristics such as leadership and organizational type
- Organizational history of conducting QI Efforts
- Organizational readiness for conducting and supervising QI efforts that will qualify for ABFM Performance Improvement credit
- Infrastructure for supporting QI efforts that meet ABFM Performance Improvement Activity standards and meaningful participation requirements
- Commitment to providing QI educational activities
- Examples of completed QI efforts that meet ABFM Performance Improvement Activity standards.

Initially, the ABFM will conduct this program as a pilot. We are seeking up to 10 residency programs to assist the board with setting and testing the tools, processes, and resources developed for this pathway. The programs that participate in the pilot will not be charged an application/administrative fee during the pilot period, but will be held to the same requirements and expectations outlined below.



ResPIP Requirements for Programs

- **Portfolio Manager**
 - Attests to the participation of faculty and residents on QI projects undertaken in this track
- **Formal Review Committee (3-5 members)**
 - Approves and maintains information on all QI projects (New QI application template) over a 3 year period
 - Submits approval and completion of any new QI project in this track
 - Submits periodic progress reports to ABFM

Goppert Trinity Family Care, KC, MO



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QI at RFMRP

- ABFM Requirement for residents
- Meets need for R2 scholarly projects' completion requirement (Residency Requirement)
- Maintenance of NCQA certification for PCMH

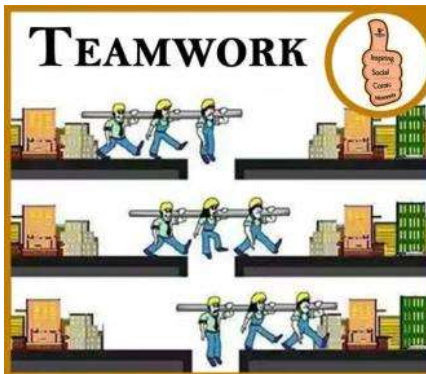
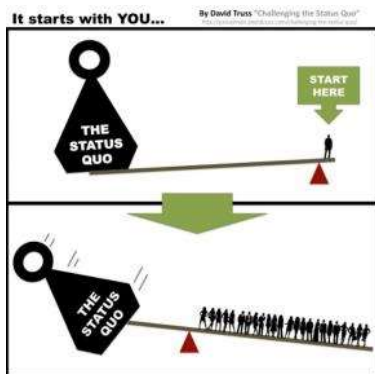
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QI at RFM

- TEAMWORK!
- Use standardized QI tools consistently
- Choose process measures over outcome measures when possible
- Projects completed to date:
 - GO!D, ROR, Comprehensive Care, HPV vaccine (ongoing)

Keys to identifying Work Flow and Process Improvement

- **EHR + TEAMWORK!**



GO! DIABETES TEAM



GTFCC's HPV Vaccine Committee



To improve, you must make changes

But...

Not all changes lead to improvement

..Changes need to be efficient to be effective!

QI Approaches and Tools—Examples

- ❑ Plan-Do-Check-Act
- ❑ Lean
- ❑ Balance Scorecard
- ❑ Baldrige
- ❑ Six Sigma
- ❑ Kaizen

- ❑ Brainstorming
- ❑ Flow Chart
- ❑ Fishbone Diagram
- ❑ Prioritization Matrix
- ❑ Pareto Analysis
- ❑ Gantt Chart
- ❑ Scatter Diagram

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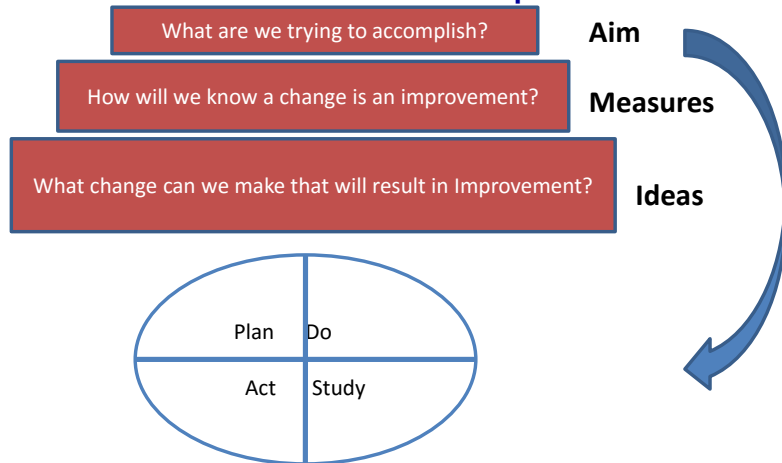
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Fundamental Model for Improvement



