

Regions EM strategic plan

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Goals

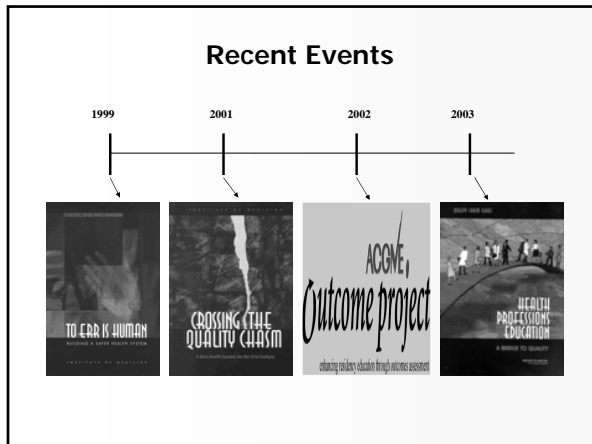
- Define Mission
- Overview of big picture
- SWOT Analysis
- Vision for the future
- Time line
- Resources
- Details (if time available)

The theme of our report this year—*Partners in Education*—reflects the way we grow, work and thrive as a program. The mission of our residency—to provide and promote excellence in patient care and education—is best accomplished by partnering with many other caregivers and learners to provide a patient-centered, learner-friendly environment. Throughout this report you will see examples of our partnership with emergency medical services (EMS), toxicology, social work and the HealthPartners Institute for Medical Education (IME) Simulation Center for Patient Safety.

Looking back at 2004 in the Emergency Department at Regions, I believe we challenged ourselves by asking similar questions. How do we make Regions a center of excellence for emergency care, education and research? How do we make the IOM's six aims for quality health care (care that is safe, effective, patient-centered, timely, efficient and equitable) become a daily reality for our patients and staff? What is our vision for the ideal emergency care system? The answers to these questions do

The screenshot shows the HealthPartners website interface. At the top, there is a navigation bar with 'Home', 'Site Map', and 'Contact Us'. Below the navigation bar is a search box with a 'Go!' button. The main content area features a news article titled 'Pursuing Perfection'. The article text reads: 'HealthPartners Medical Group & Clinics has received a nearly \$2 million grant to participate in an important national initiative called Pursuing Perfection: Raising the Bar for Health Care Performance. More than 1,000 health care organizations expressed interest in the grant. After rigorous review, HealthPartners Medical Group & Clinics was one of just seven organizations in the nation selected. The initiative is sponsored by the Robert Wood Johnson Foundation and the Institute for Healthcare Improvement.' Below the article text, there is a link that says 'View the executive summary'. To the right of the article, there are sections for 'Related Stories' and 'Related Sites'. The 'Related Stories' section includes a link for 'News Release April 2, 2002'. The 'Related Sites' section includes links for 'Institute for Healthcare Improvement's Purpose Perfection Site' and 'The Robert Wood Johnson Foundation's News Release'. On the left side of the page, there is a sidebar with a search box and a list of navigation links: 'Who We Are', 'Health Care Quality', 'Quality Improvement Annual Report 2002-2003', 'Clinical Indicators Help Improve Quality', 'MEDIS', 'How We Ensure Quality', 'We're Committed to Quality', 'Patient Safety', and 'Pursuing Perfection'.

Big picture



IOM

- Safety -- As safe in health care as in our homes
- Timeliness -- Less waiting for both patients and those who give care
- Effectiveness -- Matching care to science; avoiding overuse of ineffective care and under-use of effective care
- Efficiency -- Reducing waste
- Equity -- Closing racial and ethnic gaps in health status
- Patient Centeredness -- Honoring the individual, and respecting choice

Health Professions Education: A Bridge to Quality

Project: Health Professions Education Summit
Published On: April 8, 2003 (Press Release) **Read and Purchase**

On June 17-18, 2002 over 150 leaders and experts from health professions education, regulation, policy, advocacy, quality, and industry attended the Health Professions Education Summit to discuss and help the committee develop strategies for restructuring clinical education to be consistent with the principles of the 21st-century health system.

The report says that doctors, nurses, pharmacists and other health professionals are not being adequately prepared to provide the highest quality and safest medical care possible, and there is insufficient assessment of their ongoing proficiency.

Educators and accreditation, licensing and certification organizations should ensure that students and working professionals develop and maintain proficiency in five core areas:

- delivering patient-centered care,
- working as part of interdisciplinary teams,
- practicing evidence-based medicine,
- focusing on quality improvement and
- using information technology.

