**Patient Safety and Quality Improvement**

**Residents/Fellows participation on hospital quality improvement committees**

* Resident Patient Safety Quality Council
* Annual Institution Patient Safety Culture Survey
* IHI Annual Conference Resident Representatives
* IHI Open School
* Annual Healthstream Modules
* FMEAs, Kaizons, Informatics Design

**Safety Behaviors and Error Prevention Tools**

* Pay Attention to Detail:
* **STAR** - **S**top **T**hink **A**ct **R**eview
* Communicate Clearly:
* 3-way Repeat Back and Read Back
* Phonetic & numeric clarification
* Clarifying Questions
* Handoff Effectively:
* **SBAR** – **S**ituation, **B**ackground, **A**ssessment, **R**ecommendation
* If in doubt, check it out:
* Question & Confirm
* Speak Up for Safety:
* **CUS**- I’m **C**oncerned; I’m **U**ncomfortable; **S**top, I need clarity
* Got Your Back:
* Peer Checking & Peer Coaching

**Hospital Wide Patient Safety and Clinical Excellence Improvement Efforts**

* **Reduce harm to patients:** 
  + Use error prevention behaviors as habits
  + Identify/report issues that pose harm
  + Speak up if you are concerned/listen to those who speak up to you
* **Prevent Medication errors from reaching the patient**
  + ALWAYS verify correct patient, drug, dose, time and route
  + Reconcile the home med and inpatient med list at admission/discharge/transfer
  + Be aware of lookalike/sound alike drugs and always double check
* **Prevent hospital associated infections**
  + MANDATORY hand hygiene when going in/out of the patient room
  + Reduce foley catheter usage to avoid CAUTI
  + Care for central lines to prevent bloodstream infection
* **ALWAYS use 2 patient identifiers**: name and date of birth
  + Ensure you are charting or ordering on the right patient!
* **TIME OUTs** are required by all for ANY invasive procedure.
* **Label specimens** in front of the patient
* Ensure complete **discharge instructions** and transition home to **prevent readmissions**
* Use **order sets,**  **clinical rationales** and **answer all queries** about documentation to ensure we give perfect care for patients with AMI, HF, Pneumonia and Surgical Infection Prevention

**Error Reporting**

**What to report:**

**Incidents –** An event, occurrence or situation involving the clinical care of a patient which could have injured the patient but did not either cause an unanticipated injury or require the delivery of additional health care services to the patient.

**Serious Events-** An event, occurrence or situation involving the clinical care of a patient in a medical facility that results in death or compromises patient safety and results in an unanticipated injury requiring the delivery of additional services to the patient.

**"Near Miss" / "Good Catch" Events** - A “close call” event that did not reach a patient due to chance, discovery or active recovery efforts by individuals.

**Patient Safety Suggestions/Concerns**

**How to Report:**

* Speak with an upper year resident or attending
* **Safety Hotline:**  x SAFE (7233)
* **Verge** On Line Reporting Tool
* **In Person**: CSQ-1st Fl. Rorer
* **By Phone:** CSQ: 215-481-4396; Nursing Coordinator: 215-481-7103 (24/7); Pt. Advocacy: 215-481-2209
* **In Writing:** email [amh-csq@abingtonhealth.org](mailto:amh-csq@abingtonhealth.org)
* **Accrediting and Regulatory Agencies:** PA Department of Health and/or The Joint Commission
* **PA-PSRS** (Anonymous Reporting Form) via <https://www.papsrs.state.pa.us/PSA/>

**Why report?**

It allows us to identify issues and improve processes before patients are harmed.

**Care Transitions**

Residents/Fellows follow the Institution Care Transitions policy 003 and program policy. Program survey is conducted twice a year.

**Supervision**

All AMH Residency/Fellowship Programs are committed to provide safe and compassionate patient care under the supervision of AH teaching staff, commensurate with resident/fellow's skill and responsibility as determined by each individual programs policy.

* Policy 001 Resident/Fellow Communication with Attending
* Policy 002 Progressive Responsibility for Patient Care

**How do you know a resident/fellow is qualified to perform a procedure?**

* There is a link on the *Bing* under the Reference/Resource Tab called “**AMH Resident Privileges**” that includes the resident/fellow name, level, and the procedure the resident/fellow is qualified to perform without supervision.

