

Faculty	Session 1	Time	Title	Objectives	Tied to others
Brent James, MD	1	4 hours	<i>Managing Clinical Processes: An Introduction to Clinical QI</i>	<ul style="list-style-type: none"> • Definition of processes • Quality improvement as the science of process management • Classes of outcomes: physical, service, cost • Process management 	Always together w/3 Methods
Brent James, MD	1	4 hours	<i>Three Methods to Manage Clinical Care</i>	<ul style="list-style-type: none"> • Feedback of comparative data (QUE studies) • Practice guidelines/protocols (ARDS study) • Computerized decision support (Antibiotic Assistant study) 	Always together w/Intro to QI
Brent James, MD	1	1.5 – 2 hours	<i>Modelling Processes</i>	<ul style="list-style-type: none"> • Conceptual and detailed flow diagrams • Cause and effect diagrams, tally sheets and pareto charts in organizing and displaying information • Formal team tools: brainstorming, multi-voting, nominal group technique (NGT Dephi methods) 	Always together w/Pragmatic Science
Brent James, MD	1	2 hours	<i>Pragmatic Science</i>	<ul style="list-style-type: none"> • Accelerated improvement efforts • Goal: improvement vs. research • Fundamental improvement questions • Graphical display of data • Adjusting for differences in inputs (severity, cohort formation) • Extracting medical evidence; synthesis / meta-analysis of data 	Always together w/Modelling Processes
Brent James, MD	1	2 – 2.5 hours	<i>Understanding Variation</i>	<ul style="list-style-type: none"> • Specification limits • Process capability • Methods for separating random from assignable variation (introduction to Statistical Process Control) • Methods to manage assignable variation: tracking to <u>root causes</u> • Methods to manage random variation: Shewhart's PDCA cycle (the scientific method) • Frequency distributions; central limit theorem • Tampering 	Always top of morning ADD 6 Sigma definition
Brent James, MD	1	1.5 – 2 hours	<i>Quality Controls Cost</i>	<ul style="list-style-type: none"> • Causal links between quality and cost • Quality waste -- cost of poor quality • Productivity / efficiency -- limited resource utilization • Optimalist-maximalist argument -- implications of cost pressures for the health care system 	
Brent James, MD	1	1 hour	<i>Features of Effective Teams (DVD)</i>	<ul style="list-style-type: none"> • The differences between committees and team structures • The features of a "good" team: safe, inclusive, open, consensus seeking • Team roles: team leader, facilitator, team member • The value and use of ground rules • Creating and utilizing storybooks and story boards 	Discussion of DVD
Brent James, MD	1, 2, or 3	2 hours	<i>Curing vs. Caring</i>	<ul style="list-style-type: none"> • Definition of "customer" • Definition of "expectations" • A generic, functional definition of quality • Methods of managing customer expectations 	

Larry Staker, MD	1,2, or 3	3.5 hours	<i>Putting More Quality into Practice: SPC & Diabetes</i>	<ul style="list-style-type: none"> Recognize the difference between managed care and managing care and be familiar with a functional method for clinical practice improvement Take home ideas from three years experience with clinical practice improvement that will help in dealing with guideline implementation, outcomes measurement, individual and population-based data analysis, evidence based medicine, and motivating change in the behavior of physicians. Understand the roles of patient empowerment, team building, PDSA cycles, SPC charts, measurement and reporting in caring for patients with Diabetes, Hyperlipidemia, and Anticoagulation. This session shows how the theory of CQI and TQM can be applied in managing patient care. 	
Elliott Fisher	1 or 2		<i>Variation Analysis</i>		
Scott Lloyd, MBA Christie North, MBA	1, 2, 3	4 hours	<i>Quality Planning Tools</i>	<ul style="list-style-type: none"> Understand Quality Planning Tools Understand the relationship between quality planning tools and other quality planning processes Establish a framework for the prioritization of resources 	Great afternoon activity Preferably in Session 1 or 2
Stephen Minton	1 or 2	4 hours	<i>Service Quality</i>	<ul style="list-style-type: none"> Discuss the role of the physician in changing the clinical environment from individual practitioners delivering care to a team based approach Discuss the need for creation of a new platform for NICU health care delivery for staff Describe the “empowered” parents role in the NICU Relate process changes utilized to improve the efficiency of care delivery Describe methods to optimize resource utilization 	Great to close session Service quality from the patient view
Alan Morris, MD	1	4 hours	<i>Protocol Implementation and Testing</i>	<ul style="list-style-type: none"> Recognize need for reduction of variation in clinical practice Recognize human limitations of decision-making and their implications for routine clinical decision-making in complex environments Recognize difference between guidelines and adequately explicit protocols Recognize potential for standardization clinical decisions with point-of-care implementation of explicit computerized protocols Understand standardized clinical decisions can lead to individualized, patient specific therapy Recognize unacceptably high error rate in medicine 	<u>Protocols</u>
Elizabeth Hammond	1	1 hour	<i>Storyboard: Clinical Process Improvement of Breast Cancer Reporting</i>	<ul style="list-style-type: none"> Share the tools and methodology used in a quality improvement project Quality improvement principles applied in improving a specific process Have an opportunity to discuss a quality improvement project experience with team members actively involved in the process. 	Good presentation of <u>tools</u> in use on QI project

