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Getting Engaged: Efforts to Increase Housestaff Event Reporting

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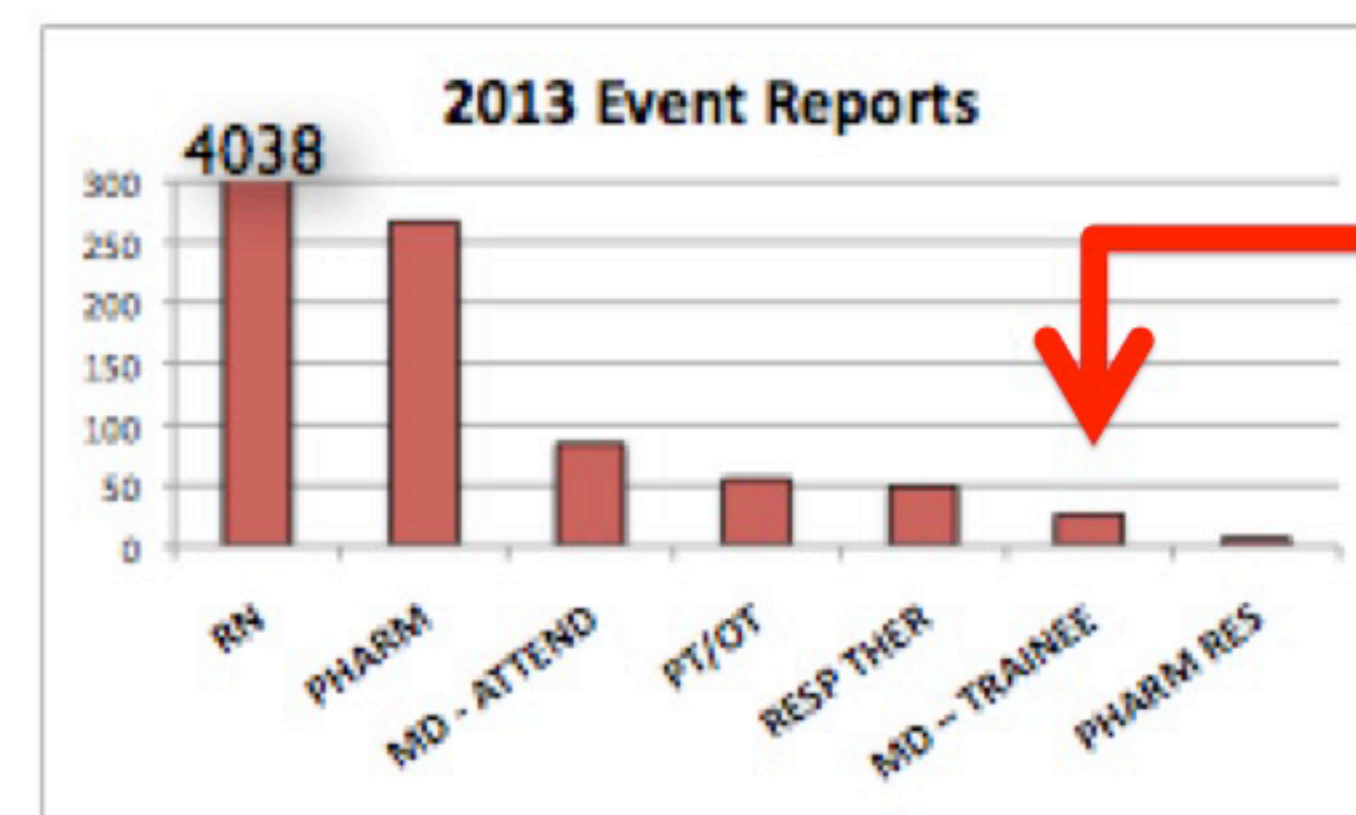
Getting Engaged: Efforts to Increase Housestaff Event Reporting

