Meeting the Requirements
Developing a CQI/Patient Safety Program

CORD Academic Assembly 2016

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Goals/Objectives

- Help build a quality and patient safety program for residents that meets the new ACGME QA/Patient Safety requirements
- ACGME common and institutional requirements
- How do you meet these requirements?
- What should a QA/PS curriculum look like?

Goals/Objectives

- Identify strategies for involving residents in departmental QA and patient safety committees
- Discuss the components of a QA/PS curriculum
- Discuss methods of teaching residents how to perform a root cause analysis
- Discuss methods of working with malpractice insurance companies to develop a curriculum in QA/patient safety

EM Program Requirements

Practice-based Learning and Improvement

•"Residents are expected to develop skills and habits to be able to…

•systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement"

EM Program Requirements

Systems-based Practice

•"Residents are expected to …

•advocate for quality patient care and optimal patient care systems

•participate in identifying system errors and implementing potential systems solutions

•participate in performance improvement to optimize self-learning, emergency department function, and patient safety"

ACGME Resident Survey

- Educational Content
  - Provided data about practice habits
- Patient Safety/Teamwork
  - Culture reinforces patient safety responsibility
  - Participated in quality improvement

ACGME Institutional Requirements

- Oversight and documentation of engagement in:
- *Patient safety*
  - Access to systems for error reporting
  - Opportunities to contribute to root cause analysis

Patient Safety
Key Questions

- Is *didactic training* in PS offered to trainees?
- Are trainees integrated into *error reporting* system?
- Do trainees participate in *committees* related to PS?
- Do trainees participate in *RCA*?

Patient Safety
Potential Solutions

- Resident involvement in committees
- Didactic training
- Didactic and involvement in performing root cause analysis
- Error reporting system

ACGME Institutional Requirements

- Oversight and documentation of engagement in:
- *Quality improvement*
  - Access to data to improve systems of care, reduce healthcare disparities, improve pt outcomes
  - Opportunities to participate in QI initiatives

Quality Improvement
Key Questions

- *Didactic* training in QI?
- Trainees participate in *QI committees*?
- Trainees engaged in *QI projects*?
- Is there *data analysis* of trainee quality of care?

Quality Improvement
Potential Solutions

- Hospital error reporting system
  - Feedback to residents
- Didactic training
- Provide patient satisfaction data/other clinical metrics to residents/fellows
- Systematic involvement in committees

New Ideas

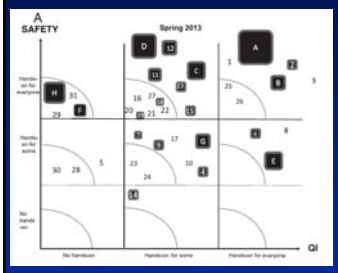
Mapping Quality Improvement and Safety Education to Drive Change Across Training Programs

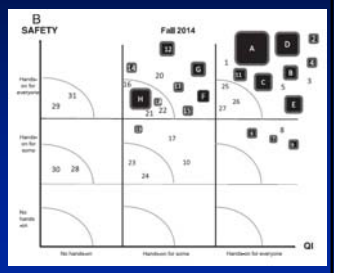
Aniala V. Tess, MD
Carlo Rosen, MD
Carrie Tibbles, MD

- Institution of Annual Program Review process by GME
- Met with all ACGME Program Directors to assess PS/QI activities
- Mapped 40 ACGME core programs onto grid
- Monitored progress

JGME, 2015

2013 2014





CLER: *Clinical Learning Environment Review*

- Entire institution is reviewed and evaluated on 6 key programs:
  - *Patient Safety* -Transitions of Care
  - *Quality Improvement* -Duty hours/fatigue
  - Supervision -Professionalism
- Expectations template: “basic”, “advanced”, “role model”
  - http://med.stanford.edu/gme/current_residents/documents/CLER Preparation for House Staff.pdf

EM Program Requirements

- "The program must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment"
- "The PD must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs"

EM Milestones: Required QI/Patient Safety Milestones

- Many EM Milestones relate directly to CQI and Patient Safety
  - Not just SBP1 and SBP2…
- Many are in level 4 or below
  - *Level 4 is target for graduation*
  - Also many opportunities for "aspirational" level 5s

