



**Mel and Enid Zuckerman College of Public Health
University of Arizona**

**DRAFT SYLLABUS
CPH 561 Introduction to Health Care Quality & Safety
(Spring 2015)**

Time: Online

Location: Online

Instructors:

Kenneth Schachter, MD, MBA
Assistant Professor, College of Public Health
kschacht@email.arizona.edu

Ernest P. Schloss, PhD
Assistant Professor, College of Public Health
schloss1@email.arizona.edu

Kevin Driesen, PhD
Assistant Professor, College of Public Health
kdriesen@email.arizona.edu

Office Hours: Instructors are available by appointment, phone, email, or chat room. Please email to schedule appointment time.

Catalog Description: This course provides an overview of health care quality and safety. Students will learn quality improvement concepts and techniques and will practice the techniques in teams. Assigned readings, video talks and lectures, online discussions, individual writing assignments, small group activities, and team projects will be used.

The Need for this Class

Rising costs, accessibility, overuse, underuse, fraud, medical errors, are well-recognized problems in our current health care system and have been the subject of much public and legislative attention in recent years. In addition, a highly contentious new law, The Patient Protection and Affordable Care Act, promises to extend health insurance to many of the estimated 50 million uninsured, improve quality, and reduce costs. The health care community is increasingly focused on improving quality and reducing costs. All health professionals – including public health professionals with their training in epidemiology, biostatistics, and population health – have important roles to play in these efforts.

Course Methods

Education theory indicates that practical experience is essential to adult learning. Research has indicated that adult learners like to understand the practical application of knowledge, skills and abilities. They have a need to see how the new knowledge can be incorporated into their existing knowledge and like to have “real world” experiences utilizing this knowledge. Therefore, students enrolled in this class will complete student team projects. These projects are intended to enrich learning by providing students with experience in applying the quality improvement techniques learned in class.

Course Prerequisites: Successful completion of CPH 574 or permission of instructors

Course Learning Objectives:

After taking this class, the student will be able to:

- Analyze the overall impact of safety and quality within the context of the US health care system, including its recent reforms;
- Justify the health professional’s role in quality improvement;
- Identify the social determinants of health and their impact on quality;
- Judge the *impact* of quality on patient health;
- Identify quality and safety problems;
- Select and implement methods to analyze and improve quality and safety;
- Apply “real world” quality improvement skills.

MPH/Section/Interprofessional Competencies Covered: (See Appendix A)

Required Text: Institute for Health Improvement (IHI) Open School

(<http://www.ihi.org/offering/IHIOpenSchool/Courses>) modules will be assigned throughout the course, leading to a certificate of completion from IHI. Additional readings will be specified on each module’s home page in D2L

Course Requirements:

What to expect each week (1 week = 1 module)

There are 15 modules, each of which covers 1 week. Each module has a home page. Think of the module home page as “the go-to place” for the week. Each module’s home page introduces the weekly learning objectives and provides details about IHI modules, readings, discussion boards, media, learning activities, and deadlines. You can expect 1 or 2 activities will be due each week for weeks 1-11. During weeks 12-15 you will complete a group project in lieu of activities.

Note on Due Dates:

Each activity is due by midnight on the day the module ends, unless otherwise indicated. (Note: Modules run from Monday to Midnight on Sunday with the exception of the first week of class – it is a $\frac{1}{2}$ week). On occasion the week’s initial assignment may be required by Thursday at midnight. See the schedule on the next page for additional details. Assignments delivered after the due dates will be considered late and subject to a 10% point deduction for every 24-hour period past due. No exceptions.

Class Attendance/Participation: (Expected attendance, participation levels)

All holidays or special events observed by organized religions will be honored for those students who show affiliation with that particular religion. Absences pre-approved by the UA Dean of Students (or Dean’s designee will be honored.)

