



## Stanford 2020: Quality Improvement (QI) Team Challenge

The Stanford 2020 Team QI Challenge's mission is to instruct and encourage interns, housestaff and faculty on systematic approaches to identify areas of quality improvement at Stanford Medical Center and design ways to improve efficiency, clinical outcomes and patient satisfaction. We hope that by the year 2020, Stanford Department of Medicine will be on the path to achieve a top 10 ranking in patient safety, satisfaction and outcomes. The 2009 Challenge will be the inaugural year for implementation and we encourage all interns and residents in the Department of Medicine to be involved.

The key objectives of the 8 month program are:

- 1) Communicating the need for quality improvement to residents through several didactic sessions
- 2) Developing a team of interns and residents that will meet throughout the year
- 3) Incorporate faculty to help guide the project and assure continuity and aid in trouble shooting
- 4) Become familiar with the Stanford QI infrastructure, which includes faculty and managers involved in quality improvement at Stanford
- 5) Developing leadership skills within the team
- 6) Provide quality improvement mentoring throughout the year, especially for interns
- 7) Support professional development for housestaff interested in incorporating QI into their practice / careers
- 8) Teams that develop and design result oriented projects for possible publication

Each team will work closely with the core faculty involved in Quality and Organizational Improvement to continually evolve this program and to incorporate the month-long resident QI rotation.

As we continue to develop the program, possibilities of incorporating other graduate programs like the Stanford Business School and Engineering School will be under consideration.

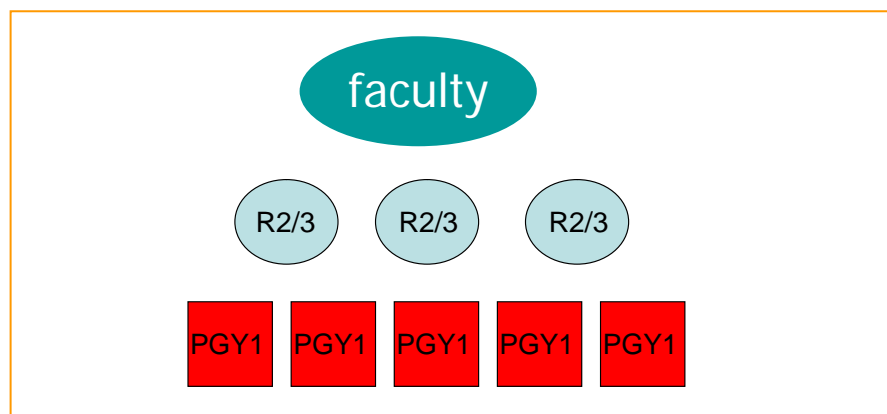
### **Deadlines:**

We will be handing out interest surveys in early July to all interns and residents who would like to be involved. Deadline for firm commitment to the challenge will be September 30<sup>th</sup>. Project Presentations and judgment by a panel of distinguished attendings will occur during the first week of June , 2010.

### **Rating Criteria:**

- 1) The significance of the problem
- 2) Thoroughness of data analysis (if available)
- 3) Appropriateness of the performance improvement process used
- 4) Significance of the improvement
- 5) Potential sustainability of results
- 6) Scope
- 7) Team effort and participation by each member
- 8) Presentation effectiveness

**Teams:** The Stanford 2020 QI Team Challenge will be open to all interns and residents in the Department of Medicine. Depending on interest, teams of 3-5 interns and 3-5 residents with a faculty and / or chief for guidance will collaborate to develop a quality initiative project that aims to improve areas of patient care, safety, education, and outcomes. Team efforts will be supported by an SHC quality manager.



**Problem-Based, Solution-Driven:** Once a project has been identified, each team will develop ways to streamline data collection, develop and test improvement changes, and create ways to monitor their project and regularly assess impact on safety, care, and outcomes. Though this will be the first year of implementation, similar projects from other institutions have created ways to monitor and decrease hospital acquired infection rates and improve patient safety that have saved millions on unnecessary hospital stay and medications. Additionally, the opportunities to implement the project hospital-wide, published results, and disseminate changes on a national level are not out of reach. Team projects and will be supported by the faculty, staff, and managers with the Quality Improvement Patient Safety (QIPS) department. Most importantly, the projects are the product of your team's education, experience, interest and hard work; do not feel limited by perceived constraints and change practice.

