How I got started with Quality Improvement

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Scenario

- Junior faculty. Research background.
- Observation: handful of important “misses” on overnight radiology prelim
- Question: Do patient outcomes change w/ prelim reports overnight vs daytime w/ attending?
What would you do next?
What I did

- Submitted an IRB to study this question to Office of Research.
- Sometime later, I can get a phone call from the leader to meet with me in person about the IRB application.
- Umm.
What I came to learn

Difference between QI vs Research

I approached this as Research Question, but in reality → QI using (for example, A3 method)

https://www.pinterest.com/pin/204843483037092989/
What is QI in health care?

In health care, quality improvement (QI) is the framework we use to systematically improve the ways care is delivered to patients. Processes have characteristics that can be measured, analyzed, improved, and controlled.

https://www.ahrq.gov › tools › pf-handbook › mod4
Meeting

● One-to-One:
  ○ A leader: “Why do you want to do this?
  ○ Me: Because I made these observations and want to study it.
  ○ A leader: Everything is fine with the way it is now.
  ○ Me: Um…

● Later from another healthcare leader:
  ○ “Nobody wants to read overnight studies.”
  ○ “It’ll be expensive to hire radiologists overnight”

● What do you do next?
What would you do next?
What is at risk?

- Antagonizing people
- Losing credibility / capital

❓  What happens if there is lack of support?

First step in QI: **stakeholder engagement**
Next steps

- Discussed with a mentor/colleague (at a different institution).
  - “What are you going to do the next time this happens?”
- Found hospital and research leaders who supported the project

💡 - alignment w/ stakeholders and allies (first step in QI)
Growth

- Just get started
- Solve a “problem”
- Growth:
  - Importance of support / allies to navigate the waters
  - Learn the appropriate process: Stanford QI, RSNA, ACR
  - Find a experienced mentor to walk you through
  - Gained leadership skills and clarified personal values
- Academic and clinical impact:
  - RSNA seed grant, Mayo innovation award
Availability of a final abdominopelvic CT report before emergency department disposition: risk-adjusted outcomes in patients with abdominal pain

Jordan Smith¹, Nelly Tan², Wendy Shih³, Kenneth Mitchell⁴, Molly Estes⁵, Radu Dudas⁶, Justin Camara⁷, Paul Jacobson², Matthew S. Davenport²,⁸

TRANSITIONING FROM PEER REVIEW TO PEER LEARNING: REPORT OF THE 2020 PEER LEARNING SUMMIT

David B. Larson MD, MBA⁹, Jennifer C. Broder MD⁹, Mythrehi Bharaivan-Chatfield PhD⁹, Lane F. Donahoe MD, Richard E. Sha MD, Nelly Tan MD

IMPLEMENTATION OF PEER LEARNING CONFERENCE THROUGHOUT A MULTINATIONAL RADIOLGY PRACTICE

Andrew W. Bowman¹, Nelly Tan², Daniel A. Adamo³, Frederick Chen², Sudhakar K. Venkata², Deborah A. Baumgarten¹

PATIENT AND PROVIDER FEEDBACK FOR RADIOLOGY REPORTS: IMPLEMENTATION OF A QUALITY IMPROVEMENT PROJECT IN A MULTI-INSTITUTIONAL SETTING

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Why I continue in QI

1. Immediate impact on clinical practice
2. Leadership / hospital care about the results
3. Learn one form of science: A3, SQUIRE, RE-AIMS
4. Develop leadership skills