

ELH 2023 INSTITUTIONAL ACTION PROJECT (IAP)

ABSTRACT

Finding synergy between educational endeavors and clinical operations

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Primary Mission Area: Education, Faculty Development

Background/Project Significance:

Medical education may be at odds with clinical operations throughput. Time spent in didactics could delay patient care activities, however, learner education must remain a priority.

We aim to identify potentially conflicting priorities on an inpatient service and address them to allow sufficient time for education while improving patient throughput.

Purpose: Develop an ideal future state that provides quality and efficient care while allowing adequate time for teaching. Our clinical operation goals are: decrease observed vs expected LOS per teaching hospitalist group by 10% over 6 months; decrease opportunity days; increase discharge orders placed before 11 am by 10%. Balancing metrics: mortality and 30-day readmission rates. The educational goals are to increase formal teaching sessions (other than noon conference, morning report) led by faculty or residents to 3 weekly, securing evaluation completion by residents and faculty and formalizing regular feedback.

Methods: We are conducting a prospective coaching and implementation study on four inpatient teaching teams from September 2022 to June 2023.

Planned interventions are faculty and resident coaching and education, with other interventions to be decided based on the observations. Residency Program leadership is conducting direct observation to assess the clinical operation and educational processes. With what we learned, the team provides coaching paired with review and tracking of monthly metrics. Iterative improvement cycles will be performed.

First, the current state of the inpatient workflow for each faculty will be identified based on direct observation. Opportunities for improvement and effective practices will be identified and discussed.

Additionally, data is collected via surveys (educational experience survey) as well as from the hospital's Quality Department (see Purpose section).

Quarterly coaching sessions will be held with the hospitalists. Data will be discussed and an action plan to improve either throughput or educational performance will be developed in collaboration with the hospitalist.

Outcomes/Results:

The pilot study completed so far demonstrated the following results for clinical operation metrics (between October 2022 and January 2023).

- Decrease of observed vs expected LOS per hospitalist of 25% between
- Opportunity days decreased from 801 (census of 334 patients) to 351 (census of 363 patients). The case mix index was comparable.
- Increased percentage of discharge orders placed before 11 am by 18%
- 30-day readmission rates and mortality rates did not change

Educational goals have been achieved.

- The average time in teaching sessions has increased from 10 to 30 min and 92% of learners have received teaching sessions outside of rounds.
- Formative feedback has been provided on a regular basis.
- Evaluation completion is still low and will need another PDSA cycle.

Discussion/Conclusion:

It is our responsibility to prepare medical trainees for the shift towards value in US healthcare. While working on inpatient services, the residents can learn about high-value efficient care. After individualized plans were discussed, there was a significant decrease in opportunity days and LOS that resulted in \$450,000 savings. Streamlining the workflow has unveiled time slots for teaching. Challenges are related to financial support and sustainability since the individualized process depends on direct observation and constant feedback.