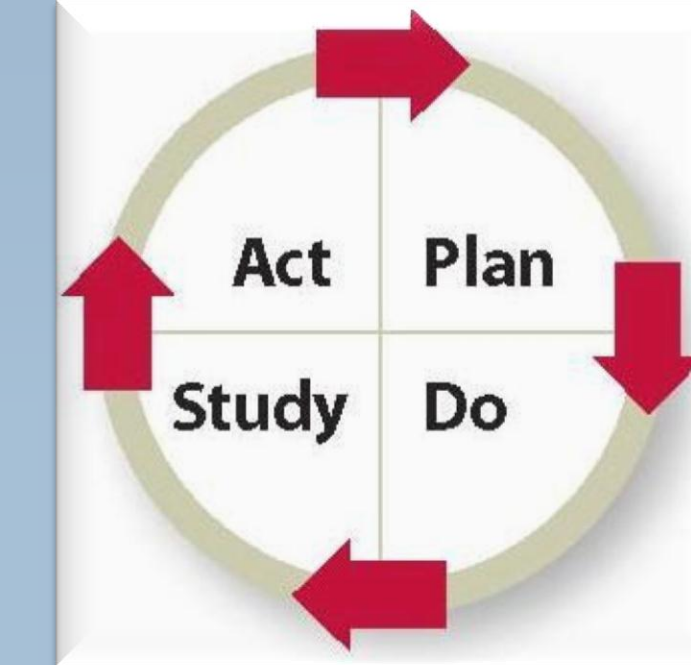
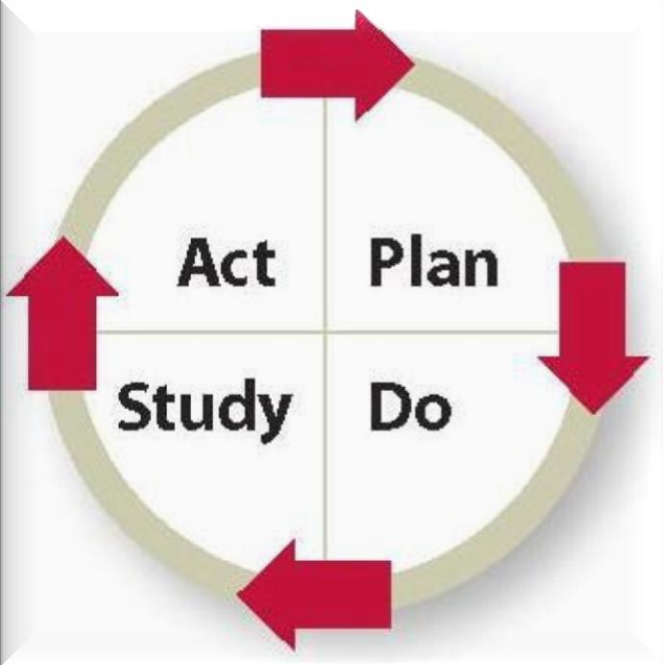


A few months in the life of a Chief Resident for Patient Safety and Quality Improvement...

Emily Lorch MD, Ana Miranda MD, Daniel Poetter MD, Alexander Reiss MD
James A Haley VA, University of South Florida



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
Pharmacy
Nursing

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
Spiriva
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

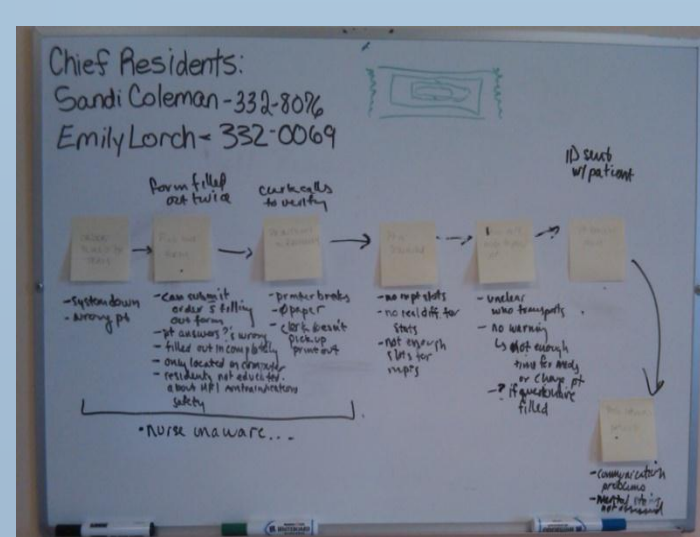
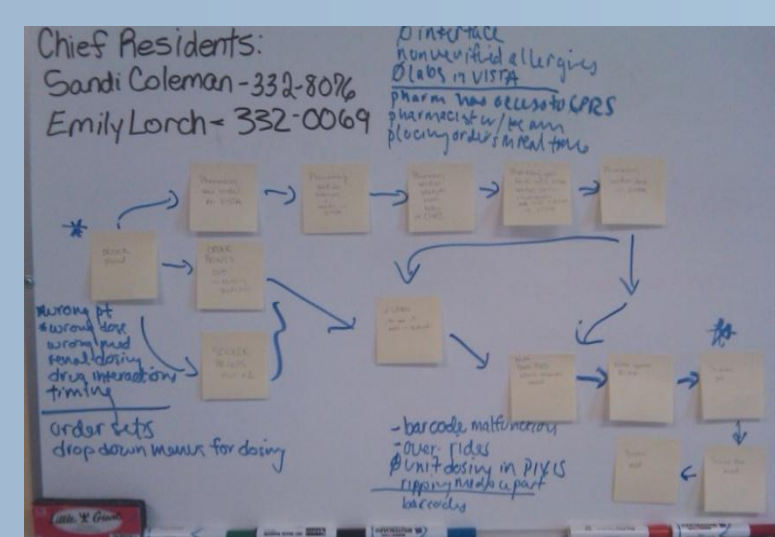
Cootie exercise:

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

Tracers



Usability Testing

Mock RCA

Cootie Exercise