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FOCUS

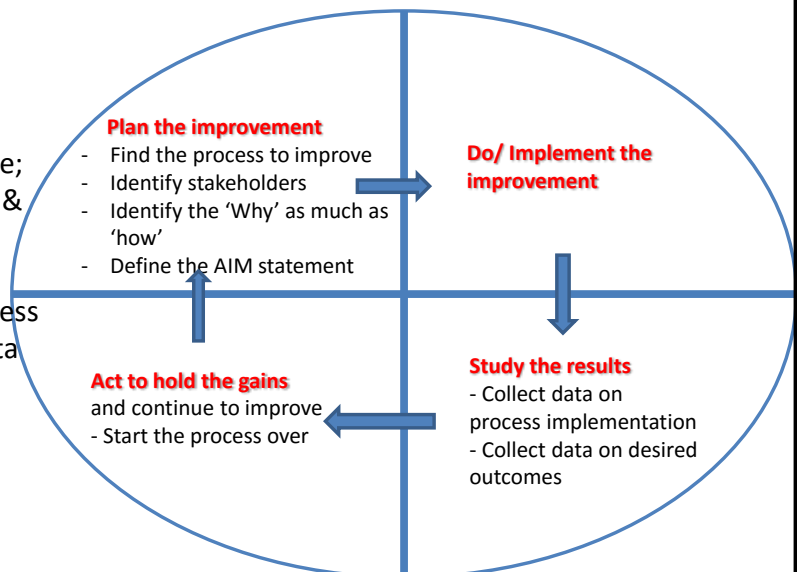
F – Find an opportunity to improve;
Find the gap between knowledge & practice

O – Organize the effort

C – find out how the Current process Works by flowcharting; collect data

U – Understand/analyze data;
Understand variation in data

S – Select the strategy to improve



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STEP 1: Develop An Aim Statement

- Answers and clarifies “What are we trying to accomplish?”
- Creates a shared language to communicate the project to others
- **S** – specific
- **M** – measurable
- **A** – attainable
- **R** – relevant /realistic
- **T** – timely



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QI specific ‘Aim Statement’

- Increase HPV vaccination rate of boys and girls aged 11-18 years of age at GTFCC by 20 percent during the study period of July 2016 to November 2016

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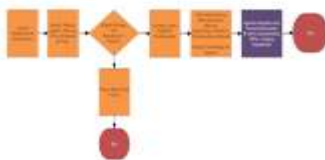
STEP 2: Process Flow Maps

- Nuts and bolts of the PDSA cycle
- Observe the process
- Understand the current state
- Identify failure modes
- Determine your future state

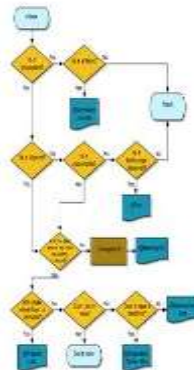
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Why Map a Process?

