

# **INCORPORATING PERFORMANCE IMPROVEMENT WITH A LIVE CME ACTIVITY – A PILOT PROJECT**

Pauline Sylvester, MBA

Jeanne G. Cole, MS

Joseph L. Seltzer, MD

James W. Heitz, MD

# Starting Point

- Identified long-standing review course
- Developed clinical recommendations for participant implementation
- Created template for data collection, follow up and evaluation
- Modified the full PI CME process

# Planners

- Course director (Heitz)
  - Course faculty
- Senior Dean for CME (Seltzer)
- OCME Staff (Cole/Sylvester)

# CME Conference

- 16<sup>th</sup> Annual Gulf Shorts: Topics in Clinical Anesthesiology
- April 7-11, 2008
- #145 Participants

# Purpose of PI Project

- Improve anesthesiology practice
- Help participants translate new knowledge into practice
- Measure impact on physician performance
- Address the updated accreditation criteria
- Gain experience with PILOT PROJECT

# Develop PI Project

- Course Director & faculty provided evidence-based clinical recommendations (N =29) based on lecture content.
- “Clinical Recommendations Packet” was distributed at registration with instructions.
- Course director repeatedly encouraged participation from podium.

# Part 1 - Enrollment Onsite

Complete a short form:

- Identify 3 recommendations to examine in their own practice
- Complete a commitment to change (CTC) statement

# Part 1: Onsite Enrollment Form

Jefferson 16<sup>th</sup> Annual Gulf Shorts: Topics in Clinical Anesthesia

## PART 1 CHECKLIST Identify Clinical Recommendations You Will Implement

Part 1: COMPLETE this part of the process before you leave the conference

Last Name, First Name (Please Print): \_\_\_\_\_ DEGREE: \_\_\_\_\_

LAST 4 DIGITS of SSN: \_\_\_\_\_ PHONE: \_\_\_\_\_  
Work [ ] Home [ ] Cell [ ]

EMAIL ADDRESS: \_\_\_\_\_

I plan to adopt the following into my practice

A. Clinical Recommendation (enter the Recommendation number from p.13-14 from the packet)	B. I believe my current practice relating to this clinical recommendation is	C. My level of commitment to implementing this clinical recommendation is
Must select 3 to qualify for any credits	Very High High Moderate Low Very Low	Very High High Moderate Low Very Low
	<input type="radio"/> Very High <input type="radio"/> High <input type="radio"/> Moderate <input type="radio"/> Low <input type="radio"/> Very Low	<input type="radio"/> Very High <input type="radio"/> High <input type="radio"/> Moderate <input type="radio"/> Low <input type="radio"/> Very Low
	<input type="radio"/> Very High <input type="radio"/> High <input type="radio"/> Moderate <input type="radio"/> Low <input type="radio"/> Very Low	<input type="radio"/> Very High <input type="radio"/> High <input type="radio"/> Moderate <input type="radio"/> Low <input type="radio"/> Very Low
	<input type="radio"/> Very High <input type="radio"/> High <input type="radio"/> Moderate <input type="radio"/> Low <input type="radio"/> Very Low	<input type="radio"/> Very High <input type="radio"/> High <input type="radio"/> Moderate <input type="radio"/> Low <input type="radio"/> Very Low

### Instructions for

- Column A: Select 3 recommendations from the list in the Information Packet (pp 13-14). Enter the NUMBER of the Clinical Recommendation in the space provided (ex: #1, #28...).
- Column B: **Predict** how well you are already performing by filling in the appropriate circle
- Column C: Indicate how committed you are to implementing the identified recommendation in your practice by filling in the appropriate circle

### When Completed:

Return the top copy to the Registration Desk

Keep the bottom copy for your records

Or

Send a copy to:

# Part 2 - Pre-conference Performance

For each recommendation selected:

- Reviewed 5 pre-conference charts
- Assessed performance against clinical recommendation
- Submitted results of chart review online\*
- Completed online survey\*

\* *using SurveyMonkey®*

# Part 2: Online Survey

**Part 2: Gulf Shorts 2008 Retrospective Mini-Audit for Practice**

**1. FIRST Clinical Recommendation Report**

This activity is open to all individuals who attended the Jefferson Gulf Shorts Conference in April 2008.

