From Chaos to Quality: Coordinators Driving QI Success

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Poll

When poll is active respond at
PollEv.com/ccmcglohbal287

If you answered yes to any of the questions in our poll

You're a QI Champion!
(You just didn't know it)

Let's legitimize, formalize and elevate your impactful work!

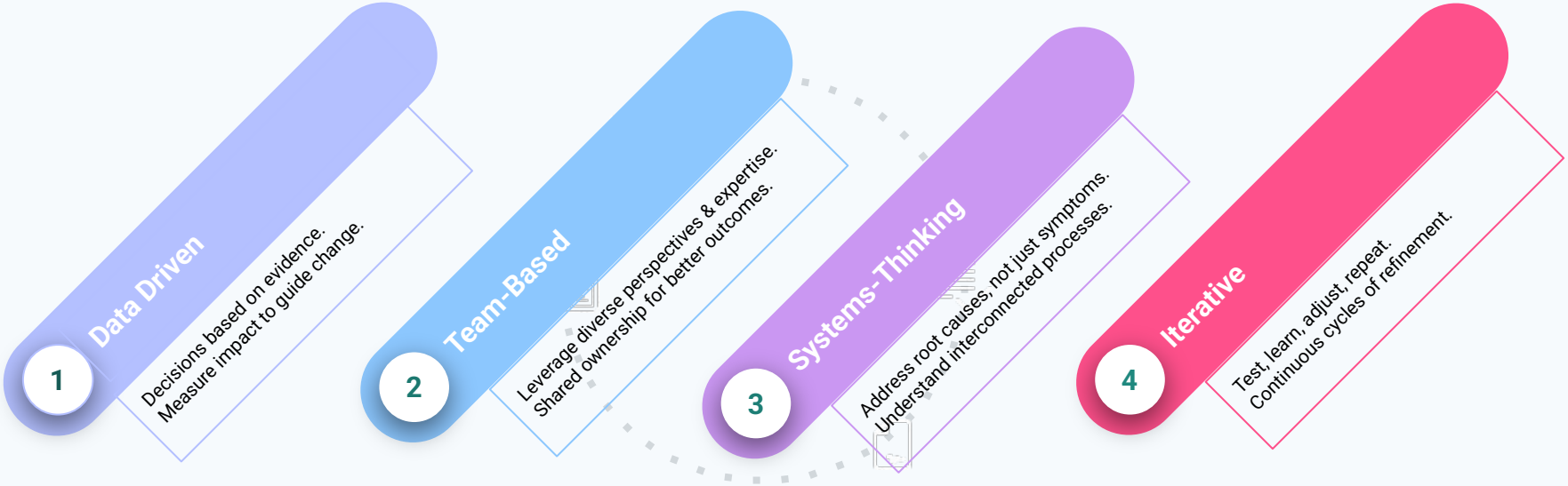
What is Quality Improvement?

The Center for Disease Control and Prevention defines quality improvement as“…a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.”

Basically, QI is the systematic, data-driven approach to improving processes and outcomes.

Quality Improvement

More than just “Fixing Things”



