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; Discusses 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 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 CME nearby 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)

Jefferson Policy for PI CME: Three Steps

1. Establish Oversight Committee to Assure Content Integrity
   - Initial review of individual PI projects for quality, evidence base of selected measure(s)
   - Ongoing review and monitoring 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 vote each PI CME project overview by committee
   - 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 requirement 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

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

Lessons Learned

- PI CME can be successfully and efficiently administered using a standardized approach that allows for the necessary customizations of the project
- 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

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
- EHR records of 12 volunteers queried
- 116 cases identified as out of compliance
- Antibiotic administered either too early or too late
- Initial compliance range: 80-92%
- Volunteers received Antibiotic Worksheet and CME forms to guide their self assessment
- Categorized reasons for non-compliance
- Indicated relationship to specific core competency

Stage B: Intervention

Participants were provided with evidence-based educational material and CME. Worksheet for guiding response and evaluation

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

Stage C: Re-Assessment

- Compliance at 94%
- Participants analyze change against prior data and intentions stated in Stage B
- Factor leading to improvement
- Factors preventing improvement

Barriers to PI CME

- 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...

Lessons Learned

- Cross over memberships between related University, Hospital and Outpatient Practice committees helps identify opportunities

<table>
<thead>
<tr>
<th>Core Competency Area</th>
<th>Determined by participants as needing improvement</th>
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<tbody>
<tr>
<td>System Based Practice</td>
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</tr>
<tr>
<td>Communications</td>
<td>17%</td>
</tr>
<tr>
<td>Patient Care</td>
<td>17%</td>
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</tbody>
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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

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.