



RLI Power Hour

How I got started with Quality Improvement

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Presentation Date

Scenario

- Junior faculty. Research background.
- Observation: handful of important “misses” on overnight radiology prelim
- Question: Do patient outcomes change w/ prelim reports overnight vs daytime w/ attending?

What would you do next?



What I did

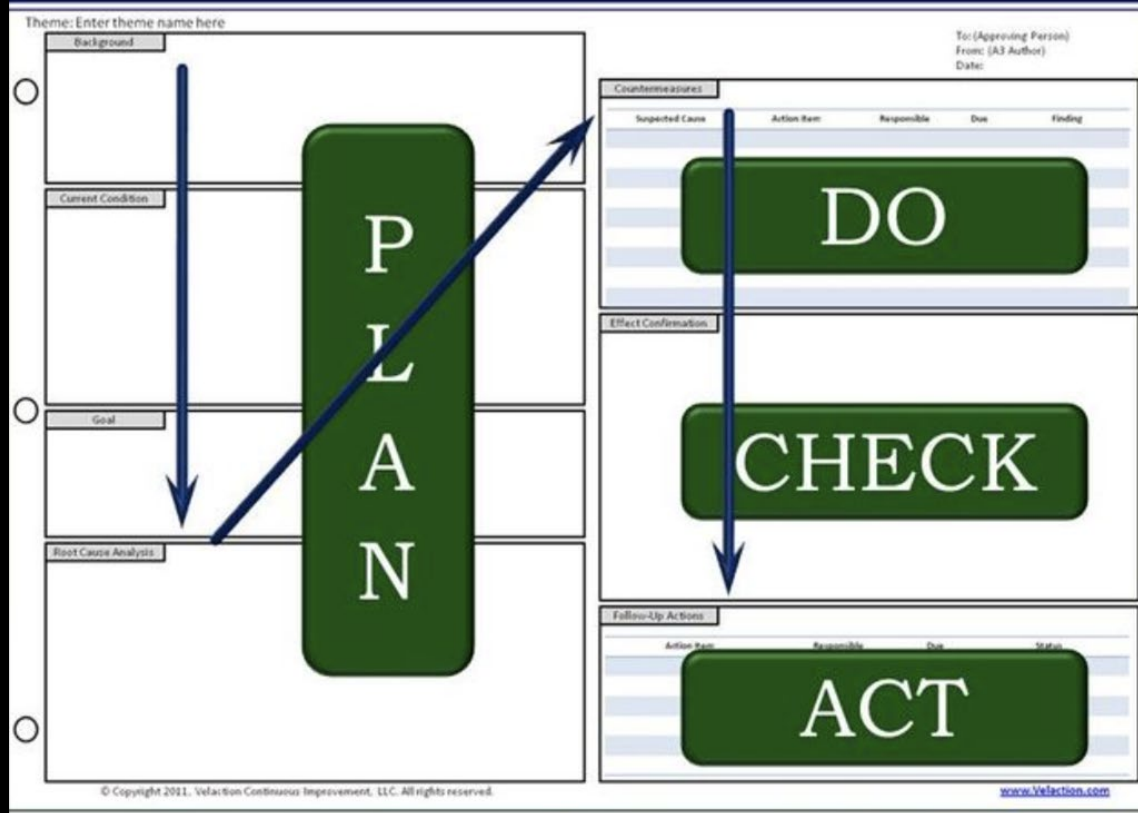
- Submitted an IRB to study this question to Office of Research
- Sometime later, I can get a phone call from the a leader to meet with me in person about the IRB application.
- Umm.



What I came to learn

Difference between QI vs Research

I approached this as Research Question, but in reality → QI using (for example, A3 method)



What is QI in health care?

What is quality improvement in health care? ^

In health care, quality improvement (QI) is **the framework we use to systematically improve the ways care is delivered to patients**. Processes have characteristics that can be measured, analyzed, improved, and controlled.

<https://www.ahrq.gov> › tools › pf-handbook › mod4 ▼

Meeting

- One-to-One:
 - A leader: “Why do you want to do this?”
 - Me: Because I made these observations and want to *study* it.
 - A leader: Everything is fine with the way it is now.
 - Me: Um...
- Later from another healthcare leader:
 - “Nobody wants to read overnight studies.”
 - “It’ll be expensive to hire radiologists overnight”
- What do you do next?

What would you do next?



What is at risk?

Antagonizing people

Losing credibility / capital

? - What happens if there is
lack of support?