Thank you for participating in this CME Performance Improvement Project. Please enter the chart review information for each of the three clinical recommendations that you selected to implement in practice.

For the FIRST Clinical Recommendation you are reviewing, please provide the following information.

**1. Enter the number of the Clinical Recommendation you are reporting on.**

\_\_\_\_\_

**\* 2. Chart code:**

1.1: \_\_\_\_\_  
1.2: \_\_\_\_\_  
1.3: \_\_\_\_\_  
1.4: \_\_\_\_\_  
1.5: \_\_\_\_\_

**\* 3. For each chart reviewed, indicate how well you had complied with the clinical recommendation you have identified.**

	Very High	High	Moderate	Low	Very Low
Chart 1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chart 1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chart 1.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chart 1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chart 1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment?  
\_\_\_\_\_  
⏪ ⏩

Click on the arrow below to continue

# Part 3 – Post-conference Performance

- Follow up email notification to complete Part 3
- Completed additional chart reviews of 5 post-conference cases online\*
- Assessed changes in compliance with selected clinical recommendations\*

\* *using SurveyMonkey®*

# Part 3: Online Survey

## 11. Years in Practice

- 1-7       8-15       15-22       >22

Please give us your feedback about your experience with the Jefferson Gulf Shorts 2008 Clinical Recommendations process thus far.

## 12. How long did it take you to complete the Post-Conference Mini-Audit?

- < 1 hr       1-2 hrs       > 2 hrs

Comment on time?

## 13. Were you surprised by the results of your mini-audit for any of the three clinical recommendations you selected? If yes, please indicate which surprised you.

- No       Yes

Recommendation # and explanation

## 14. Rate the usefulness of this process in helping you improve to the clinical recommendations you selected.

- Very High       High       Moderate       Low

Comment?

## 15. Rate the clarity of the instructions for completing completing Part 3 of this process

- Very High       High       Moderate       Low       Very Low

Any suggestions to improve this process?

## 16. This Performance Improvement CME activity, incorporated into a Conference, is a new design for CME. We would appreciate your comments and feedback.

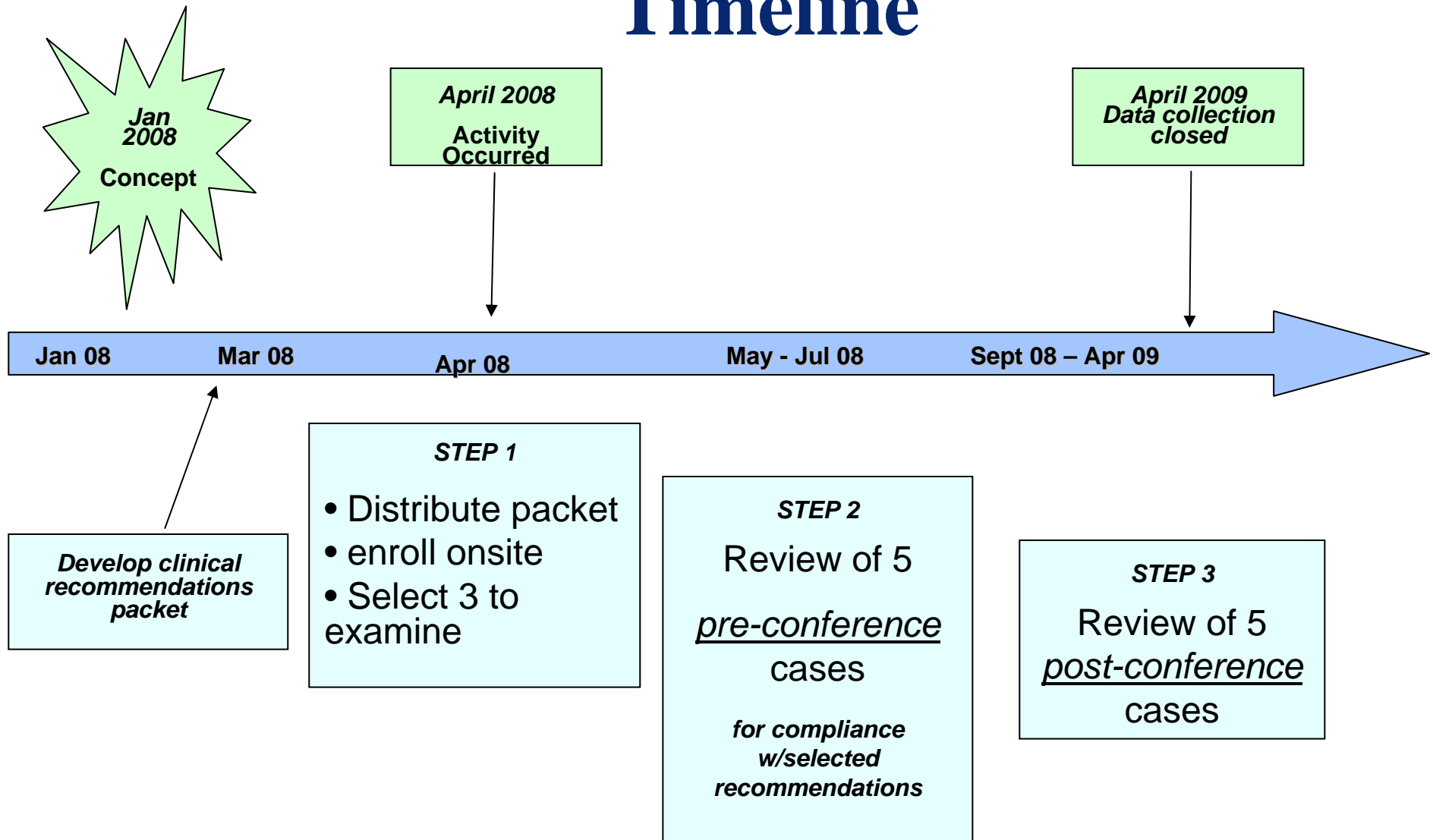
### Are you willing to talk to a Jefferson representative about your experience with this project?

