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At the Leading Edge of Change: Creation of the Housestaff Quality and Safety Leadership Council

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Background

- The ACGME Clinical Learning Environment Review (CLER) is driving a national re-evaluation of the engagement and alignment of housestaff in institutional Quality and Safety.
- In 2008, the concept of a housestaff quality and safety committee was born, as a means of driving practice change.
- Our CLER data suggested that we needed a similar council.
  - 0.8% of patient safety events were submitted by housestaff.
  - 15% of housestaff felt engaged with the hospital’s leadership in advancing TJUH’s quality strategy.

First Year Experience

Membership goals were achieved, with representation from the majority of core GME programs. Attendance goals were met with >75% of members at each meeting.


Lessons Learned

“How to”

- Recruiting from wide range of programs takes intensive effort and early preparation.
- Council visibility must be part of the mission to create a platform for change.
- Momentum must be carefully cultivated.

“Do differently?”

- Our collaboration and communication strategy should better align with resident life/workflow to encourage work outside of meetings.
- The consult process will need to be optimized.
  - Most institutional consults seek communication back to housestaff, or recruitment of members to another committee. There should be other means for accomplishing these items.

Intervention

Create Housestaff Quality and Safety Leadership Council (HQSLC):

- Recruit residents and fellows from a majority of GME programs.
- Robust executive sponsorship: President of TJUH, Chief Patient Safety Officer, Associate Dean for GME.
- Monthly meetings; attended quarterly by executive sponsors for round table discussion.
- Communication via Confluence, an online collaborative workspace, to encourage between-meeting work.

Goals of HQSLC:

1. Strategically impact key quality/safety issues
2. Create a forum for bidirectional communication between trainees and leadership
3. Foster a culture where safety and continuous quality improvement are highly valued in medical training and clinical care
4. Support provision of high quality GME education in quality/safety

Council co-chairs represented the HQSLC and GME on key leadership committees.

HQSLC consulted on seven institutional quality projects.

Program 3.0 Safety Culture Transformation

Target Summary

| Objective | Safety culture: reducing avoidable safety events, increasing resident participation in quality and safety initiatives, improving health care delivery and enhancing health care reporting in LT, IL.
| Program Leads | Clinical & Nursing Safety Leaders, Peer Leaders, Residents, Faculty.
| Program Team | Medical Education Committee.
| Program Metrics | Actual planning goal %.
| Process | Balanced Score Card.
| Data | Program success.
| Key performance indicators | Resident satisfaction.
| Surveys | Resident surveys.
| Resources | Resident education.
| Events | Resident education.

The HQSLC consulted on seven institutional quality projects.

Consult | Presenter
--- | ---
Epic @Jeff | CMIO
DNR/DNI in the OR | Anesthesia Resident
APGACO: Pressure Ulcer | Faculty/MD
Prevention | Handoffs in Epic | Assoc CMIO
Communication of Health and Innovative Professionals (CHIP) | Medical Student
Improving Sepsis Care | Infection Control
Lactate Ordering Workflow | Faculty/MD

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Faculty mentors: Rebecca Jaffe, Bracken Babula
Council members: Jad Al Dama, Ayna Araf, Phoebe Akrish, Abigail Case, Angela Crubede, Megan Ford, Michelle Grast, Allison Greco, Nina Gutowski, Christine Hammer, Brock Hewitt, Christine Jacobides, Mitsui Kanzaria, Paul Kite, Kelly Lopez, Amanda Lasof, Caleb McCull, Aleksandr Rosenburg, Caitlyn Sidrane, Matthew Sonntagere, David Surr, Amrita Trewell, Natalie Vercillo

References
