



**SCHOOL OF MEDICINE**

INDIANA UNIVERSITY

# Integrating Continuous Improvement with Organizational Accreditation

Indiana University School of Medicine

Nathan Bohlmann, Director Business Intelligence  
Colleen O'Brien, Director Continuous Quality Improvement  
Geoffrey Sherrell, Sr. Process Improvement Specialist



# Themes

1. Improvement in the context of Institutional accreditation
2. IUSM Experience
3. Engaging your:
  1. Leaders
  2. Students
  3. Faculty/Staff
4. Building a focused team
5. What we learned
6. Implementing institutional accreditation practices at your Institution



# What is accreditation?

**Accreditation** is the process of validating that a college, university or other educational institution meets an acceptable standard of quality established by peers of that educational institution.

- Often “voluntary”
- Typically requires self-study process conducted by the school



## TABLE DISCUSSION:

### What's your accreditation experience?

- What personnel (i.e. leadership, departments, etc.) are involved from the onset?
- How is the voice of the student incorporated?
- Does the institutional strategic plan point to standards of accreditation?
- Who leads the accreditation effort? Do they also lead the improvement work?



# Medical Education Accreditation

- Accrediting body for medical schools is Liaison Committee on Medical Education (LCME)
- LCME is a peer review committee jointly administered by AAMC – Association of American Medical Colleges & AMA – American Medical Association
- Medical colleges accredited on 8-year cycle



# Context for IUSM Accreditation

- Accreditation expectations increasingly rigorous
- **New** requirement for continuous quality improvement system since IUSM's last review
- Leadership transitions slowed awareness of new expectations and requirement
  - New Dean
  - New Executive Associate Dean of Education and other education and student services leadership



# Challenges for IUSM Accreditation

- Simultaneously implementing a new curriculum
  - education personnel shouldered majority of work in both
- IUSM's has 9 campuses accredited as a single institution
  - Must demonstrate is “one school” with multiple locations
  - Historic campus identities and independent operations contributed to disconnections
  - Multiple-campus schools must achieve comparability for education
- Accreditation deadline pressures



# IUSM Experience

- Limited time
- Increased expectations
- Accreditation of a new area of the school
- Balancing work on new curriculum





# Organizational Accreditation

- Accrediting bodies for higher education now include:
  - Movement towards systematic institutional review
    - Expectations of continuous improvement
  - Emphasis on strategic planning
  - Importance of the student experience





# Organizational Accreditation

- Movement towards systematic institutional review
  - Moving from checklist audits
    - What is the story of the institution?
    - How do students feel about the story?
  - Demonstration of quality education delivery
    - How can you demonstrate, through evidence and measures, that the institution is meeting the educational needs of students?



# Organizational Accreditation

- Emphasis on strategic planning
  - Establishing long term goals
    - Position the institution for future success
      - How is the institution anchored in the its surrounding community?
  - Connection of the strategic plan to standards of accreditation
    - Do the institution's long-term goals align with standards set by the accrediting body?



# Organizational Accreditation

- Emphasis on the student experience
  - The institution creates an environment of student success through
    - Innovation
    - Student feedback
    - Value-added support
      - Does the student population reflect the institution’s mission?
      - Does the institutional mission align with student expectations?



# Organizational Accreditation

- Expectations of continuous improvement
  - How does the institution ensure that it meet the needs of students:
    - Perform systematic review of curricular design and delivery
    - Provide institutional oversight of the educational and operational missions
    - Create change through corrective action
    - Incorporate the “voice of the student” in decision making
    - Execute gap analysis and process improvement
    - Measure the performance and execution of each standard, goal, expectation and element based on the institutional strategic plan



# Groundwork for Accreditation

- Understand the standards
  - Is it clear what's required? Has anything changed? What is the effect of the previous accreditation result?
- Communication and relationship development with functional units/campuses
  - Listening tour/subject matter experts about the institutional processes/communicate about requirements
- Student meetings
- Cultural current state assessment
  - Determine institutional readiness