Tentative Course Schedule

Module	Topic	Instructor
0	Syllabus, class overview, ice breaker	All
	Assignments: Ice breaker Due date: TBD	All
1: Teams and social determinants	1. Teams 2. Social determinants of health and quality, including poverty, ethnic/racial disparities, rural issues	Schachter
	Assignments: TeamSTEPPS Due date: TBD	Schachter
2: Organizations and patient perspectives	1. Organizations involved in quality measurement and reporting 2. CAHPS measures	Schloss
	Assignments: (matrix construction including AHRQs CAHPS if Ernie agrees) Due date: TBD	Schloss
3: Safety	1. Medical errors and safety; risk management; transparency 2. Adverse drug events 3. Medication reconciliation	Schachter
	Assignments: Med Rec/ADE activity Due date: TBD	Schachter
4: Safety	1. Understanding problems in the use of medications 2. Drug-drug interactions Assignments: DDI activity Due date: TBD	Schachter
		Schachter
5: Quality	1. Quality across the health care continuum; chronic vs. acute care 2. The business case for quality	Schloss
	Assignments: Due date: TBD	Schloss
6: Quality	1. What is quality improvement? 2. Recognizing and defining quality problems	Schloss
	Assignments: Parking Garage exercise Due date: TBD	Schloss
7: Quality	1. Identifying causes of quality problems 2. Quality and the future of health care	Schachter
	Assignments: Root cause exercise Due date: TBD	Schloss
8: Tools of Quality	1. Implementing changes to enhance quality 2. Risk management 3. Improving the QI process with technology	Schachter
	Assignments: 1-Risk management exercise 2-Annotated article on information technology, quality and safety. Due date: TBD	Schachter
9: Tools of Quality	1. Measurement of safety and quality 2. Selecting an appropriate statistic 3. Statistical process control 4. Comparative effectiveness; cost effectiveness	Driesen
	Assignments: To be determined Due date: TBD	Schloss

10: Future	1. Reporting on health care quality 2. Payment incentives 3. Responding to an outside assessment of quality	Schloss
		Schloss
	Assignments: Pay for performance article review; US News & World Report rankings exercise Due date: TBD	Schloss
11: Putting it all together	1. Implementing your own QI program 2. Example QI programs	Driesen
	Assignments: Prep for the team project Due date: TBD	Driesen
12-15: Team project	The remainder of the weeks in the semester will be spent working on a team project	All
	Assignments: 1 wiki due every other week Due dates: Wiki 1 = TBD Wiki 2 = TBD Formative team evaluations due TBD Final team evaluations due TBD	All

Grading/Student Evaluation

Evaluation of the learning in this course will be based on the following:

Assessment	Points
Activities: Activities will usually require discussion board posts. There will be 1 to 3 activities due per week. Each week's activities will be worth 15 points. See discussion board rubric for additional details on scoring.	165
Team project	195
Interprofessional collaboration peer review	10
Total	370

Grading Scale

Percent	Grade
90+	A
80-89	B
70-79	C
60-69	D
<60	E

Team Project (195 points possible)

Goal: Practice utilizing techniques, processes, and terminology learned in class

The team project results will be reported via the team wiki. This class was created to provide students with the knowledge, skills, and abilities to successfully complete health care quality improvement in practice. **Therefore, for your team project, students are required to use the improvement techniques learned in class to plan a quality improvement project for a health care setting.**

Teams will be responsible for selecting the project topic. Each professional is responsible for working the assignment from his or her perspective and this will be shared with the team for potential comments, edits, etc. Your instructors can see who adds to the wiki and what content he/she adds so your contributions to the team will be monitored.

Team Project Explanation (wiki #1 + wiki #2):

We will create a team wiki page for each team. Please make sure that you each have access to it. Read the wiki instructions and tips before beginning and make sure you know how to use the comment function for editing. See the wiki tutorials offered via wiki help menu. Each wiki homework will be submitted on the same wiki page— you will overwrite what you turned in for the previous assignment. For example, for wiki homework #2, the team will edit homework #1 as the starting point. The wiki software saves all versions so don't worry about losing information – we can always go back and look at it if needed. Note - We will be able to track each person's contribution to the wiki (i.e., what you add, comment on, or edit). Make sure your team wiki, is neat, professional, creative, informative, organized, and easy to read.

