An Ideal Scenario for 2013

The President, Chancellor, Dean, Chairs and hospital CEOs along with respective governing boards recognize that in order for the School of Medicine to prosper, its clinical practice sites must prosper. The leaders agree that while innovation in patient care is important, care must first be safe, effective, patient-centered, timely, efficient and equitable. They have stated that without transparent improvements in patient outcomes, the School’s status as an academic leader is at risk, as is its financial survival in an environment where value, not volume, will determine reimbursement and market share. They understand that success depends on close collaboration within and among institutions and academic disciplines.

An organizational culture committed to safe, reliable, constantly improving patient care is demonstrated by a collective willingness to invest in personnel, space and equipment and by frequent visits of leaders to clinical sites to clarify problems and accelerate solutions. Annual performance evaluations and compensation packages of both physicians and non-physicians reflect that commitment. Academic promotion processes acknowledge the value of safety and improvement initiatives and reward substantive accomplishment with academic advancement.

Overall strategy and annual goals for patient safety and quality improvement are developed in multidisciplinary forums. The School and hospitals are jointly responsible for capital and operational infrastructure needed to develop and monitor performance. Patient safety and quality improvement goals fall into two general categories. Some are selected by faculty and hospital personnel in each clinical department and/or program. Others are more general and apply to several or all departments and programs.

The University of Colorado and the major teaching hospitals have come together to provide on- and off-campus education and mentoring in the science and practice of quality improvement. Each clinical department and center has an administrative structure and designated faculty responsible for clinical excellence. There is an analogous structure for interdepartmental and interdisciplinary programs. These individuals work closely with hospital partners. Multidisciplinary teams model clinical excellence for students, residents and fellows. Commitment to safe, reliable, constantly improving patient care that also contains costs is confirmed by the attention it receives, by frequent multidisciplinary outcome-oriented clinical care conferences and by resident involvement. The result is that residents and students leave the Anschutz Medical Campus with a deep understanding of the science and practice of patient-based learning and improvement.

These accomplishments have been recognized locally and nationally. As a result, we are seen as a national model and resource for others.

Dean’s Task Force on Quality Improvement