

Charter for SAUSHEC GMEC Subcommittee for Process Improvement and Patient Safety

Charter: Develop strategies to assist GME training programs increase integration of their trainees into existing institutional process improvement (PI) and patient safety (PS) programs thereby contributing in a synergistic way to enriching the respective institutional PI/PS cultures and resulting in improved safety and outcomes for patients treated by the Brooke Army Medical Center (BAMC) and 59th Medical Wing (59 MDW).

Strategy 1: Integrate all housestaff into the Process Improvement and Safety mission of the institution.

Goal 1.1: Identify key institutional PI/PS information that all housestaff should know and understand, examples include: the Blueprint for Quality, opportunities across the institution to gain knowledge about PI/PS processes and methodology (ie 8 Step Process), forums and communication mechanisms to raise issues related to PI/PS, the roles of key institutional PI/PS personnel and committees, and resources available for housestaff to engage in Quality Improvement projects within their department or across BAMC/59MDW.

Evaluation Method 1.1: A knowledge assessment tool will be developed based on the information detailed in Goal 1.1, consisting of multiple choice and true/false questions during AY13 to obtain baseline measurements. This tool may also be utilized during new intern orientation.

Evaluation Method 1:2: Resident/fellow-entered Patient Safety reports tracked.

Strategy 2: Develop educational approaches for delivering key institutional PI and PS information to all housestaff

Goal 2.1 Champion development of on-line lectures, departmental and institutional presentations, an on-line resource (SAUSHEC webpage) containing the information detailed in Goal 1.1.

Goal 2.2 Champion local workshops or TDY's to train program directors and/or department faculty champions, and local workshops to train housestaff in basic PI/PS methodology.

Evaluation Method 2.1: Use of the knowledge assessment tool to evaluate the impact of educational interventions, administered during AY14.

Notes/Ideas/Thoughts

1. Quality and Safety Education Academy (QSEA) March 7-9, 2013, Tempe. Send Faculty champions from the larger residency programs (e.g. IM, EM, Peds, Surg, Ortho, etc) and GMEC subcommittee members. Plan to send 5-7 annually to build core faculty expertise across the institution. Other TDY's possible.
2. Resident reps should attend institutional meetings. PIPS at SAMMC, PIC at WHASC. What should their role be? Should they be standing members of the existing HSC? Would it be overload to have a separate House Staff Q&S Council? Should a council be created within each of the larger residency programs, each with their own charter and mission statement?