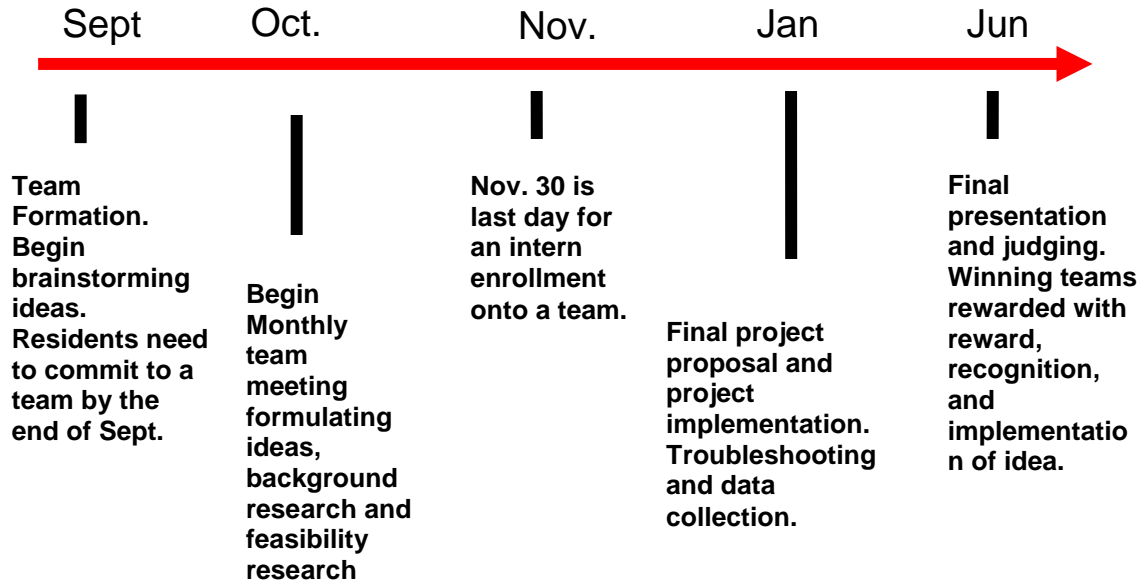
**Schedule:**

Each team has up to 9 months to develop a project that will propel Stanford Department of Medicine into a more efficient, safer program. Teams will be built by early September. In addition to informal and formal didactics and update meetings, there will be a mid-year project update meeting with faculty and the QI board. As this project is *completely voluntary*, the amount of time committed is at the discretion of each individual and a consensus on how much time can and should be invested are encouraged to be made at the beginning of the project. We understand that interns' and residents' schedules are extremely tight with personal and hospital responsibilities tantamount. Consequently, we anticipate creating large enough teams to distribute responsibilities evenly and not to overburden any one individual. Residents have up to the end of September to commit to a team whereas interns have up to the end of November to commit.

Rough approximations for expectations are that individuals, depending on the size and scope of the project, may require ~ 1 – 2 hrs per week per team member. Data collection may require 2 – 4 hrs / month and will best be suited for team members on easier electives with more time available. Final presentations panel discussion, evaluation and award presentation to the top 2 teams will be presented the first week of June . Please see detailed timeline below.



# Timeline Summary



**Faculty & Mentors:** Each team will be assigned to a faculty member and / or a chief resident. Additionally, QI managers, program directors and staff from the QIPS department will be available to guide projects, resources, educate on data creation, abstraction and analysis.

Current faculty members involved are but not limited to:

- 1) Clarence Braddock III
- 2) Joseph Hopkins
- 3) Keith Posely
- 4) Pat Gibbons
- 5) Lisa Shieh
- 6) Jeff Chi

**Candidates & Eligibility:** Interns and residents from all backgrounds are encouraged to participate. If you have a special talent / skill that may serve on a particular project and or team please express them on the application prior to team assignments at the end of July.

**Awards:** 2009 – 2010 Braddock Award for Best Quality Improvement Project.

\$1500 reward for first place teams (terms subject to change as additionally funding may be available).

\$500 for second place.

Each project will be reviewed extensively by the Quality Improvement Board for feasibility and hospital wide incorporation.

Possibility for publication and conference presentation at discretion of team leaders

Further recognition of achievement at later dates to be announced.

**Further Information :**

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