- Yes       No

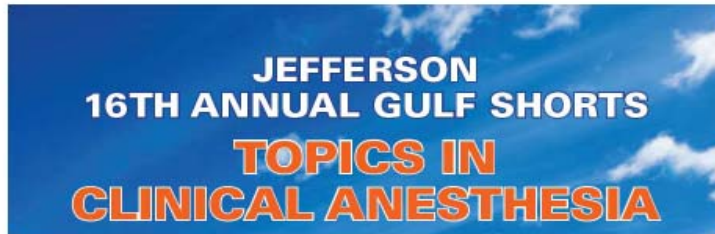
If yes, please indicate your preference for us to contact you:

Thank you for completing Part 3 of the Jefferson Gulf Shorts 2008 Clinical Recommendations Performance Improvement process. You will receive an email with a summary on the information you submitted, and a notice on how to retrieve your CME credits. In the meantime, please don't hesitate to contact us at 888 JEFF CME (or jeffersonscme@jefferson.edu) if you have any questions.

# Timeline



# Instructions Packet



CLINICAL RECOMMENDATIONS PACKET  
PERFORMANCE IMPROVEMENT PROJECT

<http://jeffline.jefferson.edu/jeffcme/anesthesiacme>



1-888-JEFF CME

JEFFERSONCME@JEFFERSON.EDU

## Jefferson 16<sup>th</sup> Annual Gulf Shorts: Topics in Clinical Anesthesia

### EVIDENCE-BASED RECOMMENDATIONS

These recommendations can be implemented for additional AMA Category 1 Continuing Medical Education Credit as part of the Jefferson Anesthesia Gulf Shorts 2008 Performance Improvement Project as outlined in the accompanying information. Please note, evidence-based recommendations appear for many, but not all, of the lectures offered during the symposium. The appropriateness of an individual recommendation for a particular clinical situation remains the judgment of the anesthesia provider. The symposium does not advocate or endorse the use of specific medications or techniques.

