

**INOVA FAIRFAX MEDICAL CAMPUS
GRADUATE MEDICAL EDUCATION POLICY**

Institutional Policy on Quality Improvement and Patient Safety

I. Purpose:

To establish a policy that ensures meaningful House Staff participation in Quality Improvement/Patient Safety initiatives as part of their ACGME/CPME- accredited Graduate Medical Education Program(s).

II. Scope:

This policy will apply to all Housestaff/House Officer(s) participating in all ACGME/CPME-accredited Graduate Medical Education Program(s) at Inova Fairfax Medical Campus (IFMC)

III. Definitions:

“House Staff/House Officer” refers to all interns, residents, and fellows enrolled in Graduate Medical Education Programs.

“Graduate Medical Education Program(s)” refers to a residency or fellowship training program.

“Faculty Members” refers to Supervising Faculty that teaches and/or mentors Housestaff.

“DIO” refers to Designated Institutional Official or “designee”.

IV. Common Program Requirements/Responsibilities:

In accordance with ACGME requirements, Housestaff must demonstrate the ability to analyze the care they provide, understand their roles within health care teams, and play an active role in system improvement processes. All Graduate Medical Education Programs must ensure Housestaff education and active participation in Quality Improvement and Patient Safety systems.

A. Patient Safety

- a) Programs must provide formal educational activities that promote patient safety-related goals, tools and techniques.
- b) Programs must ensure that Housestaff receive training and participate in disclosure of adverse events to patients and their families
- c) Programs must ensure that Housestaff and Faculty members are familiar with the Safety Always reporting system and understand the types of events that should be reported. The Institution must provide summary safety reports to individual educational programs
- d) Programs must ensure that Housestaff participate as interprofessional team members in patient safety activities which may include but are not limited to the following:

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- i. Root Cause Analysis (RCA)
- ii. Safety Review Meetings (SRM)
- iii. Housestaff and/or GME Quality Improvement/Patient Safety (QIPS) Committees
- iv. Peer Review Committees
- v. Participation on interprofessional teams to promote a Patient Safety Culture

B. Quality Improvement

- a) Programs must provide formal educational activities in Quality-related goals, tools and techniques.
- b) Programs must provide Housestaff and Faculty members with quality metrics and benchmarks related to their patient populations
- c) Programs must ensure Housestaff have the opportunity to participate in interprofessional quality improvement activities which may include but are not limited to the following:
 - i. Processes aimed at understanding and reducing Health Care Disparities
 - ii. Participation in Institutional Quality Improvement and Patient Safety committees
 - iii. Transitions in Care improvement processes
 - iv. Participation on interprofessional teams to promote Quality Improvement
 - v. Participation in Quality Improvement projects that improve systems of care and patient care outcomes

V. Office of Graduate Medical Education Requirements:

In accordance with ACGME requirements, the GME department will monitor Program Quality Improvement and Patient Safety activities:

- A. In conjunction with the Annual Program Review and Institutional/ACGME surveys, the Program Directors will be expected to provide the GMCEC with a report of all Quality Improvement/Patient Safety activities as they pertain to the educational programs.
- B. On a semi-annual basis, the DIO for GME will request an update of all Quality Improvement/Patient Safety projects for which the Housestaff are participating.
- C. The DIO will address any concerns identified regarding insufficient participation in QI/PS initiatives and the Program Director will be required to provide a progress report within a specified period of time.