LCME Update:
Continuous Quality Improvement (CQI)

Today's Panelists

- <u>Donna Waechter</u>, PhD, LCME Assistant Secretary,

- <u>John Tomkowiak</u>, MD, MOL, Dean, Chicago Medical School

- <u>Gary Giacomelli</u>, MPA, Assistant Provost, Institutional Planning and Management Information, Southern Illinois University School of Medicine

Continuous Quality Improvement
The Process

- **Schools are asking what CQI process satisfies Element 1.1**
- **The LCME Subcommittee on Standards - initial discussion of guidance to provide to schools**
- **Consideration of core accreditation elements and possible guidance about process**

Continuous Quality Improvement Elements

1.1 **Strategic Planning and Continuous Quality Improvement**

1.5 **Bylaws**

3.3 **Diversity/Pipeline Programs and Partnerships**

3.5 **Learning Environment/Professionalism**

3.6 **Student Mistreatment**

4.4 **Feedback to Faculty**

4.5 **Faculty Professional Development**

Continuous Quality Improvement Elements

5.1 Adequacy of Financial Resources

6.2 Required Clinical Experiences

6.3 Self-Directed and Life-Long Learning

8.1 Curricular Management

8.2 Use of Medical Educational Program Objectives

8.3 Curricular Design, Review, Revision/Content Monitoring

8.4 Program Evaluation

Continuous Quality Improvement Elements

8.5 Use of Student Evaluation Data in Program Improvement

8.6 Monitoring of Completion of Required Clinical Experiences

8.7 Comparability of Education/Assessment

8.8 Monitoring Student Workload

9.1 Preparation of Resident and Non-Faculty Instructors

9.4 Variety of Measures of Student Achievement/Direct Observation of Core Clinical Skills

12.1 Financial Aid/Debt Management Counseling/Student Educational Debt

Continuous Quality Improvement White Paper

- **Possible LCME white paper on CQI**
- **Core CQI processes**
- **Tailoring CQI to the needs of the medical school**
- **CQI-related organizational and staffing requirements**

Standards Based Continuous Quality Leadership (SBCQL)

An Approach to Achieving Excellence in
Medical Education at Chicago Medical School

John Tomkowiak MD, MOL

James Zimmerman BSNE

"Quality, Patient Safety and Patient Satisfaction are the new Currency in Healthcare Delivery"

CMS Case for Action

- Strategic planning not connected to standards
- On probation twice in last 10-years
- Outdated curriculum leading to below norm education outcomes
- GQ data indicates weaknesses in several areas with declining trends
- Culture of complacency inhibiting action
- High number of recently unmatched students

Quality Now a Prospective Requirement

LCME Standard Element 1.1

A medical school engages in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve programmatic quality, **and ensure effective monitoring of the medical education program's compliance with accreditation standards.**

Standards Based Continuous Quality Leadership (SBCQL) Program Objective
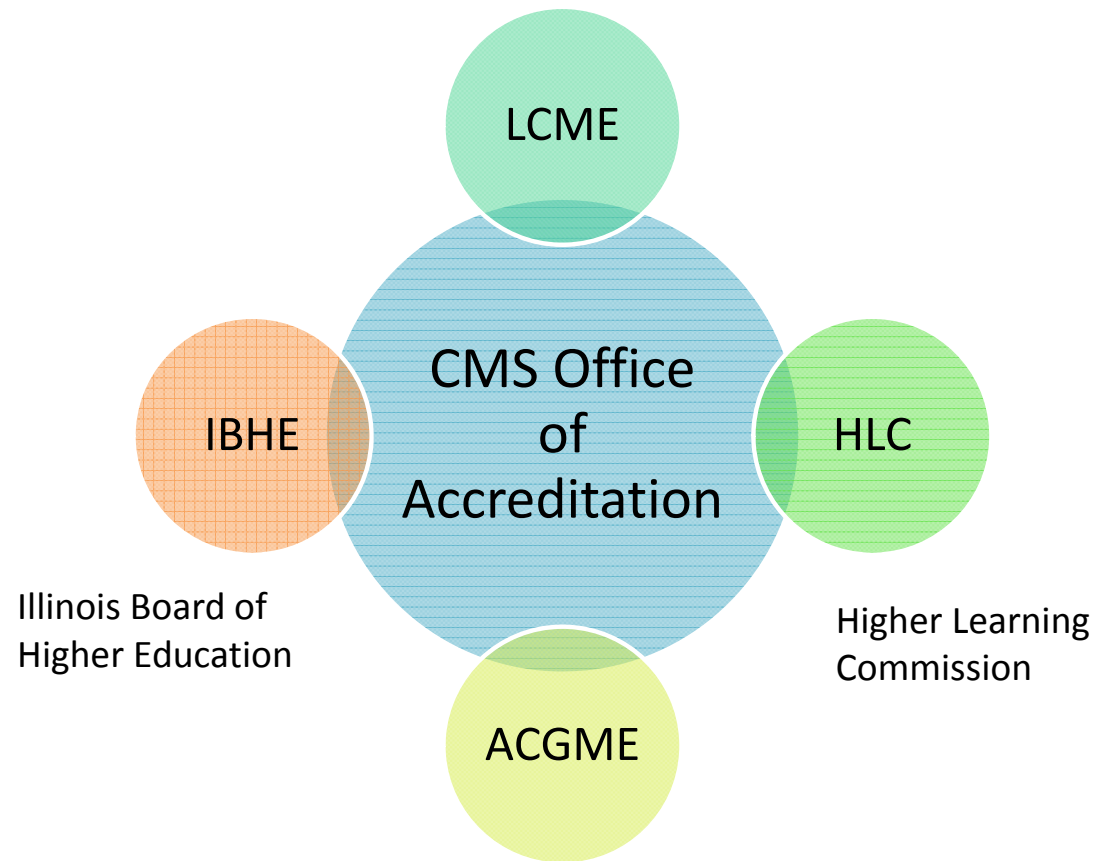
With our Medical Students and clinical patients
as our core customers;

