

## **Patient Safety and Quality Improvement Policy #0.22**

### **I. Purpose**

In accordance with ACGME Common Program Requirements, residents and fellows must systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement. As such, the program director must ensure that residents/fellows are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

### **II. Definition**

ACGME developed the Clinical Learning Environmental Review (CLER) Program designed to provide ACGME-accredited institutions with periodic feedback that addresses the following six Focus Areas: Patient Safety; Health Care Quality; Teaming; Supervision; Well-Being; and Professionalism.

Patient safety (PS) and Quality improvement (QI) activities include but are not limited to the following:

- Conferences (e.g., Morbidity and Mortality)
- Participation in institutional QI committees, Grand Rounds, patient satisfaction surveys, core measures; utilization management; and scholarly activity resulting in the implementation of initiatives to improve patient quality and safety of care
- Experience in PS event investigations and follow-up
- Experience in disclosure of PS events
- Provide residents/fellows with data on quality metrics
- Engage residents/fellows in institutional QI planning process
- Education to eliminate healthcare disparities

### **III. Policy**

Each program must ensure its faculty, residents, and fellows actively participate in patient safety systems and contribute to a culture of safety.

Residents, fellows, faculty members, and other clinical staff members must:

- know their responsibilities in reporting errors, adverse events, unsafe conditions, and near misses at the clinical site, including how to report such events in a protected manner that is free from reprisal; and,
- be provided with summary information of their institution's patient safety reports.

Residents/Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other similar risk-reduction processes that include analysis, as well as formulation and implementation of actions.

Residents/Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations.

In conjunction with the Annual Program Evaluation (APE), the program will provide a report of QI/PS activities.

Program Directors must ensure submission of a Quality and Safety Survey at the request of the sponsoring institution that provides information about patient safety events and investigation reports for residents/fellows and faculty in compliance with ACGME CLER Program Patient Safety and Health Care Quality areas.

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