*How the process is
documented*



*How you "think"
the process works*

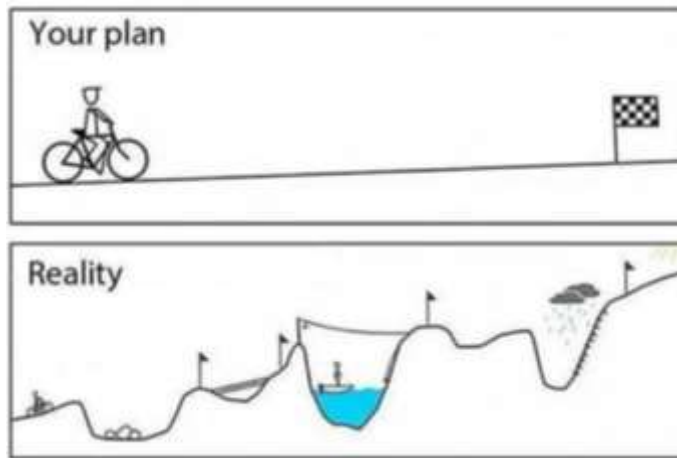


*How the process
"actually" works*



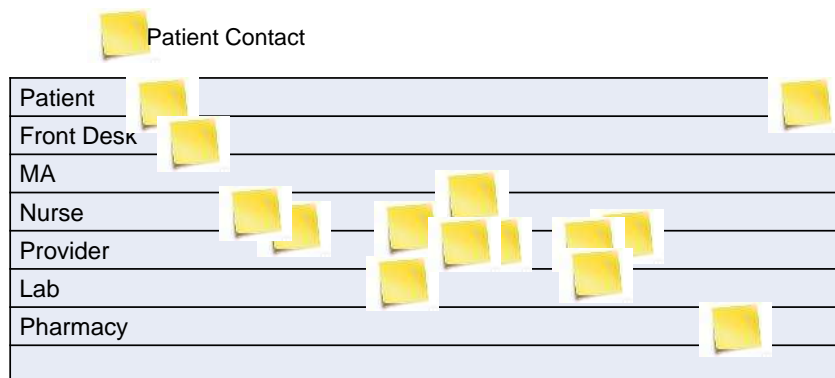
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Understanding the Current State

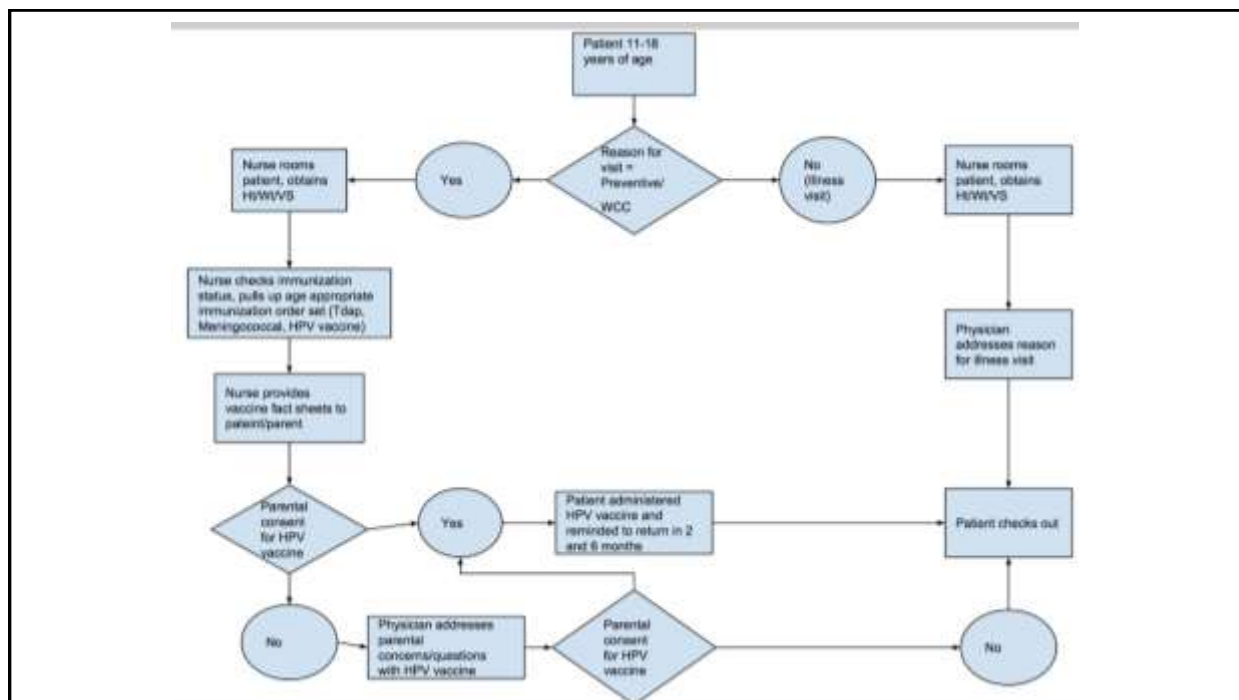


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Work Flow and Process Mapping