Build a lasting infrastructure of human talent,
information technology and continuous quality
improvement processes that work together to
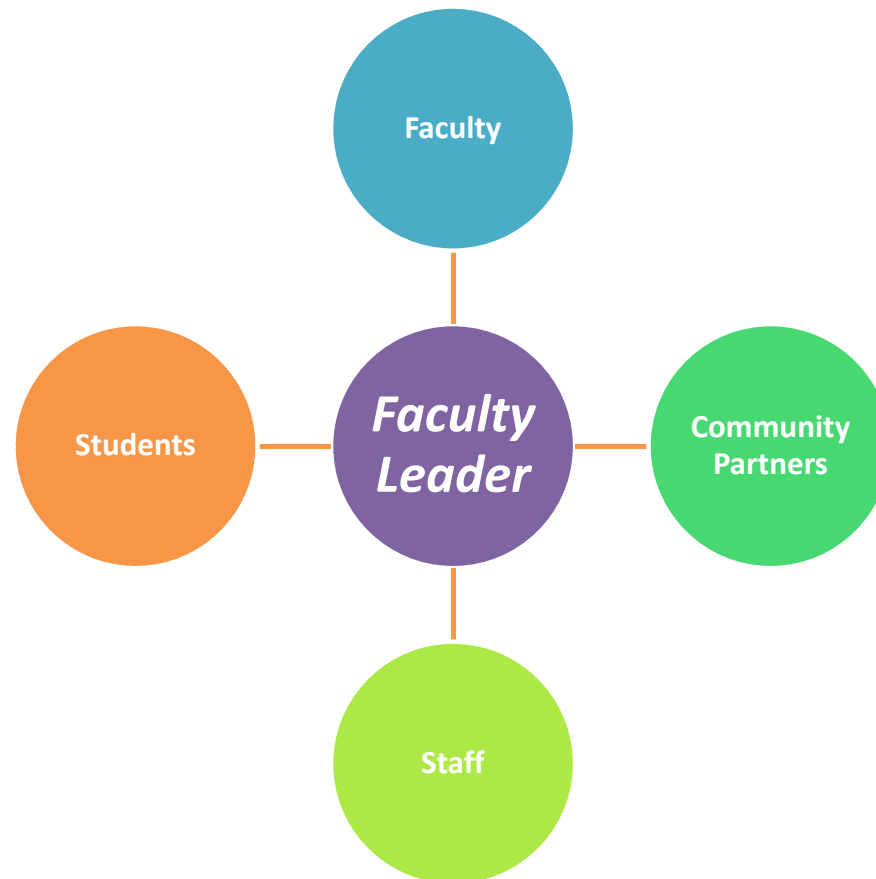achieve excellence in medical education and
patient care

SBCQL Program Goals

1. Real time compliance status and performance trends
2. Identification of opportunities to achieve excellence at reasonable cost
3. Adverse trends always addressed using CQI methods Model for Improvement, *LEAN*, *Six Sigma*, etc.
4. DCI documents always current and available
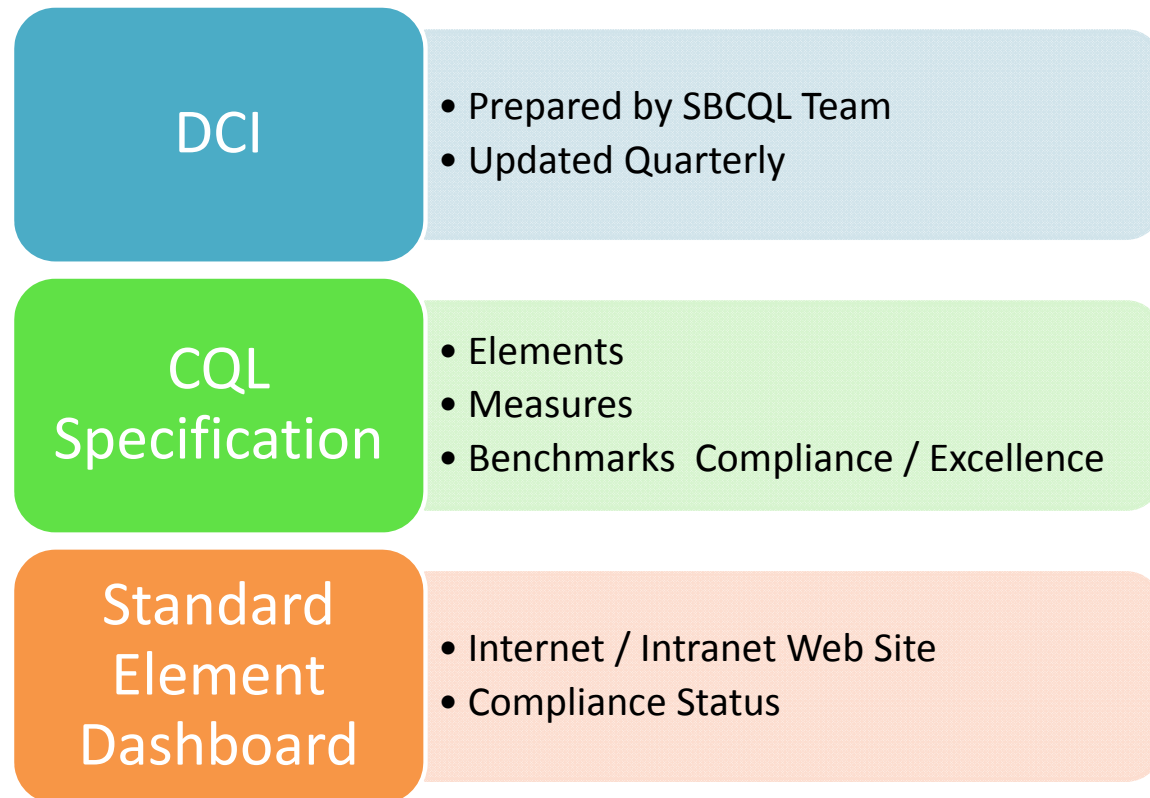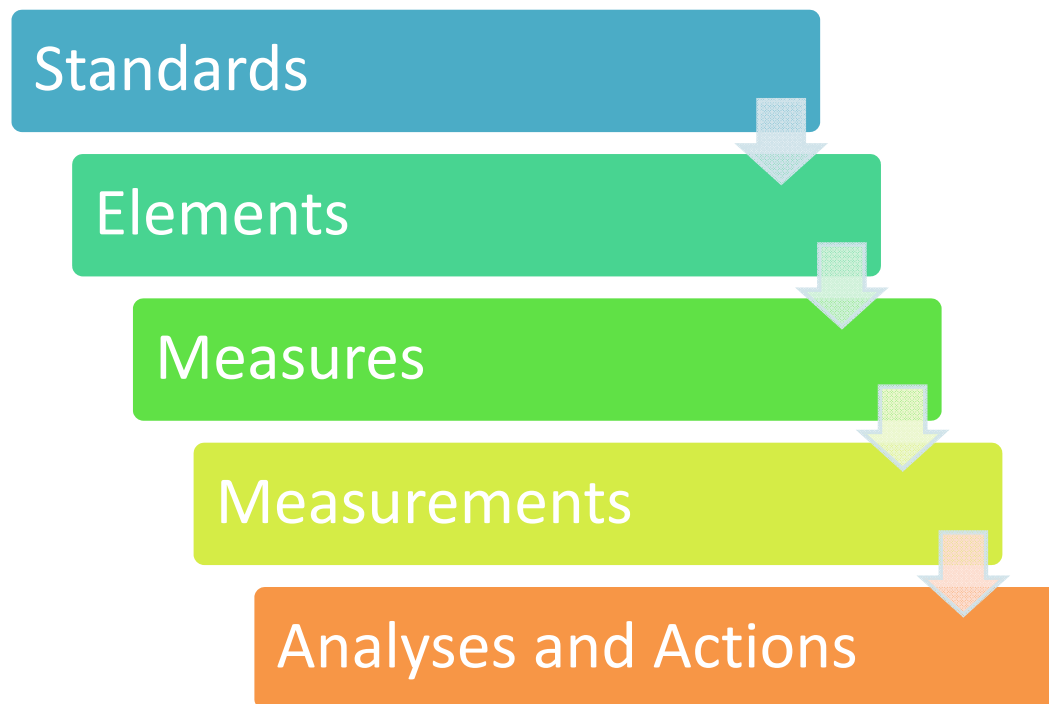5. LCME ASSET database always current