A note on how to use a wiki...

Please use the comment function – This shows up on right side of the wiki page (and looks much like track changes in Word).

Wiki #1 must include the following: (worth up to 95 points)

1. Names, e-mail addresses, and phone number for each team member;
2. Team norms (a list of “rules” everyone in the team agrees to abide to);
3. The dates and times for team meetings if synchronous meetings are desired (We will provide a team Elluminate room if you want to share screens, see each other via video, etc. so please let me know if this is your preference);
4. List possible health care QI projects from what you have experienced (Ideas can be generated from your time as a health care worker, planner, analyst, or as a patient. By now you should have MANY ideas about things you would like to see improved in health care in the US);
5. An explanation of the QI planning project selected by the team;
6. Provide a more detailed description of the area chosen for study: describe the setting in for the project (e.g., hospital, ambulatory care);
7. If medication is involved, describe the portion of the medication use process involved (e.g., prescribing, dispensing, administering, monitoring);
8. Indicate what data would likely be available and how you will obtain them;
9. State why the proposed project is important;
10. Relate the proposed project to the literature (i.e., find two articles from the primary literature that indicate what is already known about the problem and describe each article briefly);
11. State the global goal of the project (Hint – Some options may include: a. Discovery; b. Frequency estimation; c. Measure of a change; or a combination) Note: Goal should relate to project; and
12. State the specific quality improvement goal(s) of the project.

Must be submitted via team wiki.

Wiki Team homework #2 must include the following: (worth up to 100 points)

For wiki #2 – ADD the following items to WIKI #1 (i.e., build on your wiki so you can see your thought process)

1. List possible interventions (some options may include: reduce reliance on memory, simplify, standardize, use constraints or forcing functions, use protocols or checklists, improve access to information, decrease reliance on vigilance, reduce handoffs, differentiate or automate);
2. Select the best interventions to accomplish the goals listed (in #1 above);
3. List the process and/or outcome measures necessary to determine if goal(s) were met;
4. Describe what data are likely already being collected and what measures likely already exist;

5. Describe data collection methods (Hint – May choose from: a. Inspection points; b. Focus groups; c. Monitoring for markers; d. Chart review; e. Observation; and f. Spontaneous report);
6. Indicate what statistical tests you would use (Hint - make sure to consider all information needed, and that the selected analysis is appropriate considering the level of your dependent variable. Often, descriptive data are all that are needed);
7. Break the project into steps and detail practical considerations (list each step, who would be responsible for it, when it would be done, and any additional information on how where, etc.);
8. Create a preliminary time line for the project;
9. List challenges to be addressed before the next meeting;
10. Discuss the implications of your project;
11. List limitations of your design;
12. Incorporate/list all changes requested in previous wikis;
13. Reflect on this process and provide a summary statement of what the team and team members learned.

Must be submitted via team wiki.

Professionalism Assessment—See Attachment B. (5 points for completing the professionalism assessment form – BUT any deductions your team members recommend will come directly off your grade)

Goal: Provide professionalism feedback to each student

Each student's professional behavior will be assessed. Your instructors will evaluate each student on the following criteria: Cooperation; Ability to accept feedback; Ability to integrate feedback; Quality of work; Overall professional behavior; Quantity of work; Productivity on wiki site; Keeping project team abreast of individual progress; and Reliability.

If a student's professionalism (as rated by instructors or your team members) is deemed unacceptable he/she may receive project grade deductions. These deductions may cause the student's team project grade to be up to three letter grades lower than other team members. Keep in mind, these forms will be completed during finals week. It is each student's responsibility to assess his/her professionalism during the semester.

Team Participation Form—See Attachment B (5 points for completing a participation form)

Goal: Ensure student accountability

Every student will have the responsibility of evaluating his / her group members on the quality and quantity of work each contributed to the team project. If a student's work (as rated by other team members) is scored consistently below average (i.e., by more than $\frac{1}{2}$ of the evaluators) he/she may receive project grade deductions. These deductions may cause the student's team project grade to be up to three letter grades lower than other team members. Keep in mind, these forms will be completed during finals week. It is each student's responsibility to assess his/her contributions during the semester.

