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:
Institutional Policy on Quality Improvement and Patient Safety

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 GMEC 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 required to provide a progress
   report within a specified period of time.