



Clinical Safety & Effectiveness Cohort #16 Team 11

**Improving Internal Medicine Resident Reporting of
Patient Safety Concerns at the University Medical
Center Brackenridge**



Our Team



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- Sponsored by:

UT Austin Dell Medical School & Seton Healthcare Family

- Special thanks to:

Jonathan MacClements (DMS) and Steven Conti (SHF)

Aim Statement



Internal Medicine residents will refer patient safety concerns via a new process for 5 weeks ending on May 31, 2015, starting with 0% as the baseline.

CUS

Assertive statements:

I am **C** ONCERNED!

I am **U** NCOMFORTABLE!

This is a **S** AFETY ISSUE!

“Stop the Line”

The complex block contains a vertical bar with a yellow-to-orange gradient. The letters C, U, and S are placed on this bar, corresponding to the bold letters in the statements above. The text is centered and uses a clean, sans-serif font.

Project Milestones



- Team Created January 2015
- AIM statement created Jan 21 2015
- Weekly Team Meetings Weekly
- Background Data, Brainstorm Session Feb – Mar 2015
- Workflow and Fishbone Analyses Feb 2015
- Interventions Implemented April 13 – May 31, 2015
- Data Analysis June 1 – 4, 2015
- CS&E Presentation June 5, 2015

Background



- In 2000, IOM reported 48,000 and 98,000 deaths due to medical errors¹.
- IOM recommended reporting systems as part of a multi-pronged approach.
- ACGME has identified patient safety/quality as an area of evaluation for residency².
- Many physicians do not know how to report safety events, and even fewer residents do so³.
- UMCB has 3 different reporting systems
- Anecdotally, residents at UMCB revealed they do not officially report patient safety issues because they do not feel confident about how to report.

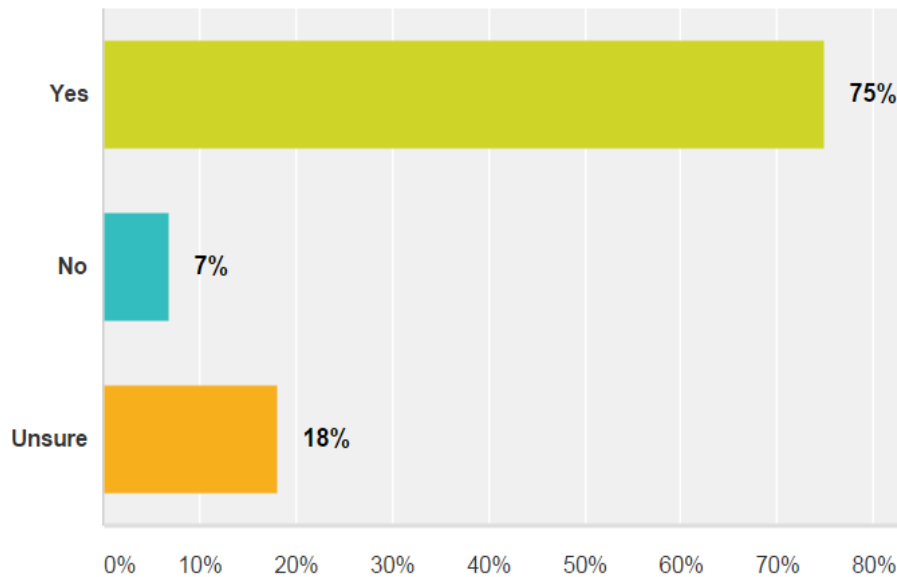
Patient Safety Concerns?



Residents

I have encountered/seen/observed patient safety concerns during my training.

