

SYSTEMS BASED PRACTICE PROJECT

An approach to teaching Systems Based Practice in the context of the Anesthesiology Resident's curriculum.

Systems Based Practice as a competence in GME is concerned with a wide spectrum of issues; all, however share the common basis in a process occurring over time, in either a linear or multi-linear fashion. Understanding these systems must be the foundation of training in the applicable practice areas.

Following the Process(es) will enable the resident to investigate the various systems as they proceed, investigating the background and definitions of the system, follow linearly the causes, rationale and possible outcomes of each sequential decision.

As each system is followed, the residents will justify their decision based on research and observation. System topics will be selected to demonstrate the scope of anesthesia practice in the setting of the wider medical as well as general communities.

Systems to be investigated will include, at least the following: billing and coding, including insurance, collections, and compliance issues, hospital informatics and the use of various sources to improve patient care; quality assurance and performance improvement including the M&M review, governmental concerns i.e. HIPPA, EMTALA, etc and credentialing agencies, i.e. JCAHO. The Systems Based approach can also be used to analyze the patient encounter, in various site, from various perspectives.

This approach is exemplified in the use of the following example. In an anesthetic encounter with various threads of the financial encounter can be followed sequentially and in parallel. The residents in small groups will divides with each member following thread: one patient, one the bill itself and the various encounters each has until final resolution. The perspective of each agent along the process will be diagrammed and presented at the end of the unit.

Group assignments and presentations can be scheduled periodically with the goal of a presentable poster. Each group will produce a poster with prizes awarded for the best poster and presentation. Hopefully, these may lead to publication.

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Outline and Time Line

By 10/31: Topic will be picked and team formed (3-4 residents per team depending on the complexity of the project) To be approved by Drs. Delphin and Davidson.

By 12/15: Team progress report to be reviewed by Dr. Davidson, et. al

By 3/1/05: Poster to be submitted for judging.

By 3/15/05: Presentations to be scheduled 3-4 per day until completed. These will be presented to the entire department.

By 4/15/05: Final judging and awarding of prizes.

Judges will be selected within and without the department and institution and will include Drs. Delphin, Kushins, Bennett, Raina, Baker and others to be named later.

SUGGESTED SBP PROJECT TOPICS

Groups may modify or suggest a different topic with the approval of Drs. Delphin and Davidson.

- 1) Natural history of the anesthesia bill "I am the anesthesia bill"
- 2) Adding a new medication to the formulary "I am a new drug"
- 3) The total patient anesthesia experience beginning to end "I am the patient"
- 4) Medical Staff credentialing from application to approval "I am a new attending"
- 5) Design of a new operating room "Lets play architect"
- 6) Follow a clinical problem to its solution "I have a post-dural puncture headache"
- 7) Create or implement a new anesthesia form "I am your new anesthesia record"
- 8) Other topics will be discussed.

SBP Judging Criteria

Presentations and posters will be judged on:

- 1) Overall quality of the work and presentation
- 2) Demonstration of understanding of the functioning of the studied systems and its applicability to actual practice issues
- 3) Demonstration of effective use of time, resources and team work in competing the assignments,
- 4) Each presentation should reflect an understanding and application of at least the principles of value analysis (cost/effectiveness)
- 5) Improvements suggested by studying the process
- 6) The applications of systems and process analysis in real life situations.