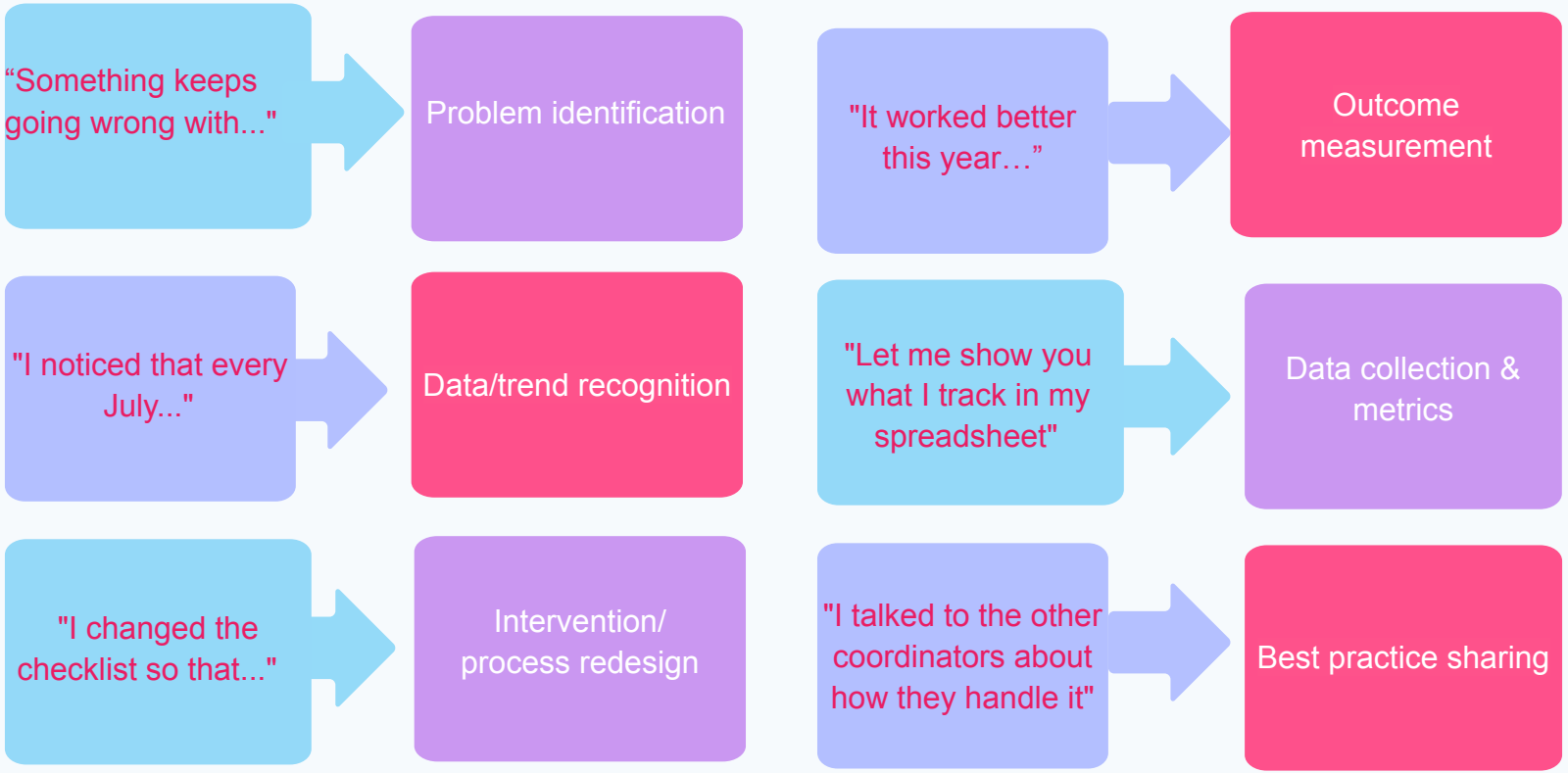
Why it Matters to Program Coordinators

01 ACGME increasingly expects programs to demonstrate continuous improvement

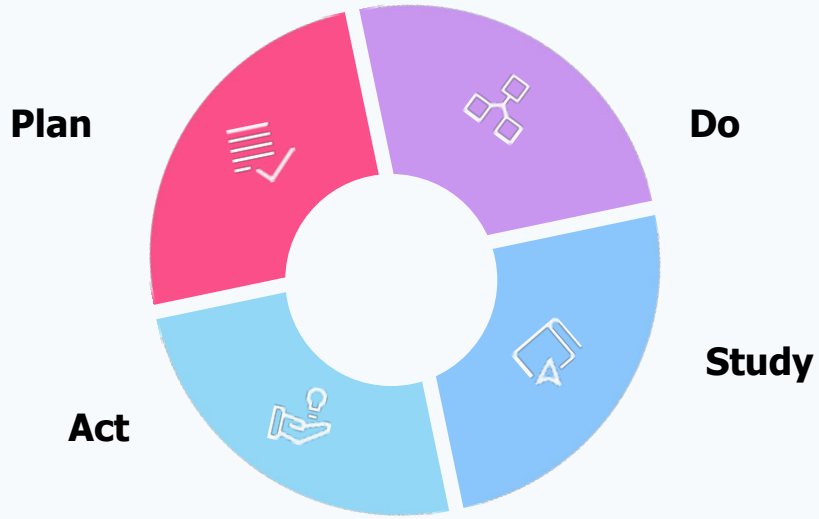
02 Coordinators are often the first to identify process breakdowns and how to address them

03 Opportunity to elevate your role

Reframe Everyday Problems/Solutions as QI



PDSA Cycle



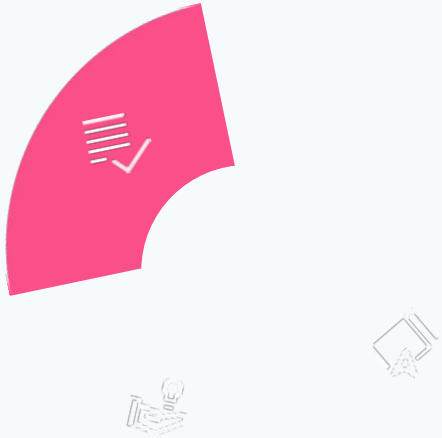
PDSA Cycle

Plan

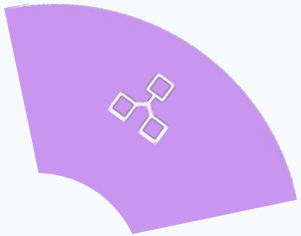
Define the change

Make predictions about what will happen

Design a way to test the change.