Office of Accreditation

SBCQL Leadership Teams

John Tomkowiak MD, MOL

SBCQL Document Structure

DCI	• Prepared by SBCQL Team • Updated Quarterly

CQL Specification	• Elements • Measures • Benchmarks Compliance / Excellence

Standard Element Dashboard	• Internet / Intranet Web Site • Compliance Status

Information Architecture

Standards

Elements

Measures

Measurements

Analyses and Actions

CQL Improvement Cycle for Each Standard Element

Element
AIM Statement

- Specify Measures
- Define Compliance
- Define Excellence
- Measurement & Analysis
- PDSA-Plan, Do, Study, Act
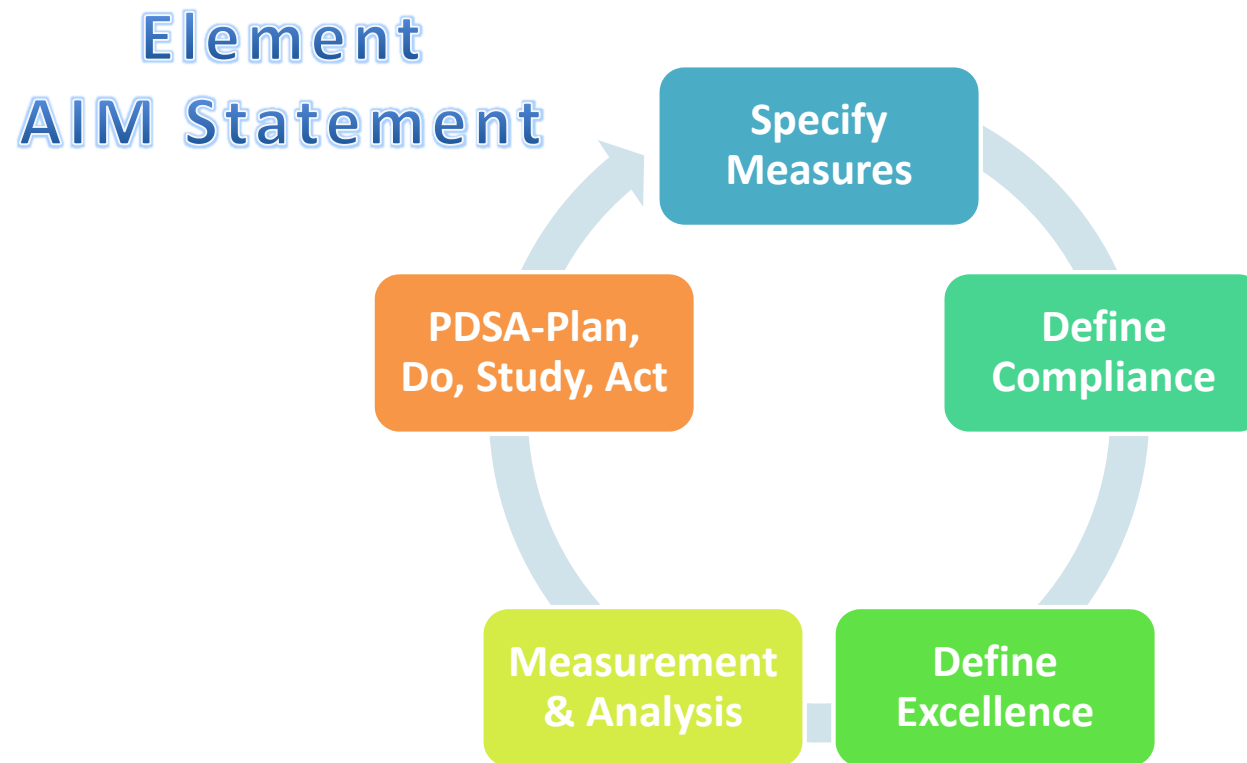
Compliance versus Excellence?

- SOC = Standard of Compliance
- SOE = Standard of Excellence

8.7: Comparability of Education/Assessment

A medical school ensures that the medical curriculum includes comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives.

Measure: Variation between student satisfaction ratings across all clinical sites

SOC: Less than 20% variance

SOE: Less than 10% variance

Compliance versus Excellence?