EM Milestones QI/PS-Related: SBP1

16. Patient Safety (SBP1) Participates in performance improvement to optimize patient safety.

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Adheres to standards for maintenance of a safe working environment Describes medical errors and adverse events	Routinely uses basic patient safety practices, such as time-outs and 'calls for help'	Describes patient safety concepts Employs processes (e.g., checklists, SBAR), personnel, and technologies that optimize patient safety (SBAR= Situation – Background – Assessment – Recommendation) Appropriately uses system resources to improve both patient care and medical knowledge	Participates in an institutional process improvement plan to optimize ED practice and patient safety Leads team reflection such as code debriefings, root cause analysis, or M&M to improve ED performance Identifies situations when the breakdown in teamwork or communication may contribute to medical error	Uses analytical tools to assess healthcare quality and safety and reassess quality improvement programs for effectiveness for patients and for populations Develops and evaluates measures of professional performance and process improvement and implements them to improve departmental practice

EM Milestones QI/PS-Related: SBP2

17. Systems-based Management (SBP2) Participates in strategies to improve healthcare delivery and flow. Demonstrates an awareness of and responsiveness to the larger context and system of health care.

Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Describes members of ED team (e.g., nurses, technicians, and security)	Mobilizes institutional resources to assist in patient care Participates in patient satisfaction initiatives	Practices cost-effective care Demonstrates the ability to call effectively on other resources in the system to provide optimal health care	Participates in processes and logistics to improve patient flow and decrease turnaround times (e.g., rapid triage, bedside registration, Fast Tracks, bedside testing, rapid treatment units, standard protocols, and observation units) Recommends strategies by which patients' access to care can be improved Coordinates system resources to optimize a patient's care for complicated medical situations	Creates departmental flow metric from benchmarks, best practices, and dash boards Develops internal and external departmental solutions to process and operational problems Addresses the differing customer needs of patients, hospital medical staff, EMS, and the community

Other QI/PS-Related Milestones: Level 4 (Graduation Level)

- 21 Accountability (PROF2):
  - "*Manages medical errors* according to principles of responsibility and accountability in accordance with institutional policy"
- 19 Practice-Based Performance Improvement (PBLI):
  - "Applies *performance improvement* methodologies"
  - "Participates in a *process improvement plan* to optimize ED practice"

Other QI/PS-Related Milestones: Level 4

- 22 Patient Centered Communication (ICS1)
- "Uses flexible communication strategies and adjusts them based on the clinical situation to resolve specific ED challenges, such as drug seeking behavior, *delivering bad news, unexpected outcomes, medical errors, and high risk refusal-of-care patients"*

Many "Aspirational" Level 5 QI/PS Milestones: Examples

– Pharmacotherapy: "Participates in developing institutional policies on pharmacy and therapeutics"

– Observation and Reassessment: "Develops protocols to avoid potential complications of interventions and therapies"

– Disposition: "Works within the institution to develop hospital systems that enhance safe patient disposition and maximizes resource utilization"

Many "Aspirational" Level 5 QI Milestones: Examples

– Anesthesia/pain management: "Develops pain management protocols/care plans"

– Technology: "Recommends systems re-design for improved computerized processes"

– Professional values: "Develops institutional and organizational strategies to protect and maintain professional and bioethical principles"

Resident Education on Misdiagnosis and QA in EM Training

- 82/168 programs responded
- 90% residents participate on QA CTEs
- 83% have didactics on diagnostic error
- 52% < 4 hours/year of QA education
- 62% < 4 hours/year of risk management education
- Few dedicated hours on specific topics

Dubosh, CORD 2016

The BIDMC Approach

- Create/maintain a culture of safety
- Don't terrorize the residents
- Partner with the QA Director
  - Member of CCC
- Get residents involved with as many activities/committees as possible
- Partner with malpractice insurance company

The BIDMC Approach

- M and M
- Didactics on PS/QA/Health Care Disparities
- Risk management seminar
  - Partner with malpractice insurance company
- Error reporting system
  - Feedback to the residents
- Involvement in QA CTE
  - Yearly
  - Perform RCA

The BIDMC Approach

- Data on resident performance back to residents
  - Patient satisfaction survey
  - Performance metrics
- Cross departmental conferences
- Systematic review of charting/documentation/discharge instructions at semi-annual evals