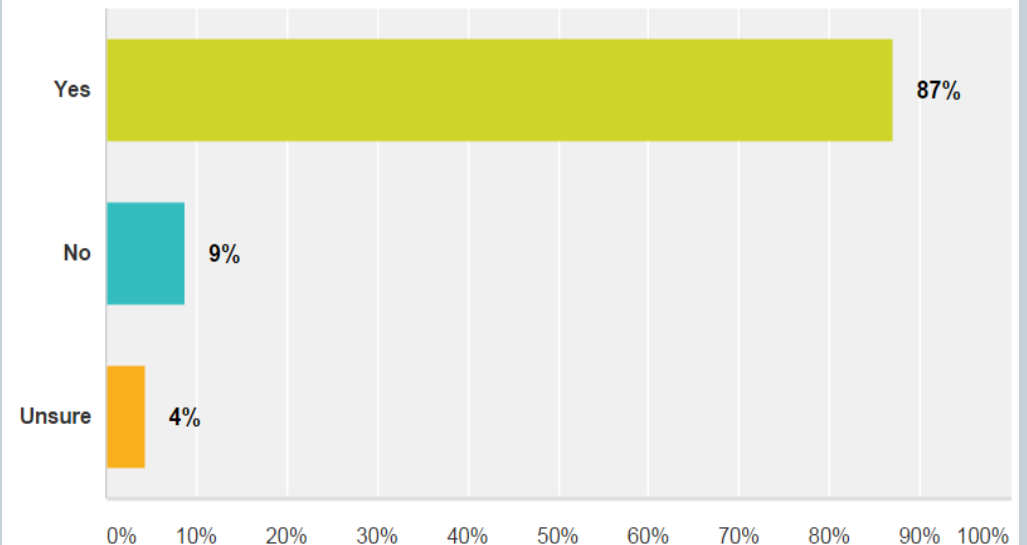
Answered: 44 Skipped: 1



Faculty

I have encountered/seen/observed patient safety concerns during my practice at UMCB.

Answered: 23 Skipped: 1



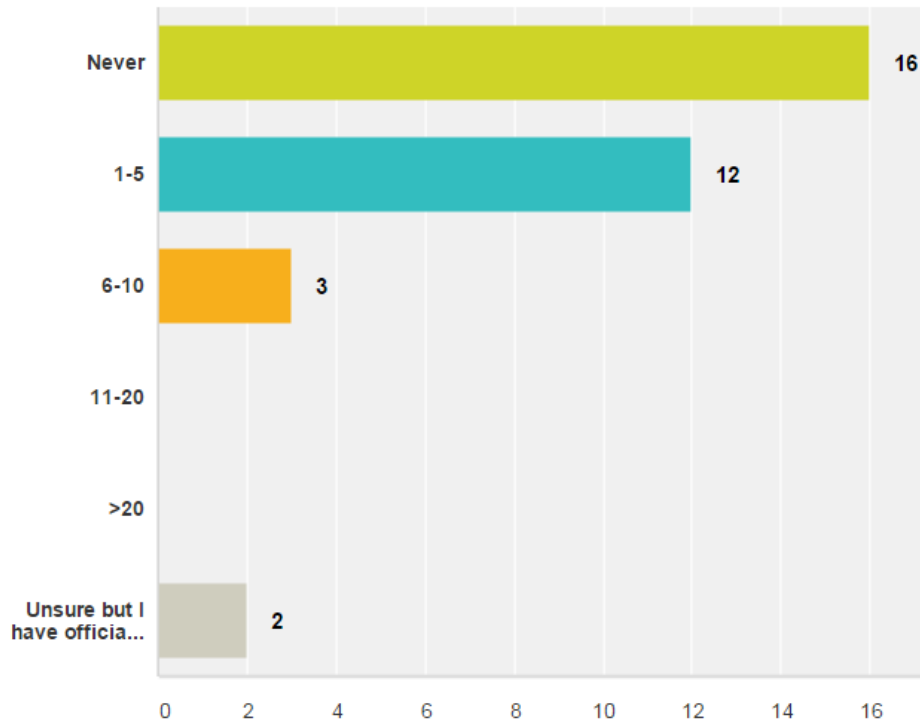
Report?



Residents

In the last 6 months, about how many times have you officially reported patient safety concerns?