*Professionalism dictates the honest completion of your practice review. Physicians are reminded that the American Medical Association's Code of Ethics states in part "Physicians should claim credit commensurate with only the actual time spent attending a CME activity or in studying a CME enduring material." (E9.011)*

### EMERGING TECHNIQUES FOR ACUTE PAIN MANAGEMENT

**Recommendation #1: Postoperative epidural analgesia with EREM should be administered to appropriately selected patients who may benefit from epidural analgesia without the need for an indwelling epidural catheter.**

Extended-release epidural morphine (EREM) can provide up to 48 hours of analgesia without the need for an indwelling epidural catheter. EREM is not currently recommended for individuals with opioid-tolerance or obstructive sleep apnea. EREM should be considered for patients who may benefit from postoperative epidural analgesia without the need for an indwelling epidural catheter. This would include patients for whom postoperative epidural analgesia would be beneficial, but an indwelling epidural catheter is either contraindicated or presents an increased risk because of the concurrent need for anticoagulation.

*Viscusi ER, et al. Anesthesiology 2005;102(5):1014-22.*

**Recommendation #2: Iontophoretic fentanyl should be administered to appropriately selected patients for postoperative analgesia.**

Reportedly, 2% of all medication errors result in patient harm, but the likelihood of patient harm increases 3.5 fold if the error involves a PCA pump. Iontophoretic fentanyl allows for demand dosing of postoperative fentanyl from a preprogrammed device, eliminating some of the most common sources of medication error and the need for a PCA pump. The possibility of intentional tampering of the programming of the PCA pump, by patient or the patient's family, is also eliminated. Iontophoretic fentanyl may offer advantages over IV PCA opioid for some patients.

*Viscusi ER, et al. JAMA 2004;291:1333-41.*

### PRETERM LABOR AND DELIVERY

**Recommendation #3: When administering succinylcholine to patients receiving intravenous magnesium, use a standard intubating dose (1mg/kg) without prior administration of a defasciculating dose of a nondepolarizing neuromuscular blocker.**

Intravenous magnesium is a tocolytic commonly administered in treatment of preterm labor. Since magnesium potentiates the action of neuromuscular blockers, a defasciculating dose of a nondepolarizer should not be administered prior to administration of succinylcholine. A standard intubating dose of succinylcholine (1 mg/kg) is recommended with the understanding that its duration of action may be potentiated as well.

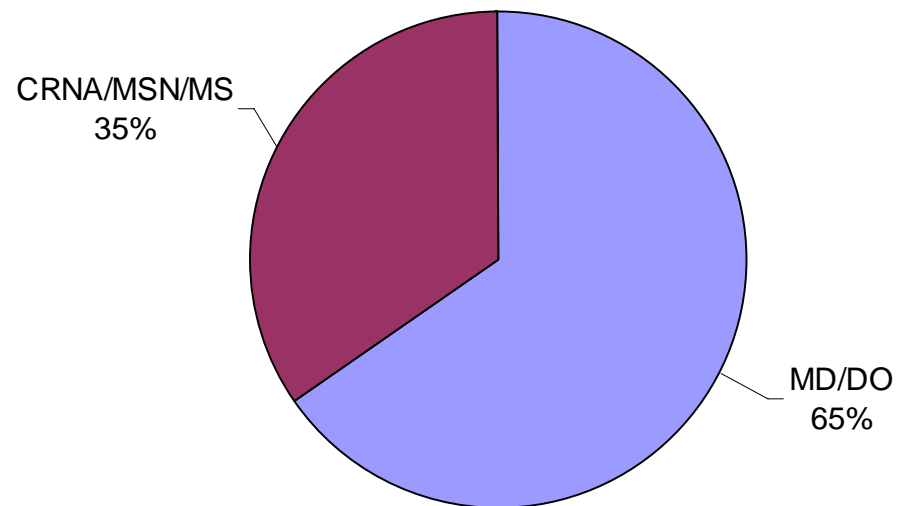
*Kambam JR, Perry SM, Entman S, et al. Am J Obstet Gynecol 1988;159:309-11.  
James MFM, Cork RC, Dennett JE. Anesth Analg 1986;65:373-6.*

