

# 2024 - 2025 CERTIFICATE PROGRAM IN PATIENT SAFETY AND QUALITY

A JOINT PROGRAM OF UW MEDICINE &  
SEATTLE CHILDREN'S HOSPITAL

## ENHANCE THE EQUITY, QUALITY, SAFETY, AND VALUE OF CARE

Now more than ever, clinics and hospitals must improve the equity, quality, safety, and value of their work. Yet, many improvement efforts fail because teams struggle to efficiently change the hectic clinical environment. This innovative training program builds a cadre of frontline clinicians, staff, and administrators with the skills to identify gaps in equity, quality, safety, and value and to develop and implement solutions to close them.



**UW Medicine**

CENTER FOR SCHOLARSHIP IN  
PATIENT CARE QUALITY & SAFETY



**Seattle Children's**  
HOSPITAL · RESEARCH · FOUNDATION

**LEARN MORE AND REGISTER ONLINE:**

<https://patientsafety.uw.edu/programs/certificate-program>

This course emphasizes the patient safety, quality, and value topics below, and includes robust content on equity developed in partnership with the UW Medicine Office of Healthcare Equity.

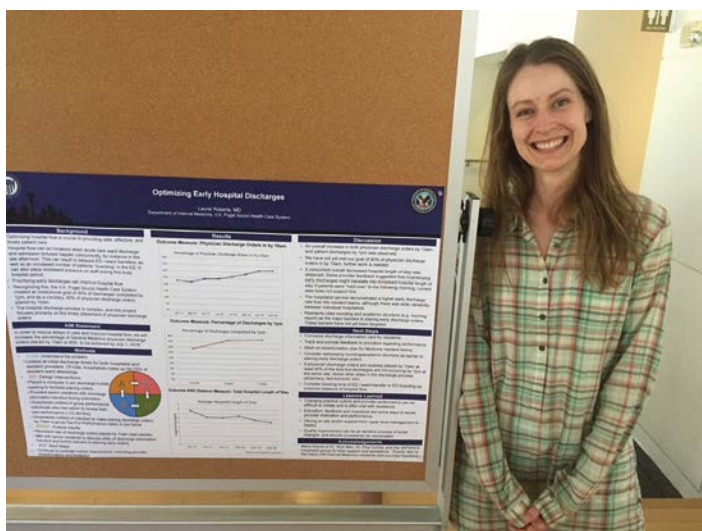
## CERTIFICATE PROGRAM PARTICIPANTS LEARN THE FOUNDATIONAL ELEMENTS OF EQUITY, QUALITY, SAFETY, AND VALUE

Participants develop skills to implement quality, safety, equity, and value innovations in their clinical units and departments and disseminate their results. Those skills include how to:

- Define and coordinate care that promotes quality, safety, value, diversity, equity, and inclusion.
- Keep the interests of the patient and family at the center of the care conversation.
- Rigorously define and critically evaluate project outcomes.
- Serve as a change leader to ensure rapid implementation of patient safety and quality interventions.

## PROGRAM TOPICS:

- Operational Efficiency
- Foundations of Quality Improvement and Patient Safety
- Equity in Healthcare
- Cost Savings and Healthcare Value
- Local/Regional/National Landscape of Quality and Safety
- Error Disclosure/Risk Management/ Resilience Principles
- Diagnostic Error
- TeamSTEPPS
- Information Technology and Patient Safety
- SQUIRE Guidelines for Publishing
- Research vs. Quality Improvement
- GME QI Program Development
- Leadership and Change Management



## PROGRAM OBJECTIVES

We anticipate that at the end of the course, participants will be capable of meaningful participation in institution-wide quality improvement efforts, able to lead local quality improvement projects, and prepared to disseminate their scholarly quality improvement work on a local, regional, and national level.

## GAIN HANDS-ON EXPERIENCE THROUGH APPLIED LEARNING

Participants apply the curriculum through a mentored improvement project during the program. Projects can range widely—from traditional quality and safety efforts to clinic flow challenges, and from department or division administrative efforts (e.g., enhancing an HR process or improving grant administration) to improvement work addressing diversity, equity, and inclusion.

