What Happens to My Event Report? A Quality Improvement (QI) Education Initiative

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AT THE FOREFRONT UChicago Medicine

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Background

- The Accreditation Council of Graduate Medical Education (ACGME) requires resident participation in QI activities
- We teach QI tools using interactive case-based morning reports to analyze actual event reports
- Studies show physicians rarely report adverse events, citing “lack of knowledge around event reporting” as a major cause
- Inter-professional teams are vital to QI science

	Traditional Morning Report	QI Morning Report
Topic	**Case-based on "interesting patient"**	**Case-based on patient safety event report**
Primary Discussion	Diagnosis and management	Using QI tools for process improvement
Attendees	Residents and attending experts	Inter-professional team of residents, attendings, pharmacists, risk managers, QI project managers

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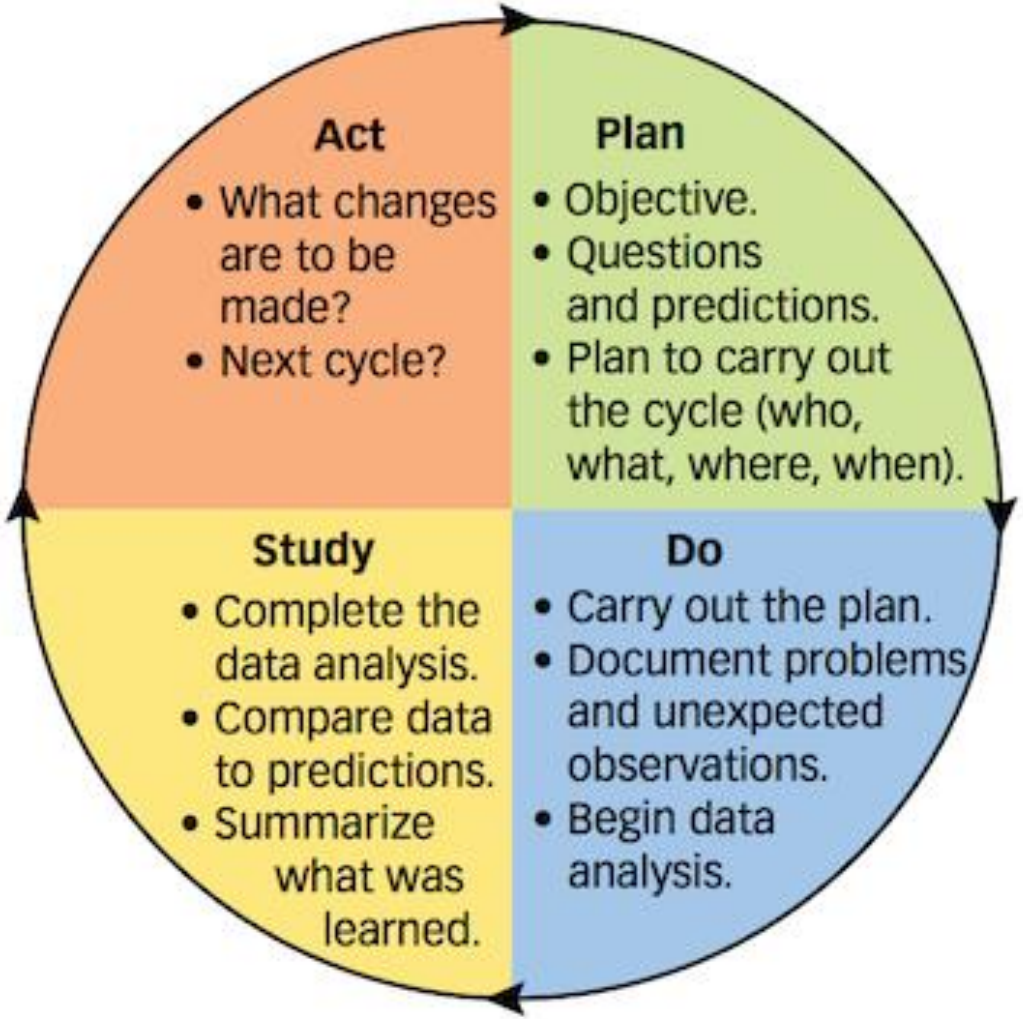
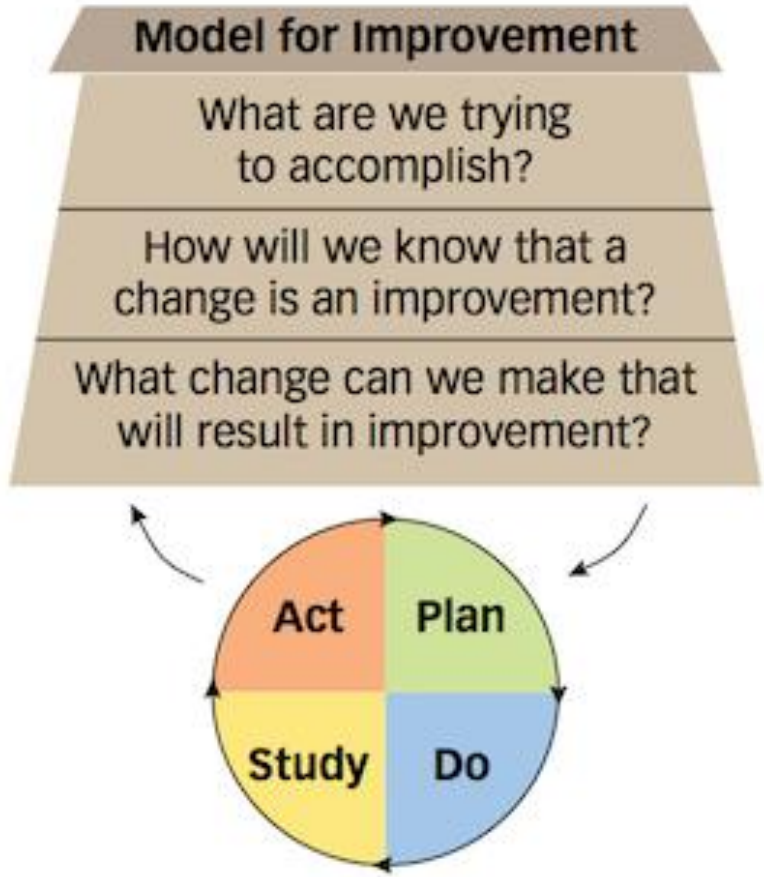
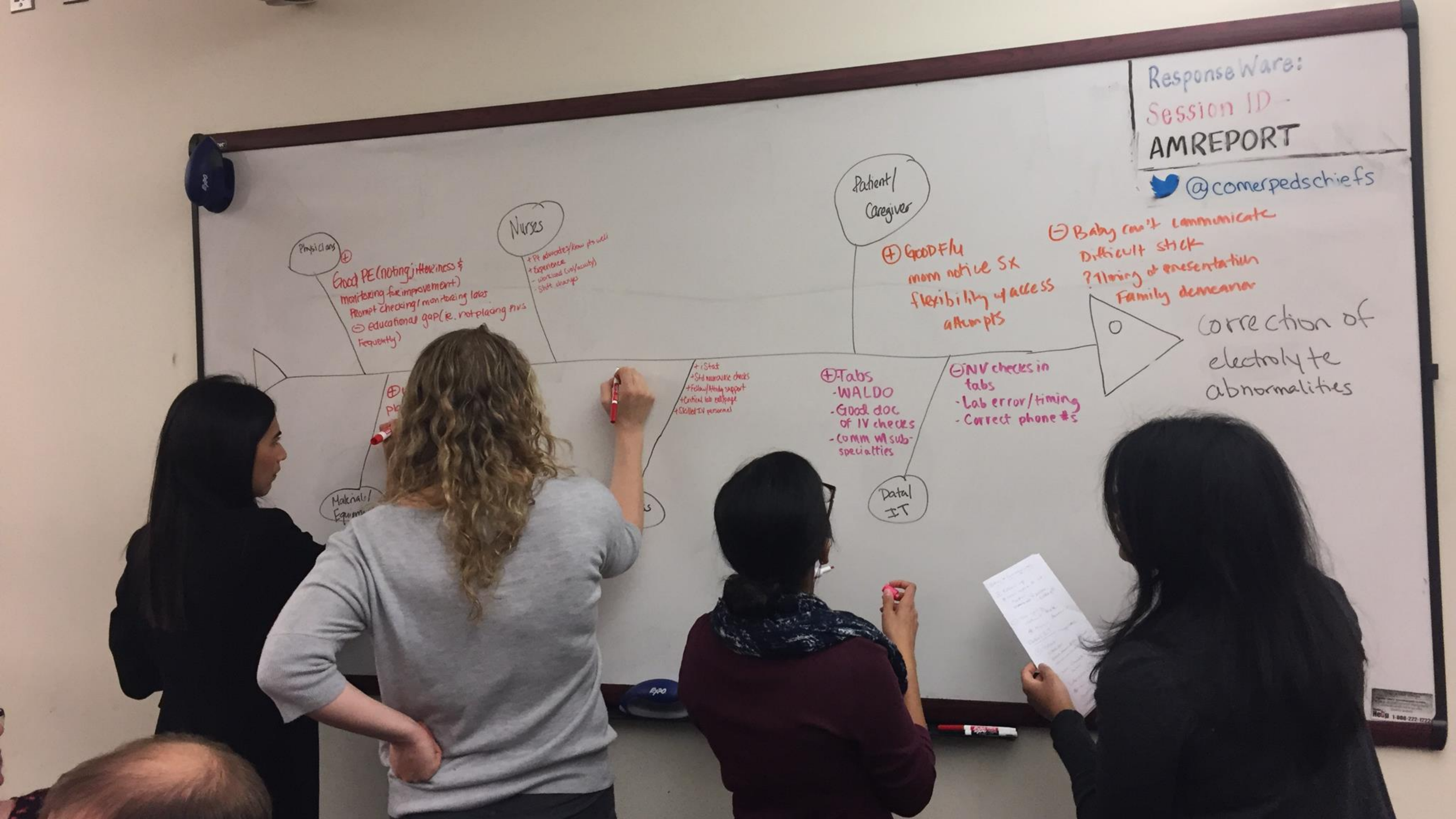
Objectives of QI Morning Report