# Results – Part 1

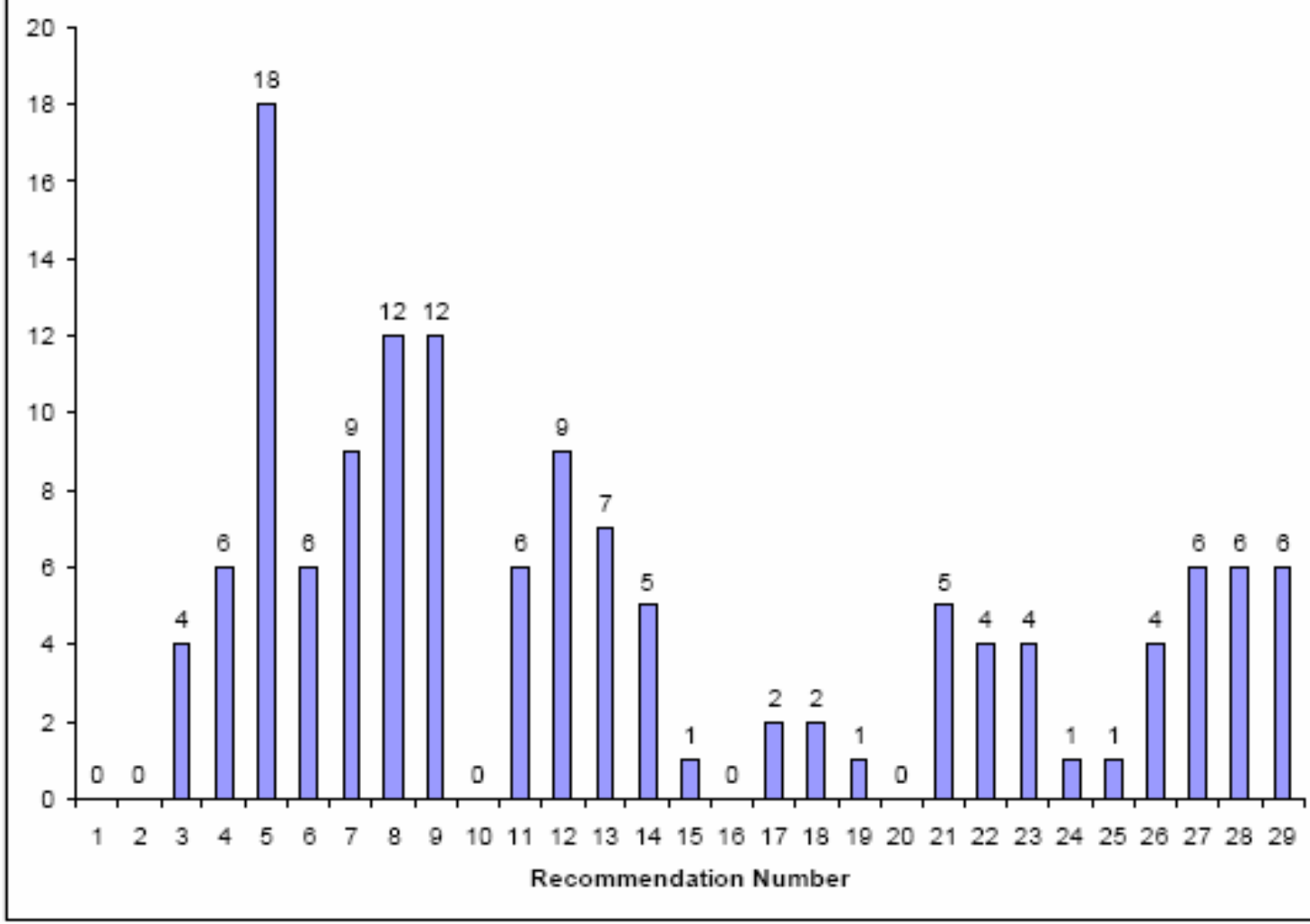
- Initial enrollment = 46/145 (32%) - 30 physicians
- Final enrollment = 40 (28%) - 1 withdrawn ; 5 bad emails
- Assessed current practices at a **moderate** level of compliance: **range: 3.20 – 3.33**
- Assessed their commitment to implementing the recommendation at a **high** level: **range 4.42-4.51**

# Participants

Participants by Degree (N=46)



### Selected Recommendations by Frequency



# Top 3 Recommendations Selected

Top 3 recommendations selected:

#5	NSAIDs should be administered to appropriately selected patients as part of a multimodal analgesia regimen in an effort to minimize side effect profiles including postoperative ileus.
#8	US-guidance for should be used for femoral-fascia iliaca blocks to lower local anesthetic requirements.
#9	Multimodal analgesia should be used for patients at risk for moderate or severe pain postoperatively and for patients who have difficulties tolerating opioids due to side effects.