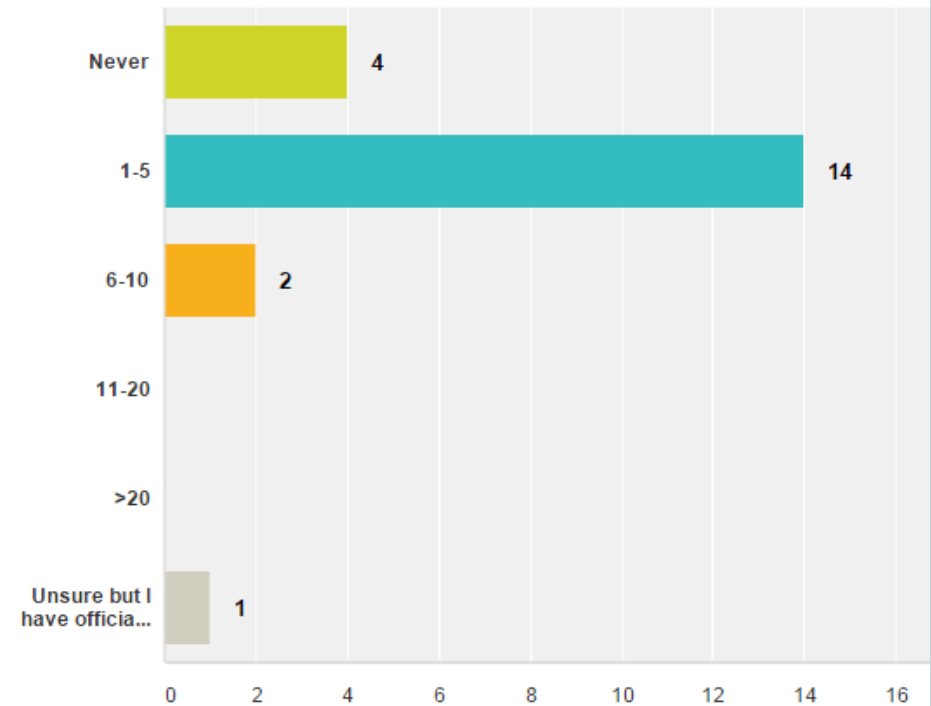
Answered: 33 Skipped: 12



Faculty

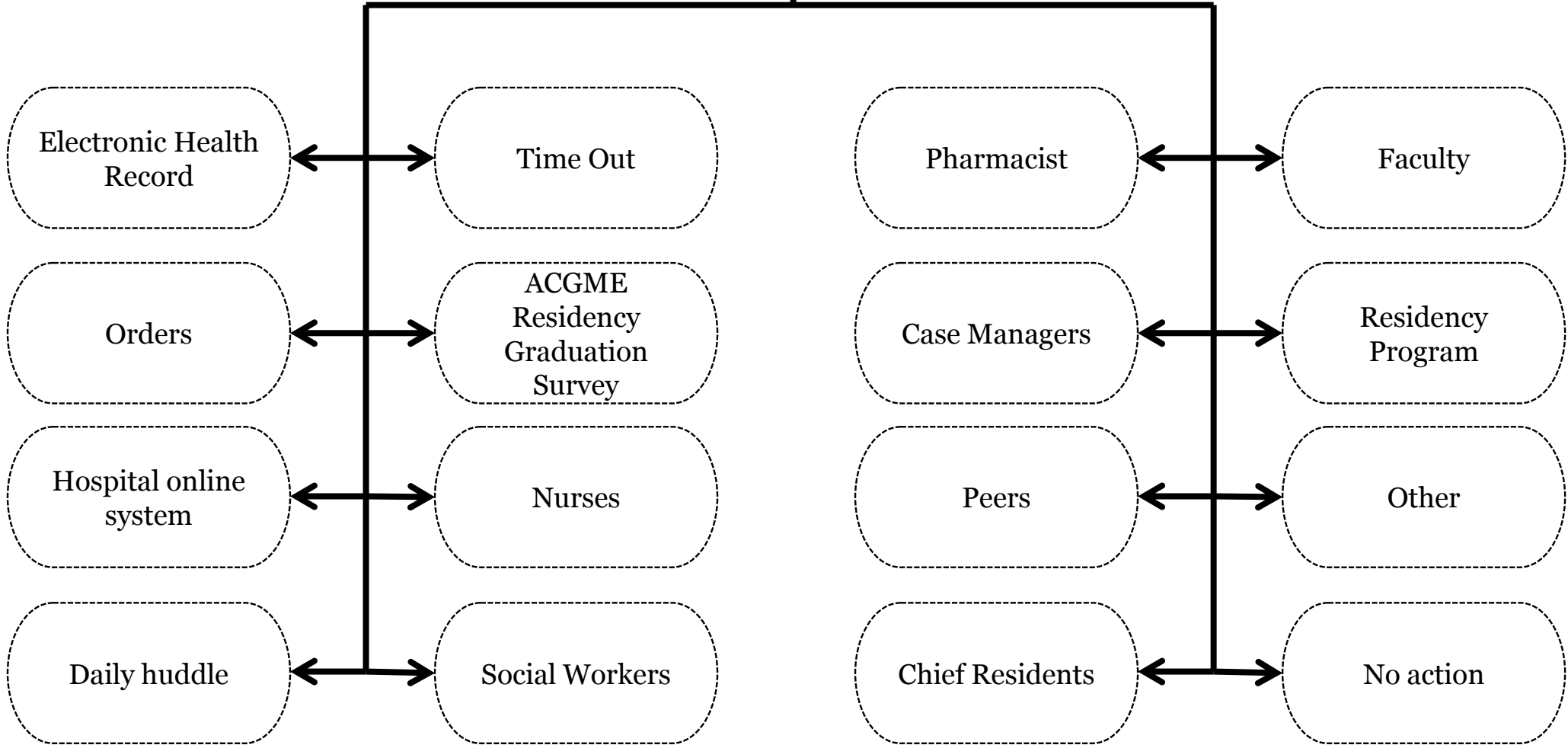
In the last 6 months, about how many times have you officially reported patient safety concerns at UMCB?