Each day long session runs approximately 8am-4pm PT. The mandatory 2024-2025 course dates are:

Friday, October 11, 2024

Wednesday, December 4, 2024

Friday, January 31, 2025

Tuesday, March 4, 2025

Wednesday, April 23, 2025

Friday, May 16, 2025



### QI Project Accelerator

This add-on service provides robust mentorship and data support to advance quality improvement projects and is ideal for registrants of the Certificate Program.

It provides 12 hours of one-on-one project mentorship from physician faculty, up to 40 hours of data service, and progress reports at 6 and 12 months to fellowship, division, and/or unit leaders supporting the project. The cost is \$5,980 per project when paying with a UW budget number.

### Program Details

- Ideal for small teams (optimal size of 3-8) or individuals from all healthcare professions.
- Participants devote about 8 hours per month (approximately a 0.05 FTE commitment for eight months), which covers the day-long sessions and project-related work.
- Course offered both in-person in Seattle and online for those not in the Seattle area.
- Tuition: \$2,577 for UW-affiliated and Seattle Children's Hospital participants. \$3,069 for participants outside the UW and Seattle Children's Hospital systems (figure includes overhead and credit card fee).
- Online registration due date is August 1, 2024.
- Please read through all information on the website well in advance of beginning the registration process.

## Continuing Medical and Nursing Education (CMEs and CNEs):

Both CME and CNE credits are available for Certificate Program participants to claim.

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The University of Washington School of Medicine designates this live activity for a maximum of **34 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

*I really enjoyed this content and feel that all of it was meaningful and useful. I look forward to using what I've learned here throughout my career in healthcare.*

— Nikki Nahel, MSN, RN





## FEATURED SPEAKERS

### **Erin Alberda**

Interim Director, Patient and Medication Safety **Seattle Children's Hospital**

### **Anne Chipman, MD, MS**

Assistant Director of Quality Improvement and Patient Safety for HMC ED  
**UW Medicine**

### **Christopher Dale, MD, MPH**

Chief Medical Officer  
**Advata**

### **Lee Davis**

EDI Training Manager, Office of Healthcare Equity  
**UW Medicine**

### **Thomas H. Gallagher, MD, MACP**

Professor and Associate Chair for Quality, Safety, and Value  
**UW Medicine**

### **Emily A. Hartford, MD, MPH**

Assistant Professor for the Pediatric Emergency and Critical Care Fellowship in Kenya  
**Seattle Children's Hospital/UW Medicine**

### **Paula Houston, EdD**

Chief Equity Officer, Office of Healthcare Equity  
**UW Medicine**

### **Howard E. Jeffries, MD, MPH, MBA**

Clinical Associate Professor and Medical Director of the Seattle Children's Regional Network  
**Seattle Children's Hospital/UW Medicine**

### **Joseph Joo, MD**

Associate Director in VSSL, Acting Instructor  
**UW Medicine**

### **Jonathan W. Kanter, PhD**

Behavioral Scientist, Office of Healthcare Equity  
**UW Medicine**

### **Farrah Leland**

Associate Director, Finance and Compliance, WWAMI Institute for Simulation in Healthcare (WISH)  
**UW Medicine**

### **Edwin Lindo, JD**

Assistant Dean for Social and Health Justice, Office of Healthcare Equity  
**UW Medicine**

### **Darlin Lozano**

2SLGBTQ+ Program Manager for the Office of Healthcare Equity at the UW School of Medicine  
**UW Medicine**

### **Leah Marcotte MD, MS**

Assistant Professor in the Division of General Internal Medicine  
**UW Medicine**

### **Tonya Martino RN, BSN, ND**

Clinical Director, Team Performance, WWAMI Institute for Simulation in Healthcare (WISH)  
**UW Medicine**

### **Nicole Mazwi, MD**

Director of Stroke Rehabilitation  
**UW Medicine**

### **Nicholas O. Meo, MD**

Associate Medical Director of Quality and Safety, Harborview Medical Center  
**UW Medicine**