About IHI

▶ Vision Board of Directors

IHI VISION

IHI is a premier integrative force, an agent for profound change, dedicated to improving health care for all. Our measures of success include improved safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity.

IHI Key Messages

1. Health care quality is not nearly as good as it should be.
 - There are huge gaps between what we know and what we do.
 - Patients are being harmed at alarming rates.
 - Widespread inefficiencies are wasting precious resources.
 - These problems exist not because of bad people, but because of bad systems.

4. Elimination of redundancy in obtaining patient information - a unified record
5. Patient-centered care that includes, at a minimum, inclusion of the patient and patient's family in care decisions
6. Efficient scheduling and elimination of barriers to flow
7. Clearly defined graduated responsibility for all clinicians
8. Information systems that support care and learning
9. Effective use of simulation and rehearsals
10. Systematic measurement of patient and learner outcomes including patient, learner, and team satisfaction.

Design elements: an idealized patient care setting where students and residents learn

Design of the idealized patient care setting where students and residents learn requires a synthesis that includes best-known practices as design elements. A multidisciplinary design team convened at IHI in February 2003 and developed a vision for the components of such an idealized design. Inevitably, that setting will reflect something that goes beyond the sum of its parts. Nevertheless, those elements must be rigorously explored before they can be fused into the new synthesis. The design principles include first, the new design must tightly couple patient care and education, and second, patient safety must be a key characteristic. The design elements include the following

1. A high performance microsystem
2. Safe and informative handoffs and communication among professionals between shifts
3. Collaborative interdisciplinary patient care including unified rounds

General Competencies

Minimum Program Requirements Language
Approved by the ACGME, September 28, 1999

Educational Program

The residency program must require its residents to obtain competencies in the 6 areas below to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate:

- Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
- Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
- Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals
- Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

Evaluation

Evaluation of Residents

The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing assessment results to improve resident performance. This plan should include:

- use of dependable measures to assess residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
- mechanisms for providing regular and timely performance feedback to residents
- a process involving use of assessment results to achieve progressive improvements in residents' competence and performance

Programs that do not have a set of measures in place must develop a plan for improving their evaluations and must demonstrate progress in implementing the plan.


Program Evaluation

- The residency program should use resident performance and outcome assessment results in their evaluation of the educational effectiveness of the residency program.
- The residency program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.

2004
 Baldrige National Quality Program

**Education
 Criteria for
 Performance
 Excellence**

ethics



accomplishment

Core Values and Concepts

The Criteria are built upon the following set of interrelated Core Values and Concepts:

- visionary leadership
- learning-centered education
- organizational and personal learning
- valuing faculty, staff, and partners
- agility
- focus on the future
- managing for innovation
- management by fact
- social responsibility
- focus on results and creating value
- systems perspective

These values and concepts, described below, are embedded beliefs and behaviors found in high-performing organizations. They are the foundation for integrating key requirements within a results-oriented framework that creates a basis for action and feedback.

First

The Model of the Clinical Practice of Emergency Medicine

Note from the Core Content Task Force II:
 The Core Content Task Force II endorses The Model of the Clinical Practice of Emergency Medicine in its current version. However, the Task Force's endorsement does not extend to future alterations resulting from this original work.
 This article also appears in the June 2003 issue of Academic Emergency

Core Content Task Force II
 Robert S. Hochberger, MD, Chair
 Louis S. Binder, MD
 Mylissa A. Graber, MD
 Gwendolyn L. Hoffman, MD
 Debra G. Perina, MD
 Sandra M. Schneider, MD
 David P. Sklar, MD
 Robert W. Sissons, MD
 Diana R. Virawec, MD

[Hochberger RS, Binder LS, Graber MA, Hoffman GL, Perina DG, Schneider SM, Sklar DP, Strauss RW, Virawec DR, Koelling WJ, Augustine LJ, Burdick WP, Henderson WW, Lawrence LL, Long GB, McCall J, Farnell MA, Shoji KT. The model of the clinical practice of emergency medicine. *Ann Emerg Med.* June 2001;37:745-770.]