- SOC = Standard of Compliance
- SOE = Standard of Excellence
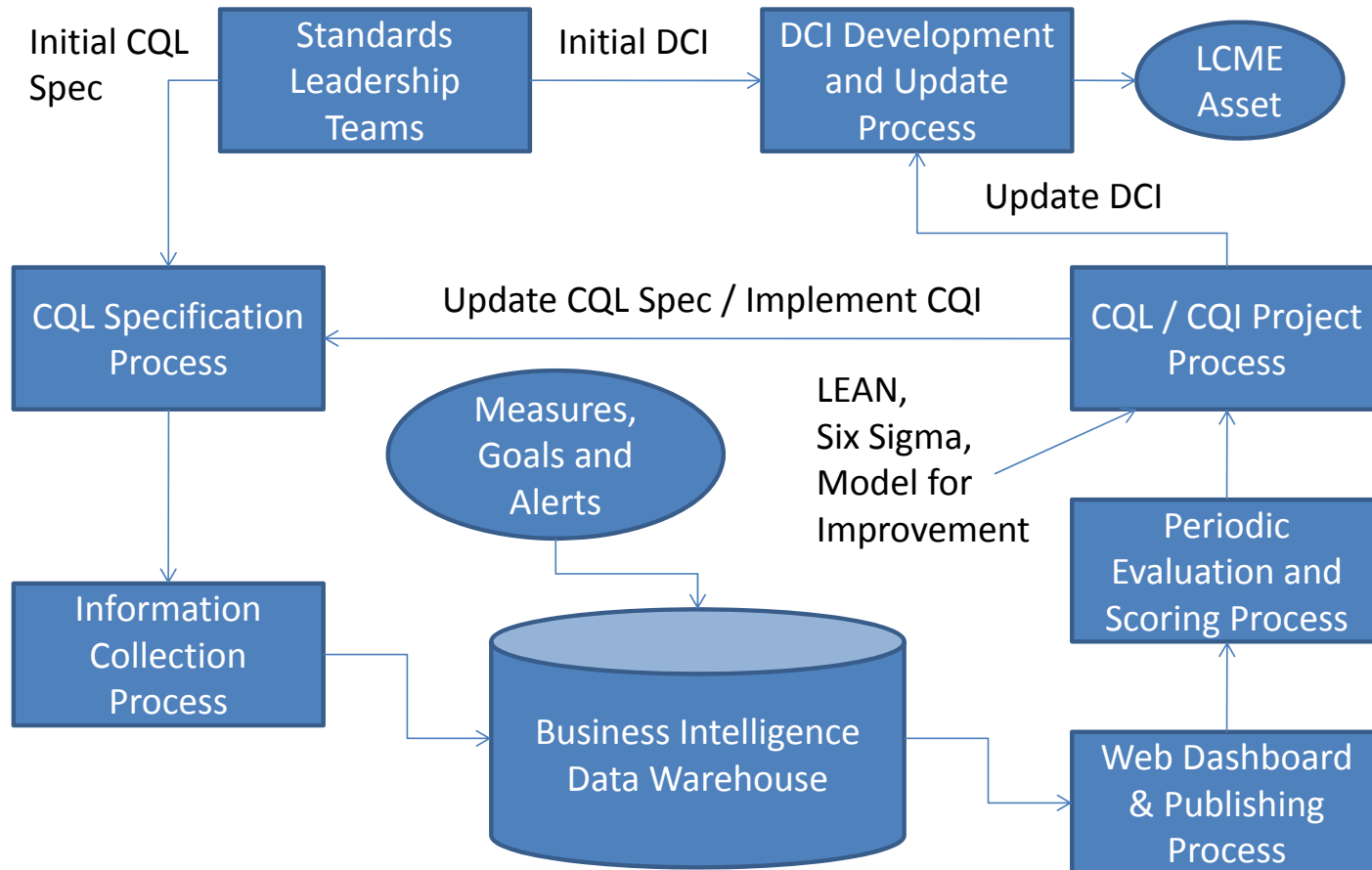
11.1: Academic Advising

A medical school has an effective system of academic advising in place for students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.

Measure: Academic Counseling mean satisfaction rate (on a scale of 1-5)

SOC: Within +/- 0.2 points of national mean

SOE: More than 0.2 points above national mean

Standards Based Continuous Quality Leadership Process

Initial CQL Spec

Standards Leadership Teams

Initial DCI

DCI Development and Update Process

LCME Asset

Update DCI

CQL Specification Process

Update CQL Spec / Implement CQI

CQL / CQI Project Process

Measures, Goals and Alerts

LEAN, Six Sigma, Model for Improvement

Information Collection Process

Business Intelligence Data Warehouse

Periodic Evaluation and Scoring Process
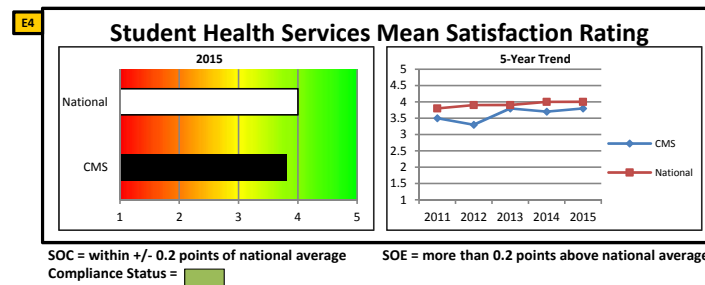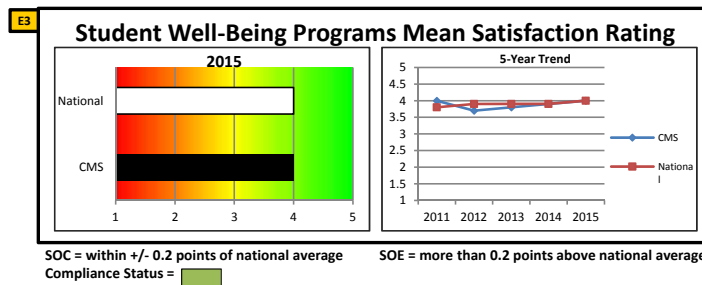
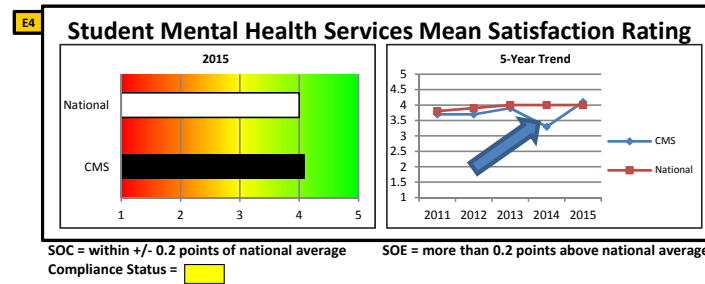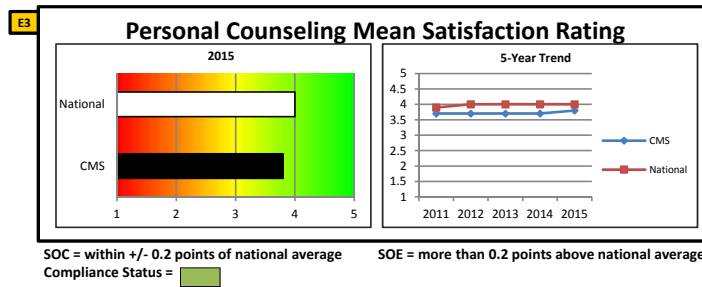**Web Dashboard & Publishing Process**