An Innovative Quality And Safety Curriculum For Emergency Medicine Residents

- Collaborative malpractice curriculum
- 5 hour seminar
- Controlled Risk Insurance Company
- Curriculum
  - EM specific data about malpractice cases
  - Anatomy of a lawsuit
  - Attorney/risk adjustor's perspective
  - Strategies on how to avoid a lawsuit

Gurley et al, unpublished data, 2016

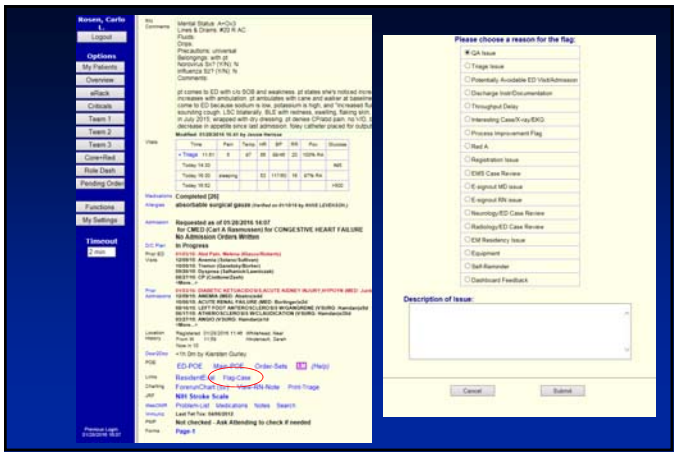
An Innovative Quality And Safety Curriculum For Emergency Medicine Residents

- 68% felt it impacted their documentation
- 32% felt it impacted their communication skills
- 47% said test ordering would increase
- 63% said avoiding a malpractice suit impacts their clinical decision-making
  - 74% impacted communication with nurses
  - 79% impacted their discharge plans

Gurley et al, unpublished data, 2016

Error Reporting System

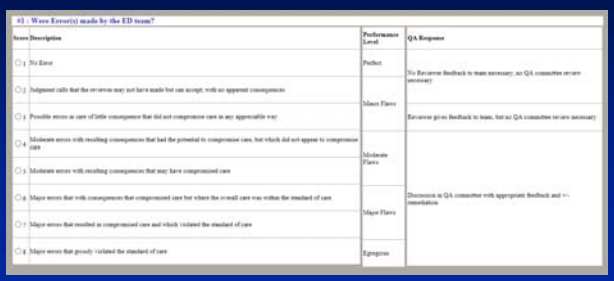
- DE Dashboard
  - Patient tracking system
- QA flag system
  - Easily accessible
  - Nurses, attendings, residents
- 25% of errors reported by residents
- Feedback to residents when errors occur



Involvement in CQI Committee Performance of RCA

- Each year, every resident attends CQI CTE
- Performs an RCA
- On-line module on how to do an RCA
- Present case at CQI Committee
  - Faculty supervision
  - Integral member of CTE
- Meaningful participation
- Residents see how committee works

Case Review Did An Error Occur?



Case Review
Was There an Adverse Event?

Likert Scale Depiction

Score	Description	Performance Level
1	No adverse Event occurred	No Error/No Harm
2	An event may have occurred with no harm to the patient	Near Miss
3	An event occurred that may have affected pt but no harm occurred	Near Miss
4	Events that required additional monitoring or screening, but no addtl tx	Monitoring Only
5	An event with need for additional minor treatment, temporary harm	Minor
6	An event with need for prolonged additional treatment, temporary harm	Moderate
7	An event occurred that resulted in permanent patient harm/injury	Major
8	An event that directly contributed to patient's death	Death

Utilizing Physician Concerns and Patient Complaints as Quality Assurance Markers in Emergency Medicine

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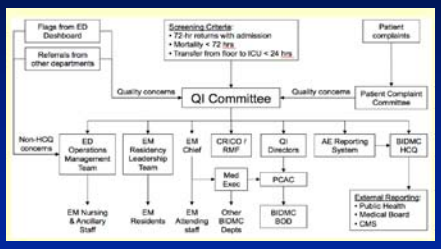
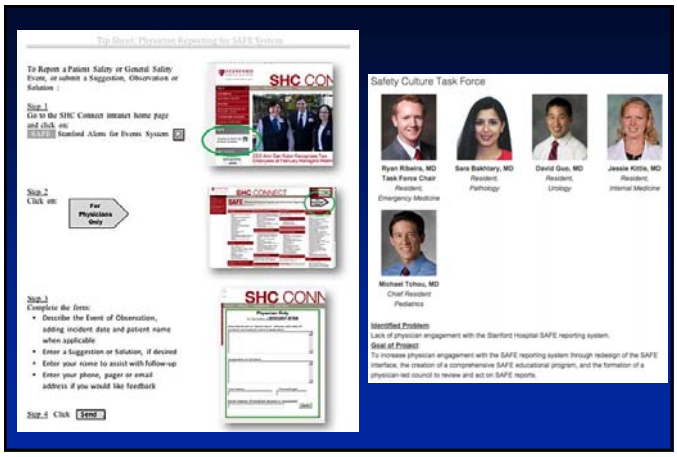


