

THE ACGME AND QUALITY AND SAFETY

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Outline

- Review current neurology program requirements with regard to quality of care and patient safety
- Discuss how programs are monitored for compliance about quality and safety
- Discuss necessity, or lack thereof, of quality improvement projects
- Provide summary thoughts about quality and safety in residency

Current Neurology Program Requirements

IV.A.5.c) Practice-based Learning & Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to **continuously improve patient care based on constant self-evaluation and life-long learning**. (Outcome)

Residents are expected to develop skills and habits to be able to meet the following goals:

- IV.A.5.c).(4) **systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement**; (Outcome)

IV.A.5.f) Systems-based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. (Outcome)

Residents are expected to:

- IV.A.5.f).(4) **advocate for quality patient care and optimal patient care systems**; (Outcome)
- IV.A.5.f).(5) **work in interprofessional teams to enhance patient safety and improve patient care quality**; and, (Outcome)
- IV.A.5.f).(6) **participate in identifying system errors and implementing potential systems solutions**. (Outcome)

VI. Resident Duty Hours in the Learning and Working Environment

VI.A. Professionalism, Personal Responsibility, and Patient Safety

- VI.A.2. **The program must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment.** (Core)
- VI.A.3. **The program director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.** (Core)
- VI.A.4. The learning objectives of the program must:
 - VI.A.4.a) be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and, (Core)
- VI.A.5. The program director and institution must **ensure a culture of professionalism that supports patient safety** and personal responsibility. (Core)

VI. Resident Duty Hours in the Learning and Working Environment

- VI.A.6. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:
 - VI.A.6.a) **assurance of the safety and welfare of patients entrusted to their care**; (Outcome)
 - VI.A.6.c) assurance of their **fitness for duty**; (Outcome)
 - VI.A.6.d) management of their time before, during, and after clinical assignments; (Outcome)
 - VI.A.6.e) recognition of impairment, including illness and fatigue, in themselves and in their peers; (Outcome)
 - VI.A.6.f) attention to lifelong learning; (Outcome)
 - VI.A.6.g) **the monitoring of their patient care performance improvement indicators**; and, (Outcome)
 - VI.A.6.h) honest and accurate reporting of duty hours, patient outcomes, and clinical experience data. (Outcome)

VI.B. Transitions of Care

- VI.B.1. Programs must design clinical assignments to minimize the number of transitions in patient care. (Core)
- VI.B.2. **Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.** (Core)
- VI.B.3. Programs must ensure that residents are competent in communicating with team members in the hand-over process. (Outcome)
- VI.B.4. The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care. (Detail)

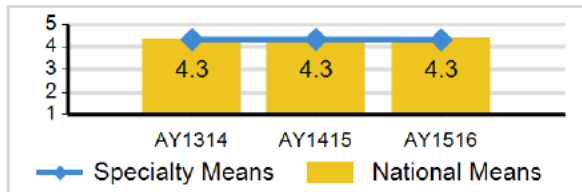
Development of Quality and Safety in ACGME Common Program Requirements since 1993

- 1993 through 1999:
 - No stated requirement regarding patient safety, quality care, errors
 - The words “safety” and “errors” don’t even appear
 - “Quality” only mentioned in the context of program and curriculum
- 2005:
 - The term “safety” makes its appearance, in the context of duty hours
 - “Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.”
- 2007:
 - Requirements appear about patient safety, system errors, quality patient care
- 2008-2016:
 - Minor revisions, additions, recategorization

How are Programs Monitored for
Compliance about Quality and Safety?

Annual ACGME Resident Survey

Patient Safety/Teamwork

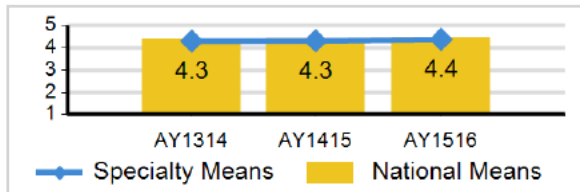


Tell patients of respective roles of faculty and residents
Culture reinforces patient safety responsibility
Participated in quality improvement
Information (not) lost during shift changes or patient transfers
Work in interprofessional teams
Effectively work in interprofessional teams