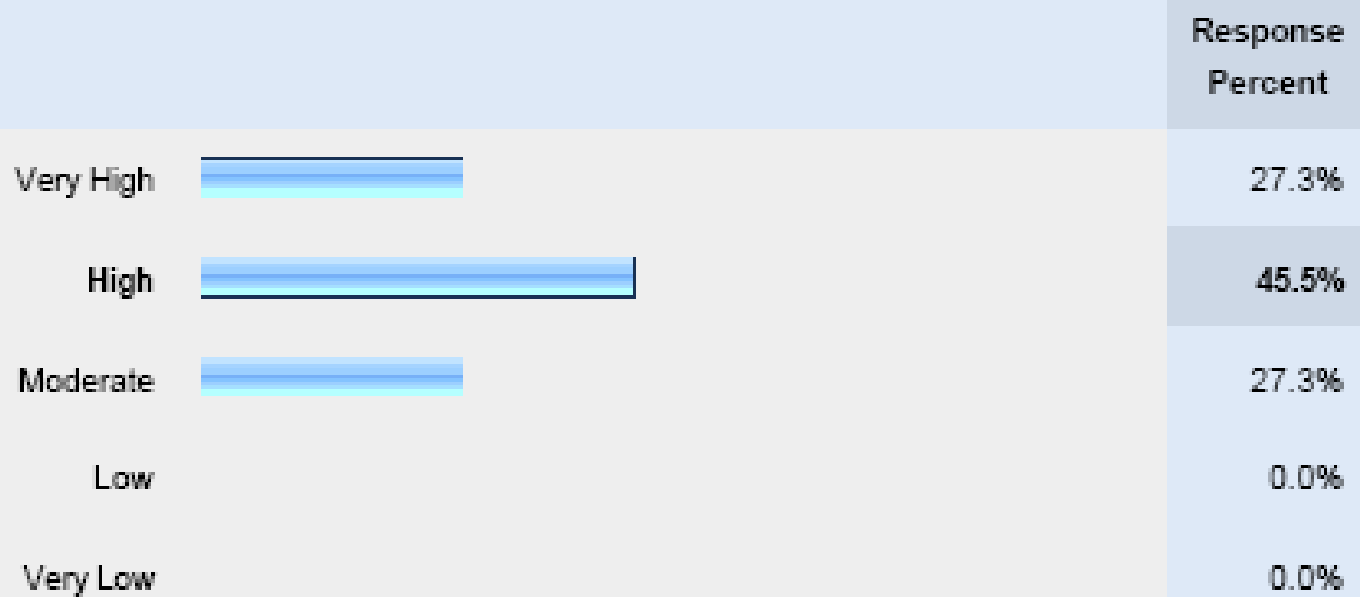
# Results – Part 2

- 9 physicians (30%) completed Part 2 (audit of *preconference* charts)
- 23% identified a gap between their clinical practice and the evidenced-based recommendation

# Results - Part 2

## Usefulness Ratings

14. Rate the usefulness of this process in helping you improve your practice relating to the clinical recommendations selected.

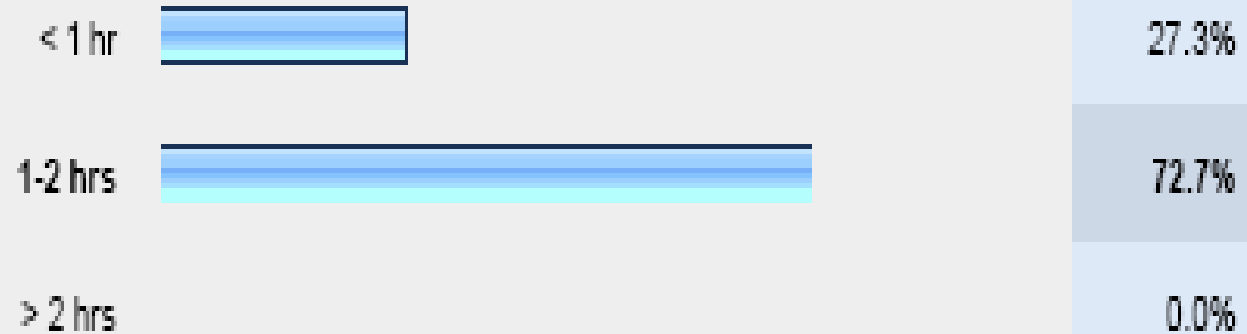


70% of respondents rated usefulness of exercise as “very high/high”