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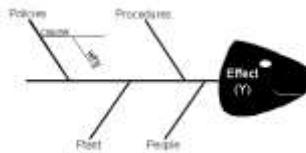
Fishbone and 5 Whys

- Analyze the problem and the potential causes through the use of cause and affect tools
- Uses an orderly, easy-to-read format
- Helps determine root causes
- Indicates possible causes of variation
- **Increases process knowledge**
- **Identifies areas for data collection**



Building a Fishbone

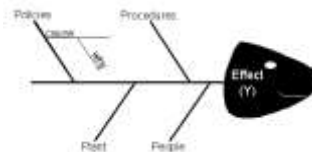
- Start with a concise description of the “Effect” to which everyone agrees and place in the fish head
- Can be stated in the form of a question: Why do we have low rates of HPV vaccination?
- Can be phrased as a positive (objective or AIM) or negative (problem)



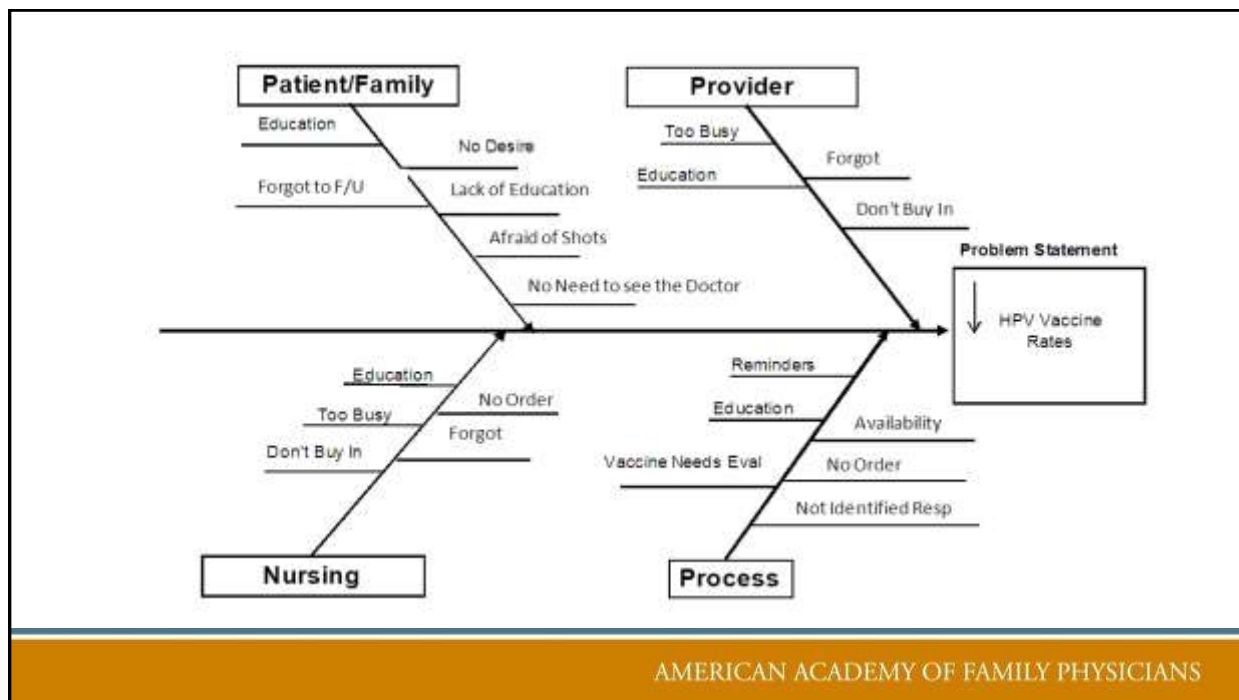
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Building a Fishbone

