Still OPTI

POLICY		Policy No: IS-018
Subject: Patient Safety and Quality Improvement	Approval: June 27, 2017 Last Revision Approved: 11/22/2022	Page 1 of 3

PURPOSE

The purpose of this policy is to ensure each Still OPTI participating site is committed to the provision of a residency education that occurs in the context of a learning and working environment that emphasizes the following principles:

- Provisions of a learning and working environment in which residents have the opportunity to raise concerns and provide feedback without intimidation or retaliation in a confidential manner, as appropriate.
- Excellence in the safety and quality of care rendered to patients by residents both today and in their future practice
- Excellence in professionalism through faculty modeling of the effacement of self-interest in a humanistic environment that supports the professional development of physicians and the joy in curiosity, problem-solving, intellectual rigor and discovery

Each program should have written policies and procedures (beyond this policy) consistent with the ACGME Institutional Requirements (IR's) and Common Program Requirements (CPR's) for resident and faculty wellness. This policy is based on both CPR's and IR's.

POLICY

It is the policy of Still OPTI that all physicians share responsibility for ensuring patient safety and enhancing quality of patient care. It is the right of each patient to be cared for by residents who are appropriately supervised; possess the requisite knowledge, skills and abilities; and understand their limits and seek assistance as required to provide optimal care.

Residents must demonstrate the ability to analyze the care they provide, understand their roles within coordinated health care teams and play an active role in system improvement processes. Specifically, the program must assure compliance in the following areas:

I. Patient Safety

A. Culture of Safety - a culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. Safety systems must be perceived as fair and effective in bringing about needed improvements. Organizations must have formal mechanisms to identify areas needing improvement and assessment of attitudes toward the identification of these.

1. The program, its leadership, faculty and residents must actively participate in these patient safety systems and culture.
2. The program director must design and maintain a program that has a structure that promotes interprofessional team-based care in a culture that provides safe patient care in a supportive educational environment.

B. Education on Patient Safety
    1. Programs must provide formal educational activities that promote patient safety-related goals, tools and techniques.
    2. It is necessary for residents and faculty members to consistently work in a well-coordinated manner with other healthcare professionals using shared methodologies to achieve institutional patient safety goals.

C. Reporting, Investigation and Follow-up of Adverse Events and Near Misses
    1. Reporting - Residents, faculty members and other clinical staff must know their responsibilities and how to report patient safety events at the clinical site.
    2. Investigation - Residents must participate in real or simulated, interprofessional, site-sponsored activities such as root-cause analysis, flow charting, and formulation and implementation of action plans.
    3. Follow up - The program director must ensure that residents and faculty members are integrated and actively participate in the implementation of interdisciplinary quality improvement programs, which address issues identified by investigations of incidents.
    4. Summary information of patient safety reports to residents, faculty members, and other clinical staff must be reported through the GMEC.

D. Resident Education and Experience in Disclosure of Adverse Events: Patient-centered care requires patients, and when appropriate families, to be apprised of clinical situations that affect them, including adverse events. This is an important skill for faculty physicians to model and for residents to develop and apply.
    1. All residents must receive training in how to disclose patient safety events to patients and families.
    2. Residents should have an opportunity to participate in real or simulated disclosure of patient safety events.

E. Supervision of Residents
    1. The program must demonstrate that the appropriate level of supervision is in place for all residents based on each resident's level of training and ability, as well as patient complexity and acuity.
    2. Supervision may be exercised through a variety of methods appropriate to the level of training and competence of the resident. The Review Committee may specify which activities require different levels of supervision.
    3. The learning objectives of the program must generally ensure manageable patient care responsibilities.
    4. Still OPTI is responsible for oversight and documentation of resident engagement in the following:
        a) Access to systems for reporting errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal; and

b) Opportunities to contribute to root cause analysis or other similar risk-reduction processes.
c) Access to data to improve systems of care, reduce health care disparities, and improve patient outcomes; and,
d) Opportunities to participate in quality improvement initiatives.

II. Quality Improvement

A. Education in Quality Improvement: Residents and faculty members must receive training and experience in quality improvement processes, including an understanding of health care disparities.

B. Quality Metrics: Residents and faculty should receive specialty-specific data on quality metrics and benchmarks related to their populations.

C. Engagement in Quality Improvement Activities: Experiential learning is essential to developing the ability to identify and institute sustainable system-based changes to improve patient care. Residents must have the opportunity to participate in interprofessional activities aimed at reducing health care disparities and improving quality of care.