Systems-based Practice

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Definition

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

ACGME, The Outcome Project
Residents are expected to:

- work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- coordinate patient care within the health care system relevant to their clinical specialty;
- incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
- advocate for quality patient care and optimal patient care systems;
- work in interprofessional teams to enhance patient safety and improve patient care quality; and
- participate in identifying system errors and implementing potential systems solutions.

*ACGME, The Outcome Project*
Systems are...

- Resident teams
- Interprofessional teams
- Departments
- Hospitals
- Clinics
- Medical record systems
- Pharmacies
- Other ancillary services
- Insurance plans
Not to forget...

• Medical Board
• Specialty-Specific Boards
• Professional organizations
• Pharmaceutical industry
• Medical Education System

Fortunately...
None of this is new -

AND WE ARE ALREADY DOING IT!
We teach our residents to...

• function well in inpatient and outpatient settings;
• function well in OR’s (where applicable);
• function well in ER/Triage settings (where applicable);
• work up patients calling for the appropriate labs, x-rays, CT scans;
• request consults when indicated;
And we teach them to...

- submit authorization requests to insurance to get patient care approved
- coordinate patient care;
- incorporate cost awareness and risk/benefit as appropriate;
- coordinate inbound and outbound transfer of patients;
- arrange for referrals and follow up as indicated
- serve on House Staff Council and/or advisory committees
Our residents...

• form multi-disciplinary teams with nursing and allied health staff;
• coordinate with support staff;
• work on enhancing patient safety in cooperation with nursing and allied health staff; and
• participate in quality assurance type reviews to improve patient safety.
What we need

• Improve on what we already do/teach
• Resident involvement in continuous improvement and fine-tuning of systems-based practice processes
  – Skill that they can take with them into practice
  – Process of identifying opportunities for improvement and plan to implementing improvements can be used to evaluate systems-based practice competency
What we have added...

- Interprofessional sign-out rounds to enhance patient safety in cooperation with nursing and allied health staff:
  - Outgoing and incoming residents/faculty/nursing staff.
  - Census for each service is given, including our patients in e.g., ICU.
  - All pertinent patient information is presented.

This has reduced the risk of adverse outcomes and miscommunication, and has resulted in accurate and timely communication and improved patient care.
Where do we go from here?

• Encourage and enhance interprofessional and interdisciplinary team work.
• Encourage residents to be more proactive in suggesting improvements to established processes like sign-out rounds.
• Encourage residents to analytically review patient care, in terms of root cause analysis or quality assurance reviews, and present and discuss their findings and recommendations in rounds and guided discussions.
• Document presentations on systems-based practice processes and on improvement suggestions in resident portfolios.
• Include systems-based practice subjects not only in GME lectures but also in Grand Rounds and didactic lectures.
• Develop short online teaching modules, with built in evaluations
• Improve documentation of resident involvement in systems-based practice activities
• And, above all, find more and better ways to document and measure competence in systems-based practice using
  – 360 global ratings,
  – OSCE,
  – Evaluation of systems-based practice presentations, and
  – Self Assessment and Learning Plan
What we measure, we tend to improve.

David Leach, M.D., ACGME
References

ACGME Website

http://www.acgme.org/outcome