SUBJECT: Graduate Medical Education (GME) Quality Improvement Education and Activities

POLICY STATEMENT: The purpose of the hospital wide quality assessment improvement program is to assess and improve the quality and safety of patient care and service at hospitals conducting Graduate Medical Education. The Accreditation Council for Graduate Medical Education Institutional Requirements require that institutions and residency programs participating in graduate medical education conduct formal quality improvement programs which not only review complications and deaths, but also address systems issues where modification may lead to improved patient care and outcomes. Residents must demonstrate the ability to investigate and evaluate their own care of patients, as well as the care provided by other healthcare workers. He/she must be able to review records and analyze care based on a careful assimilation and appraisal of scientific evidence, established standards of care, and institutional policies. He/she must be able to recognize systems issues that contribute to sub-optimal patient care. He/she must demonstrate the ability to continuously improve patient care based on constant self-evaluation and life-long learning.

All residents shall receive instruction in and must participate in appropriate components of the institution’s quality assurance and improvement program.

DESCRIPTION:

A. Quality and patient safety improvement is accomplished through the identification and effective use of opportunities to improve the overall quality and safety of care within the institution, as well as the correction of problems when identified. This may be accomplished through:

1. Hospital and medical staff department participation in the development, implementation and evaluation of quality and patient safety assessment and improvement plans and initiatives

2. Actions taken to achieve the organization’s priorities and meet quality and patient safety goals as established in the Quality Strategic Plan

3. Allocation of resources to support quality and patient safety activities and implementation of best practices

4. Provision of support that fosters a non-punitive environment for reporting adverse events and near misses
5. Leadership and representation on quality and patient safety teams and committees.

6. Participation on Root Cause Analysis, Near Miss, or FMEA teams to address patient safety opportunities.

B. The responsibility for overall coordination of quality care is usually delegated to a Quality Assurance Committee and a Departmental Physician Director of Quality (PDQ). The committee and/or the PDQ will be responsible for assisting the program director to assure that each resident has an opportunity to participate in Quality Improvement (QI) Activities. Some of these QI activities must be interdepartmental. The Housestaff Quality and Patient Safety Committee will work with the UF Health Quality and Safety Programs to coordinate housestaff participation in institutional quality and safety activities (see separate policy establishing housestaff quality and safety committee).

C. Medical staff and hospital wide monitoring functions which may include: surgical case review, trauma quality management, drug usage and evaluation, pain management, sedation, medical record review, blood usage review, infection control, patient safety, risk management, patient satisfaction and complaint management. Relevant results of these monitoring activities will be incorporated into each department's monitoring and evaluation of the quality of patient care and service.

   a. Data and information gathered from these monitoring functions will be used to evaluate the clinical performance of all individuals with clinical privileges as well as all others providing patient care but not permitted by the hospital to practice independently.
   b. These results (reports) must be discussed with residents. Residents should have the opportunity to serve on these committees and to determine what data are monitored for quality improvement, particularly when relevant to their daily practice.

D. Each program will appoint a resident to the Housestaff Quality Committee. This individual will attend and participate in the HQPSC meetings, serving on subcommittees and task groups as needed. This resident is expected report on current quality initiatives and policies to fellow trainees. The program director will ensure that resident serving in this capacity will be allowed adequate time to participate. Attendance will be monitored and recorded.

E. Each department and program must have a process to ensure that quality improvement and patient safety are part of the daily educational structure of the residency. This may be accomplished in many ways including M & M conferences, morning reports, pre-operative conferences, participation in
root-cause analyses, and many other methods. Education programs and resident involvement in patient safety and quality improvement must be carefully documented and will be reviewed both during Internal Reviews and RRC site visits.

7. Programs must be able to demonstrate that residents in their training program can:
   a. identify strengths, deficiencies, and limits in their own or in others’ knowledge and expertise;
   b. establish learning and improvement goals for their own identified deficiencies and identify and perform appropriate learning activities;
   c. systematically analyze their own practice and that of other healthcare providers using quality improvement methods, and implement changes with the goal of practice improvement;
   d. be able to incorporate formative evaluation feedback from quality and patient safety activities into daily practice;
   e. locate, appraise, and assimilate evidence from scientific studies related to patients’ health problems; and,
   f. use information technology to optimize learning.

Review and Approved:
Graduate Medical Education Committee
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