Mentoring Faculty to Lead Clinical Improvement
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Laura Brown, MPH</td>
<td>Executive Director, UNC IHQI</td>
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<td>Shana Ratner, MD, FACP</td>
<td>• Associate Director, UNC IHQI</td>
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<td>• Medical Director, UNC Internal Medicine Clinic</td>
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<td>• Assistant Professor, UNC Division of General Internal Medicine and Clinical Epidemiology</td>
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<td>Jake Reardon, MS Ed</td>
<td>Program Coordinator, UNC IHQI</td>
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<td>Tina Schade Willis, MD</td>
<td>• Director, UNC IHQI</td>
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<td>• Associate CMO for Quality, UNC Medical Center</td>
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<td>• Professor, UNC Pediatric Critical Care</td>
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Mentoring Faculty to Lead Clinical Improvement

- Challenges
- UNC’s Approach
- Ideas & Strategies
Themes from Survey Responses

- Physician Buy-in
- Executive/C-suite Investment
- Allocating Time
- Project Management
- Culture Change
- Celebrating & Spreading Work
- Academic Product & Career Advancement
UNC IHQI Improvement Scholars

Sarah Smithson MD MPH  
General Internal Medicine

Bhisham Chera MD  
Radiation Oncology

Lavinia Kolarczyk MD  
Anesthesiology

Daryhl Johnson MD MPH  
Trauma Surgery
What is UNC IHQI trying to accomplish?

Sarah Smithson, MD MPH
General Internal Medicine
University of North Carolina at Chapel Hill
Professor Lucian Leape
Co-author of Harvard Medical Practice Study
2005 Launch the first UNC Rapid Response Team in Children’s Hospital then spread to Adult Hospitals in 2007
A reduction in cardiac arrests and duration of clinical instability after implementation of a paediatric rapid response system

C C Hanson, G D Randolph, J A Erickson, C M Mayer, J T Bruckel, B D Harris, T S Willis

Figure 3 Patient days (in wards) between cardiac arrests (n = 15 cardiac arrests). The mean number of patient days between ward cardiac arrests increased from 2512 to 9418 after establishment of the PRRS.

Achieved 70% Reduction in Out of ICU Pediatric Cardiac Arrests Sustained for > 10 Years
Rapid Response Systems: The Stories

Family Alert: Implementing Direct Family Activation of a Pediatric Rapid Response Team

Department Editors: Michael A. DeVita, M.D., Rinaldo Bellomo, M.D., Kenneth Hillman, M.D. Readers are invited to submit their own case studies on rapid response teams (also called medical emergency teams) to Steven Berman (sberman@wpahs.org).

Emily Miller Ray, M.P.H.; Rebecca Smith, M.D.; Sara A. M.D.; Bradford Harris, M.D.; Tina Schade Willis, M.D.

Article

Partnering With a Family Advisor to Improve Communication in a Pediatric Intensive Care Unit

Laura Czulada, DO¹, Patience Leino, BA², and Tina Schade Willis, MD³

American Journal of Medical Quality

1–6
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aqmq.sagepub.com

2007 Formalized Direct Family Activation of Rapid Response first in Children’s Hospital
Welcome to Project TICKER

- LEAN & IHI QI
- LOW AND HIGH FIDELITY SIMULATION
- TeamSTEPPS™
VISION
UNC Medical Center will be recognized as the leading public academic medical center in healthcare improvement.

MISSION
To catalyze healthcare improvement, spread and culture change by engaging providers in improvement projects, training and research.
What is a physician improvement leader?

What do we want improvement leaders to be able to do?
Share with your table
What it doesn’t have to mean

MACRA

Gemba

A3

MIPS

Tom Ivester, MD
UNC CMO
IHQI Improvement Scholar
Bench to Bedside

• Dan Jonas MD, MPH

• Section Chief for Research

• Bench to bedside: QI implementation in his clinic
Daily QI Hero

- Afsaneh Pirzadeh, MD
- Assistant Professor Pediatrics & Anesthesiology
- 18 PDSAs on a Saturday!
What does it mean to be an improvement leader?

• Comes to work each day to do the work and figures out how to do the work better

• Turns problems or frustration into opportunities for systematic improvement

• Clinical excellence

• Any degree of seniority

• Brightspotting
What does it mean to be an improvement leader?

Lavinia Kolarczyk, MD
Anesthesiology
University of North Carolina at Chapel Hill
IHQI Offerings
Materials & Tools

- Improvement Scholars RFP
- Improvement Scholars Program Overview
- Agenda
- Roles & Responsibilities
- Memorandum of Understanding
- IHQI Curriculum
- Symposium Flyer
- Projects List

IHI Forum website &
med.unc.edu/ihqi
Curriculum components delivered while teams do prioritized and aligned improvement work

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<tr>
<th>LEAN &amp; IHI QI</th>
<th>TeamSTEPPS™</th>
<th>PARTNERING WITH PATIENTS &amp; FAMILIES</th>
<th>PROJECT MANAGEMENT FOR IMPROVEMENT WORK</th>
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<tr>
<td>LOW AND HIGH FIDELITY SIMULATION</td>
<td>STATISTICAL PROCESS CONTROL</td>
<td>PRESENTING &amp; PUBLISHING</td>
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LGBTQI-Strengthening LGBTQIA+ Care in Outpatient Pediatrics

Tyler McKinnish MS4
Emily Vander Schaaf MD MPH
Improving the Implementation of Lung Cancer Screening Guidelines at an Academic Primary Care Practice

ABSTRACT
Expert groups recommend annual low-dose computed tomography (LDCT) screening for lung cancer (LC) in average-risk patients aged 55–80 years with at least a 30-pack-year history of smoking or quit fewer than 15 years ago. Implementing evidence-based guidelines for LC screening in primary care is a complex process that includes identification of at-risk patients, shared decision making, and barriers to guideline implementation. The United States Preventive Services Task Force (USPSTF) guideline recommends annual LDCT screening for average-risk individuals aged 55–80 years with at least a 30-pack-year smoking history. The current study evaluated the implementation of the USPSTF screening guidelines at an academic primary care practice. The study found that only 3% of eligible patients received LDCT screening, indicating a need for improved guideline implementation in primary care. The study recommends the use of electronic health records and clinical decision support systems to improve guideline implementation. Keywords: lung cancer screening, computerized decision support, shared decision making.
Scholarship

Bhisham Chera, MD
Radiation Oncology
University of North Carolina at Chapel Hill
Panel Discussion

- Physician Buy-in
- Executive/C-suite Investment
- Allocating Time
- Project Management
- Culture Change
- Celebrating & Spreading Work
- Academic Product & Career Advancement
Catalyzing Healthcare Improvement

**Improvement Scholars Projects**
Got an idea for improving care? Ready to seek external funding? IHQI sponsors quality improvement projects through its [Improvement Scholars program](#), and

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Tina Schade Willis, MD  
[tina.willis@unchealth.unc.edu](mailto:tina.willis@unchealth.unc.edu)

**Scholarship**
IHQI can help you design projects, seek funding and identify platforms to share your results. Results from improvement can and should be published.