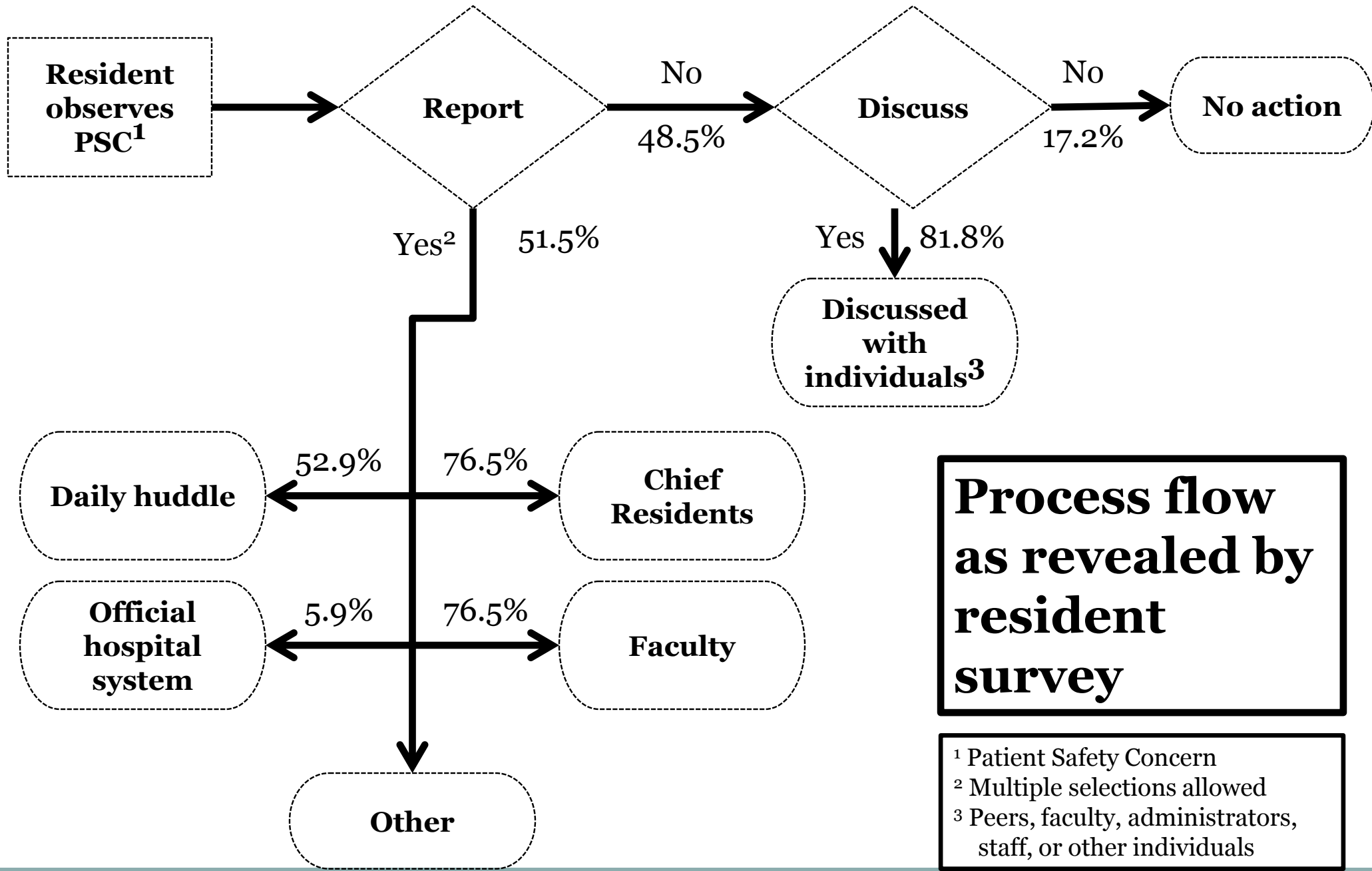
Answered: 21 Skipped: 3



IM Residents “Reporting” Methods

Resident
observes patient
safety concerns





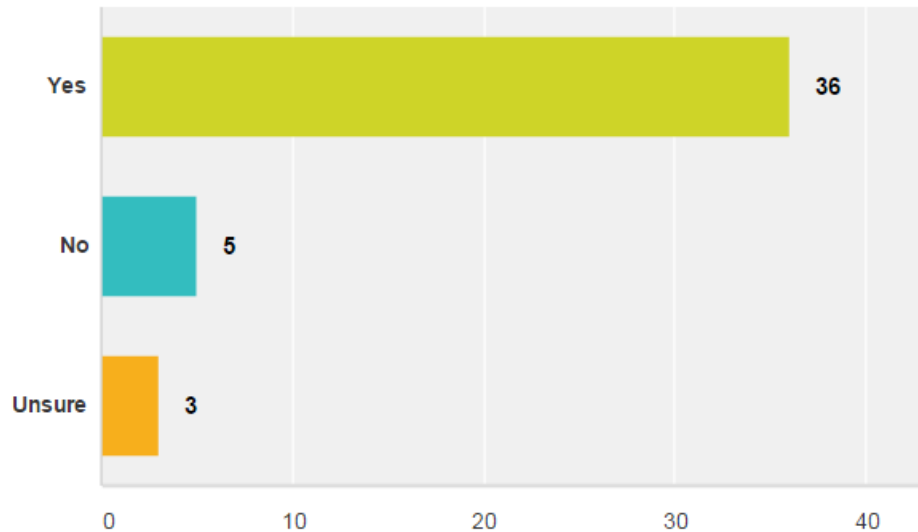
If not officially reported, discussed?



Residents

If you have encountered/seen/observed patient safety concerns in the last 6 months and have not officially reported them, have you informally discussed them with peers, faculty, administrators, staff, or other individuals?