- Describe next steps after submission of patient safety event reports
- Use QI tools to analyze these events
- Recognize unique expertise of inter-professional teams
- Identify actionable next steps

PDSA cycle and Model for Improvement—1991, 1994 / FIGURE 8

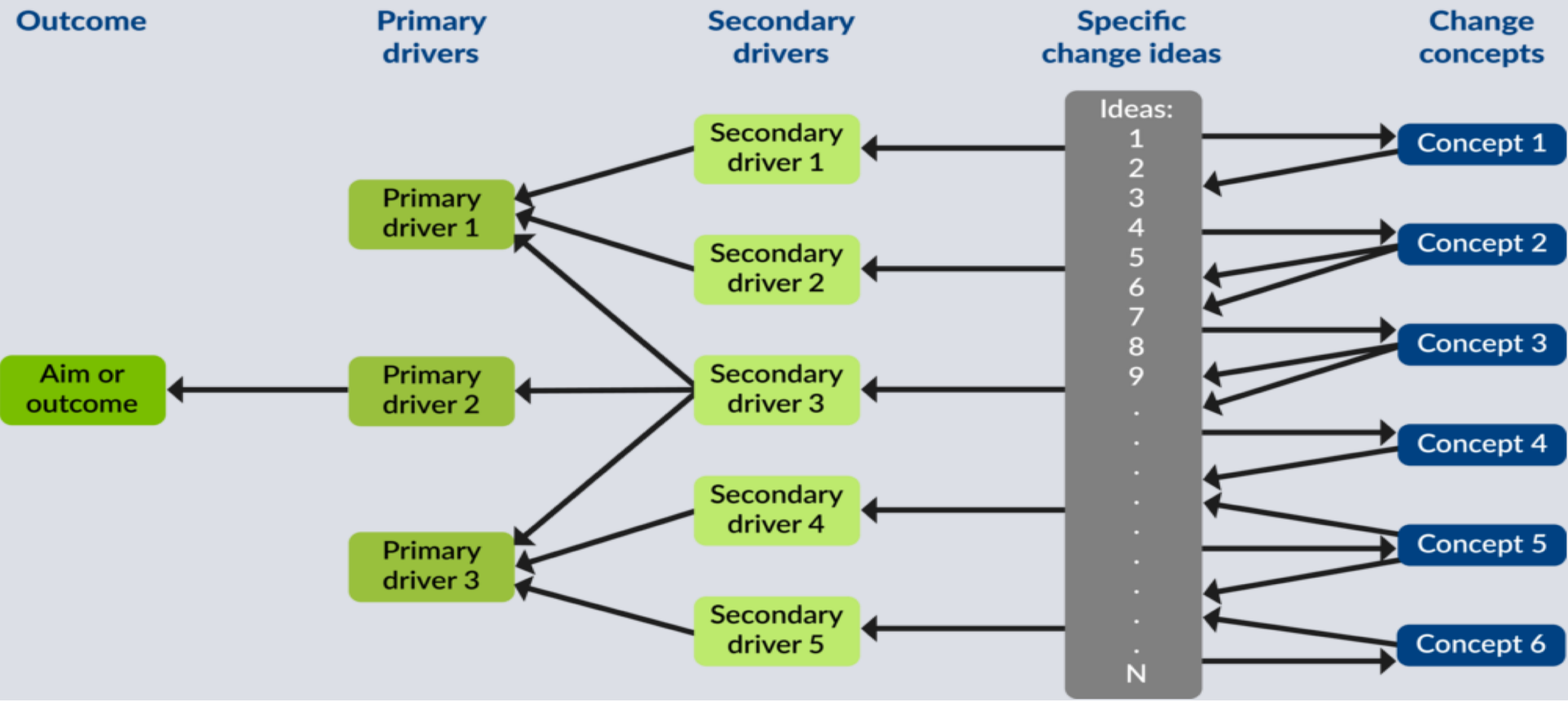






ResponseWare:
Session ID -
AMREPORT
@comerpedschiefs
Physicians
Nurses
Patient/ Caregiver
Data/ IT
Good PE (noting jitteriness & monitoring for improvement)
Prompt checking/monitoring labs
⊖ educational gap (ie. not placing PIVs frequently)
⊕ Good F/u
mom notice SX
flexibility w/ access attempts
⊖ Baby can't communicate
Difficult stick
Family demeanor
correction of electrolyte abnormalities
⊕ Tabs
-WALDO
-Good doc of IV checks
-comm w/ sub-specialties
⊖ IV checks in tabs
-Lab error/timing
-Correct phone #s
+ iStat
+ Critical lab call/page
+ Skilled IV personnel

Conceptual view of a driver diagram



Results

- Conference evaluation scores have been high (average 4.0 ranking on 1 – 5 scale)
- Multiple residents early in their training have shown interest in pursuing specific QI projects

Results

- Key actionable items include:
  - Changing Epic orders to include hyaluronidase administration when vesicants are ordered
  - Introducing residents to the SBAR method of sign out
  - Recommending pulmonary toilette be included in order reconciliation across phases of care

Conclusions

Teaching QI science

Interactive morning report teaching QI tools

Conclusions

What happens to my event report?

Walk through process analysis using QI tools

Conclusions

Forming Inter-disciplinary teams

Encourage active participation in improving system processes