Required Statements:

Communications: You are responsible for reading emails sent to your UA account from your professor and the announcements that are placed on the course web site. Information about readings, news events, your grades, assignments and other course related topics will be communicated to you

with these electronic methods. The official policy can be found at:

<http://www.registrar.arizona.edu/emailpolicy.htm>

Disability Accommodation: If you anticipate issues related to the format or requirements of this course, please meet with me. I would like us to discuss ways to ensure your full participation in the course. If you determine that formal, disability-related accommodations are necessary, it is very important that you be registered with Disability Resources (621-3268; drc.arizona.edu) and notify me of your eligibility for reasonable accommodations. We can then plan how best to coordinate your accommodations. The official policy can be found at:

<http://catalog.arizona.edu/2013%2D14/policies/disability.htm>

Academic Integrity: All UA students are responsible for upholding the University of Arizona Code of Academic Integrity, available through the office of the Dean of Students and online: The official policy found at: <http://deanofstudents.arizona.edu/codeofacademicintegrity>

Classroom Behavior: (Statement of expected behavior and respectful exchange of ideas)
The Dean of Students has set up expected standards for student behaviors and has defined and identified what is disruptive and threatening behavior. This information is available at:
<http://deanofstudents.arizona.edu/disruptiveandthreateningstudentguidelines>

Students are expected to be familiar with the UA Policy on Disruptive and Threatening Student Behavior in an Instructional Setting found at: <http://policy.arizona.edu/disruptive-behavior-instructional> and the Policy on Threatening Behavior by Students found at:
http://deanofstudents.arizona.edu/sites/deanofstudents.arizona.edu/files/Disruptive_threat_bklt_2012.pdf

Grievance Policy: Should a student feel he or she has been treated unfairly, there are a number of resources available. With few exceptions, students should first attempt to resolve difficulties informally by bringing those concerns directly to the person responsible for the action, or with the student's graduate advisor, Assistant Dean for Student and Alumni Affairs, department head, or the immediate supervisor of the person responsible for the action. If the problem cannot be resolved informally, the student may file a formal grievance using the Graduate College Grievance Policy found at:
<http://grad.arizona.edu/academics/policies/academic-policies/grievance-policy>

Grade Appeal Policy: <http://catalog.arizona.edu/2013-14/policies/gradappeal.htm>

Syllabus Changes: Information contained in the course syllabus, other than the grade and absence policies, may be subject to change with reasonable advance notice, as deemed appropriate.

Plagiarism: What counts as plagiarism?

- Copying and pasting information from a web site or another source, and then revising it so that it sounds like your original idea.
- Doing an assignment/essay/take home test with a friend and then handing in separate assignments that contain the same ideas, language, phrases, etc.
- Quoting a passage without quotation marks or citations, so that it looks like your own.
- Paraphrasing a passage without citing it, so that it looks like your own.
- Hiring another person to do your work for you, or purchasing a paper through any of the on- or off-line sources.

Rules of Netiquette: Students are expected to be familiar with rules of etiquette for the Internet. See below.

10 rules of Netiquette:

Netiquette is a form of online etiquette – an informal code of conduct that governs what is generally considered to be the acceptable way for users to interact with one another online

Rule 1: Remember the golden rule

Do unto others as you'd have others do unto you.

Rule 2: Use the same standards of behavior online that you follow in real life

Person to person, most people are fairly nice to each other. However it is easy to forget that there's a human being on the other side of the computer. Ethics, common sense and standards of civility do not disappear when you take control of a keyboard.

Rule 3: Avoid personal attacks

It is one thing to disagree with an idea, but quite another to make it personal. Challenge the thought, not the person who wrote it. This means avoiding words like: "Stupid, idiot, moron, silly, etc." which degrade the individual who wrote something. Avoid the pronoun "you." Use instead: "I disagree with this idea." Best practice: Start with something positive or at least neutral about a person's idea, then offer your alternative point of view.