**Darren S. Migita, MD**

Hospitalist at SCH, Assistant Clinical Professor in the Department of Pediatrics at the UW School of Medicine and Chief of the Pediatric Hospitalist Section at Evergreen Hospital Medical Center  
**Seattle Children's Hospital/UW Medicine**

**Russell T. Migita, MD**

Professor and Co-Director of Education, Center for Scholarship in Patient Care Quality and Safety  
**Seattle Children's Hospital/UW Medicine**

**Leo Morales, MD, PhD, FACP**

Professor and Chief Diversity Officer  
**UW Medicine**

**Thomas H. Payne, MD, FACP**

Professor, Medicine, Biomedical Informatics and Medical Education  
**UW Medicine**

**Martine Pierre-Louis, MPH**

Director of EDI at Harborview Medical Center  
**UW Medicine**

**Elizabeth Rosenman, MD**

Associate Professor and Director of Simulation, Department of Emergency Medicine  
**UW Medicine**

**Lori Rutman, MD, MPH**

Associate Professor, Pediatric Emergency Medicine  
**Seattle Children's Hospital**

**Megan Sherman**

Associate Director, Operations, WWAMI Institute for Simulation in Healthcare (WISH)  
**UW Medicine**

**Shannon Wagner Simmons, MD, MPH**

Assistant Professor and Medical Director, Inpatient and Acute Mental Health Services  
**Seattle Children's Hospital/UW Medicine**

**Lauge Sokol-Hessner, MD, CPPS** Clinical

Associate Professor  
**UW Medicine**

**Helene Starks, PhD, MPH**

Associate Professor  
**UW Medicine**

**Lindee Strizich, MD, MSc**

GME Director for Quality and Patient Safety  
**UW Medicine**

**Alysha Thompson, PHD**

Clinical Director and attending psychologist on the Psychiatry and Behavioral Medicine Unit at SCH and Associate Professor in the Department of Psychiatry and Behavioral Sciences at UW  
**Seattle Children's Hospital/UW Medicine**

**Kristina Toncray, MD**

Medical Director, Patient Safety  
**Seattle Children's Hospital**

**Andrew White, MD FACP**

Course Director, Certificate Program in Patient Safety and Quality  
**UW Medicine**

## SESSIONS BY COMPETENCY

There are 5 core competencies that run throughout the six daylong sessions:

- 1) Culture of Safety, 2) Healthcare Equity, 3) Methodologies and Tools, 4) Professional Skill Development, 5) Q Improvement Frameworks

### Competency: Culture of Safety

Topic	Learning Objectives
<b>Culture of Safety</b>	<ul style="list-style-type: none"> <li>▪ Establish a shared mental model for "Culture of Safety" definition, core aspects.</li> <li>▪ Demonstrate how "Culture of Safety" affects clinical outcomes.</li> <li>▪ Measure Safety Culture with standard tools and metrics.</li> </ul>
<b>Respect and Non-Physical Harm</b>	<ul style="list-style-type: none"> <li>▪ Define the concepts of (dis)respect and non-physical harm in health care as experienced by patients/families.</li> <li>▪ Describe a framework for capturing, assessing and tracking patient-family experiences involving non-physical harms and disrespect.</li> <li>▪ Apply the framework to a series of cases and discuss how it can be used to drive improvements.</li> <li>▪ Evaluate organizational readiness for assessing harms from disrespect. Build a road map for building towards a reliable practice of respect.</li> </ul>
<b>Diagnostic Error and Cognitive Bias</b>	<ul style="list-style-type: none"> <li>▪ Define forms of cognitive bias and recognize their contribution to clinical &amp; diagnostic errors.</li> <li>▪ Evaluate the impact of cognitive bias on patient safety.</li> <li>▪ Analyze strategies to mitigate cognitive biases.</li> </ul>
<b>Error Disclosure</b>	<ul style="list-style-type: none"> <li>▪ Identify 4 key practices related to transparent communication after breakdowns in care.</li> <li>▪ Describe 3 barriers that make transparency challenging for clinicians and potential strategies to overcome each barrier.</li> <li>▪ Demonstrate the ability to share key information and support the emotions of both a colleague and a patient following a care breakdown.</li> </ul>

*This is a fantastic program with a wealth of experienced, learned, and dynamic speakers.*

