

Practice Quality Improvement and its role in ABR MOC

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Learning objectives

1. Review the PDSA cycle and its application to PQI.
2. Discuss strategies for action in the example presented.
3. Examine strategies for successful group PQI projects.

Maintenance of Certification

- American Board of Radiology
 - Time-limited certificates
 - Continuous certificates issued in 2012 and thereafter
 - Lifetime certificates must voluntarily enroll

We are from the ABR and we are
here to help you

We are from the government and
we are here to help you....



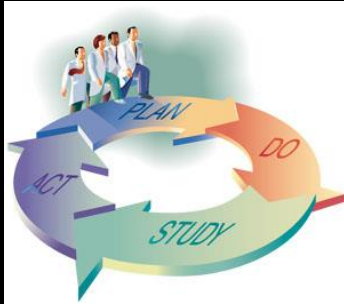
ABR requirements MOC

- Evidence of professional standing- active unrestricted state license
- Lifelong learning and self assessment
 - 75 Category 1 CME every 3 years
 - 25 of the 75 must be self-assessment CME (SA-CME), including SAMs, SDEPs, AMA CME activities in 'enduring materials' or 'journal-based CME' formats
- Cognitive Expertise- Passed ABR Initial Certification or MOC exam in previous 10 years
- Practice Quality Improvement (PQI)

PQI

- One project every 3 years
- Projects can be individual or group
 - Recording templates are available on the website
 - Participation requirements
- Categories
 - Safety (patients, employees and the public)
 - Accuracy of interpretation and calculations
 - Report turnaround times
 - Practice guidelines and technical standards
 - Surveys

Practice Quality Improvement



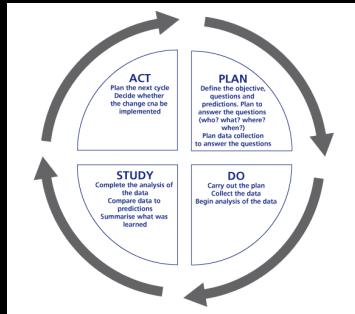
PDA

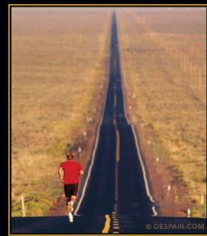


PDSA

- Plan-Do-Study-Act
 - Same as PDCA
- Made popular by W. Edwards Deming (who called it the “Shewhart cycle”)
- Based on scientific method and the fundamental principle of iteration.
- JUST DO IT
 - Avoid analysis paralysis
- As simple as it sounds. Great for less complex problems.

PDSA





QUALITY
THE RACE FOR QUALITY HAS NO FINISH LINE.
SO TECHNICALLY, IT'S MORE LIKE A DEATH MARCH.

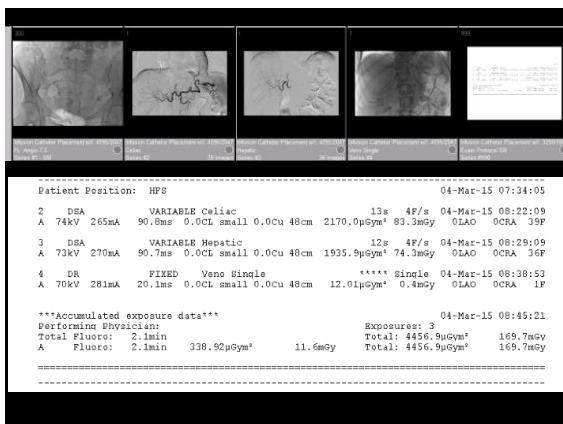
The screenshot shows the 'Add PQI Project' form on the MDC Home page. The form includes the following fields and options:

- Project Title***: Reduce reliance on [tapes](#) from hepatic arterial infusion catheter placements by 40%.
- Project Abstract**: A text area for the project abstract, with a character count of 3000 characters remaining.
- Start Date***: 01/05/2015.
- Apply this PQI project to my MDC requirement**: ☐
- Share this project?**: ☐
- Buttons**: Cancel, Sign Project, Add PQI Project.
- Footnote**: * Indicates required field.

