

Adventures in Performance Improvement CME (PI-CME): Lessons from an Academic CME Office

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Purpose and Description

This poster

- Presents an overview of Jefferson's approach to Performance Improvement CME (PI-CME)
- Describes the process developed at Jefferson
- Describes several PI-CME projects at Jefferson which are in various stages of completion
- Identifies strengths of the process as applied and
- Discusses opportunities and barriers encountered in implementing PI CME projects at an Academic Medical Center

Jefferson Policy for PI CME: Three Steps

1. Establish Oversight Committee to Assure Content Integrity

Oversight committee's responsibilities include

- Initial review of individual PI projects for quality, evidence base of selected measure(s)
- Ongoing review and monitoring of progress of the PI project
- Liaison between PI project participants and Jefferson CME
- Provide the resources to meet requirement to provide adequate background information so that physicians can identify and understand the performance measures that will guide their PI activity
- Oversight committee members complete COI process

2. Register and vet each PI CME project overseen by committees

Develop & document the design, evidence, guidance, performance measure selected, collecting standardized information across projects

- Each proposed PI project must be reviewed and approved by its established Oversight Committee. A documentation form registering the project for review by Jefferson CME will be submitted.
- Each project will document its plan to meet the requirements of each of the three stages of an approved CME PI project
- Participating physicians receive guidance on appropriate parameters for applying an intervention and assessing performance change, specific to the performance measure and the physician's patient base (e.g., how many patients with a given condition, seen for how long, will produce a valid assessment?)
- For each individual PI project within this committee structure, the committee process must validate the depth of physician participation by a review of submitted PI activity documentation.
- Each participant within each CME PI project must provide documentation of his/her active involvement in the Stage for which credit is sought.

3. Document all three stages of PI CME at the individual and project levels

Individual's participation in each stage documented through online and paper based forms, collecting standardized information across projects

•Progress of projects reviewed by oversight committee

•Reports on each project made to the CME Committee

JEFFERSON PI CME Projects

Recently Completed and Current Projects

- Timely Administration of Pre Op Antibiotics (using EHR records) - completed
- Psychiatry Records Documentation Improvement – developing Stage B
- Smoking Cessation Counseling in Neurological Surgery Practices – Implementing Stage B
- Expansion of Smoking Cessation project across all university outpatient practices

PI CME Projects in the Pipeline

- Implementing an EHR across all outpatient practices
- Documenting outcomes from a traditional Anesthesia Review Course
- Potential for collaborative projects with the hospital patient safety/risk management program and with the University physicians' outpatient practice clinical care committee
- Each Outpatient Department has identified at least one process or measure to focus on

Related Projects

- Accelerating Best Care— collaboration with Health Policy Department, funded by Commonwealth of PA
- Hand Washing in the Hospital— collaboration with Hospital Quality (not funded)

Barriers to PI CME

- **Requires higher level interactions**
- **Requires experience in and understanding of aspects of clinical care and processes, research design, and data analysis**
- **Collaboration is key to success: the CME Office cannot do this alone**
- **Time constraints: Requires more work from project directors, collaborators, participants, and CME**
 - Lots of opportunities – constrained by time and resources
- **Business model may discourage new projects (Departments don't want to pay more than they have in past)**
- **Overcoming inertia and breaking with tradition**
 - Dealing with "We've never done it like this before"

Lessons Learned

- **PI CME can be successfully and efficiently administered using a standardized approach that allows for the necessary customization of the projects**
 - Use standard process to set up oversight committees and individual PI CME projects
 - Use standard forms (paper and e-based) to collect data, and don't be afraid to ask for feedback on them to make them better
- **Collaboration is key to success: the CME Office cannot do this alone**
 - Cross over memberships between related University, Hospital and Outpatient Practice committees helps identify opportunities
 - Especially Risk Management, Patient Safety, and Quality Committees
 - Internal Champions help to gain access and acceptance for new process
- **Relationships developed through PI CME can lead to academic exposure (both internally and externally)**
- **Seek external funding when possible**
- **We expect that our PI CME projects will lead toward compliance with higher levels of the New ACCME Criteria**

Sample Results from Completed PI CME Project

Timely Administration Antibiotics Stage by Stage

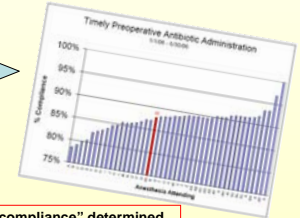
Stage A: Assess Current Practice

➢ Initial query indicated departmental compliance at 88.25%

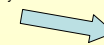
- Dept set goal of 95% compliance

88%

➢ EHR records of 12 volunteers queried
- 116 cases identified as out of compliance



- Antibiotic administered either too early or too late



Causes of "non-compliance" determined by physician's record review

- 22.4% Error on record
- 19.8% Neglected to give in time
- 17.2% Underestimated time to incision
- 11.2% Surgeon requested none be given
- 9.5% Patient receiving antibiotics in hospital

Stage B: Intervention

Participants were provided with evidence-based educational packet and CME Worksheet for guided response and evaluation

What was learned

- Identified what was learned
- Identified what will be changed and why
- Indicated relationship to specific core competency

"Reinforced current practice..."
"Importance of pre-op antibiotics. Barriers to compliance predominantly systems based."
"Evidence is compelling that antibiotic admin w/in 2 hrs prior to incision reduces incidence of surgical wound infection."
More aware of need to communicate with residents and nurses about timely admin..."

Core Competency areas determined by participants as needing improvement

System Based Practice	75%
Communications	17%
Patient Care	17%

Stage C: Re-Assessment

Department compliance Nov. – Feb. reviewed

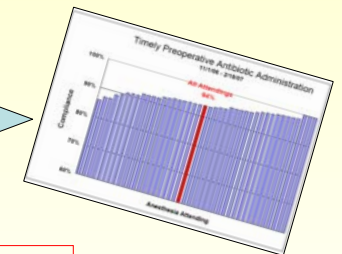
➢ Compliance at 94%

➢ Participants analyze change against prior data and intentions

stated in Stage B

- Factor leading to improvement
- Factors preventing improvement

94%



Majority of participants reported:

- Seeking out additional information about the topic (67%)
- Success in implementing their intended changes (83%)
- Making additional changes to their practices (75%)

They categorized the changes made as primarily related to the competency of systems-based practice