— Lisa Inouye, MD, MPH

## Competency: Healthcare Equity

Topic	Learning Objectives
<b>QI Interventions' Impact on Equity</b>	<ul style="list-style-type: none"> <li>▪ Describe the range of possible effects on QI on health equity.</li> <li>▪ Design QI interventions to increase health equity.</li> <li>▪ Identify opportunities for increased academic-community partnerships for promoting health equity.</li> </ul>
<b>Race and Medicine</b>	<ul style="list-style-type: none"> <li>▪ Understand the ways in which medicine/science has been used to create and further racism.</li> <li>▪ Understand the history of the creation of racial categories and hierarchy by physicians and how that framework is still used in modern medicine.</li> <li>▪ Recognize race as a social and political construct and explain how and why race is not biological or genetic.</li> </ul>
<b>Equity Impact Analysis</b>	<ul style="list-style-type: none"> <li>▪ Identify groups at risk for inequitable outcomes from QI interventions.</li> <li>▪ Measure existing healthcare disparities.</li> <li>▪ Perform an Equity Impact Analysis in the context of a QI project.</li> </ul>
<b>Identity, Intersectionality, and Privilege</b>	<ul style="list-style-type: none"> <li>▪ Define and be able to articulate the meaning and manifestation of intersectionality relative to race/ethnicity.</li> <li>▪ Understand and be able to articulate your own social identities.</li> <li>▪ Integrate these understandings into all aspects of your personal and professional life and be able to illustrate how they are manifested in your professional lives.</li> </ul>
<b>LGBTQIA+ Health &amp; Health Equity</b>	<ul style="list-style-type: none"> <li>▪ Recognize the ways that structural hetero-sexism and cis-genderism undermine LGBTQIA+ health and permeate institutions and systems.</li> <li>▪ Consider opportunities to improve LGBTQIA+ through QI interventions.</li> </ul>
<b>Structural &amp; Social Determinants of Health</b>	<ul style="list-style-type: none"> <li>▪ Define social determinants of health and how SDOH contribute to overall health.</li> <li>▪ Describe the difference between health disparities and healthcare disparities.</li> </ul>
<b>Ableism and Health Equity</b>	<ul style="list-style-type: none"> <li>▪ Review the contribution of ableism to health disparities.</li> <li>▪ Summarize QI approaches that might be used to decrease health disparities associated with ableism.</li> </ul>



## Competency: Methodologies and Tools

Topic	Learning Objectives
<b>AIM Statements</b>	<ul style="list-style-type: none"> <li>▪ Explain essential principles for developing aim statements.</li> <li>▪ Write project aims statements based on the SMART principles.</li> </ul>
<b>Process Mapping</b>	<ul style="list-style-type: none"> <li>▪ Describe purposes of process mapping.</li> <li>▪ Apply process mapping principles to projects.</li> </ul>
<b>QI Work and the IRB</b>	<ul style="list-style-type: none"> <li>▪ Define research vs. quality improvement.</li> <li>▪ Explain the importance of IRB reviews.</li> </ul>
<b>Driver Diagrams and Measures</b>	<ul style="list-style-type: none"> <li>▪ Describe main types of measures (outcome, process, balance) and their purposes.</li> <li>▪ Identify project metrics, measurement interval, data source, and derivation.</li> <li>▪ Describe purposes of driver programs.</li> <li>▪ Apply driver diagrams to projects.</li> </ul>
<b>Run Charts</b>	<ul style="list-style-type: none"> <li>▪ Describe purposes of run charts.</li> <li>▪ Explain the 4 Rules for determining the impact of PDSA cycles.</li> <li>▪ Apply run charts to projects.</li> </ul>
<b>IT and Patient Safety</b>	<ul style="list-style-type: none"> <li>▪ Describe 4 ways information technology has been applied to patient safety.</li> <li>▪ Give 3 examples of rules for effective clinical decision support.</li> </ul>
<b>Principles of High Reliability</b>	<ul style="list-style-type: none"> <li>▪ Understand the core principles of high reliability.</li> <li>▪ Appreciate how reliability leads to improved patient and staff outcomes.</li> <li>▪ Recognize the complementary nature of "Safety 2" and resilience engineering in support of reliability.</li> </ul>
<b>Statistical Process Control</b>	<ul style="list-style-type: none"> <li>▪ Recognize the basic structure and format of a statistical process control (SPC) chart.</li> <li>▪ Interpret simple SPC charts, differentiating between common cause and special cause variation.</li> <li>▪ Summarize the benefits of SPC or other time series analyses compared to pre-post analysis.</li> </ul>
<b>Using Simulation to Study and Understand Team and System Threats to Safety</b>	<ul style="list-style-type: none"> <li>▪ Define Simulation.</li> <li>▪ Describe fidelity and why it matters.</li> <li>▪ Explain the importance of debriefing.</li> <li>▪ Demonstrate how simulations can be used to improve patient safety.</li> </ul>