In addition, you may check with an upper year resident.

**Healthcare Quality / Healthcare Disparities**

Abington – Jefferson Health (AJH) fulfills its responsibility to the community through programs or activities that provide care and treatment and promote health and healing as a response to identified community needs. AJH’s 2014 Community Benefit Reports include information about the contribution made to the communities it serves, including charity care, education of health professionals, subsidized health services, prevention and screening programs, research, and in-kind services and grants. For more information about the 2014 Action Plans for our organization, visit

<http://www.abingtonhealth.org/about-us/communitybenefit/>.

**Duty Hours Oversight, Fatigue Management**

Resident/Fellow must follow and be consistent with the current ACGME duty hour restrictions and policies mandating duty hours.

Duty hours are entered into New Innovations and are reviewed on a quarterly basis by the GME Office and GMEC.

GME office conducts annual lectures on Fatigue Mitigation and Management.

Options are available to residents/fellows if they feel excessively fatigued. Options include:

* Sleeping rooms available to residents/fellows post call including a new Strategic Napping Room.
* Money for a taxi or public transportation to safely return home

**Professionalism**

Any concerns that residents/fellows have will be addressed in a supportive and non-punitive fashion. Residents/Fellows may approach Director of Medical Education, individual Program Director, and/or any Hospital Leadership at any time with personal concerns or problems, and will be handled in a confidential manner.

**Education**

* Weekly Medical Grand Rounds
* Quarterly Core Curriculum
* Annual Professionalism Lectures

**Survey**

* Annual Professionalism Survey

**Anonymous Reporting**

A resident/fellow may submit a suggestion or concern via the Bing:<https://bing.hosp.amh.org/gme-suggestions-concerns.aspx>. These submissions are handled on a daily basis.

**Resident/Fellow Wellness**

* EAP Resources shared via annual newsletter / resident manual
* Core Curriculum Annual Lecture on Stress Management & Resilience
* Orientation Lecture on Physician Health & Balance

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**CLER FOCUS AREAS**

**POCKET GUIDE**



**C**linical **L**earning **E**nvironment **R**eview

(**CLER**)

**GRADUATE MEDICAL EDUCATION**

**215-481-2606**

David Gary Smith, MD, FACP

215-481-7311

M. Shirley Meade

25-481-2713

Meghan Wadlinger

215-481-2494

**Helpful Hints for the CLER Site Visitors**

**If a surveyor asks you a question:**

* Listen to the question asked
* Ask for clarification if you don’t understand. It is okay to not know an answer. Tell how you could get the information (co-worker, policies, etc).
* Be polite, positive and enthusiastic! Provide examples.
* Avoid words like “never, sometimes, usually, hopefully, mostly”. Use firmer language like “our policy is, our process is…”Wear your identification badge
* Be a team player… do not assign blame!
* Be confident and proud of the quality of care you provide.
* Remember the surveyor is always observing, even if just walking down the hall. Promptly answer call lights. Make sure the hallways are free from clutter.

**Patient Safety & Quality Improvement**

* The General Surgery Residency Program has its own Departmental Quality, Safety & Performance Outcomes Committee. Current projects include: Midnight Rounds, standardizing surgical order sets, electronic medical record, standardizing bedside procedure competency sign off, standardizing sign-out.
* Weekly General Surgery & Trauma M&M Conferences are held.
* Department of Surgery residents and faculty work with the Center for Safety and Quality (CSQ) to participate in root cause analysis meetings to discuss problematic cases for fact-finding, prevention, and process improvement.
* The Department of Surgery is a National Surgical Quality Improvement Project (NSQIP) participant and utilizes data produced to analyze and improve upon areas where our hospital is a low outlier (Current project: early reintubation and Ventilator Associated Pneumonia).
* We also participate in the NSQIP’s Quality In-Training Initiative (QITI) project for residents.
* All residents participate in Simulation Lab training.
* All residents participate in a regular didactic Patient Safety and Quality Improvement lecture series.
* IHI Open School
* All resident complete Annual Healthstream Modules:
  + Patient Safety Handbook
  + National Patient Safety Goals & other Safety Behaviors
  + Appropriate Patient ID and Specimen Labeling