PREAMBLE

Then

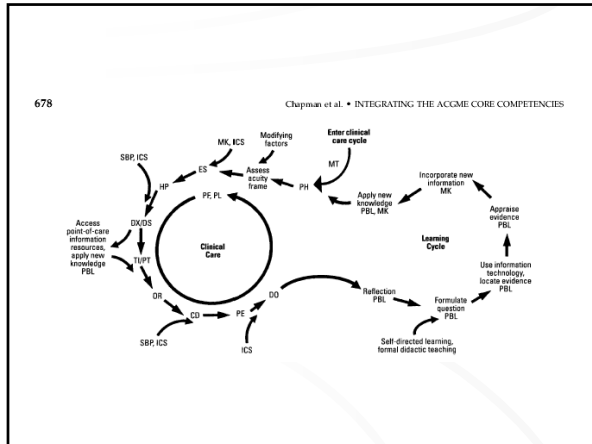
674
 Chapman et al. • INTEGRATING THE ACGME CORE COMPETENCIES

SPECIAL CONTRIBUTIONS

Integrating the Accreditation Council for Graduate Medical Education Core Competencies into the Model of the Clinical Practice of Emergency Medicine

Dane M. Chapman, MD, PhD, Stephen Hayden, MD, Arthur B. Sanders, MD, Louis S. Binder, MD, Ann Chinnis, MD, Kelly Corrigan, MD, Tony LaDuca, PhD, Pam Dyne, MD, Debra G. Perina, MD, Rebecca Smith-Coggins, MD, Larry Sulton, PhD, Susan Swing, PhD

In response to public pressure for greater accountability from the medical profession, a transformation is occurring in the approach to medical education and assessment of physician competency. Over the past 5 written and oral certification examinations in emergency medicine and is fully supportive of the effort to more fully define and integrate the ACGME core competencies into training emergency medicine



Closing the Quality Chasm: Research and Educational Initiatives for Academic Emergency Medicine

Arthur L. Kelleman, MD, MPH, Emory University
Felix K. Ankel, MD, Regions Hospital

During this session, the speakers will highlight the implications of the IOM report for education and research in emergency medicine. Using examples from their department, the speakers will provide specific ideas for incorporating the IOM's recommendations in emergency medicine training programs. Particular attention will be paid to the relationship between the IOM's goals and the ACGME's core competencies. The speakers also will discuss the specific steps academic emergency medicine must take to develop a translational research agenda for achieving the IOM's Quality Chasm goals. Extramural funding opportunities, research training programs, and opportunities for collaboration will be identified. At the end of the session, participants will: 1. Identify how the recommendations from the IOM's Quality Chasm Report apply to emergency medicine; 2. Acquire specific ideas for incorporating the IOM's Quality Chasm recommendations in their educational programs, including an explanation of how the IOM goals can be used to address the ACGME core competencies; 3. Identify specific steps for developing a translational research agenda in emergency medicine to achieve the

Linking ACGME Core Competencies to the Outcomes of Care: A Matrix Solution

John Bingham, MHA
Doris Quinn, PhD

Vanderbilt University Medical Center
Nashville, TN

Healthcare Matrix: Care of Patient(s) with....

ACGME	IOM	SAFE	TIMELY	EFFECTIVE	EFFICIENT	EQUITABLE	PATIENT-CENTERED
Assessment of Care							
I PATIENT CARE (Overall Assessment) Yes/No							
II A MEDICAL KNOWLEDGE (What must I know)							
II B INTERPERSONAL AND COMMUNICATION SKILLS (What must I say)							
II C PROFESSIONALISM (How must I act)							
II D SYSTEM-BASED PRACTICE (On whom do I depend and who depends on me)							
Improvement							
III PRACTICE-BASED LEARNING AND IMPROVEMENT (How must I improve)							
Information Technology							
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Hypothetical One resident's learning

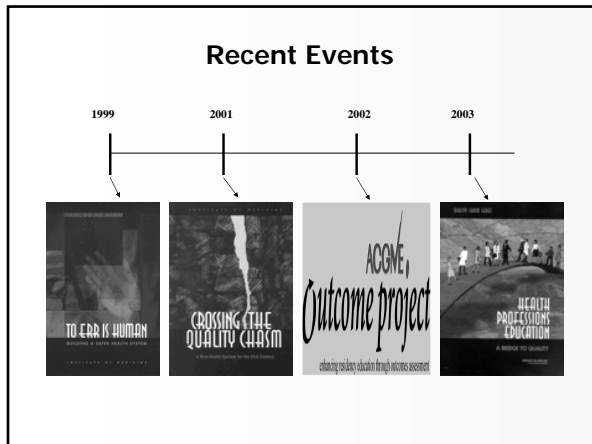
A resident prepared for a case presentation on CVA and addressed the following cells.