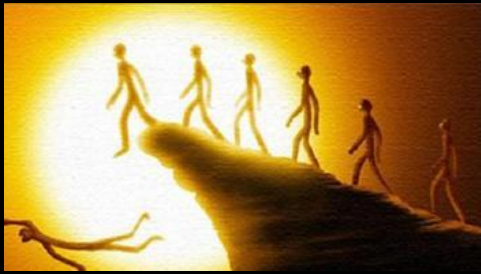
Below the form, it says 'PQI Projects in Progress'.

[illegible]

- Define a specific goal
- Attack one specific phase of a process
- Set a specific goal



Keys to a Successful PQI Group Project



Group PQI Projects

- Definition- 2 or more (MD or PhD)
- Project/ Team leader identified
- Attendance- 3 or more group meetings, minutes taken and attendance documented.
- Participation- fulfill meaningful participation requirements
- Final sign off by project leader
- Self attestation will provide credit

Benefits/motivation for group project

- Aggregate resources and accomplish more
 - Improve the care you provide
 - Improve your work environment
- Aligned incentives
 - Radiologists
 - Physicists
 - RN/Techs
- A more significant project is more likely to get hospital support/resources



COMMITTEES
JUST LIKE TEAMWORK. ONLY WITHOUT THE WORK.

Next Steps

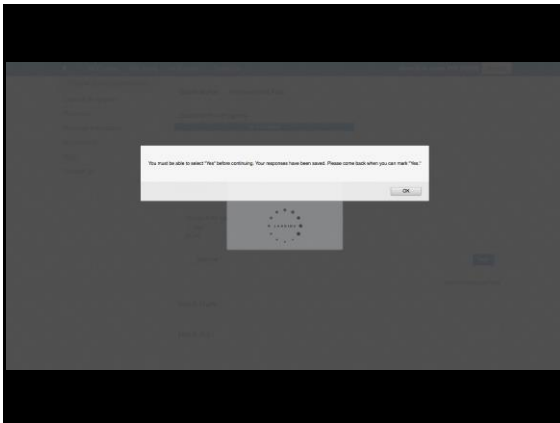
- Project identification
- Society-sponsored, pre-approved projects
 - RSNA
 - ABR website
- Group-Designed PQI projects
 - Do not require approval
 - Must use PDSA method
 - Must have active participation and group meetings

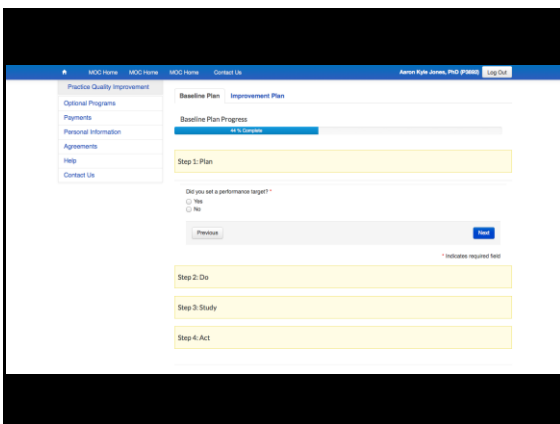
WDC Home		MOC Home		MOC Home		Contract Us		Robert Kyle Jones, PhD (PhD)		Log Out
Positive Quality Improvement Optional Programs Payments Personal Information Agreements Help Contact Us		<div> <div>Baseline Plan</div> <div>Improvement Plan</div> </div> <div> Baseline Plus Progress < Overview </div> <div>Step 1: Plan</div> <div> What measure will you use to gauge performance improvement in the quality/safety gap area you selected? * <input type="text"/> <div>Previous</div> <div>Next</div> </div> <div> **Indicates required field </div> <div>Step 2: Do</div> <div>Step 3: Study</div> <div>Step 4: Act</div>								