First step in QI: **stakeholder
engagement**



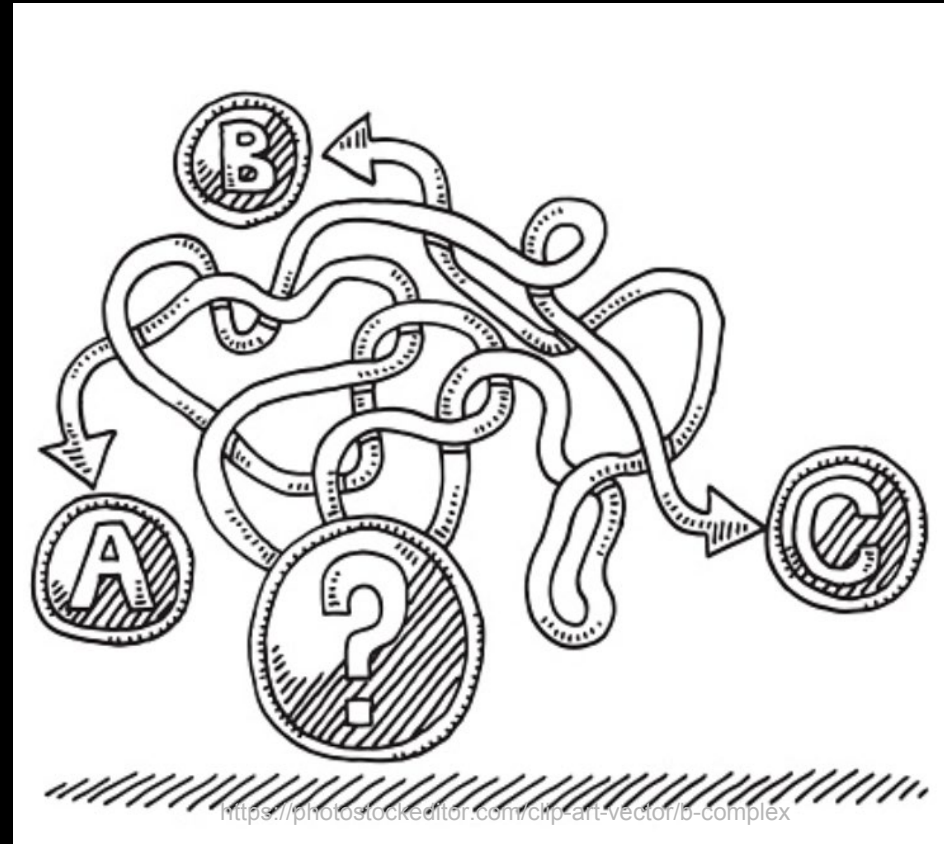
Next steps

- Discussed with a mentor/colleague (at a different institution).
 - “What are you going to do the *next time* this happens?”
- Found hospital and research leaders who supported the project



– alignment w/

stakeholders and allies (first step in QI)



Growth

- Just get started
- Solve a “problem”
- Growth:
 - Importance of support / allies to navigate the waters
 - Learn the appropriate process: Stanford QI, RSNA, ACR
 - Find a experienced mentor to walk you through
 - Gained leadership skills and clarified personal values
- Academic and clinical impact:
 - RSNA seed grant, Mayo innovation award



Availability of a final abdominopelvic CT report before emergency department disposition: risk-adjusted outcomes in patients with abdominal pain

Jordan Smith¹ · Nelly Tan^{2,3} · Wendy Shih⁴ · Kenneth Mitchell⁵ · Molly Estes⁶ · Radu Dudas⁶ · Justin Camara² · Paul Jacobson² · Matthew S. Davenport^{7,8}

Abdominal Radiology (2021) 46:1210–1215
https://doi.org/10.1007/s00261-020-02722-0

Emergency department length of stay following discontinuation of routine oral contrast material

Kevin Y. Kim¹ · Nelly Tan^{1,2} · Jeremy Moretz¹ · Matthew S. Davenport³

Abdominal Radiology
https://doi.org/10.1007/s00261-021-03114-8

Implementation of peer learning conferences throughout a multi-institutional abdominal radiology practice

Andrew W. Bowman¹ · Nelly Tan² · Daniel A. Adamo³ · Frederick Chen² · Sudhakar K. Venkat
Deborah A. Baumgarten¹

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Peer Learning Through Multi-Institutional Case Conferences: Abdominal and Cardiothoracic Radiology Experience

Ryan A. Chow, BS^a, Nelly Tan, MD^a, Travis S Henry, MD, Jeffrey P. Kanne, MD, Aarti Sekhar, MD

ORIGINAL ARTICLE Leadership



Transitioning From Peer Review to Peer Learning: Report of the 2020 Peer Learning Summit

SA-CME

David B. Larson, MD, MBA^a, Jennifer C. Broder, MD^b, Mythrevi Bhargavaan-Chatfield, PhD^c,

Lane F. Donne

Richard E. Sha

Nelly Tan, MD

ARTICLE IN PRESS

ORIGINAL ARTICLE

Patient and Provider Feedback for Radiology Reports: Implementation of a Quality Improvement Project in a Multi-Institutional Setting

Niusha Bavadian, MD^a, Nelly Tan, MD^{a,b,c}, Arthur J. Pesch, MD^d, Kaley McMullen, BS^e, Mike Haman, RT, CIIP^f, Francis Chan, MD^{c,h}, Michael L. Volk, MD^{a,h}, J. Paul Jacobson, MD, MPH^{i,l}, Arun Krishnaraj, MD, MPH^{k,l}

Credits awarded for fulfilling requirements SA-CME activity xtXMcoP9d9K8%

Abstract

Since its introduction measurement instrumen

Abstract

Why I continue in QI

1. Immediate impact on clinical practice
2. Leadership / hospital care about the results
3. Learn one form of science: A3, SQUIRE, RE-AIMS
4. Develop leadership skills