Aligning and Educating for Quality: How a Consultative Service Brings Value to an Institution

Quality improvement and patient safety (QI/PS) is a high priority at every academic medical center (AMC). Increasingly, AMCs are working across mission areas—research, education, and clinical care—and leveraging a diverse set of resources, capabilities, and professionals to improve patient care. Still, even as quality and safety efforts tap into a growing set of skills, disciplines, and professionals, these efforts often underutilize education as a tool for QI/PS. In particular, continuing medical education and professional development (CME/CPD) is a frequently overlooked tool.

To encourage the repositioning of CME/CPD as an integrated part of QI/PS work, the AAMC developed the Aligning and Educating for Quality (ae4Q) initiative. This multifaceted consulting engagement convenes academic, educational, and clinical leadership to explore opportunities to transform CME/CPD into an active, integrated, and quality-focused intervention. After site visits and in-person strategy sessions, ae4Q provides a series of recommendations as well as online resources, newsletters, and community webinars. Recommendations highlight specific organizational and educational strategies that facilitate the integration of CME/CPD with the organization’s QI/PS efforts. Examples of key educational strategies that may be recommended include the development of grand rounds that focus on QI/PS, or morbidity and mortality (M&M) conferences that make deliberate use of systems-based thinking or QI/PS tools and principles. The ability of an ae4Q site to implement these recommendations, or at least some form of them, is typically indicative of a successful ae4Q engagement.

To assess the impact and success of ae4Q, the AAMC sent a short evaluation to each of the 30 participating AMCs in early 2015. This evaluation presents findings from the evaluation and explores the implications of this work for future efforts to integrate QI/PS with CME/CPD. Earlier publications have documented the results of 11 ae4Q pilot sites and one site’s clinical outcome changes, but this evaluation provides further insight into the perceived value of ae4Q as well as the organizational and educational mechanisms that may result in improved quality and safety.

Methods
The AAMC’s ae4Q team developed a five-question evaluation to collect perceptions of the impact of ae4Q. The evaluation developers were individuals with expertise in health professional education, quality improvement and patient safety, and survey design. In March 2015, the team sent this evaluation to each participating AMC’s “site lead,” defined as the individual responsible for managing and championing the ae4Q engagement at his or her AMC (n=30).

Evaluation questions included the following: 1) What quality improvement activities has your institution undertaken as a result of the ae4Q consultative program? (respondents checked all options that applied,

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Results
Of the 30 sites that had participated in ae4Q at the time of the evaluation, 23 (77 percent) responded. Almost all respondents noted perceived organizational improvements as a result of the ae4Q consultation (22/23; see Figure 1). These improvements include new roles for the CME/CPD office, staff, and leadership (78 percent; 18/23); new champions or stakeholders for CME/QI alignment and integration (61 percent; 14/23); improvement in QI/PS culture (48 percent); and organizational/administrative changes or realignment (35 percent; 8/23). “Other” organizational improvements cited in 17 percent (4/23) of sites include, for example, increased awareness of possible CME/QI alignment and new collaborative projects. Improvement in clinical outcomes was reported in 17 percent (4/23) of sites and perceived clinician behavior or practice improvement in 13 percent (3/23). More than three-quarters of sites (83 percent) selected more than one organizational improvement.

Figure 1. Organizational Improvements Reported by Participating Institutions Resulting from Engagement with the ae4Q Program*

The majority of responding participants also reported undertaking specific educational activities focused on clinical quality improvement (22/23; see Figure 2). These activities included, for example, quality grand rounds (57 percent; 13/23), M&M and improvement conferences (39 percent; 9/23), and maintenance of certification (MOC) Part IV activities (22 percent; 5/23).
The majority of responding site leaders reported that they would describe the ae4Q program to peers as either valuable or extremely valuable (70 percent; 16/23).

**Discussion**

The evaluation results suggest that the ae4Q consulting engagement leads to enhanced educational programming, organizational changes and, as described by roughly a fifth of respondents, improved patient outcomes. These data, coupled with the reported satisfaction with the ae4Q consultative process, support the notion that ae4Q is effective in assisting AMCs to reconceptualize CME/CPD as a tool for QI/PS work, improving formats and planning methods of educational activities, and remedying organizational and structural issues in the AMC relative to CME and quality improvement. Most important, the results also suggest that these improvements can change clinical behavior and patient care outcomes. The relatively small impact on clinical outcomes reported, in comparison with other system changes, is not surprising. It likely reflects the difficulty of attributing changes in clinical care or enhanced patient outcomes as a result of educational interventions.

This evaluation study has several limitations. The self-reported nature of these results and the inability to infer direct cause-and-effect outcomes highlight the need for more objective data-gathering and reporting by sites as an additional method to study the impact of ae4Q. Future research should include a qualitative approach using focus groups or structured interviews with institutional stakeholders to allow exploration of the processes and challenges that sites face in implementing recommendations from the consultations. Finally, this evaluation has an inherent selection bias as it is likely that only organizations that were interested in change chose to engage in the ae4Q initiative.

Despite these limitations, the ae4Q process—including consultation and recommendations, and subsequent implementation efforts at sites—appears to be a useful engagement for AMCs as they transition to quality-focused health care that requires support from all mission areas.

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