THE VALUE INSTITUTE learning center AT DARTMOUTH-HITCHCOCK

Yellowbelt Profile: Andrew Lambour, MD

A Value Institute Learning Center Publication

Dr. Andrew Lambour, a surgical resident at Dartmouth-Hitchcock, recently completed a Rapid Process Improvement Workshop (RPIW) and obtained his Yellowbelt certification at DH. Juggling residency and a process improvement project can be challenging. "As a research resident, I was able to engage in more leadership roles than if I was involved in clinical duties. That being said, I certainly think it is possible to have full time residents be involved in these sorts of projects," Andrew says.

After obtaining an undergraduate degree in biochemistry from Georgetown University, and a medical degree from Drexel University College of Medicine, Andrew started his residency in General Surgery in June 2013. He completed his third year of residency before taking a year off to participate in research projects. It was during this time that he became involved in an RPIW focused on improving the discharge process for surgical patients.

In most cases, members of a process improvement team attend Yellowbelt training either prior to the project or during the course of the project. In an RPIW setting, team members are given just-in-time training and taught each tool and concept along the way, while working on the project in real time. Andrew says "a rewarding aspect of the RPIW experience was the expedited timeline and the ability to work on interventions in tandem with the workshop. This allowed for a more real world, tangible learning experience of the QI tools and strategies being taught."

Prior to participating in this project, Andrew did not have any formal interest in process improvement work. "There were things that I thought we could do better as an institution, but I never sought out a way to improve upon them." Andrew says, "I guess I was just too busy or didn't think I could make a meaningful change." This is a common feeling among busy, often overworked healthcare professionals. However, Andrew's team did make a meaningful change for surgical patients.

The project team initiated two major interventions on two surgical inpatient units at DH. They implemented Interdisciplinary Discharge Rounds (IDDRs) and a pre-operative discharge planning questionnaire. "IDDRs are formalized, standardized, and multidisciplinary communications on patient discharges, as well as potential barriers to discharge. These meetings are held every morning around 9AM and involve members from nursing, providers (residents or associate providers), and care management. The discharge plans for each patient on a team are discussed," Andrew explains. "The pre-operative discharge-planning questionnaire asks questions about potential socioeconomic barriers to discharge. It is administered by the clinic schedulers to patients being signed up for elective operations or being acutely admitted from the clinic. This is designed to be proactive with discharge planning by gathering necessary information before a patient has his or her surgery. It also gets the patient thinking about, and possibly planning for, potential barriers for discharge."

These initiatives along with smaller interventions, helped to significantly improve the average discharge time of day in one of the two units. In addition, both units have seen trends in improvement for patient satisfaction on the timeliness of discharge, and there have been no negative changes in 30-day readmissions or length of stay. Not only did Andrew participate on the team, but he also participated on the planning committee, presented to department heads, and has shared the team's work at both local and national Quality and Safety conferences.

Andrew also highlights the personal benefits of participating in the RPIW. "One of the biggest things that I learned was the importance of listening to others and trying to apply or mesh their ideas with mine. Too often I wanted to say something along the lines of, 'this is the problem, and this is how we should fix it.' Not only might my position be wrong, but I also learned that in order for the project to be successful, team members need to develop a personal interest for the project and its interventions. People are more willing to support an idea or change if they feel as though they had some say in the development. They are much less likely to support some new order or mandate in which they did not have any input." Andrew also highlights utilizing the process map, a simple tool that helped to identify potential areas for improvement and the overall experience of bringing together a multidisciplinary team all focused on solving the same problem.

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> - Dr. Lambour

Nicole Batulis, the Blackbelt project leader credits Andrew's interest and willingness not only to participate, but to lead, as a contributing factor in the success of the project. "Andrew was a positive and proactive member of the RPIW planning team and took a key leadership role in the planning, piloting and implementation of the IDDR rounds." While Andrew has since completed his research year and is back to regular clinical rotations, he says that he is already getting involved in another project to improve workflows related to elective surgical cases. He hopes to utilize the training and skills gained in this experience in his future career as an attending physician. "These skills and tools are valuable not just for tackling QI projects, but also leading a surgical team," Andrew concludes.

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