MS-27 – Element 12.4 Student Access to Healthcare Services

CASE STUDY – STUDENT MENTAL HEALTH COUNSELING SERVICES

Problem Overview

- In 2014 the student rating of mental health services dropped significantly 3.9 to 3.3 and was well below the all schools mean rating of 4.0

- This was an area of concern for the LCME in their evaluation of compliance with Standard MS-27, Element 12.4

- Special surveys done by the Health System indicated areas of concern in the mental health service

Standard 12: Medical Student Health Services Dashboard

E3 — **Personal Counseling Mean Satisfaction Rating**

SOC = within +/- 0.2 points of national average   SOE = more than 0.2 points above national average
Compliance Status =

E4 — **Student Mental Health Services Mean Satisfaction Rating**

SOC = within +/- 0.2 points of national average   SOE = more than 0.2 points above national average
Compliance Status =

E3 — **Student Well-Being Programs Mean Satisfaction Rating**

SOC = within +/- 0.2 points of national average   SOE = more than 0.2 points above national average
Compliance Status =

E4 — **Student Health Services Mean Satisfaction Rating**

SOC = within +/- 0.2 points of national average   SOE = more than 0.2 points above national average
Compliance Status =

Chicago Medical School:

E5 ☑ Ensures that providers of student health services have no involvement in the academic assessment or promotion of students.

E6 ☑ Provides all students with access to health insurance and disability insurance.

E7 ☑ Follows accepted guidelines in determining immunization requirements for students.

E8 ☑ Has policies in place to address student exposure to infectious and environmental hazards.

Improvement Team Established
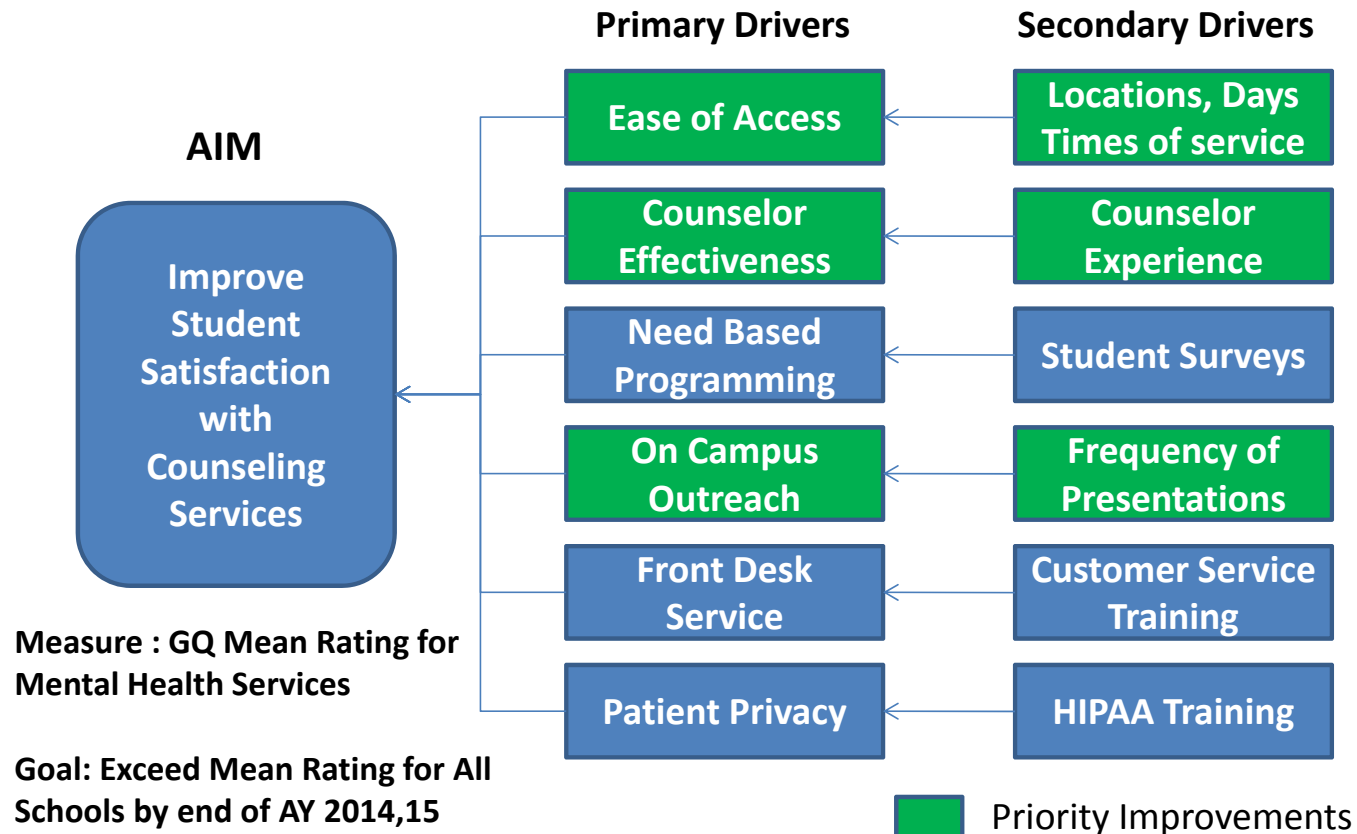
John Tomkowiak MD, MOL
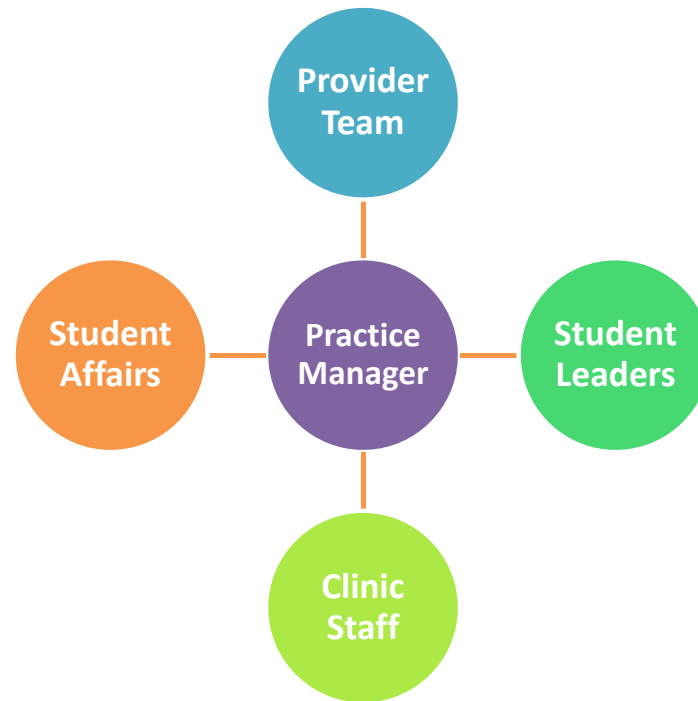
(IHI)* Model for Improvement

