

Supplementary Data

Pathway Innovator Actions to Maximize Driver 4

Children's National Medical Center				
D4.1 - Align	D4.2 - Increase	D4.1 - Engage	Outcomes	Lessons
Developed and executed blended hospital-wide training with modules and simulations for all clinical staff including GME addressing patient safety, safety event reporting, and teamwork, communication and safety behaviors.	Expansion of interprofessional in situ simulations across inpatient units. Made resident M&M interprofessional on a quarterly basis.	Quality and Safety Academy (QSA) quality improvement scholarship development program for frontline clinicians. Quality Improvement Leadership Training (QUILT) quality improvement education program for program directors.	Over time, some leaders have come to our Pursuing Excellence groups to help address organizational needs through IPL	Realigning educational programming that previously existed in silos across various professions at our institution requires coordinated engagement of key players.

Cleveland Clinic				
D4.1 - Align	D4.2 - Increase	D4.1 - Engage	Outcomes	Lessons
Involved trainee participation in existing daily Tiered Huddles, which start at the front lines and report up to the CEO. Continued offering of educational programs to develop IP team-related competence.	Expanded IPE programmatic offerings: SMiLE (an IP program to improve teaming); BOOST (an IP program to enhance trust); and HSS Educational Series (an online Health Systems Science IP program to build knowledge).	Ongoing offering of the SOLVE program, an organization wide IP quality improvement program. Continued cataloguing and coordination of IP collaborative projects and programs across the health system.	Instituted an Office of Interprofessional Learning (OIPL) led by and IP team with representation from all professions. OIPL aims to leverage existing IP efforts and resources to maximize IP learning across the organization.	Building on small wins is critical to scaling projects. Intentionally bringing together multiple professions to learn is key. Trust is the foundation of collaboration and teaming.

Maine Medical Center				
D4.1 - Align	D4.2 - Increase	D4.1 - Engage	Outcomes	Lessons
Applied for Joint Accreditation for Interprofessional Continuing Education. Obtained AMA grant funding to expand iPACE project throughout the health system.	Obtained AMA grant funding to expand iPACE project throughout the health system.	Incorporated Operational Excellence QI process into iPACE team workflow.	Implementation of the iPACE model was successful, with reduced length of stay, reduced costs of care, and high patient satisfaction noted.	iPACE can be implemented successfully in a trial unit, but ongoing work is required to maintain successes and promote expansion of the model to additional CLEs.

Our Lady of the Lake Regional Medical Center				
D4.1 - Align	D4.2 - Increase	D4.1 - Engage	Outcomes	Lessons
Expanded the organization's educational offerings (Clinical lectures, Symposiums, M&Ms, Grand Rounds), as well as interdisciplinary quality council to integrate academic affairs and GME learners with other clinical professionals.	Transformed a Medicine unit that included cohorting the Internal Medicine teaching service patients to pilot interprofessional learning and teaming at the point of care. This allowed the organization to utilize teaming principles and practices to improve interprofessional learning and form a model to replicate to other units.	Initiated daily Interprofessional Huddles to engage nurses, clinical professionals, residents and attendings to review each patients' plan of care, discharge needs and educate on organizational quality and patient safety strategic priorities.	Reduced length of stay. Improved nurse engagement. Increased HCAHPS – Patient experience from zero domains above the 75th percentile to six domains above the 75th percentile in one year. Achieved Zero CAUTIs for FY19.	Patient cohorting and dyad leadership between nursing and residency leadership is vital for success.

Strong Memorial Hospital of the University of Rochester				
D4.1 - Align	D4.2 - Increase	D4.1 - Engage	Outcomes	Lessons
GME residents were engaged in unit based teaming that included interprofessional learning on team-based care. This included specific professional development workshops and embedded coaching.	Unit based Dyad leadership and education on patient safety, teaming, Lean Principles, and Rapid cycle improvement.	Year-long cohort development that focused on core principles. This including a unit project and dissemination of results. Yearly Team Based Care Symposium shared results of units to the organization.	Average LOS decreased by 3.8 hours on those units and achieved an absolute readmission of 1.3%	Engaging the full organization including senior leadership. Strong communication and awareness plan for continued focus on the work. Interprofessional leadership team that meets weekly to drive the processes and programs. Anchor learning in unit-based work and improvement projects.

Dell Medical School at The University of Texas at Austin				
D4.1 - Align	D4.2 - Increase	D4.1 – Engage	Outcomes	Lessons
Engaged leadership from multiple centers through the establishment of a Steering Committee to guide activities and remove barriers. Created interprofessional Value Director Dyads to drive improvement and support a frontline provider crowdsourcing program (Bridges to Better Care) where improvement ideas, aligned to hospital priorities are selected in a Shark Tank fashion.	Formed a monthly resident/nurse council that serves as a forum to share each other’s workflow, and build a foundation for transforming care at the bedside. This work led to the nurse buddy system for all incoming residents, and a nurse/resident shadowing experience.	Adopted the RISE Proficiency Matrix (U of Rochester) to develop and evaluate the Patient Safety Teaching Champions Program. Dell Medical School educators host interdisciplinary peer sessions for a nominated groups of patient safety champions with the goal of learning from one another and disseminating best practices across specialties.	Improved 5 domains in HCAHPS by collective total of 10.15% and Overall rating by 2.4%. Increased safety event reporting by Residents.	Building infrastructures that intentionally foster interprofessional relationship is key.

University of California, San Francisco School of Medicine				
D4.1 - Align	D4.2 - Increase	D4.1 - Engage	Outcomes	Lessons
Aligned strategic QI priorities between GME and UCSF Health; and launched the Learning Health Systems (LHS) Coaches professional development program to create expert level capacity to support resident led REFLECT QI initiatives.	Since the first launch in 2018 with 15 LHS coaches, 2 additional cohorts of interprofessional LHS leaders have been selected for the program.	UCSF Health and GME academic leadership at UCSF have committed qRVUs (quality QVU compensation) to reflect the financial and institutional commitment and support to the LHS coaching program.	30 LHS coaches have successfully completed and participated in mentoring over 75 resident led REFLECT QI initiatives.	Jointly supported financial and institutional support and commitment from the health system leaders have been integral to the success of this bridging program.

University of Chicago Medical Center				
D4.1 - Align	D4.2 - Increase	D4.1 - Engage	Outcomes	Lessons
Create IGNITE Teams of resident-nurse champions to improve interprofessional collaboration and patient care to help with Magnet recognition and ACGME CLER.	Teams used daily huddles or rounds to facilitate touch bases about plans of care.	Teams worked together and selected process and outcome measures to improve in care that is relevant to their service line.	Improved sense of teamwork and communication on IGNITE units; Select improvements in patient care outcomes (i.e. length of stay, patient experience) in some units.	It is possible to engage residents and nurses in interprofessional collaborative learning and improvement work.