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Background

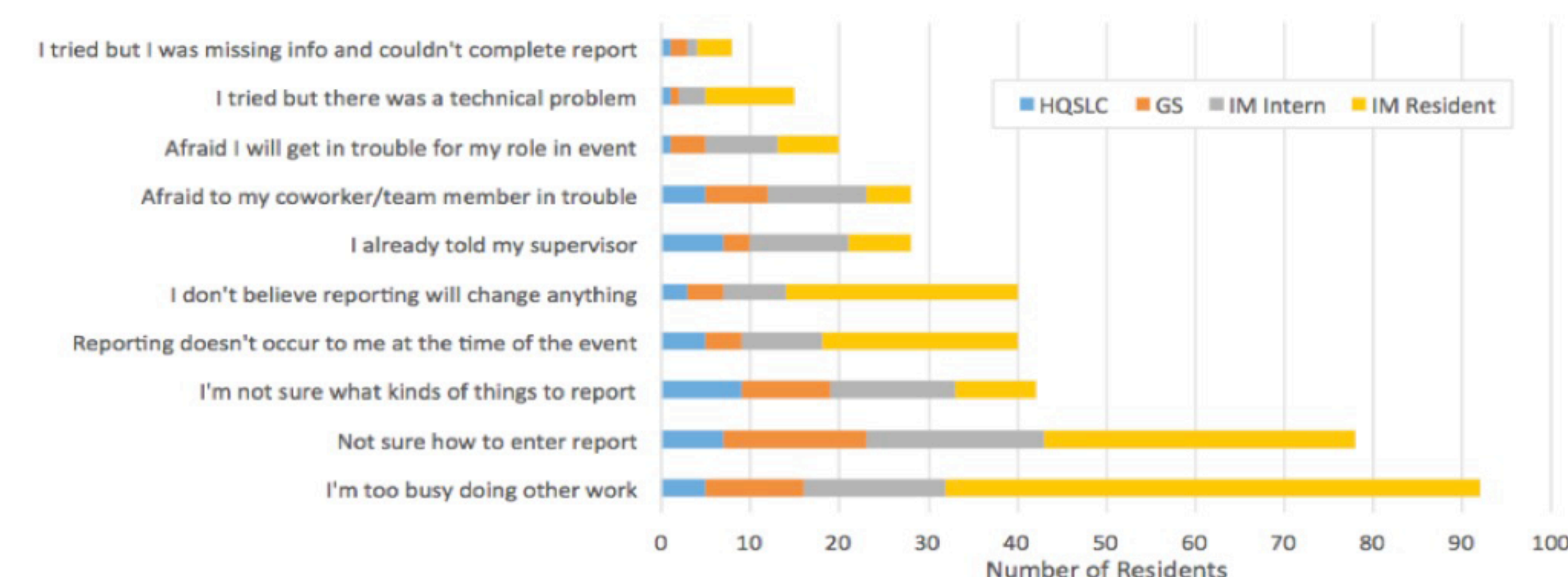
- Residents traditionally are under-engaged in event reporting through institutional channels
- The ACGME Clinical Learning Environment Review prioritizes this issue, and is establishing national benchmarks
- In 2015 the Housestaff Quality and Safety Leadership Council selected Increasing Error Reporting as their clinical quality initiative.