# Groundwork for Accreditation

- Develop a project plan for accreditation and the QI processes with interwoven deadlines
  - Formal steps must accomplish, milestones, deliverables
- Develop a communications plan
- Identify a needs assessment
  - Infrastructure, staff, consultant expertise



# Accreditation/Improvement Processes

- Data collection
- Data provision to Self-Study Committees
- Self-Study Committee review and findings
- Prioritized “Out of Compliance” elements based on:
  - Impact (includes risk) v. effort 2x2 matrix
    - Resources, coordinating efforts across projects, leadership engagement





# Next Stage: Improvement

- Improvement teams
  - 2 Co-Captains
  - 1 CQI Coordinator
  - Subject Matter Experts (faculty, staff)
  - Students
- Teams had 8 – 12 members



## TABLE DISCUSSION:

### How is continuous improvement viewed?

- How does your institution address the continuous improvement criteria of accreditation?
- How did your institution transition from accreditation being an “audit” type activity towards a continuous improvement effort? Or have you made this transition? Why or why not?



# CQI Improvement

- Method for process improvement we employed was Plan-Do-Check-Act (PDCA)
  - Simple structure
  - Repeatable steps
- Familiarity with scientific method led to rapid adoption by some teams
- CQI coordinators applied lean process improvement to PDCA structure



# CQI Improvement

- Co-captains were:
  - Accountable for closing gaps identified in the standard they were responsible for
  - Empowered to make change
- Well rounded teams included:
  - Staff
  - Fresh Eyes
    - Participants with no stake or process connection



# CQI Improvement

- Improvements were managed in a series of meetings over 6 months
  - Basis for frequency determined by co-captains
- Work while work is being done
  - Steer the ship while improving the structure
  - Encourage team participants to add to their daily work load to accomplish project tasks and goals



# CQI Improvement

- Co-captains reported progress to the Dean every 4 – 6 weeks
  - Guidance and insights during report outs from executive leadership
    - Sign of engagement and top level visibility
- Progress documented on 4-quadrant charts and War Room visual control boards
  - Document early and often
    - Clarifies when change occurs



## TABLE DISCUSSION:

### How is the self-study aligned with improvement?

- How are continuous improvement concepts and methodology instilled during the self-study assessment process?
- What education/training approaches are used?
- How do you draw student value out of institutional needs?
- How are students and SMEs engaged during the self-study process?



# CQI Improvement

- Hand-off to element and system owners from improvement team co-captains
  - Give the process back to those who own it
  - Allow owners to define parameters of execution
- Improvement actions completed prior to hand-off





**Suggestion: Add a couple slides  
related to the ongoing post-visit CQI  
effort**



## TABLE DISCUSSION:

### How is continuous improvement sustained?

- How do you overcome institutional complacency, or “business as usual” once the accreditation results are known?
- What tools do you use to assess institutional needs and track performance measures?
- How are the ongoing accreditation needs tied to your organization’s strategic plan?
- What communication strategies are deployed?



# Leadership Engagement

- Achieved progressively at IUSM
- Multiple avenues of engagement work best
- Direct meetings with Dean served many purposes
- Difference between endorsement and active and visible leadership engagement



# Using External Feedback

- External sources for delivering difficult messages and raising awareness (consultants)
  - Complacency with status quo
  - Changes in accreditation standards
  - Messages that are antithetical to the culture
  - “Big ticket” changes



# Cultural Transitions

- Long-term project and goal
- Should be addressed through deliberate change management plan and strategy
- Ultimately furthered by actions, messaging and successes
- Need to be hardwired into organization to be sustained



SCHOOL OF MEDICINE

INDIANA UNIVERSITY

**CELEBRATE!!!**



SCHOOL OF MEDICINE

INDIANA UNIVERSITY

# Lessons Learned



SCHOOL OF MEDICINE

INDIANA UNIVERSITY

# Discussion