Continuous Quality Improvement Policy

(Tracking/Identification number TBD)

POLICY METADATA

Policy metadata will be completed with assistance from the Medical Education Policy and Procedure Committee.	
Policy Owner Vice Dean for Academic, Rural and Regional Affairs **Policy Category** Administration **LCME Standard and Element** 1.1 Strategic Planning and Continuous Quality Improvement **Audience** UWSOM MD Program Administration, Leadership, Faculty, Staff and Students **Keywords** continuous quality improvement, CQI, accreditation, compliance, Element 1.1, strategic planning, monitoring, oversight, LCME **Frequency of Review** Every four years or less	**Effective Date & Applicability to Entering Class (if appropriate)** Academic Year 2019/2020 **Authorized Individual(s) or Governing Bodies & Original Date Adopted** Vice Dean for Academic, Rural and Regional Affairs EQISP Committee Associate Dean, Educational Quality Improvement December 28, 2018 **Notification & Consultation (if appropriate)** All governance committees All designated responsible individuals **Legal Review & Date Reviewed (if appropriate)** N/A **Procedures, Guidelines and Requirements & Date Adopted (if appropriate)** EQISP Committee, March 24, 2019

Purpose and Scope

This policy with corresponding procedures and guidelines is intended to provide the framework for continuous quality improvement for the Medical Student Education Program and fulfills the requirement of LCME Element 1.1, ensuring effective systemic monitoring of the medical education program's compliance with accreditation standards.

Policy Statement

It is the policy of the University of Washington School of Medicine to engage in continuous quality improvement of its Medical Student Education Program policies, processes and practices in order to achieve its mission, goals and values in accordance with the Medical Student Program Strategic Plan and in compliance with the Liaison Committee on Medical Education accreditation standards.

Definitions

Association of American Medical Colleges (AAMC) – the non-profit organization representing all medical allopathic medical schools in the United States and Canada. The AAMC also represents teaching hospitals, health systems and academic societies.

Continuous Quality Improvement (CQI) – the method by which operational problems are identified, interventions are designed and initiated, outcomes are monitored for effectiveness and best practices are replicated.

Data Collection Instrument (DCI) – the template of questions, prompts, tables and supplemental requests that the Liaison Committee on Medical Education provides medical schools in order to evaluation their medical education program in the accreditation process.

End-of-Phase Survey – the survey tool administered at the end of Foundations, Patient Care and Explore and Focus phases.

Graduation Questionnaire (GQ) – the survey administered to graduating medical students by the Association of American Medical Colleges.

Liaison Committee on Medical Education (LCME) – the accreditation granting body of the Association of American Medical Colleges with authority over all allopathic medical schools in the United States and Canada.

Responsible Individuals – the individuals designated with the responsibility to directly initiate, manage, oversee and report on continuous quality improvement interventions and activities.

Year-Two Questionnaire (Y2Q) – the survey administered to second year medical students by the Association of American Medical Colleges.

Procedures and Guidelines

The Continuous Quality Improvement (CQI) Procedures and Guidelines specifies the overall plan for implementing the continuous quality improvement cycle at UWSOM. The key focal areas of the procedures and guidelines include the following:

1. Purpose of CQI monitoring and review;
2. CQI monitoring governance, stakeholders and responsible individuals;
3. Criteria for selecting priority elements for routine CQI monitoring;
4. CQI review process and schedule;
5. Role of action plans in CQI;
6. A system of data management, analyses, reporting, and follow ups;
7. Regular CQI communication;
8. An alert process for updating the DCI as a result of new structural, operational or programmatic changes in the school or new data collection requirements.