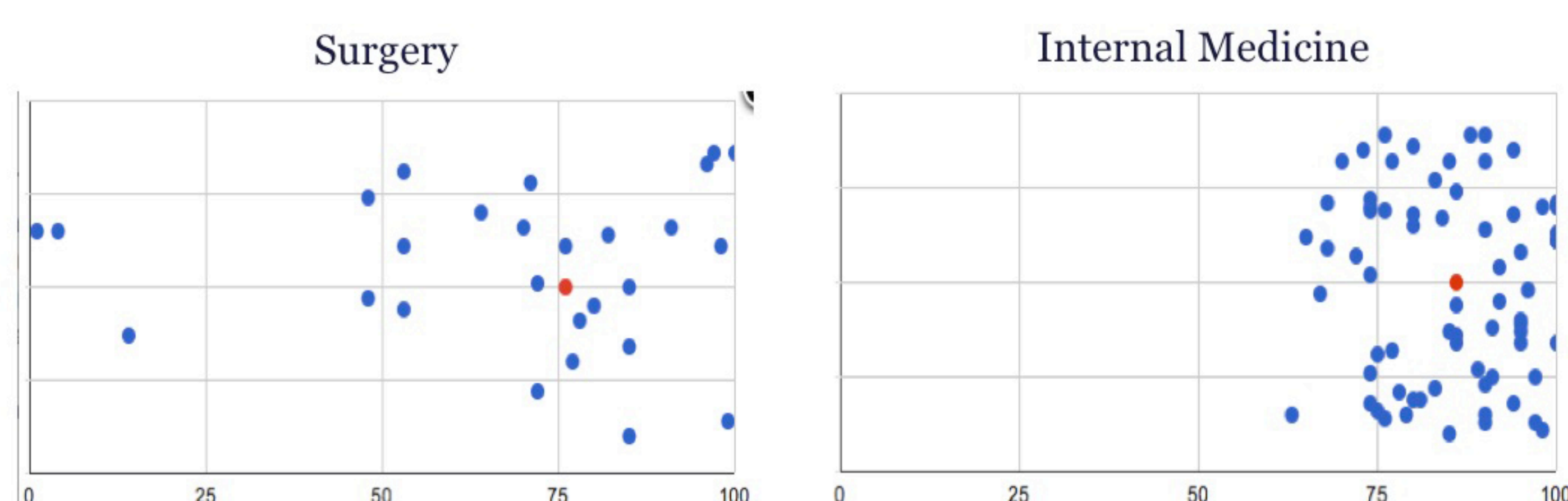
Less than 1% of reports

Cause analysis

Barriers to Reporting Related to Education Awareness and Lack of Meaningful Feedback about Resulting Change



Perceived Importance of Event Reporting varies by Resident Specialty



Intervention - Education

Created a peer to peer education module and pocket cards on adverse events and reporting process