**Competency: Methodologies and Tools**  
 (continued)

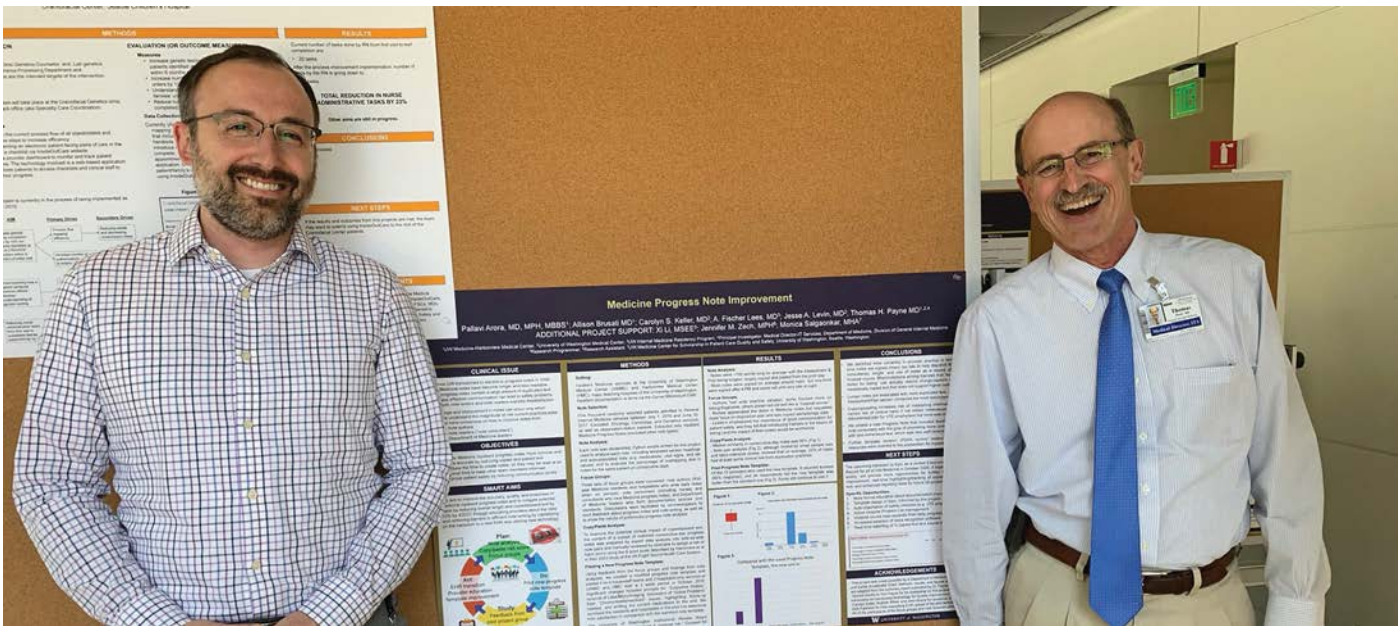
<b>Lean</b>	<ul style="list-style-type: none"> <li>▪ Describe Lean principles.</li> <li>▪ Explain tools and components associated with each principle.</li> <li>▪ Apply Lean principles to projects including identifying non-value in project process mapping.</li> </ul>
<b>SQUIRE Guidelines</b>	<ul style="list-style-type: none"> <li>▪ Identify appropriate use of SQUIRE 2.0</li> <li>▪ Define "context" and "rationale" as specific components of the SQUIRE 2.0 guidelines.</li> <li>▪ Apply SQUIRE 2.0 to current QI project.</li> </ul>
<b>Structured Problem Solving</b>	<ul style="list-style-type: none"> <li>▪ Apply the skills for identifying gaps using your SDI or other systems.</li> <li>▪ Use the Evidence-Based Problem Solving process to solve problems and improve your work.</li> <li>▪ Access resources to practice problem solving.</li> </ul>
<b>Learning From Preventable Adverse Events: Part 1 &amp; 2</b>	<ul style="list-style-type: none"> <li>▪ Recognize the scope of medical errors in the US &amp; the importance of learning from errors.</li> <li>▪ Understand the purpose and many benefits of learning from error.</li> <li>▪ Acknowledge the importance of caring for the caregiver.</li> <li>▪ Share best practices across this group.</li> </ul>

