TAB 31

EQuIP
EQuIP – 1

Enhancing Quality Improvement for Patients (EQuIP)

EQuIP Mission

- Engage residents and fellows across LSUHSC in systems-based quality improvement and patient safety (QI/PS) programs and projects
- Faculty will:
  - Serve as mentors and leaders for QI projects
  - Foster a culture of QI/PS
- Residents will:
  - Research and help implement clinical QI/PS protocols
  - Participate in QI/PS committees at rotation sites
  - Improve outcomes for patients
  - Benefit from a culture that values QI/PS

EQuIP Staff

Director of EQuIP: Murtuza (Zee) Ali, MD, FACC, FSCAI (email: mali@lsuhsc.edu)
EQuIP Coordinator: Victoria Harkin, MA (Phone: 504.568.2593; email: vharki@lsuhsc.edu)

Things for Programs to Consider

- Project Basics (See EQuIP pages 2 and 3)
- IRB Requirements (See EQuIP page 4)
- Hospital Resources (See EQuIP page 5)
- CLER Visit: See EQuIP pages 6 and 7 for more information on how to prepare.
- QI Forum: an annual event organized by the GME office to give residents and faculty the opportunity to present their project concepts and progress. Held each spring.
Project Basics

All QI/PS Projects Should Be:

☑️ Important
  - Residents should identify a gap in performance by measuring current processes and/or patient outcomes.
  - Projects should be focused on high-impact issues and processes.
  - Interventions (or, changes made) should be directed to improve patient’s health outcomes.

☑️ Scientifically Acceptable
  - Projects should be based on evidence-based medicine.
  - Often, nationally-endorsed initiatives are preferable.

☑️ Feasible
  - Is the project actionable and usable?
  - Project should regularly examine patient data to track and measure effectiveness.

☑️ Based on Absolute Performance
  - Project leaders should be aware of potential unintended consequences.
  - Interventions (or, proposed changes) should be appropriate for all patient groups.
  - Preferably, projects should target patient outcomes and not just hospital processes.

Process for All QI/PS Projects:

All resident QI/PS projects should be submitted to Vicki Harkin, vharki@lsuhsc.edu using the EQuIP Project Review Form (see next page). EQuIP staff will work with residents to help satisfy school, IRB, and hospital documentation requirements.
SAMPLE EQuIP Project Review Form
(Email Vicki Harkin at vharki@lsuhsc.edu for an electronic copy.)

Resident(s): Click here to enter text.
Program: Click here to enter text.
Project Title: Click here to enter text.
Project Type: (Patient Experienced-Based, Outcome-Based, Process-Based or System-Based)
Current Status/Description: Click here to enter text.
Facility: Click here to enter text.
Faculty Advisor(s): Click here to enter text.
Outcomes Measured: (Residents must choose specific data elements that will be measured in the project to determine effectiveness.)
Methodologies: Click here to enter text.

Has this project analyzed existing data to determine if a gap in performance currently exists? Yes or No

To determine if project is a human subjects project (as defined by 45 CFR 46), answer the following:
1. Are you collecting information or biological samples through intervention or interaction with subjects? Choose an item.
2. Are you examining records or biological samples containing personal identifiers, e.g., medical charts or identifiable tissue samples? Choose an item.
3. Are you recording identifiable private information? Choose an item.

If yes to any of these, you are conducting a human subjects project.

To determine if project constitutes research (as defined by 45 CFR 46), answer the following:
1. Is this a systematic investigation, i.e., is there a project design that will answer a question? Choose an item.
2. Will the information obtained be generalizable, i.e., would others outside your unit (other clinical sites) find this information useful in their practices? Choose an item.

If yes to any of these, then you are conducting research.

**Note: if the answer to questions in both of the categories above is ‘yes,’ the project could constitute human subjects research, and the EQuIP office will consult the LSUHSC-NO IRB to determine if IRB review will be necessary.

To determine if project must be reviewed by hospital administration, please answer the following:
1. Will this project involve significant institutional resources at the clinical site (i.e. build items in EHR system, hospital-wide surveys, etc.)? Choose an item.

If the answer is yes, project will be referred to the appropriate hospital body for review and consultation.
Institutional Review Board Requirements

Traditionally, the distinction between research and quality improvement activities has been difficult to define. However, under LSUHSC policy and government regulations, research is defined as “a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities.” (45 CFR 46.102, bold is mine).

Additionally, human subjects research is defined as a “living individual about whom an investigator (whether professional or student) conducting research obtains 1) data through intervention or interaction with the individual, or 2) identifiable private information.