Rule 4: Respect other people's time and bandwidth

It's a cliché that people today seem to have less time than ever before. When you send email or post to a discussion group, you're taking up other people's time (or hoping to). It's your responsibility to ensure that the time they spend reading your posting isn't wasted. If you can't say anything more than "I agree" without adding any intellectual value to the issue, you probably shouldn't post. Say why you agree or disagree.

Rule 5: Make yourself look good online

Like the real world, most people just want to be liked. In discussion groups you won't be judged by the color of your skin, eyes, or hair, your weight, your age, or your clothing. You will, however, be judged by the quality of your writing.

Rule 6: Share expert knowledge

The reason asking questions online works is that a lot of knowledgeable people are reading the questions. And if even a few of them offer intelligent answers, the sum total of world knowledge increases. We are here to learn from each other. In this regard, there is no such thing as a stupid question.

Rule 7: Help keep flame wars under control

"Flaming" is what people do when they express a strongly held opinion without holding back any emotion. This is usually a form of a personal attack. Let something you are very emotional about sit overnight before posting.

Rule 8: DON'T SHOUT

The use of capital letters comes across as shouting. While you might want to use it to emphasize a word or two, don't type a sentence, paragraph, or entire message that way. You come across as being angry.

Rule 9: What goes around comes around.

Postings, even email sent to an individual, are not private. With the click of a mouse, they can be forwarded anywhere to anyone. Eventually, anything you put on the internet can come back to haunt you, so think before you write. Think twice before forwarding, without permission from the sender, any posting or email you have received to others. Quoting something from the same discussion area or thread is acceptable.

Rule 10: Be forgiving of other people's mistakes

Whether it's a spelling error or a stupid question or an unnecessarily long answer -- be kind about it. Having good manners yourself doesn't give you license to correct everyone else. Remember, we have several students from the international community for which English is a second language. Cut them some slack.

adapted from <http://www.shs.sd83.bc.ca/online/html/hourto1/netikit.htm>

Attachment A **MPH and Interprofessional Competencies**

MPH Competencies Covered:

Analytical Skills

- Defines a problem
- Determines appropriate uses and limitations of data
- Evaluates the integrity and comparability of data and identifies gaps in data sources
- Makes relevant inferences from data

Communication Skills

- Communicates effectively both in writing and orally (unless a handicap precludes one of these forms of communication)
- Soliciting input from individuals and organizations
- Leading and participating in groups to address specific issues, including ability to work in teams, span organizational boundaries, and cross systems
- Demonstrating cultural competency in all of the above and community development

Policy Development/Program Planning Skills

- Assess and interpret information to develop relevant policy options
- States policy options and writes clear and concise policy statements
- Translates policy into organizational plans, structures, and programs

Cultural Skills

- Interacting competently, respectfully, and professionally with persons from diverse backgrounds

Financial Planning and Management Skills

- Developing strategies for determining priorities
- Applying basic human relations skills to the management of organizations and the resolution of conflicts
- Understanding the theory of organizational structure and its relation to professional practice

Public Health Policy and Management Competencies Covered:

- Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.
- Apply "systems thinking" for resolving organizational problems.
- Communicate health policy and management issues using appropriate channels and technologies.
- Demonstrate leadership skills for building partnerships.

Summary of Core Competencies for Interprofessional Collaborative Practice 2011

The four Competency Domains:

1. Values/Ethics for Interprofessional Practice
2. Roles/Responsibilities
3. Interprofessional Communication
4. Teams and Teamwork

Specific Interprofessional Values/Ethics for Interprofessional Practice Competencies:

- VE1. Place the interests of patients and populations at the center of interprofessional health care delivery.
- VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.
- VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team.
- VE4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions.
- VE5. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services.
- VE6. Develop a trusting relationship with patients, families, and other team members (CIHC, 2010)
- VE7. Demonstrate high standards of ethical conduct and quality of care in one's contributions to team-based care.
- VE8. Manage ethical dilemmas specific to interprofessional patient/populations centered care situations.
- VE9. Act with honesty and integrity in relationships with patients, families, and other team members.
- VE10. Maintain competence in one's own profession appropriate to scope of practice.