Piloting of adverse event review in lunch

Intervention - Marketing

Visibility Campaign – posters and proposed screen saver

Intervention - Feedback

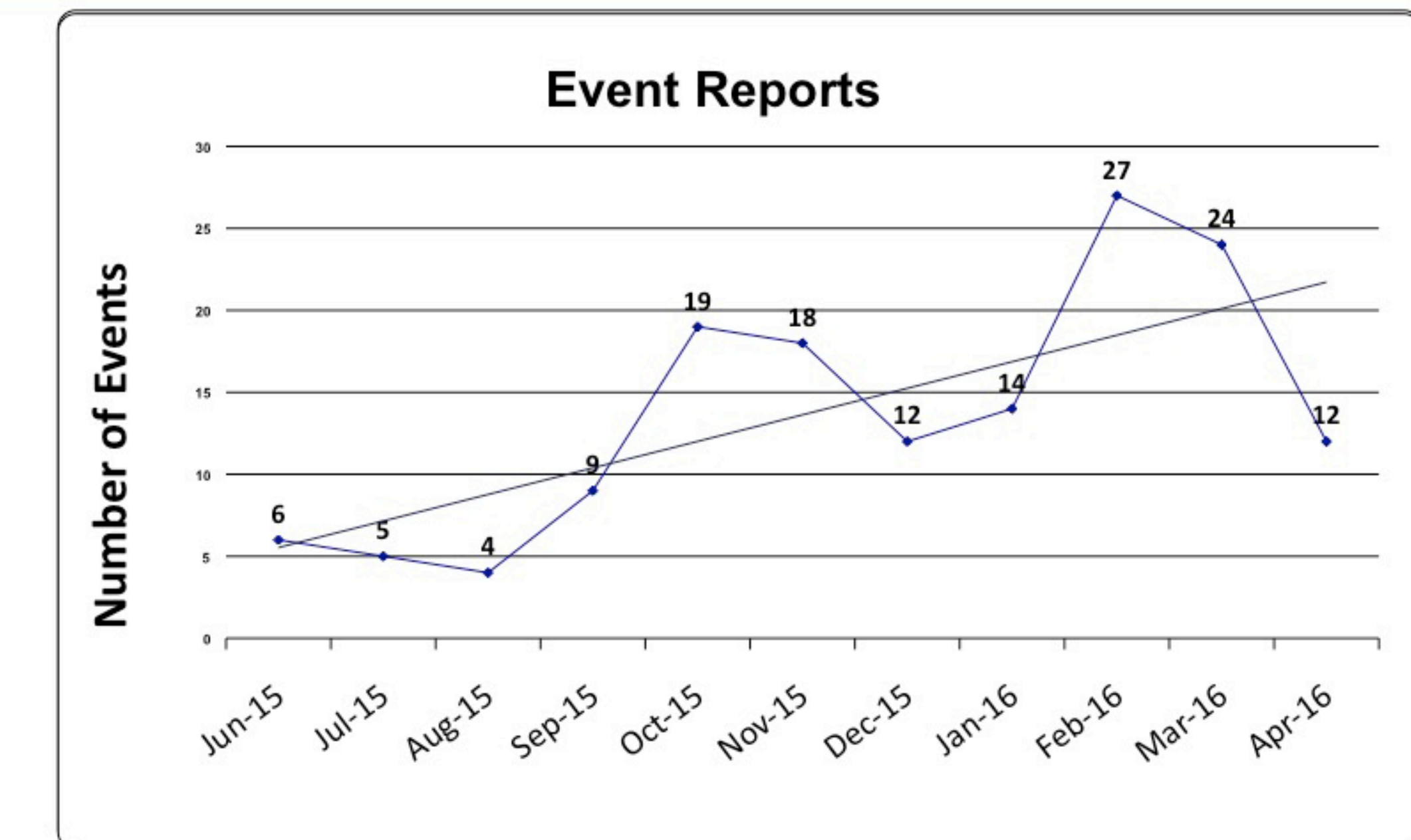
Proposed: Newsletter for increased transparency around errors and resulting improvements at the point of care

Proposed: GME and Clinical Departmental Dashboards for physicians get feedback on their engagement

Piloted: Council involvement in event review

Program Name	Total Reports	15-Oct	15-Nov	15-Dec	16-Jan	16-Feb
Anesthesiology	2	1				1
Dermatology	0					
Emergency Med	3			2	1	
Family Med	3		1		2	
Medicine Resident	38	7	7	5	7	12
Medicine Fellow	0					
Neurology	2	1		1		
NSGYN	0				1	
OB/GYN	1					
OMFS	0					
Orthopedics	0					
Oto	1	1				
Pathology	7	4	2	1		
Pediatrics	4	1	1			2
PM and R	2		2			
Psychiatry	0					
Radiology	2				1	1
XRT	0					
Surgery	12	1	4	2	3	2
Urology	2	1				1
Monthly total	79	17	17	12	14	19

Results



- Immediate increases seen in reporting after “on the ground” educational and marketing interventions
- Increased reporting correlated with the amount of effort by council members
- Sustained increases in reporting were limited by cumbersome IT and competing time commitments

Conclusions

- Sustained change will involve institutional collaboration and buy-in to adopt council recommendations.
- The PI department and institutional leaders are supportive, but additional resources will be required for streamlining the reporting process and providing adequate feedback on reporting.
- Residents appear to report within physician hierarchies instead of through the institution. Faculty buy in and incorporation into the daily patient care and educational workflow is vital.

Acknowledgements

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