SAEM, 2015

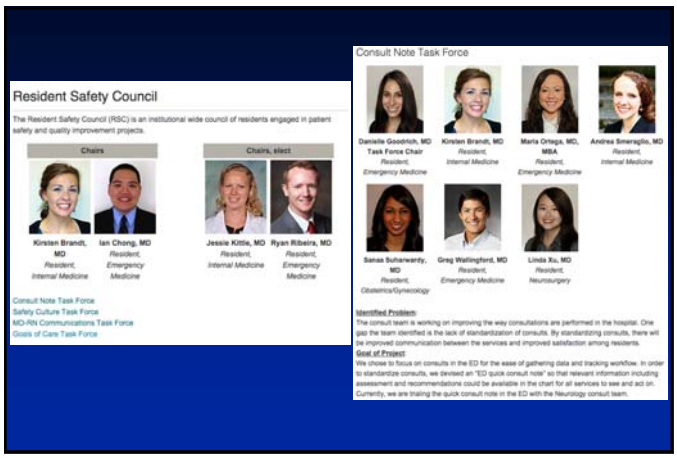
The Stanford Approach

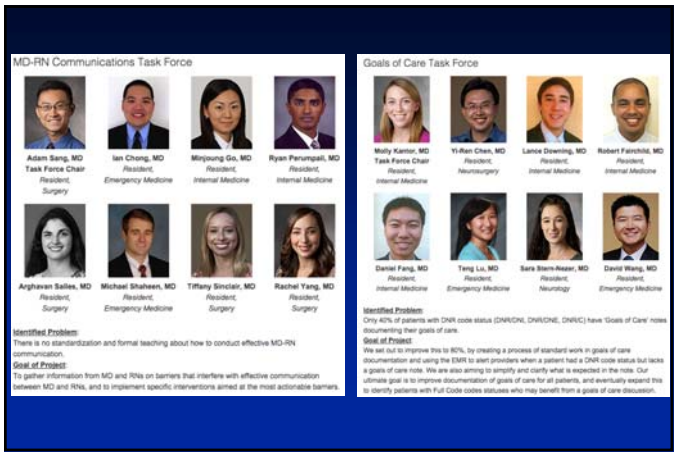
- Departmental M and M's
- Didactics on PS/QA/Health Care Disparities
- Departmental faculty and resident PPEC programs
- RCA (root-cause analysis)
- SAFE reporting ("Stanford Alert For Events")
  - SAFE report



The Stanford Approach

- Institutional Resident Safety Council (interdisciplinary and inter-professional teams, with multiple leadership opportunities)
  - http://med.stanford.edu/gme/current_residents/resident_safety_council.html
- Annual institutional QI Symposium
- Other institution-wide initiatives
  - http://med.stanford.edu/gme/current_residents/quality_patientsafety.html





The Stanford Approach

- QI projects with multiple faculty and peers
- Opportunities to dovetail with further niche development and career advancement
  - http://emed.stanford.edu/education/fellowships/administrative.html
- Cross departmental conferences
- Interdisciplinary CTSS (Clinical Teaching Scholars Seminars) program
  - Includes QI curriculum development

Examples of Successful CQI Projects

- BIDMC-Harvard (discussion)
- Stanford (discussion)
- Open mic portion (audience participation)

Summary

- ACGME requirements, CLER, and Milestones outline what you need to know related to QI/PS
- Examples of how to help build a QI/PS curriculum and program for residents that meet these requirements
- Strategies for involving residents in QA/PS committees
- Use this as an avenue for scholarly activity and career development

Acknowledgments and References

- Thanks to Larry Katznelson, MD, Associate Dean of GME (Resident Safety Council), and the faculty and residents of the Stanford/Kaiser EM Residency Program

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