

# SIU GMEC QUALITY IMPROVEMENT/PATIENT SAFETY OBJECTIVES

## Approved January 15, 2021

The term “resident” is inclusive of all trainees at SIU School of Medicine, whether training in a residency or fellowship program.

**Every SIU faculty member and resident (by the time of graduation) should be able to:**

### **KNOWLEDGE BASED OBJECTIVES**

**Define, discuss and meaningfully explain the following Patient Safety concepts (HM-SBP1):**

- Culture of safety
- IOM’s Six Aims of Quality Health Care
- James Reason’s Swiss cheese model of system failure
- Human error and the limits of human performance
- Differential approach to preventable adverse events in a just-culture framework
- Components and tools of an inter-professional patient safety event investigation (commonly called a Root Cause Analysis (RCA) or systematic analysis)
  - Review by inter professional team
  - Detailed analysis of systems and processes
  - Identification of potential systems changes
  - Implementation of an action plan
  - Follow-up evaluation of the actions
- The full range of reportable events
  - Events with harm
  - Near Misses (potential for harm but did not reach the patient)
  - Unsafe conditions
  - Unexpected deterioration
  - Complications
- Disclosure of adverse events to patients and families
- The difference between a patient safety investigation and peer review/M&M and understanding that the aforementioned processes are free of reprisal

**Define, discuss and be able to meaningfully identify various resources available to them (HM-SBP1):**

**Such as:**

- IHI modules
- Department Level PS/QI Level Experts
- Simulations
- SIU Medicine QI/PS experts
- Hospital QI/PS experts
- GMEC PS/QI Objectives

**Define, discuss and meaningfully explain the following Quality/Performance Improvement methodologies, processes and tools: (HM-SBP1)**

- Lean
- Six Sigma
- PDSA cycle
- TeamSTEPPS
- Variation
- Flow Chart
- Process Map
- Fishbone Diagram
- Learning from Defects tool

**Define, meaningfully discuss and demonstrate (where applicable) the following concepts:**

- Health care disparities, including:
  - Social determinants of health (See SDH Curriculum) (HM-SBP2)
  - Cultural competence or humility (HM-ICS1)
  - The role of implicit bias (HM-ICS1)
  - Stratification of quality measures (HM-SBP1)

## **BEHAVIORAL OBJECTIVES**

### **PATIENT SAFETY**

**Consistently demonstrate and role model the practice of:**

- Infection control standards and precautions including (HM-PROF1/2):
  - Hand hygiene
  - Proper use of personal protective equipment
  - Sharps disposal
  - Timely follow-up of injuries or exposures
  - Appropriate reporting of injuries and exposures and understanding that this role should not be delegated to other staff
- Common tools for patient safety including (HM-PROF1/2):
  - Time outs
  - Checklists
  - Medication reconciliation
  - Decision support tools
  - Standardized sign-out lists
- Self-Care, including (HM-PROF 3):
  - Seeking help when feeling overwhelmed or in need of support
  - Debriefing with team members after difficult clinical encounters
  - Knowing how to obtain mental health resources
  - Recognizing and intervening when colleagues need support

- Meaningful participation in interprofessional patient safety event investigations (HM-SBP1)

**For any given clinical setting, demonstrate a working knowledge of (HM-SBP1):**

- The most common patient safety events in that environment
- How to report adverse events and near misses
- Where to seek assistance when a patient safety event occurs
- Patient Safety goals and resources available (or how to access)
- How to access and utilize quality metrics and benchmarks related to that patient population
- Priorities in addressing health care disparities common to that clinical population (or how to access)
- Strategies to mitigate health care literacy limitations such as teach back (HM-ICS1)
- How to access appropriate language translation services for relevant patient population (HM-ICS1)
- The process for providing feedback on a reported patient safety event