- It is important to select a goal that is *measurable*
- It is important that data are *accessible* and *collectable*
- Radiation dose metrics are very convenient

The Do tab

- Questions about the collection of data
 - Starts at the end of the “Plan” tab with a question about setting a performance target
- The only way to move on is to answer “Yes” to these questions
 - If you haven’t completed one of the steps, save the project and work on completing that phase





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Baseline Plan Improvement Plan

Baseline Plan Progress 100% Complete

Step 1: Plan

Step 2: Do

Did you finish selecting your data points? *

☒ Yes

☐ No

Previous Next

* Indicates required field

Step 3: Study

Step 4: Act

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Baseline Plan Improvement Plan

Baseline Plan Progress 100% Complete

Step 1: Plan

Step 2: Do

Did you analyze your results? *

☒ Yes

☐ No

Previous Next

* Indicates required field

Step 3: Study

Step 4: Act

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Baseline Plan Improvement Plan

Baseline Plan Progress 100% Complete

Step 1: Plan

Step 2: Do

Step 3: Study

Did your baseline meet your target? *

☐ Yes

☒ No

Previous Next

* Indicates required field

Step 4: Act

Our plan

- Educate our IR's on how to use the store fluoroscopy function
- In-service on best technique for getting a high-quality stored fluoroscopy series
- Engage technologists to participate

Practice Quality Improvement

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Baseline Plan Improvement Plan

Improvement Plan Progress 60% Complete

Step 1: Plan

Step 2: Do

Step 3: Study

Step 4: Act

Please provide a brief narrative describing your reflections on the project, improvements in quality/safety, and the overall value to the practice or patient care. *

Practice Finish

Practice Quality Improvement

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Baseline Plan Improvement Plan

Improvement Plan Progress 60% Complete

Step 1: Plan

Step 2: Do

Step 3: Study

Step 4: Act

Please enter the date your project was completed. *

NOTE: the date you enter will be used to determine your PQI participation compliance.

MM/DD/YYYY

Practice Finish

* Indicates required field

Pitfalls and quirks

- No free navigation
 - Navigation is linear – forward or backward from the current point
 - If you have to go back to the Baseline tab after going to the Improvement Plan tab, you have to start from the beginning and go through all the prompts again
 - And even this doesn't work very well
- Don't screw up the date (and make sure everything is correct) at the last step
 - There is no way to edit a "Finished" project – you have to delete and re-enter

PDSA Worksheet for Testing Change



Aim: (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change.

	Person responsible	When to be done	Where to be done

Plan

List the tasks needed to set up this test of change

	Person responsible	When to be done	Where to be done

Predict what will happen when the test is carried out

	Measures to determine if prediction succeeds

Do

Describe what actually happened when you ran the test

Study

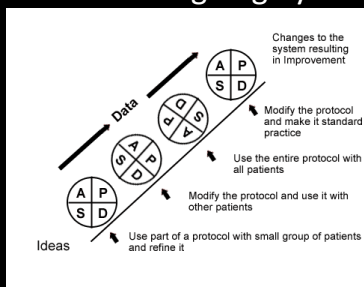
Describe the measured results and how they compared to the predictions

Act

Describe what modifications to the plan will be made for the next cycle from what you learned

Institute for Healthcare Improvement

PDSA: Ongoing Cycle



Source: Langley G, Nolan K, Nolan T, Norman C, Provost L. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance. San Francisco, CA: Jossey-Bass, 1996:9. Reprinted with permission from Associates in Process Improvement (API).

Control

- Don't roll back down the hill
- Hard wire your gains into your standard operating procedures
- Quality improvement is a continuous cycle, not a repetitive cycle



DON'T BE A SISYPHUS

ABR, MOC, PDSA...not just for
breakfast anymore!



Fin

- Check the ABR website
- Consider using group projects
- If you are uncomfortable or just starting, use a 'plug and play' template solution.