The key focal areas are described in detail below:

1. Purpose of CQI Monitoring and Review

At UWSOM, continuous quality improvement monitoring and review serves the following purposes:

   a. Monitor educational and operational activities to assess degrees of compliance with LCME standards
   b. Identify areas of improvements and new or ongoing risks
   c. Develop and implement interventions to mitigate risks
   d. Share best practices for organizational learning

2. CQI Governance, Stakeholders and Responsible Individuals

At UWSOM, educational CQI monitoring and review is governed by the Educational Quality Improvement Strategic Planning (EQISP) Committee. The Educational Quality Improvement (EQI) Office, led by an associate dean with a team of three staff members, serves as the administrative office to the EQISP Committee. The EQISP Committee reports to both the UW Medicine Strategic Leadership Council and the Vice Dean for Academic, Rural and Regional Affairs regarding continuous quality improvement activities, including the identification of major resource needs as well as policy/procedural changes necessary to promote continuous quality improvement and compliance with accreditation standards.

The EQISP Committee has an established functional relationship with key committees in the medical school, including four curriculum committees and the Learning Environment Committee. Additionally, the EQISP Committee ensures that key CQI datasets are reported on a regular basis by the EQI Office in partnership with the Division of Medical Education and Evaluation, Academic and Learning Technologies, and Regional Affairs as appropriate.

Responsible individuals directly initiate, manage and/or oversee CQI interventions and activities for assigned elements and produce status reports on CQI activity under the guidance and direction of the EQI Office and EQISP Committee. Responsible individuals report the status of their CQI activities to the EQISP Committee in accordance with the CQI process and review schedule (Section 4. CQI Review Process and Schedule).

3. <u>Criteria for Selecting Priority Elements for Routine CQI Monitoring and Review</u>

The School of Medicine routinely monitors those LCME elements designated as priorities for improving educational quality. Criteria for selecting priority elements include the following:

Tier 1 Priority Elements:

a. Elements that pose accreditation risks based on LCME citations
b. Elements determined by the EQISP Committee or the Vice Dean Vice Dean of Academic, Rural and Regional Affairs to pose a risk of non-compliance

Tier 2 Priority Elements:

a. Elements related to the curriculum that continue to evolve based on student feedback and structural/functional realignment needs
b. Elements related to diversity, the learning environment and mistreatment
c. Elements associated with student services that are key to student comfort, well-being and satisfaction with academic and career success

Tier 3 Elements:

a. All other elements not designated Tier 1 or Tier 2 Priority Elements

In the event that the EQISP Committee identifies serious issues with an element, the Committee may reprioritize the tiered designation of the respective element. Likewise, if the EQISP Committee determines that the risks associated with an element have been mitigated to its satisfaction, the Committee may deprioritize the tiered designation of the respective element.

4. <u>CQI Review Process and Schedule</u>

Tier 1 Priority Elements:

a. Tier 1 Priority Elements are reviewed via status reports on a biannual basis.
b. In September of each year, the EQI Office provides responsible individuals with a status report template based on information specifically requested by the LCME, relevant items from the historic DCI, new DCI questions and CQI datasets, including updated data from the AAMC GQ,

AAMC Y2Q and internally administered surveys. The EQI Office also provides responsible individuals with updated data as it becomes available throughout the year.

c. Responsible individuals submit status reports including updated narratives and data analyses biannually on January 31 and June 30, starting in 2020.

d. After an initial review of the status reports by the EQISP Committee Co-Chairs and the EQI Office, EQISP Committee Co-Chairs select status reports for in-depth review and request formal presentations by responsible individuals for discussion by Committee members.

e. Upon completion of the EQISP Committee's review of the status reports, responsible individuals are notified of any follow-up questions and/or findings and assessments.

f. In the event that serious issues are identified during the review of a status report, the EQISP Committee may recommend to the Vice Dean of Academic, Rural and Regional Affairs that an action plan be developed by responsible individuals to address the gaps and deficiencies (Section 5. Role of Action Plans in CQI).