% National Compliant	National Mean
99%	4.5
99%	4.5
86%	4.4
97%	4.0
98%	4.6
99%	4.4

Annual ACGME Faculty Survey

Patient Safety



	% National Compliant	National Mean
Information not lost during shift changes or patient transfers	91%	4.2
Tell patients of respective roles of faculty and residents/fellows	91%	4.5
Culture reinforces patient safety responsibility	96%	4.6
Residents/fellows participate in quality improvement or patient safety activities	92%	4.6

ACGME Web Accreditation Data System (WebADs) Questions

- What percentage of residents participate in patient safety programs during the current academic year?
- What percentage of residents participate in interprofessional clinical quality improvement programs to improve health outcomes?

The Neurology Milestones

- **Level 1**

- Level of ability within a domain that a neurology resident has when entering PGY2 training (or will soon acquire)

- **Levels 2 and 3***

- Levels of ability within domain that resident should pass through as he/she progresses through program

- **Level 4***

- Minimum level of competence within that domain required for resident to enter unsupervised practice

- **Level 5***

- Extra level of competence within that domain some neurologists may acquire, even without subspecialty training

*Levels are not intended to correlate with any specific year of training.

Global Domains

(Patient Care/Medical Knowledge)

- Neurologic History
- Neurologic Examination
- Neurologic Localization
- Neurologic Formulation
- Diagnostic Investigation
- Management

Disease Category Domains

(Patient Care/Medical Knowledge)

- Movement Disorders
- Neuromuscular Disease
- Cerebrovascular Disease
- Cognitive Behavioral Disorders
- Epilepsy
- Demyelinating Disease
- Headache
- Neurology of Systemic Disease
- Child Neurology (for the Adult Neurologist)
- Neuro-Oncology
- Psychiatry for the neurologist

Technical/Procedural Domains

(Patient Care/Medical Knowledge)

- Neuroimaging
- EEG
- EMG
- Lumbar Puncture

Movement Disorders

	L1	L2	L3	L4	L5
Movement Disorders	Recognizes when a patient may have a movement disorder	Recognize movement disorder phenomenology and categories (hypokinetic and hyperkinetic)	Diagnose and manage common movement disorders	Recognize uncommon movement disorders	Diagnose and manage uncommon movement disorders
		Recognize movement disorder emergencies	Manage movement disorder emergencies	Recognize when to refer a movement disorder patient for a surgical evaluation or other interventional therapies	Engage in scholarly activity in movement disorders (e.g. teaching, research)

The General Competencies

- Professionalism (2 domains)
- Interpersonal and Communication Skills (2)
- Practice-Based Learning and Improvement (2)
- Systems-Based Practice (2)