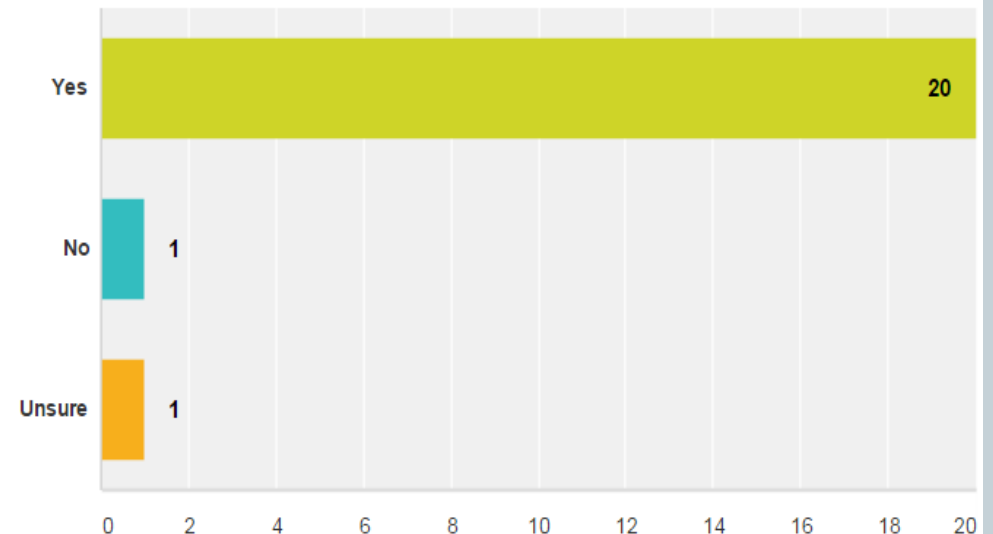
Answered: 44 Skipped: 1



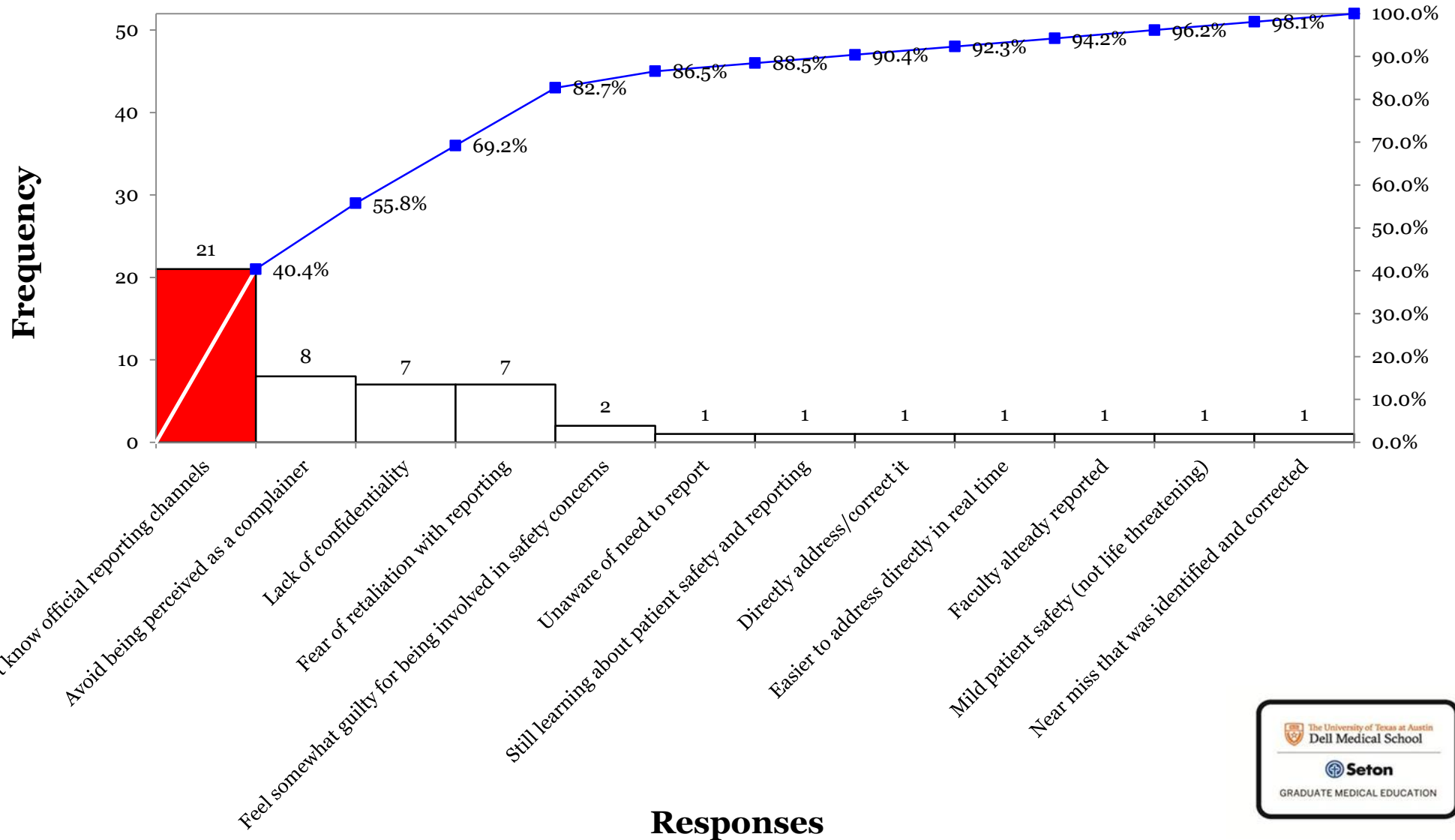
Faculty

If you have encountered/seen/observed patient safety concerns in the last 6 months at UMCB and have not officially reported them, have you informally discussed them with residents, peers, administrators, staff, or other individuals?