Faculty	Session 2	Time	Title	Objectives	Tied to others
Brent James, MD	2	2 – 2.5 hours	<i>Data Types: Which SPC Chart Should I Use?</i>	<ul style="list-style-type: none"> Four types of data: nominal, ordinal, interval, ratio Correlation between SPC graphical analysis and data type Role of underlying distributions when constructing control charts Rules for collecting data 	Always top of morning

Brent James, MD	2	2 hours	<i>Deployment: Clinical Integration</i>	<ul style="list-style-type: none"> • Understand the structural considerations for replicating improvement across systems of care • Describe IHC's management structure designed to accomplish implementation • Understand drill-down versus outcomes tracking approaches 	Always before Designing Data Systems
Brent James, MD	2	1.5 hours	<i>Designing Data Systems</i>	<ul style="list-style-type: none"> • Concepts important when designing a data system • Relationship between aim statement and data system design • Components of self-coding data forms 	Always follows Clinical integration
Brent James, MD	2	1.5 hours	<i>Tracking Health Care Costs</i>	<ul style="list-style-type: none"> • Reductionism and sub-optimization • Fixed vs. variable costs • Direct vs. indirect costs • Activity based cost accounting • Strategies to harvest quality savings • The business case for quality 	Must follow after Quality Controls Cost (session 1) and Designing Data Systems (session 2) ADD Pay for Performance
Kim Bateman, MD	2	1 hour	<i>Storyboard: Community Acquired Pneumonia: A Rural Perspective</i>	<ul style="list-style-type: none"> • Share the tools and methodology used in a quality improvement project • Understand how quality improvement principles are applied in improving a specific process • Have an opportunity to discuss a quality improvement project experience with team members actively involved in the process • Learn a method for involving front line physicians in creating a care process model • Appreciate the value of rural systems in piloting QI projects general use 	Shows good use of tools
Joseph Duhig	2 or 3		<i>Lean Production & Six Sigma</i>		
Andre Delbecq, DBA	2 or 3	4 hours	<i>The Management of Innovation</i>	<ul style="list-style-type: none"> • Understand innovation phasing • Structure managerial support • Form heavy weight innovation teams • Deal with political opposition 	
Al Mulley, MD	2, 3, or 4	4 hours	<i>Achieving Measurable Improvement in Decision Quality</i>	<ul style="list-style-type: none"> • Describe the relationship between outcomes variation and forms of practice variation (in preference-sensitive care, effective care, and supply-sensitive care) and the implications for quality improvement efforts • Describe factors that contribute to practice variation including those that relate to professional uncertainty and patient preferences; distinguish between sources of variation that are threats to quality and those that may improve quality • Describe a systems-minded approach to achieving measurable improvement in decision quality using a common example (e.g., benign prostatic hyperplasia); cite practical measures of decision quality including but not limited to relevant knowledge and value concordance • Discuss the role of patients preferences, including time trade-offs and risk attitudes in clinical decisions using common conditions as examples (e.g., back pain, BPH, coronary disease, prostate cancer breast cancer) • Describe how support for decision quality can be extended and adapted to increase rates of effective care and improve chronic condition management using common clinical examples (e.g., coronary disease, diabetes) 	Decrease in utilization rates, much better patient experience

				<ul style="list-style-type: none"> Describe obstacles to achieving measurable improvement in decision quality, potential approaches to overcoming obstacles, and the anticipated changes in the health care economy that could affect these problems and potential solutions in the future. 	
Terry Clemmer, MD Vicki Spuhler, RN	2 or 3	2.5 – 3 hours	<i>Creating a Culture of Team Work</i>	<ul style="list-style-type: none"> Initiate the process of CQI in the clinical environment Recognize barriers that make cultural change in Health Care difficult Identify several strategies useful for initiating change in a facility Obtain buy-off and consensus for protocols Monitor the gains as the protocols dynamically evolve 	Set expectations regarding site visits Show pictures/floor plans