- Aim Statement
  - What: Improve student satisfaction with mental health counseling services
  - How good: Increase CMS student mean rating as measured by GQ survey to above the mean for all schools
  - By when: End of academic year 2014/2015

 * IHI Institute for Healthcare Improvement

Driver Diagram

AIM

Improve Student Satisfaction with Counseling Services

Measure : GQ Mean Rating for Mental Health Services

Goal: Exceed Mean Rating for All Schools by end of AY 2014,15

Primary Drivers

Ease of Access

Counselor Effectiveness

Need Based Programming

On Campus Outreach

Front Desk Service

Patient Privacy

Secondary Drivers

Locations, Days Times of service

Counselor Experience

Student Surveys

Frequency of Presentations

Customer Service Training

HIPAA Training

Priority Improvements

Actions

- Replaced post doctoral candidate counselor with experienced LCSW (Licensed Clinical Social Worker)
  - Test measure: GQ and internal survey data
- Increased service hours from 4 to 5-days per week
- Created walk in hours each day of service
- Developed on-campus outreach presentations to create awareness of services available

Outcome

Student Mental Health Services Mean Satisfaction Rating

- CMS
- National
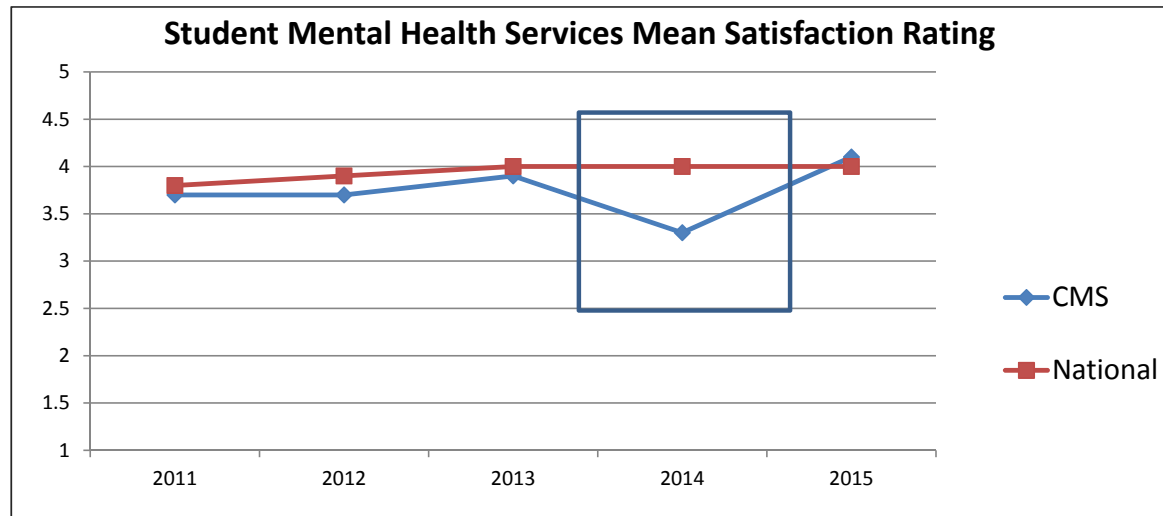
- GQ - student mental health services mean rating increased from 3.3 to 4.1 exceeding the all schools mean of 4.0.

Other PDSA Cycle Opportunities

- Institute Saturday hours
- Prototype Tele-psychology services for M3 and M4 students away from campus for clerkships at regional hospitals
- Partner with another institution to provide mental health services to CMS students in Chicago closer to clinical rotations
- Group programming targeted at specific student needs

Importance of Transparency in Compliance Reporting

SO – WHERE ARE WE?

Standards-Based Continuous Quality Leadership (CQL)

The determinations shown reflect self-assessments by the Chicago Medical School as a product of its continuing evaluation and process improvement efforts; as such, they are subject to change as circumstances and our assessments change. These determinations should not be interpreted as assessments of accreditation entities or other external bodies.

LCME STANDARDS DASHBOARD – Academic Year 2015-16 First Quarter

Element	STANDARDS											
	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12
1	green	green	green	green	yellow	green	green	green	green	green	green	yellow
2	green	green	green	green	green	green	green	green	yellow	green	green	green
3	green	green	green	green	green	green	green	green	green	green	green	green
4	green	yellow	green	green	green	green	green	green	green	green	green	yellow
5	green	green	green	green	green	green	green	green	green	green	green	green
6	green	green	green	green	green	green	green	blue	green	green	green	green
7					green	green	green	green	green	green		green
8					green	green	green	green	green	green		green
9					green		green		green	green		
10					green					green		
11					green					green		
12					green							