Specific Interprofessional Communication Competencies:

- CC1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.
- CC2. Organize and communicate information with patients, families, and health care team members in a form that is understandable, avoiding discipline-specific terminology when possible.
- CC3. Express one's knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions.
- CC4. Listen actively, and encourage ideas and opinions of other team members.
- CC5. Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.
- CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict.
- CC7. Recognize how one's own uniqueness, including experience level, expertise, culture, power, and hierarchy within the health care team, contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).
- CC8. Communicate consistently the importance of teamwork in patient-centered and community-focused care.

Specific Interprofessional Roles/Responsibilities Competencies:

- RR1. Communicate one's roles and responsibilities clearly to patients, families, and other professionals.
- RR2. Recognize one's limitations in skills, knowledge, and abilities.
- RR3. Engage diverse health care professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs.
- RR4. Explain the roles and responsibilities of other care providers and how the team works together to provide care.
- RR5. Use the full scope of knowledge, skills, and abilities of available health professionals and health care workers to provide care that is safe, timely, efficient, effective, and equitable.
- RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.
- RR7. Forge interdependent relationships with other professions to improve care and advance learning.
- RR8. Engage in continuous professional and interprofessional development to enhance team performance.
- RR9. Use unique and complementary abilities of all members of the team to optimize patient care.

Specific Interprofessional Team and Teamwork Competencies:

- TT1. Describe the process of team development and the roles and practices of effective teams.
- TT2. Develop consensus on the ethical principles to guide all aspects of patient care and team work.
- TT3. Engage other health professionals--appropriate to the specific care situation--in shared patient-centered problem-solving.
- TT4. Integrate the knowledge and experience of other professions—appropriate to the specific care situation—to inform care decisions, while respecting patient and community values and priorities/preferences for care.
- TT5. Apply leadership practices that support collaborative practice and team effectiveness.
- TT6. Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among health care professionals and with patients and families.
- TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.
- TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.
- TT9. Use process improvement strategies to increase the effectiveness of interprofessional teamwork and team-based care.
- TT10. Use available evidence to inform effective teamwork and team-based practices.
- TT11. Perform effectively on teams and in different team roles in a variety of settings.

Attachment B

Quality Improvement Team Member Assessment Form (A completed form is worth up to 10 points)

Directions:

1. List each team member in the left hand column in the table below.
2. For each group member, indicate the share of the group grade, which you feel each member has earned through the quality and quantity of his/her contribution.
3. You may further clarify the percentage circled in the "Comment" column.
4. Each student must complete one form.

Note: If a team member receives a score lower than "always" points will be deducted from his/her team project grade. For example, if student X receives one rating of "sometimes" from three different team members, his/her team grade will be deducted by $(3 \times 2 = 6)$ 6 points.

Team Member	Does this person deserve full credit?	If this team member does not deserve full credit, how much of a grade deduction does this person deserve?	<i>*** If this person deserves a grade deduction, please explain why.</i>

Adapted from Group Assessment Form by Pat Lurvey, Ph.D.

Team Member Professionalism Assessment Form

Directions: Please provide an individual assessment for each teammate. Check the response that best represents your assessment for each question. (Receive 10 points if you complete 1 form for each team member)

Your Name: _____

Points Always = 5 points
 Sometimes = 3 points
 Never = 0 points

Note: If a team member receives a score lower than "always" points will be deducted from his/her team project grade. For example, if student X receives one rating of "sometimes" from three different team members, his/her team grade will be deducted by $(3 \times 2 = 6)$ 6 points.

Assessment Item		Never	Sometimes	Always
1	Is cooperative			
2	Accepts feedback			
3	Integrates feedback			
4	Produces quality work			
5	Acts professionally			
6	Produces work in a timely fashion			
7	Updates me on project progress			
8	Is reliable			

Additional Comments (optional)

Team member Name: _____