**Consistently demonstrate and role model:**

- Reporting of adverse events/near misses/close calls (HM-SBP1)
- Disclosure of safety events to patients and families (HM-SBP1)
- Managing the immediate harm of an ongoing patient safety event (e.g., gathering information, communicating safety plan)
- Patient Handoffs that include: (HM-SBP2)
  - Summary statement of current patient circumstances and context
  - Active issues, including current and anticipated problems
  - If - then contingency planning
  - Follow-up recommendations for any tests, procedures or treatments
  - Active listening and interactive questioning
  - Readback where appropriate
  - Patient concerns and considerations

**QUALITY IMPROVEMENT**

- Use common tools to inform QI efforts (HM-SBP1)
- Design and implement a small test of change (utilizing change principles) to improve some aspect of individual or system performance (i.e. PDSA) (HM-SBP1)
- Interpret QI data to distinguish significant change from random variation (HM-SBP1)
- Lead change to enhance systems for high value efficient and effective patient care (HM-SBP3)
- Consider cost and patient access when practicing medicine (HM-SBP3)
- Consider the ethical differences and governing practices between QI projects and research projects, including when to utilize institutional review board (IRB) (HM-PROF1/2)

**Experience and meaningfully participate in (HM-SBP1):**

- Quality improvement projects, including:
  - Assessment and follow-up of interventions
  - Ability to distinguish significant change from random variation
  - Ability to articulate and explain the methods and approaches used including, but not limited to: interpreting of QI data that may be displayed in run charts or process-control charts

**Consistently demonstrate and role model the following practice improvement skills:**

- Use practice data to develop and measure the effectiveness of a learning plan and improve it when necessary (HM-PBLI2)
- Identify the factors that contribute to the gaps between expectations and actual performance (HM-PBLI2)
- Analyze, reflect on, and institute behavioral changes to narrow the gaps between expectations and actual performance (HM-PBL2)

**COMMUNICATION AND TEAMING**

**Consistently demonstrate and role model:**

- Communicating in a way that values input from all healthcare team members, resolving conflict when needed (HM-ICS2)
- Communicating in a clear, organized, concise, and timely way, and includes anticipatory guidance (HM-ICS3)
- Requesting a consultation in organized succinct respectful and timely manner (HM-ICS2)
- Engaging in timely direct and respectful communication among primary and consulting teams (HM-ICS2)
- Coordinating recommendations from different members of the healthcare team to optimize patient care (HM-ICS2)
- Accurate and appropriate documentation in the patient's record (HM-ICS3)
- Effectively working as an interprofessional team member (HM-ICS2)
- Practicing shared decision-making and informed consent with patients and families (HM-ICS1)
- Participate as a team member with patients and families in efforts to improve quality and safety (HM-ICS1)
- Effective coordination of patient centered care (HM-ICS1/2)

**POPULATION HEALTH AND HEALTH EQUITY**

**Consistently demonstrate and role model:**

- Identification of population and community health needs and disparities (HM-SBP2)
- Supporting innovations and advocating for populations for community with healthcare inequities (HMSBP2)
- Exploring ways in which community health priorities can be used to inform improvement opportunities (HM-SBP2)

- The use of referral to local resources to effectively meet the needs of patients and patient populations (HM-SBP2)
- Participating in changing and adapting practice to provide for the needs of specific populations (HMSBP2)
- Recognition of ways the health system influences health and health care inequities of its local patient population (HM-SBP3)
- Management of the interrelated components of the healthcare system for efficient and effective care (HM-SBP3)
- Advocating for change to enhance systems for high value, efficient and effective care (HM-SBP3)
- Collection and integration of data regarding social determinants of health when taking a patient's history (HM-SBP2)
- Use of stratified quality improvement data to guide and monitor QI interventions (HM-SBP1)
- Identification and minimization of biases in clinical decision making (HM-ICS1)

References:

[CLER Pathways to Excellence: Expectations for an Optimal Clinical Learning Environment to Achieve Safe and High-Quality Patient Care, Version 2.0](#)

[ACGME Common Program Requirements](#)

[ACGME Institutional Requirements](#)

[AAMC Quality Improvement and Patient Safety Competencies \(QIPS\)](#)

[ACGME Harmonized Milestones](#)