Table 1. Four Selected General Milestones in the Next Accreditation System.*

Milestone	Level 1	Level 2	Level 3	Level 4	Level 5
Professionalism	Recognizes the importance and priority of patient care, with an emphasis on the care that the patient wants and needs; demonstrates a commitment to this value Is aware of basic bioethical principles and is able to identify ethical issues in clinical situations	Is consistently able to recognize and identify own beliefs and values and their impact on practice of medicine; recognizes internal and external barriers that interfere with patient care Consistently recognizes ethical issues in practice and is able to discuss, analyze, and manage such issues in common and frequent clinical situations	Demonstrates awareness of own values and beliefs and how they affect perspective on ethical issues; is able to effectively manage personal beliefs to avoid any negative effect on patient care Is able to effectively analyze and manage ethical issues in complicated and challenging clinical situations	Develops and applies a consistent and appropriate approach to evaluating care, possible barriers, and strategies to intervene that consistently prioritizes the patient's best interest in all relationships and situations Consistently considers and manages ethical issues in practice and develops and applies a systematic and appropriate approach to analyzing and managing ethical issues when providing medical care	Is knowledgeable about, consistently uses, and effectively manages ethical principles of medicine in general and as related to specialty care Demonstrates leadership and mentorship on understanding and applying bioethical principles clinically, particularly responsiveness to patients above self-interest and self-monitoring Develops institutional and organizational strategies to protect and maintain these principles
Interpersonal and communication skills	Identifies team-based care as the optimal approach and is able to describe and appreciate the expertise of each team member, including the patient and family	Actively participates in team-based care; supports activities of other team members, communicates their value to the patient and family	Facilitates or leads team-based patient care activities Actively participates in meetings not directly related to patient care	NA	Seeks leadership opportunities within professional organizations Facilitates or leads meetings within the organization or system
Practice-based learning and improvement	Describes basic concepts in clinical epidemiology, biostatistics, and clinical reasoning Categorizes the study design of a research study	Ranks study designs according to their ability to minimize threats to validity and to generalize to larger populations Identifies critical threats to study validity when reading a research paper or study synopsis Distinguishes research outcomes that directly affect patient care from other outcomes Formulates a searchable question from a clinical question (e.g., using the PICO format)	Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses, and clinical-practice guidelines Critically evaluates information from others: colleagues, experts, pharmaceutical representatives, and patient-delivered information	Demonstrates a clinical practice that incorporates principles and basic practices of evidence-based practice and information mastery	Independently teaches and assesses evidence-based medicine and information-mastery techniques Can cite evidence supporting several common practices
Systems-based practice	Can describe systems theory and the characteristics of high-reliability organizations Understands the epidemiology of medical errors and the differences between medical errors, near misses, and sentinel events Can define human-factors engineering	Reports problematic devices, architecture, and processes (including errors and near misses) to supervisor, institution, or program, as appropriate Illustrates with examples how human-factors engineering promotes patient safety (e.g., Stroop effect, perceptual illusions, easily confused medications)	Analyzes the causes of adverse events through root-cause analysis Demonstrates basic usability testing and critique design of devices, architecture, and processes on the basis of principles of human-factor engineering	Can compare and contrast failure modes and effects analysis with root-cause analysis as a patient-safety tool in health care Develops content for and facilitates a morbidity-and-mortality presentation or conference focusing on systems-based errors in patient care	Recommends and justifies characteristics of high-reliability organizations (e.g., reporting adverse events, root-cause analysis, and failure modes and effects analysis) to organizational leadership to promote patient safety Develops and works with multidisciplinary teams (e.g., human-factors engineers, reference librarians, and cognitive and social scientists) to find solutions to patient-safety problems

* The four listed milestones, which were developed by an ACGME expert panel, reflect the following expected levels of performance: level 1, typical graduating medical student; levels 2 and 3, resident during the program; level 4, graduating resident; and level 5, advanced, specialist resident or practicing physician. NA denotes not applicable, and PICO patient, population, or problem; intervention; comparison (alternative to intervention); and outcome.