*The projects provide good hands-on learning. Lectures cover a wide array of interesting topics*

— Samuel Huang, MD

**Competency: Professional Skills Development**

Topic	Learning Objectives
<b>Implicit Bias and Microaggressions</b>	<ul style="list-style-type: none"> <li>▪ Identify in real time the four processes that fuel microaggressions.</li> <li>▪ Describe how QI projects can be designed to address microaggressions.</li> <li>▪ Respond to microaggressions with less defensiveness and more humility about harm.</li> </ul>
<b>Change Management and Effective Communication</b>	<ul style="list-style-type: none"> <li>▪ Describe the importance of team performance.</li> <li>▪ Describe typical team dynamics, focusing on communication within a team.</li> <li>▪ Identify the different personal styles that can affect team communication and team outcomes.</li> <li>▪ Identify TeamSTEPPS tools and strategies that can improve a team's communication.</li> </ul>
<b>Adaptive Leadership</b>	<ul style="list-style-type: none"> <li>▪ Learn foundational principles of adaptive leadership.</li> <li>▪ Understand why leading adaptively is important in today's healthcare environment.</li> <li>▪ Consider how you will apply these principals to your own leadership challenges and personal practice goals: influence how you think about, and ultimately act on, this thing called leadership.</li> </ul>



## Competency: Quality Improvement Frameworks

Topic	Learning Objectives
<b>Introduction to QI</b>	<ul style="list-style-type: none"> <li>Describe major QI frameworks such as Six Sigma, LEAN, and Model for Improvement.</li> <li>Identify, select, and apply quality improvement techniques to projects.</li> </ul>
<b>Clinical Standardization</b>	<ul style="list-style-type: none"> <li>Describe tradeoffs between maximizing precision vs. accuracy.</li> <li>Apply key conceptual frameworks to challenges in standardizing clinical workflows.</li> </ul>
<b>QI Interventions and Cost Savings</b>	<ul style="list-style-type: none"> <li>Understand how organizations allocate attention and resource to maximize the financial impacts of quality improvement.</li> <li>Understand to factor in different contracts and revenue sources in articulating the value of QI work to organizations.</li> </ul>
<b>Behavioral Economics</b>	<ul style="list-style-type: none"> <li>Introduce core principles of behavioral economics.</li> <li>Describe three applications of behavioral economics principles: individual incentives, group incentives, and peer comparisons.</li> <li>Discuss how these applications can be incorporated into QI projects and clinical practice.</li> </ul>
<b>Healthcare Value</b>	<ul style="list-style-type: none"> <li>Characterize spending and health outcomes in the US health care system.</li> <li>Describe current value-based payment policies and delivery system trends.</li> <li>Discuss the intersection between value, clinical transformation, and quality improvement.</li> </ul>
<b>Implementation Science</b>	<ul style="list-style-type: none"> <li>Describe the difference between implementation science and QI.</li> <li>Identify implementation science principles that can improve the effectiveness and durability of QI projects.</li> </ul>

CENTER FOR SCHOLARSHIP IN  
 PATIENT CARE QUALITY & SAFETY

UW Medicine

