A few months in the life of a Chief Resident for Patient Safety and Quality Improvement…

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Curriculum Development

**Teachers:**
- Chief Resident for Patient Safety and Quality Improvement
- Chief of Hospitalists
- Assistant Chief for Patient Safety
- Assistant Chief for Quality Improvement

**Learners:**
- MS III Medical Students on the wards
- MS IV Medical Students on a patient safety elective
- Internal Medicine residents rotating on Clinical Outpatient Rotation
- Internal Medicine residents on the wards
- Internal Medicine residents in ambulatory care
- Internal Medicine residents on consult electives

**Didactics**

**QTIPs:**
- National Patient Safety Goals: handoffs, hand-washing, falls, med reconciliation etc.
- Diagnostic Errors
- Performance Measures

**Noon conferences:**
- Patient Safety- Why bother?
- Usability Testing
- Lectures for students
- Patient Safety- Why bother?
- Human Factors Engineering

**Patient Safety Activities**

**Tracer:**
Examine common hospital processes with high impact on patient safety and quality of care, identify vulnerabilities and safeguards

- MRI Tracer
- Pharmacy Tracer
- Thoracentesis Tracer
- GI consult Tracer

**Usability Testing:**
Identify and understand how human strengths and weaknesses affect system design, interact with devices and identify possible improvements

- Glucometer
- Insulin Pen
- Spirova
- Thoracentesis Kit
- Venti-masks
- suction on code cart

**Environment of Care Rounds:**
Visit/examine the involved point of care to gain insight into the incident and explore solutions

- Suicidal patient in double door room
- 1:1 observation
- Falls risks

**Mock RCA:**
Enact a mock error and then analyze as a root cause analysis focusing on identifying the adverse event, event flow diagramming, cause and effect diagramming and actions

- Procedure on anticoagulation
- Fall

**Quality Improvement Activities**

**Thoracentesis/Paracentesis:**
- Plan: Reviewed data from samples sent to lab incorrectly, observed procedure being done both in IR and on medical floors
- Do: Revised order set, implemented pre-procedure note
- Study: Review data from samples sent to lab incorrectly
- Act: Inform other services of order set, pre-procedure note

**IMC diabetic patients:**
- Plan: Reviewed data on readmission rate and performance measures
- Do: Patient appointments with pharm-D
- Study: Review readmission rate and performance measures
- Act: Spread intervention to other IMC patients and diabetic patients in other clinics

**MRI:**
- Plan: Review data from MRI forms filled out, 30% rate of discrepancy between MD form and tech form, observed questionnaire being filled out both by questionnaire and MRI tech
- Do: Revise MD questionnaire
- Study: Review discrepancies between MD and tech questionnaire
- Act: Inform other services of revised questionnaire

**Cootie Exercise:**
- LEAN Efficiency exercise
- Process flow diagrams, spaghetti diagrams, value stream mapping

**Plans for the Future**

- Involve more services: surgery, radiology, psych, rehab, nutrition, rehab
- Journal club
- Interdisciplinary morbidity and mortality rounds
- Contribute to culture of safety and quality