Table 1. Four Selected General Milestones in the Next Accreditation System.*

Milestone	Level 1	Level 2	Level 3	Level 4	Level 5
Professionalism	<p>Recognizes the importance and priority of patient care, with an emphasis on the care that the patient wants and needs; demonstrates a commitment to this value</p> <p>Is aware of basic bioethical principles and is able to identify ethical issues in clinical situations</p>	<p>Is consistently able to recognize and identify own beliefs and values and their impact on practice of medicine; recognizes internal and external barriers that interfere with patient care</p> <p>Consistently recognizes ethical issues in practice and is able to discuss, analyze, and manage such issues in common and frequent clinical situations</p>	<p>Demonstrates awareness of own values and beliefs and how they affect perspective on ethical issues; is able to effectively manage personal beliefs to avoid any negative effect on patient care</p> <p>Is able to effectively analyze and manage ethical issues in complicated and challenging clinical situations</p>	<p>Develops and applies a consistent and appropriate approach to evaluating care, possible barriers, and strategies to intervene that consistently prioritizes the patient's best interest in all relationships and situations</p> <p>Consistently considers and manages ethical issues in practice and develops and applies a systematic and appropriate approach to analyzing and managing ethical issues when providing medical care</p>	<p>Is knowledgeable about, consistently uses, and effectively manages ethical principles of medicine in general and as related to specialty care</p> <p>Demonstrates leadership and mentorship on understanding and applying bioethical principles clinically, particularly responsiveness to patients above self-interest and self-monitoring</p> <p>Develops institutional and organizational strategies to protect and maintain these principles</p>
Interpersonal and communication skills	<p>Identifies team-based care as the optimal approach and is able to describe and appreciate the expertise of each team member, including the patient and family</p>	<p>Actively participates in team-based care; supports activities of other team members, communicates their value to the patient and family</p>	<p>Facilitates or leads team-based patient care activities</p> <p>Actively participates in meetings not directly related to patient care</p>	NA	<p>Seeks leadership opportunities within professional organizations</p> <p>Facilitates or leads meetings within the organization or system</p>
Practice-based learning and improvement	<p>Describes basic concepts in clinical epidemiology, biostatistics, and clinical reasoning</p> <p>Categorizes the study design of a research study</p>	<p>Ranks study designs according to their ability to minimize threats to validity and to generalize to larger populations</p> <p>Identifies critical threats to study validity when reading a research paper or study synopsis</p> <p>Distinguishes research outcomes that directly affect patient care from other outcomes</p> <p>Formulates a searchable question from a clinical question (e.g., using the PICO format)</p>	<p>Applies a set of critical appraisal criteria to different types of research, including synopses of original research findings, systematic reviews and meta-analyses, and clinical-practice guidelines</p> <p>Critically evaluates information from others: colleagues, experts, pharmaceutical representatives, and patient-delivered information</p>	<p>Demonstrates a clinical practice that incorporates principles and basic practices of evidence-based practice and information mastery</p>	<p>Independently teaches and assesses evidence-based medicine and information-mastery techniques</p> <p>Can cite evidence supporting several common practices</p>
Systems-based practice	<p>Can describe systems theory and the characteristics of high-reliability organizations</p> <p>Understands the epidemiology of medical errors and the differences between medical errors, near misses, and sentinel events</p> <p>Can define human-factors engineering</p>	<p>Reports problematic devices, architecture, and processes (including errors and near misses) to supervisor, institution, or program, as appropriate</p> <p>Illustrates with examples how human-factors engineering promotes patient safety (e.g., Stroop effect, perceptual illusions, easily confused medications)</p>	<p>Analyzes the causes of adverse events through root-cause analysis</p> <p>Demonstrates basic usability testing and critique design of devices, architecture, and processes on the basis of principles of human-factor engineering</p>	<p>Can compare and contrast failure modes and effects analysis with root-cause analysis as a patient-safety tool in health care</p> <p>Develops content for and facilitates a morbidity-and-mortality presentation or conference focusing on systems-based errors in patient care</p>	<p>Recommends and justifies characteristics of high-reliability organizations (e.g., reporting adverse events, root-cause analysis, and failure modes and effects analysis) to organizational leadership to promote patient safety</p> <p>Develops and works with multidisciplinary teams (e.g., human-factors engineers, reference librarians, and cognitive and social scientists) to find solutions to patient-safety problems</p>

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Systems-Based Practice

Work in inter-professional teams to enhance patient safety — Systems-based Practice				
Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> Describes team members' roles in maintaining patient safety 	<ul style="list-style-type: none"> Identifies and reports errors and near-misses 	<ul style="list-style-type: none"> Describes potential sources of system failure in clinical care such as minor, major, and sentinel events 	<ul style="list-style-type: none"> Participates in a team-based approach to medical error analysis 	<ul style="list-style-type: none"> Engages in scholarly activity regarding error analysis and patient safety
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: <div style="text-align: right;">Not yet achieved Level 1 <input type="checkbox"/></div>				

Quality Improvement Projects

Quality Improvement Projects?

- Participation in quality improvement
- Departmental and multidisciplinary
- Error reporting, recognizing & analyzing system errors
- No *explicit* ACGME requirement for QI “project”

Summary: Quality and Safety in Residency

- Role model quality patient care by faculty
- Ensure appropriate supervision
- Involve residents in departmental and interdisciplinary quality and safety initiatives, and departmental and institutional quality committees
- Encourage residents to report errors, system glitches
- Encourage their suggestions for improved patient care and access and system issues
- Remind residents that suggestions and their implementation *are* QI projects

New ABPN Patient Safety Activity Requirement

- Part of the 2015 ABMS MOC Standards.
- Begins for diplomates certified or recertified in 2016.
- One-time requirement as diplomates enter continuous MOC
- Diplomates must complete an ABPN-approved Patient Safety Activity prior to certification or in the first 3-year period of the Continuous MOC Program.
- The ABPN will give credit for any patient safety activity/course developed and given by accredited institutions (e.g., hospitals, clinics, training programs) or any patient safety activity/course on the ABPN approved products list.

