Patient Quality and Safety Committee Meeting Notes 1/8:

Attendees:
In person: Tom Gallagher, Byron Joyner, George Demiris, Karen Souter, Mika Souter, Rage Durvasula, Rose Fernandez, Scott White, Anneliese Schleyer
Conference line: Bob Urata, Wade See
Absent: Brian Ross, Stu Farber, Suzy Dintzis, Trevor Robinson

Notes
1. Meeting started with Introductions
2. We are 1 of 11 curriculum renewal committees
   a. Not tweaking the current curriculum
   b. This renewal will be a complete remodel
3. Charged to make recommendations for each phase of training by end of March
   a. We will have 3 more meetings to accomplish this
4. Goals of tonight’s meeting are to identify trends, guiding principles and resources of committee.
5. **Discussion about Trends in Patient Quality and Safety:**
   1) Quality defined by outcome measures
   2) Use of EMR / Meaningful Use
      a. Personal health records
   3) Payment will be linked to quality
      a. By objective measures
   4) Quality included efficiency
      a. Cost effectiveness
      b. Value
      c. Triple Aim
   5) Perception of care
      a. Increased focus on patient experience as quality domain
   6) Reduction of healthcare disparities
   7) Transparency of data
      a. MS, Leapfrog
      b. Marketing
   8) Demonstrating competency
   9) “Next Accreditation”
      a. Milestones
   10) Peer review
      a. MOC
      b. Ongoing
   11) Team Core / Inter-professional skills
   12) Best Practices
      a. Messaging across key groups
6. **Discussion of Guiding Principles and/or methods (Most important items bolded)**

1. **Process Improvement**
   a. Evidence based
   b. PBLI
   c. System-based practice
   d. Lifelong learning
   e. Self-reflection

2. **Emphasizing Value**
   a. Appropriate
   b. CER

3. **Team Care**
   a. Communication
   b. Variable across WWAMI

4. **Basic Science of quality & safety are needed**
   a. New language
   b. RCA

5. **Moving from personal to system orientation**
   a. Just culture

6. Integration across spectrum of education
7. Accountability to be prepared for increased accountability to multiple stakeholder
8. Use of IOM resource
   a. System of safety /quality needed
9. Error recognition
   a. Resilience engineering
   b. Disclosure

10. Culture congruent care / Patient centered
11. Operationally valuable (practical, relevant material)
    a. Translate to day to day work
12. Informatics key
13. Wellness MD self-care (Different committee working on this)

**Methods:**
1. Integrate SIM throughout
   a. Repetition
   b. Never do something for first time on living patients
   c. Gaps driven by simulation
2. Need experience w/ PI / Quality Improvement / Value
   a. Capstone
7. **Discussion of desired resources:**
   1. Past recommendation from last curriculum renewal committee
   2. IHI open school
   3. “Next Accreditation” system (Bryon?)
   4. Better practice (BPBC)
   5. Molly reports
   6. IOM reports
   7. ACA
   8. Vanderbilt matrix
   9. Gawande’s Harvard Medical School graduation speech
   10. Other schools curriculum:
       a. Michigan
       b. Boston
       c. Florida
       d. UPenn
       e. NPSF (Rose?)
   14. Cosgrove proposed IHI rec (Wade?)

8. Thank you for everyone’s participation. Kelsey will be distributing resources and scheduling coming meetings in the next few weeks.