PDSA Cycle

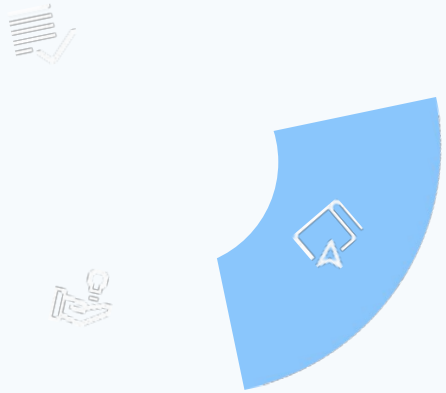


Do

Carry out the change

Collect data and document how change was implemented

PDSA Cycle



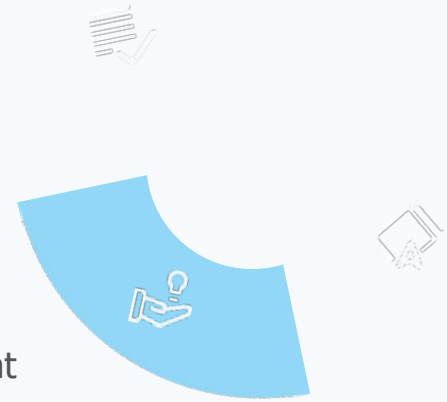
Study

Analyze the data

Compare what happened to predictions

Glean insights for the next cycle

PDSA Cycle



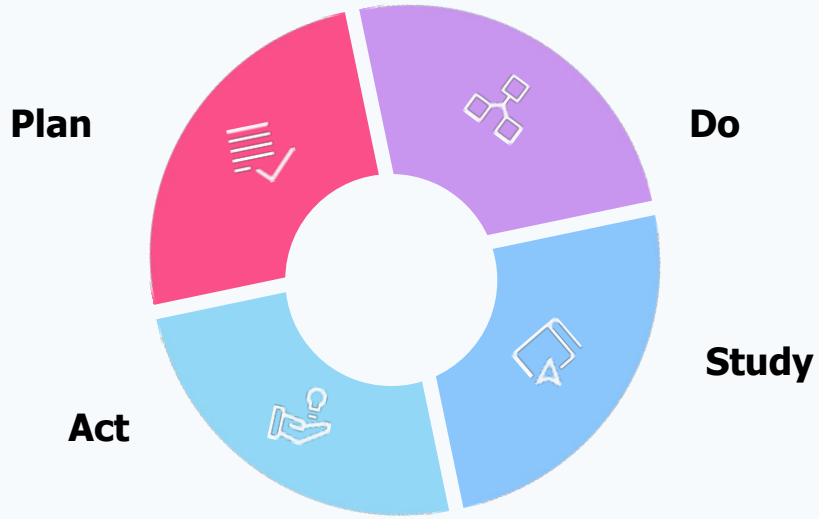
Act

Decide what to do next based on what you learned

Abandon the idea?

Make adjustments?

PDSA Cycle



Six Sigma

A structured approach to process improvement

01

Define

Project scope & goals

02

Measure

Collect data on current process performance

03

Analyze

Identify root causes of issues

04

Improve

Develop and implement solutions

05

Control

Sustain improvements, prevent recurrence

06

Key Idea

Ideal for complex problems with measurable defects

Case:

Program policy requires faculty to complete resident evaluations within 7 days of the end of a rotation or shift. Over the past 6 blocks, many evaluations are completed late; some are never completed. Delays impact CCC readiness, milestone reporting, and resident feedback timeliness.

Faculty and coordinators report:

- The evaluation form feels long and duplicative.
- Faculty often miss the initial email or can't easily access the form.
- Reminder cadence is inconsistent.
- Some faculty don't realize there's a due date until they're overdue.
- Coordinators spend hours each week sending manual reminders and chasing evaluations.
- A few faculty are consistently late and account for most overdue items.

Current process:

1. Rotation ends → system auto-assigns evaluations to faculty.
2. Faculty receive a single email with login link.
3. If not complete by day 7, coordinator manually reminds at day 10 and day 21.
4. At day 30, coordinator closes outstanding items as "not completed" to finalize block reporting.

Program leadership supports improvement and is open to trying simple changes first.

Your Task

Work as a group to:

1. Draft an aim statement
2. Choose 2 outcome measures
3. Identify likely root causes
4. Propose 2-3 change ideas to test via a PDSA cycle or DMAIC
5. Predict what will happen to your measures
6. Review “after” data below and discuss what likely worked or didn’t

Baseline Data: Program expectation: complete within 7 days.

Block	Assigned	Completed Overall (by 30 days)	On-Time (≤7 days)	Median Days to Completion
Block 1	72	62 (86%)	28 (39%)	10
Block 2	68	56 (82%)	24 (35%)	9
Block 3	74	60 (81%)	26 (35%)	10
Block 4	70	57 (81%)	25 (36%)	9
Block 5	69	55 (80%)	23 (33%)	10
Block 6	71	58 (82%)	27 (38%)	9

Aim Statement	
Outcome Measures	
Root Causes	
Change Ideas	
PDSA or DMAIC	
Prediction	

Results:

