POLICY: PATIENT SAFETY AND QUALITY IMPROVEMENT

I. Purpose
All physicians share responsibility for promoting patient safety and enhancing quality of patient care. Graduate medical education must prepare House Staff to provide the highest level of clinical care with continuous focus on the safety, individual needs, and humanity of their patients. It is the right of each patient to be cared for by residents who are appropriately supervised; possess the requisite knowledge, skills, and abilities; understand the limits of their knowledge and experience; and seek assistance as required to provide optimal patient care.

House Staff 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. Graduating House Staff will apply these skills to critique their future unsupervised practice and effect quality improvement measures.

It is necessary for House Staff and faculty members to consistently work in a well-coordinated manner with other health care professionals to achieve organizational patient safety goals.

The guidelines below will outline program involvement in Patient Safety and Quality Improvement in accordance with ACGME requirements.

II. Scope
This policy applies to all graduate medical education residency and fellowship programs.

III. Definitions

**House Staff**: A physician who is enrolled in an accredited or non-accredited NYU Winthrop Training Program. This includes all Residents and Clinical Fellows.

**Program**: All graduate medical education residency and fellowship programs.

**Quality Improvement**: Systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.¹

**Culture of Safety**: AHRQ defines a culture of safety as one “in which healthcare professionals are held accountable for unprofessional conduct, yet not punished for human mistakes; errors are identified and mitigated before harm occurs; and systems are in place to enable staff to learn from errors and near misses and prevent recurrence”

IV. Policy Statement
1. Patient Safety
   a. Culture of Safety
      i. In partnership with NYUWH, each program and their faculty must actively participate in patient safety systems and contribute to a culture of safety.
      ii. The Program must have a structure that promotes safe, interprofessional, team-based care.
   b. Education on Patient Safety
      i. Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques.
   c. Patient Safety Events
      i. House Staff, faculty members, and other clinical staff members must:
         1. Know their responsibilities in reporting patient safety events at the clinical site;
         2. Know how to report patient safety events, including near misses, through the electronic incident reporting system at the clinical site; and,
         3. Be provided with summary information of their institution’s patient safety reports
      ii. House Staff must participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses, as well as formulation and implementation of actions.
   d. House Staff Education and Experience in Disclosure of Adverse Events
      i. All House Staff must receive training in how to disclose adverse events to patients and families.
      ii. House Staff should have the opportunity to participate in the disclosure of patient safety events, real or simulated.

2. Quality Improvement
   a. Education in Quality Improvement
      i. House Staff must receive training and experience in quality improvement processes, including an understanding of health care disparities.
   b. Quality Metrics
      i. House Staff and faculty members must have access to data on quality metrics and benchmarks related to their patient populations.
   c. Engagement in Quality Improvement Activities
      i. House Staff must have the opportunity to participate in interprofessional quality improvement activities.
         1. This should include activities aimed at reducing health care disparities.


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