Housestaff Quality Council

March 26th, 2011

Peter M. Fleischut, MD
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Reality

• “Doctors are well prepared in the science base of medicine and the skills to care for individuals but **few** are qualified or trained with the skills to improve patient care and safety”

» David B. Nash

» Dean, Jefferson School of Population Health
“Residents are often invisible doctors in quality improvement”

Ashton, 1993 Academic Medicine 68:823
Swiss Cheese Model

- Goal Conflicts and Double Binds
  - Incomplete Procedures
  - Mixed Messages
  - Inadequate Training
  - Deferred Maintenance

- Latent Failures
  - Attention Distractions
  - Clumsy Technology

- Defenses
  - Individual
  - Team

- Institution Organization Profession

- Triggers
  - The World

- Accident

Modified from Reason, 1991 © 1991, James Reason
Residents Remain Disengaged In 
Quality Improvement

Only 28 published articles (1990-2008):

✓ Lack of Time, Low Attendance, Long Hours, Demanding Patients
✓ Crowded Curriculum
✓ Away Rotations
✓ Lack of Analytic Capabilities
✓ Presumed Lack of Interest
✓ Program Expense
✓ Lack of Credibility
✓ Fear of Speaking Up

“Residents’ Engagement in Quality Improvement: A Systematic Review of the Literature”
Patow et al, Academic Medicine Dec 2009
What’s Happening Nationally?

ACGME (1999)

AIAMC (2006)

AAMC (2009)

Lucian Leape Foundation (2010)
“Patient Safety: Conversation to Curriculum”

“2/3 medical schools mention patient safety in a required course, with an average of 2 sessions on the topic”

» NY Times January 2010
Challenges

✓ Communication
✓ Effective Representation
✓ Sustainability
✓ Data Transparency
✓ Exportability
FIGHTS, SECRETS AND SCANDAL
NEW, SHOCKING REVELATIONS

There is a sex tape!
A Jersey Shore wedding
The fight that could tear the show apart

NewYork-Presbyterian
Quality & Patient Safety
Mission

“Improve patient care and safety at New York-Presbyterian Hospital by creating a culture that promotes greater housestaff participation.”
What We Proposed Dec 2007

✓ “Buy-In” through involvement in policy making
✓ Dissemination of knowledge to peers
✓ Enforcement of best practices and policies
✓ Development of relationships
✓ Communication of key changes
✓ Measurement of how we are doing
Scope of Service: Start Small

Initial Meeting April 2008

Quality Focus Area

✓ Medication Reconciliation
✓ >90% Compliance

NewYork-Presbyterian
Quality & Patient Safety
HQC Structure

Division of Quality and Patient Safety

Housestaff
Quality Council

- Faculty Advisor
- Q & PS Liaison
- Patient Safety
- Communications
- Infection Control
- Information Technology

Creating Synergy with NYP

- Q & PS Officers
- Office of Executive Vice President
- Epidemiology
- CHEMISTRY
Resident Quality and Patient Safety Officer

- Housestaff Quality Council Chair
- Attends Weekly QPS Officer Meeting
- Institutional Point Person for Engaging Housestaff
- Training Opportunity for Future QPS Leaders
Paperless Laboratory Project

MONTH in 2009

Number of Paper Test Orders

March  April  May  June  July  Aug  Sept  Oct

Eclipsys Downtime

75% Decrease from Baseline
Creating Culture Change

Patient Safety Awareness Campaign
Measuring Culture Change

New York Presbyterian Hospital-Weill Cornell Medical College
Safety Attitudes Survey

Department: ____________________  Training Level: ___________  Gender: M / F

Please select your response according to the scale below:

1 = Strongly Disagree  2 = Slightly Disagree  3 = Neutral  4 = Agree Slightly  5 = Agree Strongly

1. It is difficult to speak up if I perceive a problem with patient care.
   1 2 3 4 5

2. I have the support I need from other personnel to care for patients.
   1 2 3 4 5

3. It is easy for personnel here to ask questions when there is something that they do not understand.
   1 2 3 4 5
HQC Alert Tracking: Who’s Reading it?

Percent of Alerts Opened (48 hrs Tues-Thurs)

- All Housestaff: 26%
- Urology: 58%
- Neurological Surgery: 51%
- Emergency Medicine: 43%
- Hematology / Oncology: 40%
- Orthopedic Surgery: 36%
- Pediatrics: 35%
- Cardiology: 34%
- Neurology: 33%
- Anesthesiology: 36%
- Pain Management: 25%
- Oral and Maxillofacial Surgery: 25%
- Internal Medicine: 31%
- Obstetrics & Gynecology: 23%
- Anatomic / Clinical Pathology: 17%
- Dermatology: 18%
- Psychiatry: 20%
- Neurosurgery: 11%
- Ophthalmology: 7%
- Resident: 30%
- Clinical Fellow: 16%
- All Housestaff: 26%
Innovation and Research:

Publications

External

✓ AJMQ
✓ ASA Newsletter
✓ System Standard
✓ Commonwealth Fund

Internal

✓ HQC Clinical Updates
✓ NYP Press
✓ NYP Healthcare Symposium
Communicating Through Presentations

✓ ACGME, AAMC, NYSSA
✓ Harvard Quality Colloquium
✓ NY State Health Commissioner
✓ Duke QPS Leadership Course
✓ Weill Cornell Housestaff Orientation
✓ Weill Cornell Medical Student Lectures
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Questions?

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