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
• 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
  – Quality Improvement
  – Supervision
  – Transitions of Care
  – Duty hours/fatigue
  – Professionalism

• Expectations template: “basic”, “advanced”, “role model”
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

| SBP1: Patient Safety (SBP) Participates in performance improvement to optimize patient safety. |
|-----------------------------------------------|-----------------|-----------------|-----------------|-----------------|
| Level 1 | Level 2 | Level 3 | Level 4 |
| Adheres to standards for maintenance of a safe working environment that minimizes errors and adverse events | Routinely uses best patient safety practices, such as time-out and handoff | Develops patient safety concepts | Participates in an institutional process to optimize healthcare and patient safety | Does analytical tests for errors, identifies gaps and gaps in the institution's quality improvement programs for effectiveness for patients and for providers |
| Frame process (e.g., policies, protocols, and tools) that optimize patient safety | Develops patient safety concepts | Participates in an institutional process to optimize healthcare and patient safety | Does analytical tests for errors, identifies gaps and gaps in the institution's quality improvement programs for effectiveness for patients and for providers |
| Identifies situations when the breakdown in communication or care contributes to an adverse outcome | Develops patient safety concepts | Participates in an institutional process to optimize healthcare and patient safety | Does analytical tests for errors, identifies gaps and gaps in the institution's quality improvement programs for effectiveness for patients and for providers |
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Cord AA 2016
**EM Milestones QI/PS-Related: SBP2**

17. Systems-based Practice [SBP2]: Participates in strategies to improve healthcare delivery and flow. Demonstrates an awareness of and responsiveness to the larger context and sentinel health care events.

<table>
<thead>
<tr>
<th>Role of Accountability</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
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<tbody>
<tr>
<td>Debrief members of ED team (e.g., nurses, technicians, and attendants)</td>
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<td>Identifies institutional resources to assist in patient care</td>
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<td>Participates in patient satisfaction surveys</td>
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<td>Manages medical errors according to principles of responsibility and accountability in accordance with institutional policy</td>
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<td>Practices cost-effective care</td>
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<td>Demonstrates the ability to self-affectively on other resources to help system to provide optimal health care</td>
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<td>Participates in processes to improve patient flow and decrease turnaround time (e.g., rapid triage, facilitate registration, fast tracks, bed management, rapid treatment, rapid transport, and information flow)</td>
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<td>Recommends strategies to which patient similar to self to help others identify and optimize resources to optimize a patient's care by coordinating with other professionals</td>
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<td>Maintains departmental flow and sits on multidisciplinary teams, committees, and task forces</td>
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<td>Develops internal and external departmental activities to promote patient and family satisfaction and community partnerships and participation in patient care</td>
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<td>Addresses the differing customer needs of patients, families, and other stakeholders</td>
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**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?

<table>
<thead>
<tr>
<th>Note</th>
<th>Description</th>
<th>Performance Level</th>
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<tbody>
<tr>
<td>1</td>
<td>No adverse event occurred</td>
<td>No Error/No Harm</td>
</tr>
<tr>
<td>2</td>
<td>An event may have occurred, no harm to the patient</td>
<td>Near Miss</td>
</tr>
<tr>
<td>3</td>
<td>An event occurred that may have affected a but no harm occurred</td>
<td>Near Miss</td>
</tr>
<tr>
<td>4</td>
<td>Events that required additional monitoring or assessing, but no additional treatment</td>
<td>Monitoring Only</td>
</tr>
<tr>
<td>5</td>
<td>An event with need for additional treatment, temporary harm</td>
<td>Minor</td>
</tr>
<tr>
<td>6</td>
<td>An event with need for prolonged additional treatment, temporary harm</td>
<td>Moderate</td>
</tr>
<tr>
<td>7</td>
<td>An event occurred that resulted in permanent patient harm/damage</td>
<td>Major</td>
</tr>
<tr>
<td>8</td>
<td>An event that directly contributed to patient's death</td>
<td>Death</td>
</tr>
</tbody>
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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](http://med.stanford.edu/gme/current_residents/resident_safety_council.html)

• Annual institutional QI Symposium

• Other institution-wide initiatives
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](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
• CLER
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  - http://www.acgme.org/acgmeweb/Portals/0/ProgramRequirements.aspx; accessed 1/28/16