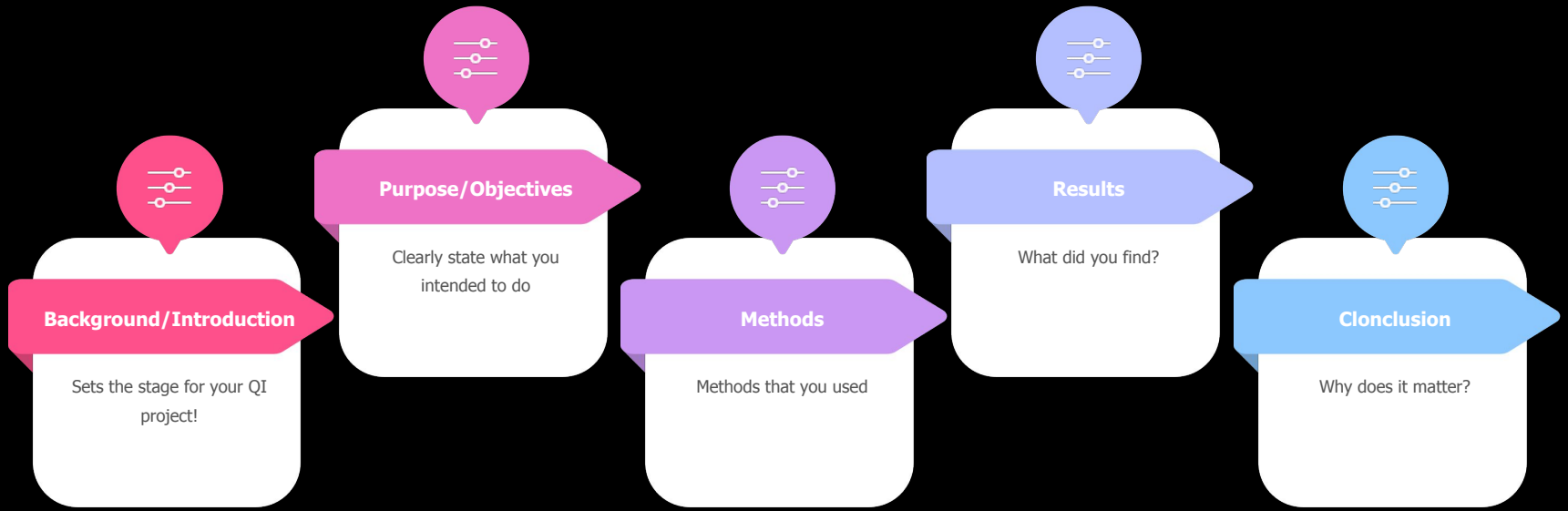
Block	Assigned	Completed Overall (by 30 days)	On-Time (≤7 days)	Median Days to Completion
Block 7	73	64 (88%)	40 (55%)	7
Block 8	75	67 (89%)	42 (56%)	7

Results:

Block	Assigned	Completed Overall (by 30 days)	On-Time (≤7 days)	Median Days to Completion
Block 9	72	66 (92%)	58 (81%)	4
Block 10	70	63 (90%)	57 (81%)	4

You already have the skills and the [redacted] knowledge, what we want to provide is the tools and the framework to change everyday fixes into scholarly activity. [redacted]

Abstract Writing



Background/Introduction

Faculty completion of on time evaluations of trainees is essential to ensure residents receive feedback, to inform clinical competency committee decisions, and to meet the ACGME program requirements. In our program, faculty are required to complete evaluations within 7 days of the block ending. However, only about 36% of evaluations were completed on time. Recognizing the challenges associated with on time completion such as lengthy forms, lack of knowledge of due dates, and inconsistent reminders, a quality improvement initiative was developed and implemented.

Purpose/Objectives

This is where we reiterate our aims

Methods

This is where we explain our intervention

Results

Where we report what we found

Conclusions

Reiterate why it is important and opportunities for the future

Title

Background/Introduction

Methods

Results

Purpose/Objective

Conclusions

SWOT for QA Systems

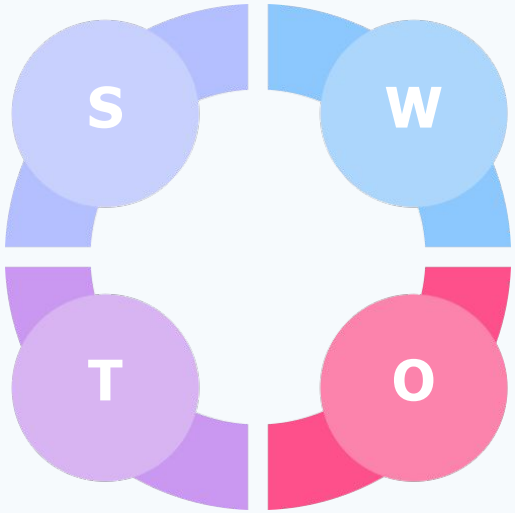
A strategic view of internal and external factors affecting quality success