- Brainstorm the primary Causes influencing the Effect and list them for each category
- Secondary Causes may also be identified by continued brainstorming and asking “Why is this happening”. Add sub-factors under each segment and keep asking “Why” until you no longer obtain useful information



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Step 3: Defining the Measures

- Identify and track few (2-3) specific measures that are easy to access and measure as part of the daily routine
 - Plot data over time
- Measurement should not slow things down
 - ‘Measurement is not the goal; improvement is the goal’
- Seek usefulness, not perfection
 - Use **sampling**
- Qualitative (ROR) **OR/AND** quantitative data

‘Qualitative Data’ – HPV Survey

- Think back to 3 recent patient visits that involved an HPV vaccination visit---describe the difficult questions that patients or parents asked you. Examples might include:
- Giving the vaccine will encourage sexual behavior
- I’m uncomfortable talking about sexuality with the child
- I’m uncomfortable talking about the child’s sexuality with the parent
- I don’t think the vaccine is necessary for all children
- I’m concerned about side effects
- I don’t feel that I have the knowledge to answer patients’ questions.
-
- (a) _____
- (b) _____
- (c) _____

Outcome vs Process Measures

- **Outcome measures:**
 - High-level clinical or financial outcomes that concern healthcare organizations.
 - Quality and cost targets that you are targeting for improvement.
 - Often reported to government and commercial payers
 - Examples
 - mortality rates, readmission and surgical site infection rates
 - HPV vaccination rates in clinic



Outcome vs Process Measures

- **Process measures**

- The evidence-based best practices that represent a health system's efforts to systematize its improvement efforts
- The 'backbone'/'puzzle pieces' for outcome measures
- Example HPV vaccination during 'ill visit' encounters
- More feasible for short-term QI projects (3-6 months)



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Outcome Measure

	Patients eligible for HPV vaccine	Vaccinated with 1 or more doses of HPV vaccine
Patients at GTFCC aged 11-18 years of age	829	230 (27.7%)
Boys at GTFCC aged 11-18 years of age	359	115 (32%)
Girls at GTFCC aged 11-18 years of age	470	115 (24.4%)

Process Measure

	No. eligible for HPV vaccine	HPV vaccine administered
Patients at GTFCC aged 11-18 years of age	355	48 (13.5%)
Total no. of vaccine eligible encounters	434	50 (11.5%)
Total no. of 'Preventive' encounters	114	36 (31%)
Total no. of 'Acute' Visits	286	5 (1.74%)
Total no. of 'Nurses' visits	34	9

In Summary...

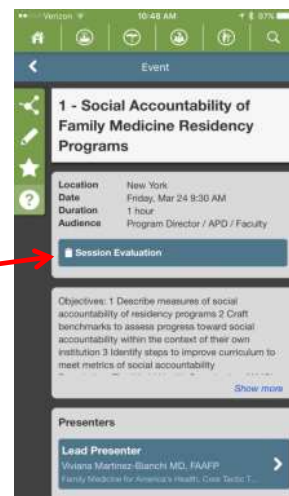
- Be innovative in selecting de novo Quality Improvement projects that are pertinent to your residency programs.
- Choose process measures over outcome measures when implementing short-term QI projects.
- Identify and involve key stakeholders in the implementation of the project.



Please...

Complete the
session evaluation.

Thank you.



References

- www.acgme.org
- www.theabfm.org
- [SR Smith, R Bakshi](#). (2015). Promoting Resident Involvement in Quality Improvement Initiatives Through Faculty Involvement and Curriculum. *J Grad Med Educ*. 2015 Mar; 7(1): 119-120
- www.ihl.org
- [Rosenbluth G, Tabas JA, Baron RB](#), et al. (2016). What's in It for Me? Maintenance of Certification as an Incentive for Faculty Supervision of Resident Quality Improvement Projects. *Acad Med*. 2016 Jan;91(1):56-9
- [Carek PJ, Dickerson LM, Stanek M](#), et al. (2014). Education in quality improvement for practice in primary care during residency training and subsequent activities in practice. *J Grad Med Educ*. 2014 Mar;6(1):50-4
- www.cdc.gov



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