- Data collection and process improvement that is done as part of a clinic/hospital’s accreditation or regulatory compliance does not need IRB review as long as it does not violate principles above.

To determine whether or not a project needs IRB review, use the following algorithm:

To determine if project is a human subjects project (as defined by 45 CFR 46), answer the following:

4. Are you collecting information or biological samples through intervention or interaction with subjects? Choose an item.
5. Are you examining records or biological samples containing personal identifiers, e.g., medical charts or identifiable tissue samples? Choose an item.
6. Are you recording identifiable private information? Choose an item.

If yes to any of these, you are conducting a human subjects project.

To determine if project constitutes research (as defined by 45 CFR 46), answer the following:

3. Is this a systematic investigation, i.e., is there a project design that will answer a question? Choose an item.
4. Will the information obtained be generalizable, i.e., would others outside your unit (other clinical sites) find this information useful in their practices? Choose an item.

If yes to any of these, then you are conducting research.

If the answer to questions in BOTH of the categories above is ‘yes,’ the project could constitute human subjects research, and the EQuIP office will consult the LSUHSC-NO IRB to determine if IRB review will be necessary.

Contact Vicki Harkin (vharki@lsuhsc.edu) with any questions or concerns.
Hospital Resources

The EQuIP office also liaises with hospitals and other rotation sites to help residents meet hospital needs and requirements. For instance, the Project Review Form (see page 3) queries the following:

To determine if project must be reviewed by hospital administration, please answer the following:

1. Will this project involve significant institutional resources at the clinical site (i.e. build items in EHR system, hospital-wide surveys, etc.)? Choose an item.

If the answer is yes, project will be referred to the appropriate hospital body for review and consultation.

What are some of the things meant by ‘significant hospital resources’?

- System- or hospital-wide surveys
- Projects requiring capital outlay by the hospital
- Items, alarms or alerts built into the hospital’s EHR system
- Protocol changes that will place an increased burden on outpatient or inpatient services

If you don’t know whether the project will need significant hospital resources – or whether the project is currently feasible – the EQuIP office can facilitate discussions with hospital administration. Contact Vicki Harkin (vharki@lsuhsc.edu) for more details.
CLER Visit

In 2012, the ACGME instituted a new site program – the Clinical Learning Environment Review (CLER). The program is designed to measure how well clinical rotation sites support GME learning in key patient care areas. The CLER visit is therefore a site visit of the hospital or clinic site, rather than medical schools or training programs.

Six Focus Areas:
- Patient Safety
- Quality Improvement and the Reduction of Healthcare Disparities
- Transitions in Care
- Supervision
- Duty Hours Oversight, Fatigue Management and Mitigation
- Professionalism

Central Questions:
1. Who and what form the infrastructure of a Sponsoring Institution’s clinical learning environment? What organizational structures and administrative and clinical processes do the SI and its major participating sites have in place to support GME learning in each of the six focus areas?
2. How integrated is the GME leadership and faculty within the SI’s current clinical learning environment infrastructure?
3. How engaged are the residents and fellows in using the SI’s current clinical learning environment infrastructure? How comprehensive is the involvement of residents and fellows in using these structures and processes to support their learning in each of the six areas?
4. How does the SI determine the success of its efforts to integrate GME into the quality infrastructure? From the perspective of the SI and its major participating sites, what are the measures of success in using this infrastructure and what was the level of success?
5. What areas have the Sponsoring Institution identified as opportunities for improvement? From the perspective of the SI and its major participating sites (if different), what are the opportunities for improving the quality and value of the current clinical learning environment infrastructure to support the six focus areas?

CLER Visit (continued)

What Programs Should Consider:

☑ Are your residents and fellows involved in QI/PS projects regularly?
☑ Does the program’s curriculum include instruction on QI/PS, fatigue management and mitigation, and professionalism?
☑ Do your residents and fellows know and following hospital policies on:
  o Reporting adverse events, near misses, and unsafe conditions?
  o Addressing disruptive behavior?
  o Promoting patient safety?
☑ Do you allow protected time for house officers to participate in Root Cause Analyses?
☑ Have your residents completed required Core Curriculum modules?

Resources Available:

☑ EQuIP office – vharki@lsuhsc.edu or 568-2593
☑ EQuIP website – www.medschool.lsuhsc.edu/equip
  o Didactic materials
  o Liaising with hospital administrators
  o IRB resources
☑ QI/PS Pocket Card: Short reference with important contacts and information on hospital resources.
☑ CLER FAQs: More details about how ILH addresses the CLER focus areas.