# Results - Part 2

## Completion Time

12. How long did it take you to complete the Retrospective Mini-Audit?



# Results – Part 3

## Compliance Ratings

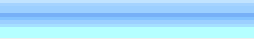
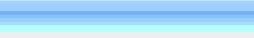
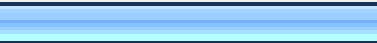
- 5 (13%) completed Parts 2 & 3
- Differences between Part 2 & 3 compliance ratings  $-.06$  to  $+1.6$
- Average change  $+.51$

# Results – Part 3

## Usefulness

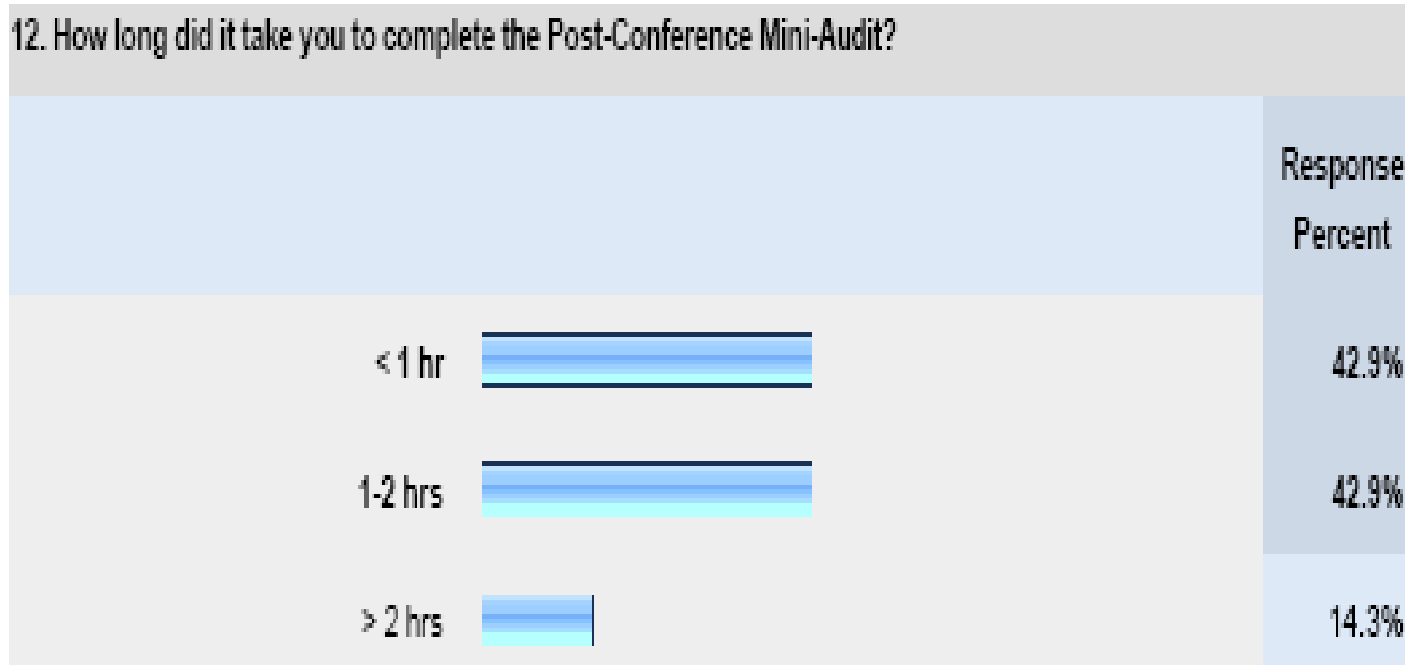
57% deemed activity highly or very highly useful, decreased from 70% in Part 2

14. Rate the usefulness of this process in helping you improve your practice relating to the clinical recommendations selected.