Status Key:

blue = Achieved Excellence

green = In Compliance

yellow = In Compliance with Concern

Work Activity	Qty	Salary Cost	Benefits	Cost / FTE	Project Startup FTE Per Person	On-Going FTE Per Person	Total Project Startup FTE	Total Ongoing FTE	Initial Cost	On-Going Cost
DCI/CQL Document Development										
Faculty Lead	12	$200,000	$64,800	$264,800	0.1	0	1.2	0	$317,760	$0
Faculty Support	48	$150,000	$48,600	$198,600	0.05	0	2.4	0	$476,640	$0
Staff Support	12	$40,000	$12,960	$52,960	0.05	0	0.6	0	$31,776	$0
Total	72				0.2	0	4.2	0	$826,176	$0
DCI/CQL Document Maintenance										
Faculty Lead	12	$200,000	$64,800	$264,800	0	0.05	0	0.6	$0	$158,880
Faculty Support	48	$150,000	$48,600	$198,600	0	0.025	0	1.2	$0	$238,320
Staff Support	12	$40,000	$12,960	$52,960	0	0.025	0	0.3	$0	$15,888
Total	72				0	0.1	0	2.1	$0	$413,088
Business Intelligence / Web Activities										
Office of Accrediation Staff Lead	1	$160,000	$51,840	$211,840	0.5	0.25	0.5	0.25	$105,920	$52,960
Staff Analyst	1	$40,000	$12,960	$52,960	0.5	0.25	0.5	0.25	$26,480	$13,240
Web Site Analyst	1	$40,000	$12,960	$52,960	0.5	0.25	0.5	0.25	$26,480	$13,240
Database Analyst	1	$75,000	$24,300	$99,300	0.5	0.1	0.5	0.1	$49,650	$9,930
Total	4				2	0.85	2	0.85	$208,530	$89,370
Oversight / Review Commitee										
Office of Accrediation Staff Lead	1	160000	51840	211,840	0.5	0.1	0.5	0.1	$105,920	$21,184
Faculty Leads	12	200000	64800	264,800	0.05	0.05	0.6	0.6	$158,880	$158,880
Independent Reviewers	12	200000	64800	264,800	0.05	0.05	0.6	0.6	$158,880	$158,880
Total					0.6	0.2	1.7	1.3	$423,680	$338,944
Grand Total							8	4.3	$1,458,386	$841,402

Summary: 8-FTE Project Startup and 4.3 FTE Project Maintenance

In Conclusion

- Continuous Quality Improvement is not an option – rather it is expected by the LCME
- Establishing a culture of Continuous Quality Leadership is critical to long term success
- Transparency in performance reporting is important to sustaining the culture
- The technology platform to enable CQI is commonly available in our institutions
- Implementing CQL + CQI leads to real improvement in medical school performance

Do It Again Only Better:
CQI Strategies for a Successful Accreditation Review

Gary J. Giacomelli

Assistant Provost, Institutional Planning

Southern Illinois University School of Medicine

Springfield, Illinois

November 12, 2015

LCME Full, Citation-Free Accreditations (2007, 2015)

Southern Illinois University (SIU) School of Medicine

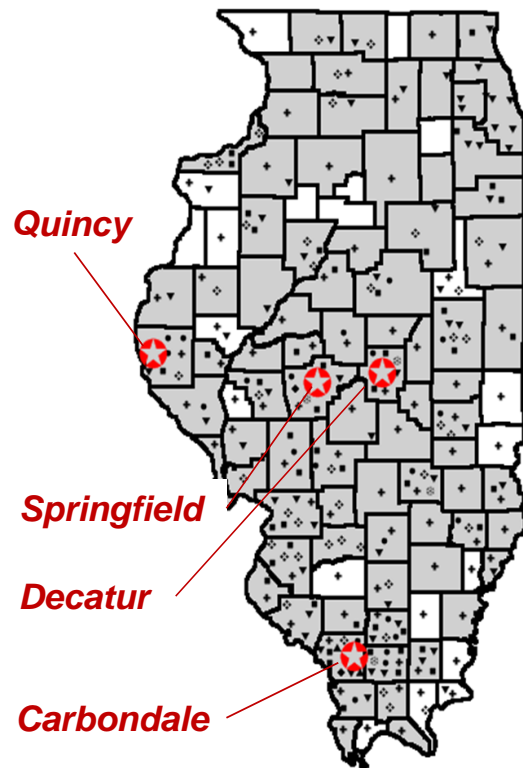# Obvious and Frequent Questions

How did you do it?

*How did you do it …
again?*

*How will you continue
to do it?*

Do It Again Only Better!

Southern Illinois University School of Medicine

Quincy

Springfield

Decatur

Carbondale

The mission of the SIU School of Medicine is to assist the people of central and southern Illinois in meeting their health care needs through education, patient care, research, and service to the community.

SIU

Southern Illinois University School of Medicine

- Public community-based medical school
- Established 1970
- 72 medical students per year; 288 total
- 350 residents and fellows
- 100+ graduate students; 75 PA students
- 116,000 patients; 540,000 visits
- $100 million in clinical revenue
- $35 million in active research funding
- 345 full-time faculty; 1800 employees

Mission Metrics

- Graduates practicing in: (AAMC MMT, 2015)
    - Rural Areas: > 80th percentile
    - Primary Care: > 80th percentile
    - In Illinois: > 60th percentile

- "Social Mission" medical school 2010
- AMEE 3 Aspire Awards 2013
- 3 Hubbard Awards, 1 Flexner Award

- **LCME Full, Citation-Free Accreditations (2007, 2015)**

SIU

Advantages: Natural and Otherwise

- Medical Education is Priority #1
- Tradition of innovation, student-focus
- Culture of continuous improvement
- Leadership in education
- Strong participation of students and faculty
- Effective, experienced administrators
- Supportive university, clinical affiliates, and community

Advantages: Natural and Otherwise

Memorial Center for Learning and Innovation

Advantages: Natural and Otherwise

- Experienced accreditation core team
- Deanly leadership

CQI Strategies

(How We Did It … and How We Did It Again)

1. Participation with LCME

   - Site visits

   - Webinars

   - Conferences

2. Dean's staff standards reviews

   - Reviews of elements within standards (2x)

   - Dean's staff … prepared/presented

   - Challenges/corrections

CQI Strategies
(How We Did It … and How We Did It Again)

3. Integration with planning and data analysis

   - Data analysis – early warning
   - Action planning – correction
   - Strategic/institutional planning – correction

4. Curriculum reviews/improvements

   - Faculty curriculum committees
   - Medical Education department faculty/staff
   - Monitor performance … identify problems … correct

