



## Facility Spotlight

# Virginia Mason Applies Quality Improvement Efforts to Morehouse School of Medicine Partnership

Madeline Talbot

As part of the More in Common Alliance ([asamonitor.pub/3ZEBNIU](http://asamonitor.pub/3ZEBNIU)), Virginia Mason Franciscan Health has partnered with Morehouse School of Medicine to address racial inequities in the health care system by creating more opportunities for BIPOC (Black, Indigenous, and people of color) medical students.

Justin Liberman, MD, MPH, is an academic clinician who specializes in patient safety and quality improvement at the Virginia Mason Medical Center in Seattle, Washington. He acts as the faculty liaison between Virginia Mason and Morehouse School of Medicine.

### Quality improvement focus

Dr. Liberman joined Virginia Mason first as an anesthesiology resident. Dr. Liberman, who now works in quality improvement in the Virginia Mason Production System, recalled that “I did a month of RPIWs, or rapid process improvement workshops, and was amazed at how you can fix problems around the hospital by listening to the people you work with. Taking small steps, fixing problems one at a time as they pop up, and investing in your personnel can change an organization.”

The work Dr. Liberman does as part of the lean production system empowers the faculty of Virginia Mason to improve hospital conditions by making small, regular, and efficient changes. The Virginia Mason Production System functions through observation and using objective time measurements to find where waste can be removed from the system to increase efficiency and reduce errors. “If there are fewer moving parts and fewer variations in your processes, then there’s less wasteful movement and motion, and there’s less of a chance of you making mistakes,” said Dr. Liberman.

The lean production system has different techniques for identifying and eliminating waste, like poka-yoke, or mistake-proofing to streamline and avoid errors. The Virginia Mason Production System also uses the 5S method. Sort, Simplify, Sustain, Standardize, and Self-discipline – can make a process the same every time and bring it in culturally. Whenever there is a change,

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5S is applied to the process to ensure that it’s being monitored and ingrained in daily practices. Dr. Liberman said these practices are most effective when hospital staff are heavily involved in the implementation of solutions, rather than relying solely on administrative staff or higher-ups who are often further removed from problems. “Lean production empowers frontline workers to identify problems, come up with solutions, and remove barriers to implement those solutions. They become part of the process of looking at feasibility, evaluation and efficiency, and cost, so the people who do the work are actually implementing solutions around hospitals,” he explained.

### Morehouse School of Medicine partnership

Morehouse School of Medicine, a historically Black medical school based in Atlanta, Georgia, and CommonSpirit Health have formed a 10-year, \$100 million partnership to expand access to undergraduate and graduate medical education. As part of the CommonSpirit Health group, Virginia Mason Franciscan Health provides Morehouse medical students with the opportunity to complete four-week long visiting rotations at the Virginia Mason Medical Center in Seattle.

“Even if students don’t come here for rotation, they’re still looking for anesthesia mentorship because they don’t have an academic anesthesia department at Morehouse, so we act as their academic anesthesia department. We also provide virtual learning opportunities via telecommunication to Atlanta,” said Dr. Liberman. Many Morehouse students, including undergraduates, are looking for research

opportunities, or want an idea of what an anesthesiology residency entails. The program connects these medical students with attendings that fit their interest. During their four weeks, visiting Morehouse students are involved in Virginia Mason’s regular medical student rotations and its didactic programs, which includes shadowing in and out of the OR; participating in subspecialty rotations like cardiac, thoracic, and regional; and getting involved in the pain clinic and the acute pain service. Dr. Liberman noted, “We want to make sure they are able to work with the same attendings and residents for at least a week, so they can form relationships that will hopefully lead to a letter of recommendation or other future opportunities.”

Virginia Mason is already applying its quality improvement practices to make the program as valuable as possible for visiting students. Students used to work on particularly interesting cases because leadership thought that students coming from outside the institution would want to see the coolest cases. Later focus shifted to establishing more of a foundation of mentorship with attending physicians. By following residents and attendings in their day-to-day tasks, visiting students get to see all aspects of an anesthesia residency. “We thought it would be interesting to get to know a resident and really see what their life is like. Someone could have a bad or off day or a bad case, and so we ensure that we give them the full picture of what residency life is like in anesthesia at Virginia Mason,” said Dr. Liberman.

Virginia Mason Franciscan Health hopes that by forming strong, personal relationships with visiting students, their partnership with Morehouse will extend beyond the four-week program. A long-term goal of the program is to have Morehouse graduates join Virginia Mason as anesthesia residents and, later down the line, as faculty. Virginia Mason recognizes the value of this program to their institution.

### Standardizing and diversifying health care

The partnership between Virginia Mason Franciscan Health and Morehouse School of Medicine presents the opportunity for evolution in medical edu-

cation and a systemic evolution to the health care system. Dr. Liberman noted that learning how to adapt has become a focus of their program, whether it is through incorporating more virtual education sessions in addition to the usual in-person, Socratic method, or adjusting to new styles of teaching more familiar to visiting students from Atlanta. In the United States, people of color make up a minority of health care workers by a large margin. Dr. Liberman acknowledges that he sees this firsthand: “The majority of my colleagues are not people of color. Across the country, we don’t have the diversity of the workforce that could help us become more culturally competent. We learn from our colleagues, and we can learn from medical students and residents. I think that’s really lacking in a lot of places around the country.”

This can have serious impacts on the patient population. “Health and health care outcomes are better when you have providers that look like you and speak like you, and so having an adequate representation of what our nation looks like in our physicians will help everyone in the future,” said Dr. Liberman.

In addition to increasing diversity among their faculty and residents, Virginia Mason is using quality optimization tools to improve patient relations and health outcomes within their hospital. After completing the Virginia Mason Production System for Leaders program and becoming director of the pre-anesthesia assessment clinic, Dr. Liberman set out to improve patient communication and education. This included standardizing pre-anesthesia interviews for nurses, physicians, CRNAs, and residents. Further discussion on patient education on NPOs and medications and surgery ensued with a focus on standardizing health literacy among patients with different socioeconomic backgrounds. Dr. Liberman said Virginia Mason would like to get to a place where health care practices are standardized for all patients: “The patient is always at the forefront of our minds. Quality improvement is a big part of that, as we’re always trying to make things better for patients. Removing health inequalities by standardizing the care for our patients will result in better health outcomes.” ■