Strengths

Clear documentation and reliable testing procedures

Weaknesses

Limited adaptability in complex or new workflows



Threats

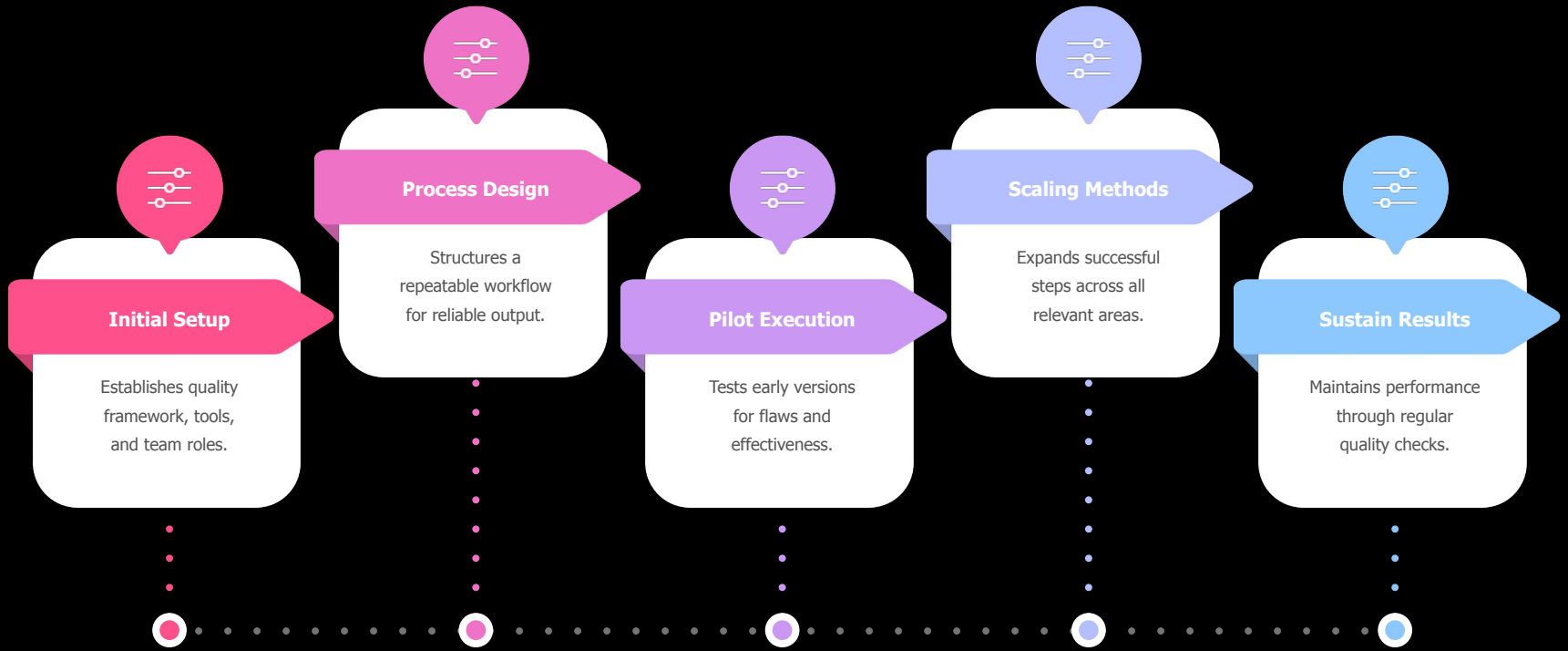
Changing regulations may affect existing procedures