Answered: 22 Skipped: 2



Why Internal Medicine Residents Discuss Rather Report Patient Safety Concerns



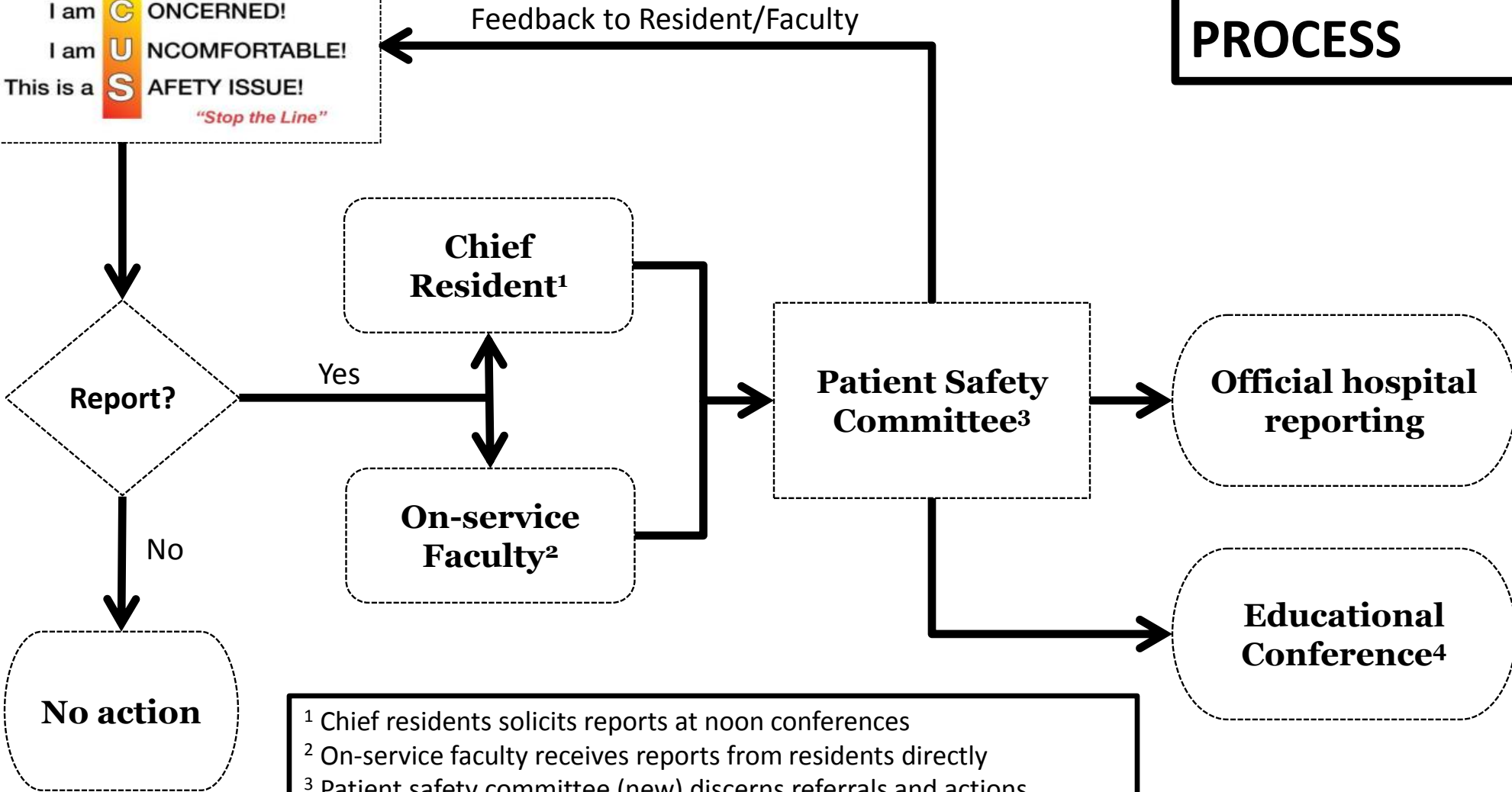


CUS