ACGME	IOM	SAFETY	TIMELINESS	EFFECTIVENESS	EFFICIENCY	EQUITABILITY	PATIENT CENTEREDNESS
PATIENT CARE							
MEDICAL KNOWLEDGE & APPLICATION							
PROFESSIONALISM							
INTERPERSONAL & COMMUNICATION SKILLS							
SYSTEMS & TEAMS-BASED PRACTICE							
PRACTICE-BASED LEARNING & IMPROVEMENT (Process to improve)							

After a dialogue with a faculty and using the Matrix, she then addressed all of the following cells in her presentation. The presentation resulted in the improvements outlined below.

ACGME	IOM	SAFETY	TIMELINESS	EFFECTIVENESS	EFFICIENCY	EQUITABILITY	PATIENT CENTEREDNESS
PATIENT CARE							
MEDICAL KNOWLEDGE							
PROFESSIONALISM							
INTERPERSONAL & COMMUNICATION SKILLS							
SYSTEMS & TEAMS-BASED PRACTICE							
PRACTICE-BASED LEARNING & IMPROVEMENT (Process to improve)							

SAFETY: P and P changed patient arriving with CVA
 TIMELINESS: Changed STAT pages for IR
 EFFECTIVENESS: Class on care of Patient w/CVA
 EFFICIENCY: Procedure outlined for fastest prep for IR
 EQUITABILITY: Communicates w/pt about risks/benefits of TPA vs IR.



CORD Membership Resource Repository

Documents

- Texts
- Curriculum Documents
- Rotation Memoranda of Understanding
- Evaluation Forms
- Job Descriptions
- Best Practices Conference Handouts
- Lectures
- Miscellaneous Resources
- Simulation Cases
- CORD Standardized Assessment Methods
- Wellness Documents
- Oral Cases

Announcements

Rotation summaries with goals and objectives and core competencies 4/26/2005 7:11 PM
by Pamela L. Dyne, M.D.
In response to an email request, I uploaded our rotation summaries pages from last year's PIF that includes the rotation specific goals and objectives and designated Core Competencies. I hope you find this helpful! Pam Dyne

Wellness Retreat Handout (from Sound Bites at Best Practices) 4/4/2005 4:43 PM
by Stephen J. Playe, M.D.
Some folks had asked for a handout, it's under Best Practices.

Core Competencies For New Program Directors Lecture posted under Best Practices Handouts 3/13/2005 12:09 AM
by Pamela L. Dyne, M.D.

Systems Based Case Write up example posted under Academic Assembly Handouts 3/13/2005 12:08 AM
by Pamela L. Dyne, M.D.

Core Competency-Based Faculty Evaluation Form posted 3/12/2005 11:55 PM
by Pamela L. Dyne, M.D.
Many of you were asking about this, so here it is! I modified the core competency objectives to be relevant for faculty evaluation. Let me know what you think, Pam Dyne

(More Announcements...)

■ Add new announcement

What is strategic planning?

Summary: Strategic planning can be used to determine mission, vision, values, goals, objectives, roles and responsibilities, timelines, etc.

Overview

Strategic planning is a management tool, period. As with any management tool, it is used for one purpose only: to help an organization do a better job - to focus its energy, to ensure that members of the organization are working toward the same goals, to assess and adjust the organization's direction in response to a changing environment. In short, strategic planning is a disciplined effort to produce fundamental decisions and actions that shape and guide what an organization is, what it does, and why it does it, with a focus on the future. (Adapted from Bryson's Strategic Planning in Public and Nonprofit Organizations)

A word by word dissection of this definition provides the key elements that underlie the meaning and success of a strategic planning process: The process is strategic because it involves preparing the best way to respond to the circumstances of the organization's environment, whether or not its circumstances are known in advance; nonprofits often must respond to dynamic and even hostile environments. Being strategic, then, means being clear about the organization's objectives, being aware of the organization's resources, and incorporating both into being consciously responsive to a dynamic environment.

Navigation

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SWOT / TOWS Matrix

	Strengths	Weaknesses
Opportunities	S-O strategies	W-O strategies
Threats	S-T strategies	W-T strategies

- **S-O strategies** pursue opportunities that are a good fit to the companies strengths.
- **W-O strategies** overcome weaknesses to pursue opportunities.
- **S-T strategies** identify ways that the firm can use its strengths to reduce its vulnerability to external threats.
- **W-T strategies** establish a defensive plan to prevent the firm's weaknesses from making it highly susceptible to external threats.