Opportunities

Automation tools can boost efficiency and consistency

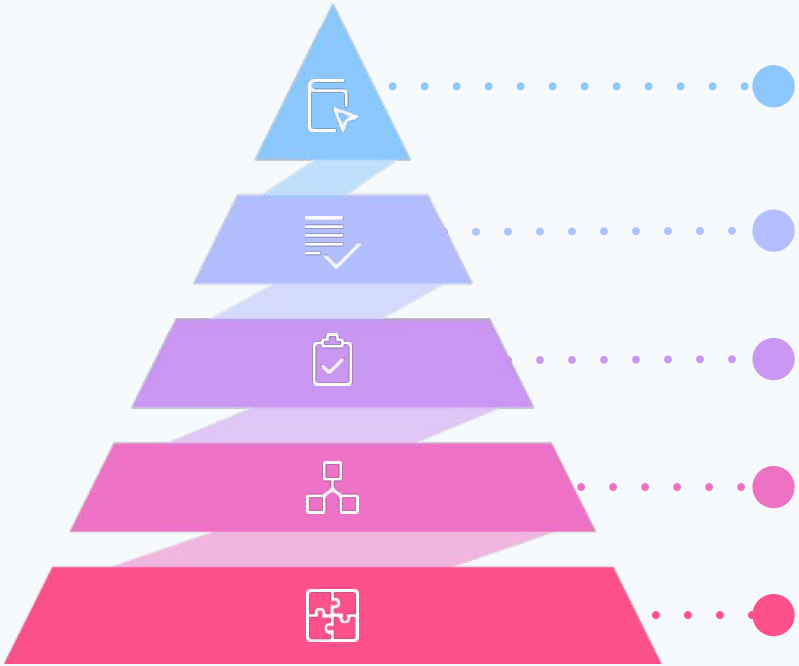
QA Improvement Timeline

Five key phases to build, refine, and maintain an effective quality program



Quality Framework Pyramid

Hierarchical model showing levels of assurance implementation



Continuous Learning

Ongoing improvement through feedback and training

Standardized Checks

Regular tests across all systems for consistency

Process Guidelines

Clear rules to guide daily quality assurance actions

Defined Roles

Assigned responsibilities for all QA team members

Foundational Policy

Core quality principles that direct all efforts

Quality Escalation Ladder

A five-level approach to managing issues and raising quality concerns effectively

Identify Issue

Detect quality-related concerns through observation, testing, or feedback from users and teams.

Log Details

Document the issue clearly with context, evidence, and impact for traceability and tracking.

