
Mobilizing Residents for Quality Improvement

Congratulations UNM Housestaff – for the safety and quality improvement projects you have worked on this past year and for the publication of this impressive QI Journal. Recognition must be given to your CIR resident leaders for the journal and other important QI endeavors at UNM. Much credit and thanks also goes to your faculty, who have supported and mentored you through these projects and to hospital management that helped with the funding. This is collaborative vision at its best!

The Committee of Interns and Residents began to identify patient safety and quality improvement as a national imperative of our union more than five years ago. We saw the crisis: shockingly high estimates of preventable medical errors^{1 2} and the call for medical education to step up to meet the challenge.^{3 4} We also saw the opportunity: resident physicians are perfectly poised to learn and lead the safety and quality improvement change that is needed now and in their future practice. Finally, we recognized that CIR was in the perfect position to forge partnerships with our hospital employers to improve the care that we provide to our patients and demonstrate to the ACGME that residents can, indeed, be embedded into the quality improvement life of teaching hospitals.

CIR's safety and quality work, as well as our hospital partnerships have taken many fruitful forms.

Back east in Massachusetts, CIR members at Boston Medical Center embarked on an adverse event reporting project that included a resident survey and interventions to boost error and near miss reporting. The project is moving the reporting needle and has spawned three academic posters, a specialty conference oral presentation and the creation of a CIR Resident Quality Committee.

At the NYC Health and Hospitals Corporation, the largest public hospital system in the country and home to more than 2000 resident physicians, CIR's patient safety collaboration began back in 2008 with a series of jointly sponsored annual all day multidisciplinary conferences on hand-overs, reducing hospital acquired infections and improving medication safety. Housestaff incentive programs in some CIR NY teaching hospital contracts like my home institution, Maimonides Medical Center, have successfully tackled problems like medication reconciliation. Employer contributions to the CIR Joint Quality Improvement Association are funding rigorous on-site resident training in patient communication and adverse event reporting. CIR Benefit Funds' support has made possible three all day New York City-wide QI conferences in the last year that have attracted nationally known faculty presenting on how to be scholarly in QI, how to practice cost conscious care, and shared decision-making.

CIR housestaff leaders at Jackson Memorial Hospital in Florida negotiated a Housestaff Involvement Fund in 2013 that contributes \$125,000 annually for resident driven QI projects, attendance at national safety/quality conferences and funds for grand rounds speakers. In California, CIR Benefits Fund support at LA County Medical Center-USC and Harbor-UCLA Medical Center funded two all day conferences and 10 resident-driven QI projects in the last year – with more to follow in 2014.

1 Institute of Medicine. *To Err is Human: Building a Safer Health System*. Washington,DC: National Academies Press; 1999.

2 Levinson DR. Office of the Inspector General, Department of Health and Human Services. Adverse events in hospitals: National incidence among Medicare beneficiaries. 2010.

3 Unmet Needs: Teaching Physicians to Provide Safe Patient Care," Report to the Lucian Leape Institute on Reforming Medical Education, 2010.

4 Headrick, B. et al. Teaching for Quality. *Integrating Quality Improvement and Patient Safety Across the Continuum of Medical Education*. Association of American Medical College, January 2013.

What I have described here is just the tip of CIR's large and growing patient safety/QI iceberg. In the last two years, we estimate that between staff salaries, staff and resident leadership training, QI funding negotiated into our contracts and Benefit Funds directed to patient safety learning, CIR has

made possible close to \$2 million in funding for this critical work. We do it because it is the right thing to do and we do it with passion and enthusiasm – for the health of our patients, our learning, and our hospitals.

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