*SIU

CQI Strategies

(How We Plan on Continuing to Do It)
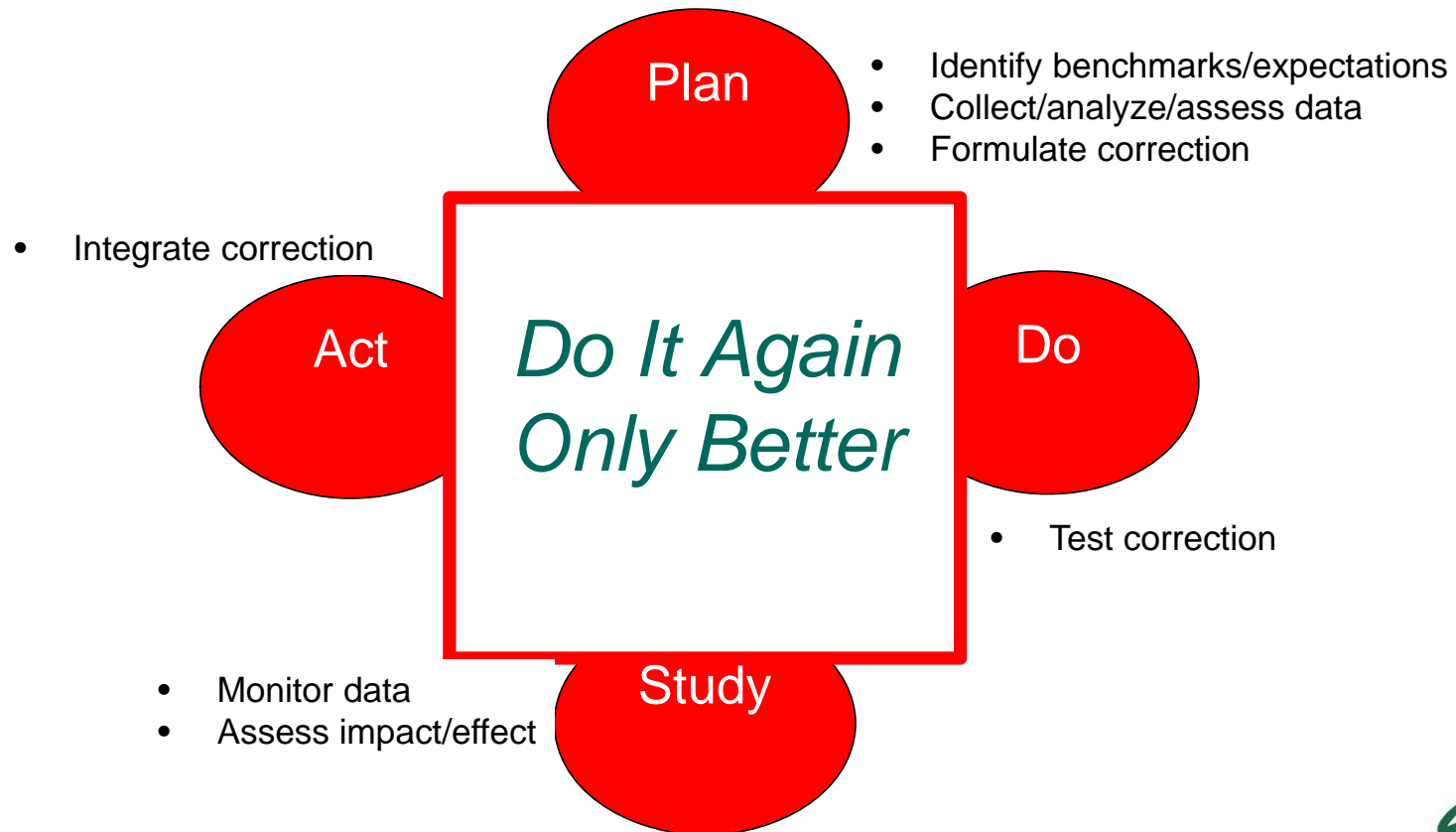
5. Continuous formal review of standards

- Continuous review of LCME standards/elements
- Gap analysis
- Correction

6. Continuous formal review of DCI-data

- Continuous monitoring of LCME DCI
- Replication of selected DCI data
- Gap analysis
- Correction

CQI Strategy – Basic Approach

Plan
- Identify benchmarks/expectations
- Collect/analyze/assess data
- Formulate correction

Do
- Test correction

Study
- Monitor data
- Assess impact/effect

Act
- Integrate correction

Do It Again Only Better

W. Edwards Deming/Walter Shewhart

SIU

CQI Approach Going Forward

Challenges

- Resource and budget pressures
- Passing of the core team

Responses

- Lean operation – no additional staff, no designated office
- Continue to emphasize/support continuous improvement and innovation
- Institutionalize CQI

SIU

Advice to Other Schools Preparing for LCME Review

Begin with the Commitment …

- Set goal – full accreditation with no citations
- Prepare the school (communicate, inculcate)
- Perform rigorous and honest reviews
- Identify problems and fix them

Advice to Other Schools
Preparing for LCME Review

Commit to Success …

- Organize project effectively
- Project manage effectively – stick to schedule
- Prepare DCI/self-study/everything from the perspective of the LCME site team and committee
- Post mortem review of the effort – what worked, what did not work, notes for the future

In Short …

- Make Medical Education Priority #1
- Commit to improvement – adopt a CQI culture
- Utilize your school's advantages
- Implement basic "Plan-Do-Study-Act" approach
- Scope approach to match your culture, strengths, and resources
- View LCME accreditation review as an opportunity

Do It Again Only Better!

SIU
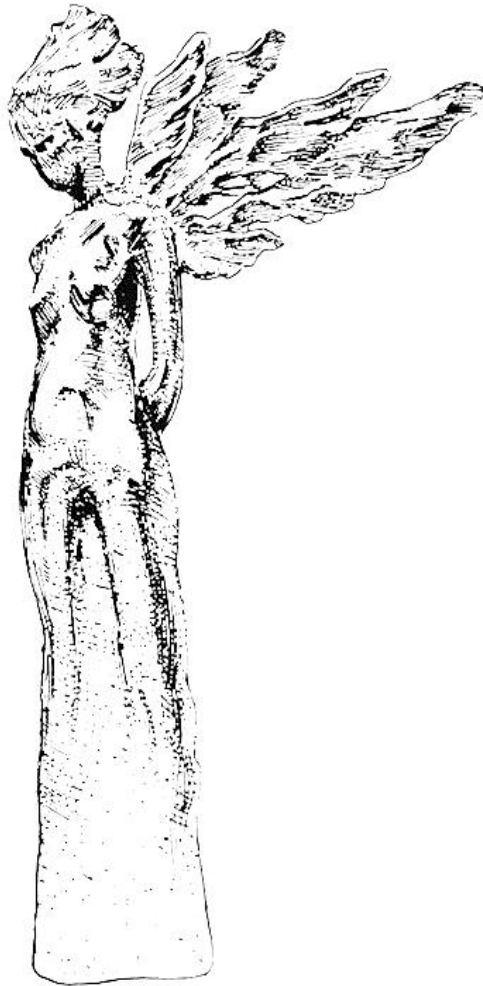
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