Notify Supervisor

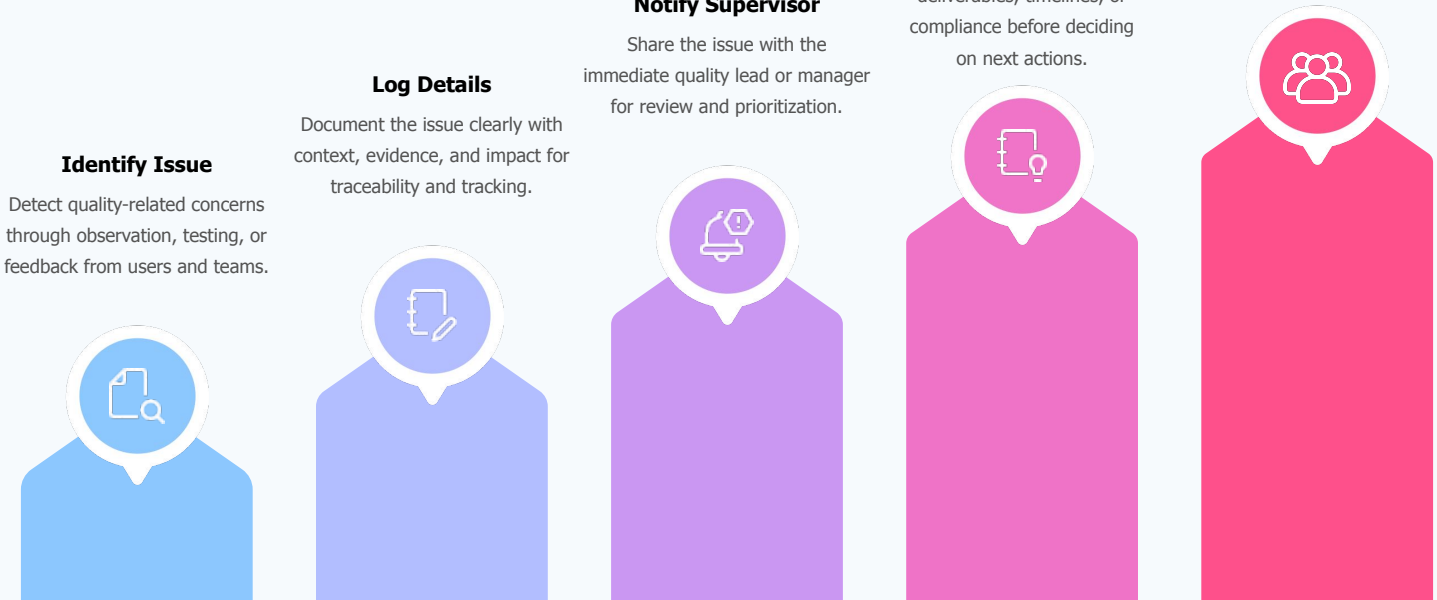
Share the issue with the immediate quality lead or manager for review and prioritization.

Evaluate Risk

Review how the issue affects deliverables, timelines, or compliance before deciding on next actions.

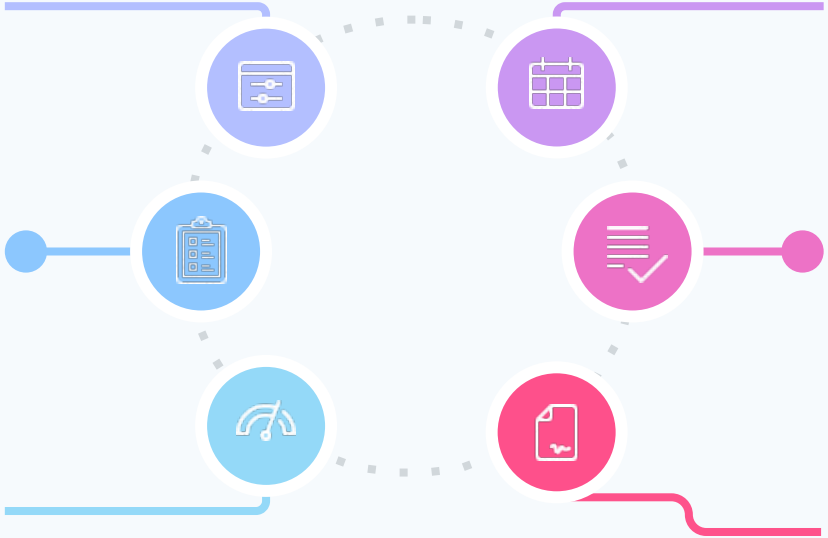
Escalate Further

Involve higher management or cross-functional teams if the issue exceeds team-level resolution capacity.



Anything

A complete six-stage loop for ensuring structured, measurable quality in every business process



Performance Review

Evaluates results against expectations to close the loop.

Planning Phase

Defines quality goals and sets process expectations clearly.

Defect Handling

Documents, tracks, and resolves identified issues efficiently.

Requirement Review

Verifies clarity and feasibility of all stated requirements.

Testing Execution

Conducts functional and non-functional quality checks systematically.

Design Validation

Confirms that designs meet outlined quality specifications.