	Response Percent
Very High 	28.8%
High 	28.8%
Moderate 	42.9%
Low	0.0%
Very Low	0.0%

# Results – Part 3

## Completion Time

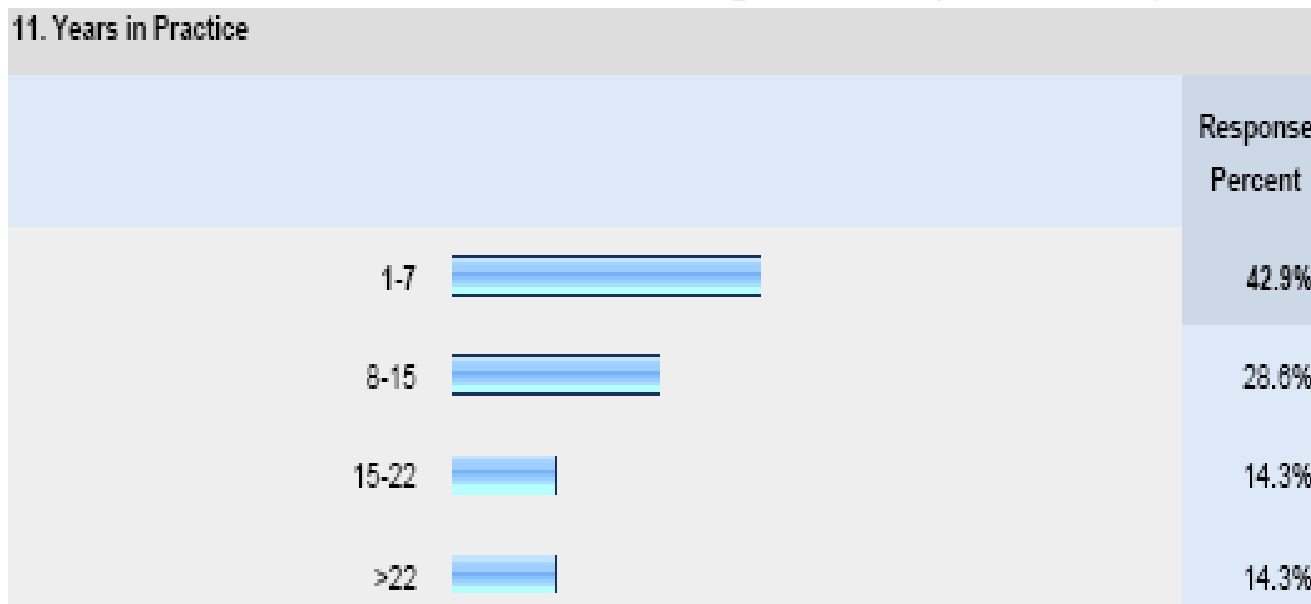


Completion time is shorter in Part 3 than Part 2

# Results – Part 3

## Years in Practice

70% enrollees practicing for  $\leq 15$  years



# Conclusions – Study

*Pilot project too small to make definitive conclusions*

- While initial enrollees indicated a high degree of commitment to implement
  - We had declining participation at each subsequent step (40/9/5)
- PI component added to CME lecture format may help participants recognize their practice deficiencies
- Participants who completed all 3 parts averaged change of +.5 in compliance ratings

# What We Learned - Program Director

- Development of clinical recommendations impact faculty presentations
  - 2010 Anesthesiology Update Conference
    - clinical recommendations will drive presentations
- Process highlighted learner needs, which became clearly
  - Articulated
  - Rationalized
  - Referenced

# What We Learned - OCME

We found we need to:

- Modify collection method of recommendations from faculty (for ease of organizing)\*
- Revise instruction packet
  - Move clinical recommendations summary page in front\*
- Revise survey tool for Part 3
  - Display Part 2 selections in Part 3 survey
- Develop a report to go back to participants

\*Improvements made and used in a 2008 FCM Update Course

## What We Learned - OCME

- Need to collaborate, CME office can't do alone
- Too many choices?
  - Balance of individualized practice vs ability to quantitatively analyze results
  - Data analysis labor intensive
  - Comparisons between Part 2 & 3 responses difficult
- Participation *may* increase if more credit hours awarded or modulating PI project for credit hours

# Since We Started This....

- Clinical recommendations format adopted into our CME activities documentation (actions/evidence table)
- Planning a June 2009 FCM Update Course PI Project with modifications
- Model will be used for other review-type CME activities

**Thank You!**



Questions?