Faculty	Session 3	Time	Title	Objectives	Tied to others
Brent James, MD	3	1.5 – 2 hours	<i>Severity of Illness</i>	<ul style="list-style-type: none"> Understand the conceptual implications of different severity measures Understand the impact of data on severity measurement Explore the impact of different severity measures on perceptions of outcomes 	
Brent James, MD	3	2 hours	<i>QI Leadership</i>	<ul style="list-style-type: none"> Understand the components of reward and recognition systems Identify the principles regarding diffusion of change Define major factors of a quality leader 	
Brent James, MD	3	1.5 hours	<i>Clinical Information Systems</i>	<ul style="list-style-type: none"> Core principles of clinical information systems Requirements of clinical information systems: central patient record, expert system, encoded data Issues of clinical information systems' implementation 	Always followed by Paul Clayton
Brent James, MD	3	2 – 2.5 hours	<i>Patient Safety</i>	<ul style="list-style-type: none"> Recognize how system failures create errors Determine patient safety clinical focus areas for their organizations Identify and make recommendations for local and national collaborations 	Mini-ATP ONLY
Brent James, MD	3	1 – 1.5 hours	<i>Medical Malpractice</i>	<ul style="list-style-type: none"> Principles that can help a health care provider avoid medical malpractice claims or assist in defending against litigation Legal pitfalls and promises of protocol usage Suggestions for minimizing liability 	Mini-ATP ONLY
Ed Hughes, MD	3	4 hours	<i>A Perspective on National Health Policy</i>	<ul style="list-style-type: none"> Set forth the reasons why health care reform is now being propagated across the nation Explore the various options to achieve universal financial access (to Health Care Reform) and explore the possibilities for political consensus being achieved among the options Elaborate the central role of Continuous Quality Improvement/Total Quality Management in a positive response by caregivers to the challenges of Health Care Reform 	Can use as closing speaker for session Need to emphasize value to students Don't cut short Good at head of week – no Fridays
Milt Weinstein, PhD	3	4 hours	<i>Getting Value for Money in Health Care</i>	<ul style="list-style-type: none"> Explain the concepts of expected value and clinical cost-effectiveness and their applicability to clinical and management decision making in a health care organization Collaborate in cost-effectiveness studies of clinical practices in a health care organization, and be able to identify the data needed to assess the clinical effectiveness and costs of a medical 	

				<p>practice in relation to its alternatives</p> <ul style="list-style-type: none"> • Incorporate value-based outcome criteria into clinical practice guidelines and quality evaluation 	
Sandy Schwartz, MD	3	4 hours	<i>Understanding Health Care Costs</i>	<ul style="list-style-type: none"> • Understand the forces driving health care costs • Understand the evolving health care environment • Understand the basic principles of health economics • Use health economics to manage costs and maintain quality 	
Greg Poulsen, MBA	3	2.5 – 3 hours	<i>Cost Accounting and Quality Management</i>	<ul style="list-style-type: none"> • Understand the framework for managing costs within the organization • Explain the methods that can be used to measure and monitor utilization and efficiency • Understand the role of cost accounting and flexible budgeting in managing costs 	
Ken Kizer, MD, MPH	3 or 4	4 hours	<i>Strategies and Practices for Safer Health Care</i>	<ul style="list-style-type: none"> • Describe the epidemiology of medical errors • Discuss several interventions that could be implemented to reduce medical errors • Describe the major characteristics of a healthcare culture of safety 	

Faculty	Session 4	Time	Title	Objectives	Tied to others
David Eddy, MD, PhD	4	6 hours	<i>Evidence-Based Guidelines</i>	<ul style="list-style-type: none"> • Describe how questions about quality and cost have motivated the need for guidelines • Describe the main components of the explicit method for designing guidelines, including problem formulation, evidence tables, and balance sheets • Describe the role of cost-effectiveness and rationing in the design of a guideline. 	
Jim Reinertsen, MD	4 (maybe 3)	5 hours	<i>Applying Quality Principles in Complex Health Care Systems</i>	<ul style="list-style-type: none"> • Understand the challenges to implementing quality theory • Describe how to engage MDs in the transformation • Describe quality deployment in the real world 	
Maureen Bisognano	4	4 hours	<i>Leadership</i>	<ul style="list-style-type: none"> • Leadership systems perspectives • Clinical and operational results of effective leadership • World class leadership criteria 	Great closing speaker
Dave Erickson	4	1 hour	<i>CQI and Medical Malpractice</i>	<ul style="list-style-type: none"> • Understand four principles that can help a health care provider avoid medical malpractice claims or assist in defending against litigation • Understand the legal pitfalls and promises of protocol use • See what others are doing to reduce the risk of having protocols used against them, given today's changing litigious climate 	