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Aligning institutional priorities: engaging house staff in a quality improvement and safety initiative to fulfill Clinical Learning Environment Review objectives and electronic medical record Meaningful Use requirements

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Abstract

BACKGROUND: House staff quality improvement projects are often not aligned with training institution priorities. House staff are the primary users of inpatient problem lists in academic medical centers, and list maintenance has significant patient safety and financial implications. Improvement of the problem list is an important objective for hospitals with electronic health records under the Meaningful Use program.

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Clinical Learning Environment Review; House staff

METHODS: House staff surveys were used to create an electronic problem list manager (PLM) tool enabling efficient problem list updating. Number of new problems added and house staff perceptions of the problem list were compared before and after PLM intervention.

RESULTS: The PLM was used by 654 house staff after release. Surveys demonstrated increased problem list updating ($P = .002$; response rate 47%). Mean new problems added per day increased from 64 pre-PLM to 125 post-PLM ($P < .001$).

CONCLUSIONS: This innovative project serves as a model for successful engagement of house staff in institutional quality and safety initiatives with tangible institutional benefits.

Academic health centers (AHCs) share a clinical mission of providing safe and high quality care to patients with an educational mission of providing graduate medical training to residents and fellows. These AHCs must develop and disseminate patient safety, quality improvement, and regulatory policies to trainees with variable levels of institutional engagement. Although house staff participation is critical to successful implementation of policies, historically, these initiatives have been neither generated by nor involved trainees.[1] In 2010, the Accreditation Council for Graduate Medical Education (ACGME) authorized the development of the Clinical Learning Environment Review (CLER) program, which aims in part to increase house staff participation in institutional efforts surrounding patient safety and health care quality.[2,3] ACGME institutional requirements mandate that sponsoring institutions ensure house staff have opportunities to participate in quality improvement initiatives.[4] Medical centers are thereby challenged and motivated to align overall institutional priorities with academic and educational opportunities for house staff. As bedside providers actively involved in the daily care of patients, trainees offer a unique perspective regarding the practicality of interventions and potential opportunities to integrate these improvements in care delivery.

In 2011, the Center for Medicare and Medicaid Services launched a Meaningful Use program that established standards for electronic medical record (EMR) adoption and use with specific functionalities targeting patient safety and quality improvement.[5] Participating institutions meeting certain criteria, such as having at least 80% of inpatients with at least 1 documented problem on the problem list, were offered financial compensation. A comprehensive and accurate problem list can be leveraged to avoid serious adverse patient safety events.[6] For both patient safety and financial reasons, use and maintenance of the inpatient problem list was identified by leadership at 2 University of Washington (UW) School of Medicine training sites, University of Washington Medical Center (UWMC), and Harborview Medical Center (HMC), as an important opportunity for an institutional improvement initiative.

Participation of UWMC as a CLER alpha site occurred shortly after the launch of the Center for Medicare and Medicaid Services Meaningful Use program. The visit revealed variable alignment between house staff projects and institutional priorities, including Meaningful Use, and a lack of house staff familiarity with patient safety and quality improvement goals. Because problem list use and maintenance were a daily task performed largely by house staff across multiple specialties and sites, institutional administration and the multispecialty UW Housestaff Quality and Safety Committee (HQSC) identified the inpatient problem list project as an ideal opportunity to design a collaborative quality improvement and patient safety project.

The primary aims of this initiative were (1) to develop a partnership between house staff and institutional administration that could serve as a platform for future quality and safety interventions; and (2) empower house staff to design, implement, and evaluate a Meaningful Use quality improvement project to improve the ease of use, functionality, and utilization of the inpatient problem list within current house staff workflow.

Methods

Setting

UWMC and HMC are nonprofit academic medical centers with research, specialty services, and undergraduate and graduate medical teaching responsibilities. The UW Medicine Health System provides training to approximately 1,200 house staff through 96 ACGME–accredited residency and fellowship programs. The UW HQSC was formed in 2011 to increase house staff involvement in institutional quality and safety projects. Between 2012 and 2014, the committee was composed of 46 members from 17 specialties with 2 peer-elected cochairs. Faculty across clinical disciplines and 4 primary training sites served as project mentors and advocates.

Establishment of project objectives and institutional support

After inpatient problem list improvement was identified as a project, HQSC cochairs sought to develop partnerships with institutional administration. They also established a wide stakeholder network from both UWMC and HMC that included medical directors, information technology leadership, and quality improvement and patient safety leadership (Fig. 1). Working with these stakeholders, the HQSC membership identified the following approaches to create an end user–oriented EMR tool: (1) create a survey house staff to understand attitudes and beliefs about the inpatient problem