**Healthcare Quality / Healthcare Disparities**

The surgery residents participate by:

* Managing the Chiefs Surgery Service within the Ambulatory Services Unit (ASU) that provides surgical care to uninsured or underinsured people in the community.
* Offering screening colonoscopies through the ASU
* Offering a Breast Fast Track program for patients that have had an abnormal mammograms that expedites their appointment with a surgical resident through the ASU

**Care Transitions**

To optimize patient handoffs, our residency uses the following methods to ensure that the hand-over processes facilitate both continuity of care and patient safety:

* Electronic hand-over forms
* Scheduled face-to-face handoff meetings
* Indirect (via phone or electronic means) hand-over supervision by faculty or senior residents
* Senior resident supervision of junior residents during sign out
* Lecture on appropriate handoffs

**Professionalism**

* All residents participate in a regular didactic Professionalism and Communication lecture series.
* All resident participate in Diversity Training
* M&M conference has many patient-centered discussion points including: ethical treatment of patients, patient autonomy, responsiveness to patient needs superseding self-interest, special needs of elderly or impaired patients, and accountability to patients and families.
* Patient Safety First Training (formerly Team STEPPS)
* Professionalism and ethical behavior are addressed in many of evaluation methods including;
* Monthly rotation evaluations
* 360 evaluations
* CAMEO forms
  + Milestones evaluations

**Duty Hours Oversight, Fatigue Management**

Duty hours are entered into New Innovations and are reviewed on a biweekly basis by the Program Coordinator and Program Director.

* Scheduling changes are made when necessary to avoid duty hour violations.
* A fatigue management lecture is given annually.
* Options are available to residents if they feel excessively fatigued. Options include:
* Sleeping rooms available to residents post call
* Money for a taxi or public transportation to safely return home

**Supervision**

* All patient care provided by General Surgery residents is supervised by faculty attending physicians. The attending physician for each patient has both ethical and legal responsibilities for the overall care of patients and for the supervision of General Surgery residents involved in care.
* The attending faculty surgeon is readily identified from the patient’s medical record. Attending physicians are always available to residents for consultation and support. Attending surgeons sign out only to another attending surgeon. The covering attending surgeon must be available to the residents and patients 24 hours a day. Faculty practices provide 24/7 coverage schedules.
* Attending surgeons may delegate privileges to care for patients as appropriate for the level and demonstrated competency of the resident. Proper supervision will allow progressively more independent decision-making by the resident as they advance through the residency. Delegation of supervisory authority to senior residents is the purview of attending physicians, based upon assessment of each resident’s skills and ability. Whenever patient care privileges, decision-making, or supervisory authority are delegated to a resident, the attending surgeon remains responsible for the care of the patient and the supervision of the resident.
* Attending physicians are present during the key portions of all operations.
* The General Surgery residency emphasizes graded authority and increasing responsibility as competency is gained by each resident. Junior residents are directed by the most senior residents on their primary service assignment and/or in-house call teams.
* Residents do not have privileges to render care or perform procedures independently except in situations of critical illness or life-threatening injury.

**Supervision / Notify Your Attending**

**For ALL critical changes in patient condition, notify attending promptly (within 1 hour of the following):**

* Admission to hospital.
* Transfer to critical care unit.
* Unplanned intubation or ventilator support.
* Cardiac arrest.
* Hemodynamic instability (including arrhythmias).
* Code
* Development of significant neurological change (suspected CVA / seizure / new onset paralysis).
* Development of major wound complications (dehiscence, evisceration etc).
* Medication or treatment errors requiring clinical interventions (invasive procedure(s), increased monitoring, new medications).
* First blood transfusion without attending prior knowledge or instruction.
* Development of any clinical problem requiring an invasive procedure or surgical operation for treatment.
* Death

**The following will be discussed and approved by the attending before they occur:**

* Discharge from the hospital or emergency room.
* Transfer out of critical care unit.
* Patient leaving against medical advice.

**The attending should be contacted if:**

* Any resident trainee feels a situation is more complicated than he or she can manage.
* A request is made by the nursing staff or other physician staff that the attending be contacted.

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