Assertive statements:

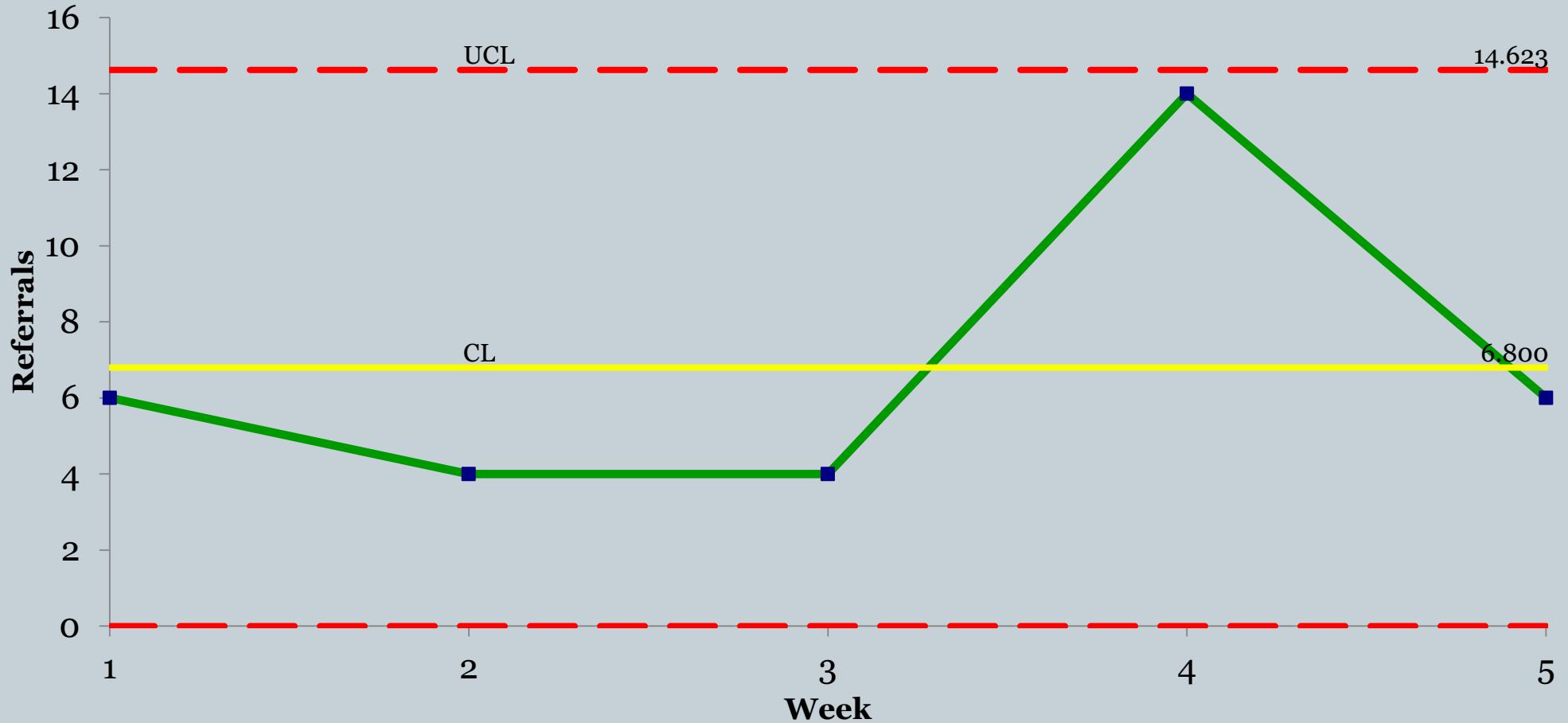
I am **C** ONCERNED!
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"Stop the Line"