Tier 2 Priority Elements:

a. Tier 2 Priority Elements are reviewed via risk assessment reports on an annual basis, starting in 2020.

b. In September of 2020 and each year thereafter, the EQI Office provides responsible individuals with a risk assessment report template with relevant information from the historic DCI, new DCI questions and CQI datasets, including updated data from the AAMC GQ, AAMC Y2Q and internally administered surveys.

c. Responsible individuals complete the risk assessment report with a narrative overview and data analysis and submit risk assessment reports annually on November 15, starting in 2020 and annually thereafter.

d. After an initial review and analysis of the risk assessment reports by the EQISP Committee Co-Chairs and the EQI Office, responsible individuals are notified of any follow-up questions and/or findings and assessments.

e. In the event that serious issues are identified during the review of a risk assessment report, the EQISP Committee the EQISP Committee may recommend to the Vice Dean of Academic, Rural and Regional Affairs that an action plan be developed by responsible individuals to address the issue (Section 5. Role of Action Plans in CQI).

Tier 3 Elements:

a. Tier 3 Elements are assessed and reviewed by the EQI Office at least once every three years, starting in 2021.

b. After an initial review and analysis of Tier 3 Elements by the EQI Office, responsible individuals may be notified of any follow-up questions and/or findings.

c. In the event that the EQI Office identifies serious issues during the review of Tier 3 Elements, the issues are brought to the attention of the Vice Dean of Academic, Rural and Regional Affairs and the EQISP Committee Co-Chairs for discussion by the EQISP Committee. The Vice Dean of Academic, Rural and Regional Affairs may require that an action plan be developed by responsible individuals to address the issue.

5. Role of Action Plans in CQI

When gaps, risks or deficiencies in educational operations and programs are identified, the EQISP Committee may recommend to the Vice Dean of Academic, Rural and Regional Affairs that an action plan be developed by responsible individuals to address the issue. Action plans are to include an analysis of the problem, strategy for resolving the problem, action steps to be taken, process and quality outcomes and indicators of progress to achievement of target goals with specific timelines. Follow-up reports regarding the action plans may be made to the appropriate committees, including the EQISP Committee. Status reports on Tier 1 Priority Elements and risk assessment reports for Tier 2 Priority Elements may include information on progress toward achieving the outcomes of an action plan.

6. A System of Data Monitoring, Analyses, Reporting, and Follow up

Under the auspices of the EQISP Committee, the EQI Office is responsible for ensuring the following:

a. The collection, analyses, and reporting of target CQI datasets;

b. Access to CQI datasets by responsible individuals for monitoring progress of outcomes identified in status reports, risk assessment reports and action plans; and

c. Implementation of systemic continuous quality improvement processes for data analyses and reporting.

The timing of review of Tier 1 Priority aligns with the availability of the key CQI monitoring datasets. These datasets are availability for review as follows:

a. AAMC Y2Q (February)

b. Internal Supplemental Survey(s) (April-May)

c. Internal End-of-Phase Survey - Explore and Focus (June)

d. Internal End-of-Phase Survey - Patient Care (July)

e. AAMC Graduation Questionnaire (August)

f. Internal End-of-Phase Survey – Foundations (November)

g. Student Performance Data (ongoing)

- Block exams

- Clerkship exams/grades

- End-of-Phase OSCEs

- NBME Step 1

- NBME Step 2

h. Student Feedback (ongoing)

- Evaluation of blocks

- Evaluation of clerkships

- Evaluation of faculty

Additional access to and monitoring of datasets that are central to the Medical Education Program evaluation are conducted in partnership with the key data owners, including the Division of Medical Education and Evaluation in the Department of Biomedical Informatics and Medical Education, the Curriculum Office, and Academic and Learning Technologies.

7. Regular CQI Communication

The EQI Office is responsible for presenting key CQI datasets to all major committees in the medical school including the EQISP Committee, Curriculum Committee, Foundations Phase Committee, Patient Care Phase Committee, Explore and Focus Phase Committee, and Learning Environment Committee. Follow up reports on the status of action plans are made to the appropriate committees.

Additional Requirements

N/A

Exceptions

N/A

Supersedes

N/A

Related Policies

TBD

Maintenance and Review

The Continuous Quality Improvement Policy was approved on December 28, 2018

Procedures and Guidelines were approved on March 24, 2019 (amended language approved on September 16, 2019 EQISP Committee).