

QUALITY ASSURANCE/IMPROVEMENT

In the past, efforts to exert control over the quality of health care have relied upon sanctioning of physicians after retrospective discovery of instances of poor quality care. The essence of the method was to find an error after it occurred and punish the person who made the error. This method has become outdated with the emergence of a new paradigm for quality management in industry in the United States and its application to health care.

The new approach assumes that systems rather than people are at fault. It sees errors as opportunities to learn about faulty systems and improve them. The focus of managed care on reducing costs while sustaining or improving the quality of care has given further impetus to this approach to improvement. Current efforts to improve quality while reducing costs requires that physicians in training become involved in quality management and learn how to work with other professionals as members of quality management teams.

The hospital has numerous QI projects and the residents regularly participate in these projects. Techniques from the QI approach are regularly used by the Program Director in improving the Program as a whole as well as in improving various parts of the program. Conferences are given on Quality Improvement theory, techniques and practice.

I. GOALS

- A. To know the basic concepts in quality improvement, especially as the concepts and techniques can be applied in medical contexts.
- B. Develop basic application skills.
- C. To have opportunities to acquire experience working on a quality improvement team

II. CONTENT

- A. Definitions of common QA/QI terms
- B. Key concepts, including distinction between quality improvement methods and quality assurance activities
- C. Where appropriate to apply to medicine
- D. Enthusiasm to use in their daily work

III. TEACHING METHOD (theoretical and practical application)

- A. Orientation of new house staff
- B. Rotations: Subspecialty, units, ward on rounds with supervising residents and attendings
- C. Ambulatory settings: continuity experience, private offices and nursing homes
- D. Conferences: Grand Rounds, resident conferences (at least yearly)
- E. Collaborate on projects with other hospital and/or office personnel
- F. Reading: See bibliography
- G. Use in evaluation of residents - verbal and written
- H. Interdisciplinary interactions in midst of daily activities

IV. EVALUATION

See general introduction

V. BIBLIOGRAPHY

Goldberg, E, Diamond HS, Ronagus AM. TOTAL QUALITY MANAGEMENT OF A MEDICAL RESIDENCY.1994, 10pp. The Western Pennsylvania Hospital

Scholtes PR. THE TEAM HANDBOOK. Joiner Associates Inc.