**NEW
PROCESS**



- ¹ Chief residents solicits reports at noon conferences
- ² On-service faculty receives reports from residents directly
- ³ Patient safety committee (new) discerns referrals and actions
- ⁴ Opportunity for collective learning: sanitized cases, lessons learned

Post Intervention: CUS'sing yields PSC referrals



Outcomes as Result of Resident CUS'ing



- Total of 34 PSC referrals in 5 weeks post-intervention.
- Residents feel empowered and more willing to bring safety concerns to PSC
- Hospital created a task force to examine glycemic control concerns, involving two medicine residents and two CSE team members.

ACT: Sustaining the Results



Next Steps:

- maintain momentum created by CUS'ing with robust weekly patient safety conferences, including educational component
- work with incoming chief residents to support the culture of reporting in the residency program
- Implement CUSing across other residency training programs
- the healthcare organization is in the process of developing new electronic patient safety reporting mechanism; our input should be added to the process

Return on Investment: Value Added



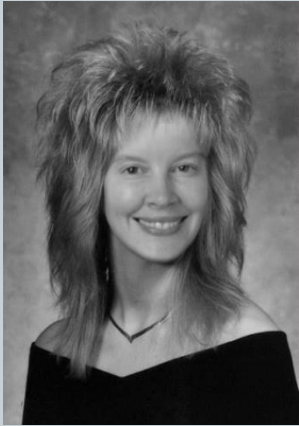
- Difficult to calculate exact costs but project participants spent substantial amount of time developing and implementing intervention
- CUS'ing has improved patient safety reporting at UCMB; potential value includes decreased length of stay and better outcomes for patients
- CUS Project also keeps the Internal Medicine residency in compliance with ACGME guidelines (avoiding probation is priceless)

Lessons Learned



- Initial reluctance from the healthcare organization about CUS overcome with negotiation, time, evidence of success
- Multiple iterations of the project were required to come up with the final version
- Problems that seemed insurmountable (lack of one decent electronic reporting system, negative culture of reporting safety) require patience and perseverance

Our Team



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Steven Conti

References



1. Kohn L T, Corrigan J M, Donaldson MS (Institute of Medicine) To err is human: building a safer health system. Washington, DC: National Academy Press, 2000.
2. Weiss KB, Wagner R, Nasca TJ. Development, Testing and Implementation of the ACGME Clinical Learning Environment Review (CLER) Program. *J Grad Med Educ.* 2012 Sep; 4(3): 396–398.
3. Kaldijan LC, Jones EW, Wu BJ, Foreman-Hoffman LV, Levi BH, Rosenthal GE. Reporting medical errors to improve patient safety: a survey of physicians in teaching hospitals. *Arch of Intern Med.* 2008;168(1):40-46.

Thank you!

