
A Message from CIR National Quality Improvement Department

This has been an exciting year for CIR residents who are engaged in patient safety and quality work across the country. The quality incentive programs we bargained at some of our hospitals are seeing great results, our members' individual quality improvement and patient safety projects are garnering national attention, and we will soon launch the QI Gateway, a website that will serve as a clearinghouse for the most relevant peer-reviewed studies on issues common to teaching hospitals, national and statewide opportunities for education and training on safety and quality, and hospital-specific pages featuring local QI/PS opportunities and resources residents may leverage, and a discussion forum where residents can share their work with their colleagues.

Residents in New York City have earned bonuses related to improvements they brought about in length of stay, patient satisfaction, and medication reconciliation. These projects are being featured at the ACGME, AAMC, and IHI annual meetings. We are also thrilled to be coordinating the second annual Resident Patient Safety Roundtable at Telluride, CO along with veteran patient safety gurus David Mayer and Tim McDonald. Across the coast, residents in California secured new resources in their contract for their quality and safety work, which will fund both individual projects and regional learning events.

We are pleased to announce that we have secured a partnership with Thomas Jefferson University to

address the need for executive physician leadership in healthcare quality and patient safety. Our residents will now have the option of earning a graduate certificate in Healthcare Quality and Safety or a Master of Science in Healthcare Quality and Safety Management (MS-HQSM) in cooperation with the American College of Physician Executives (ACPE). These programs are entirely online and feature a significant discount for CIR members and affiliates.

The first performance period for value-based purchasing has ended. Some of our hospitals were hurt by the performance on patient satisfaction and the process of care measures that now determine total reimbursement. Many hospitals are indicating that they're leaning towards their own their own value-based systems to put individual doctors on the hook for negative financial incentives and penalties as expectations from third-party payers and the government rise. As the nation's next generation of physicians, CIR members are at the crossroads of this seismic change to our healthcare system. However, everything we're seeing demonstrates that our members are embracing their new roles as quality and safety leaders, rising to the occasion by augmenting their medical knowledge with the quality improvement skills necessary to be successful with VBP and defining their worth to their hospitals. We look forward to another exciting year cultivating our residents' commitment to patient safety and a more equitable healthcare system.