

Problem Statement

Historically, safety event reporting by resident physicians has been low, both at our institution and nationwide¹. Of the 11,587 patient safety event (PSE) reports filed in the Quantros PSE Reporting System at Jackson Memorial Hospital in the Jan. 1st – Dec. 21st 2016 reporting period, only 262 (2.26%) were filed as resident physician reports. Additionally, the proportion of these events that were near misses (NM) vs. adverse events (AE) was also low at approximately 20%. As residents are usually in close proximity to patients and directly involved in their day-to-day care these low reporting rates represent a missed opportunity to improve patient safety before AE occur.

Background

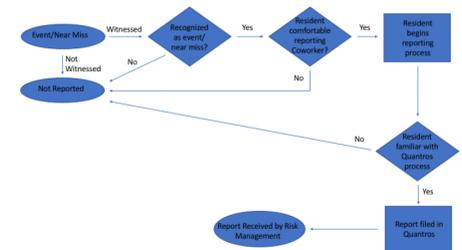
In 2016 the Accreditation Council for Graduate Education, after a series of 297 residency site visits, released the Clinical Learning Environment Review (CLER) to provide feedback and guide residents and residency programs on many topics including patient safety. One finding of this report was low rates of resident PSE reporting and its effect on patient safety. The report stressed the importance of improving rates of PSE reporting, especially NM reporting, as a strategy of mitigating risk of harm as well as learning before a harm occurs.

Scope

•Residents at Jackson Memorial Hospital (JMH) Main Campus and Holtz Women's and Children's Hospital (HWC).

Current State

- PSE reporting is an important mechanism for improving processes and reducing the amount of medical errors in the hospital setting.
- Between Jan. 1st and Dec. 21st, 2016 only 262 of 11,587 PSE's [2.3%] entered in Quantros were reported by Resident Physicians at JMH and HWC. The proportion of NM vs. AE range was approximately 20%.
- Despite overall increases, this trend held from Oct. 1st, 2017 - Sept. 1st, 2018, where 369 of 14,689 reports [2.5%] were filed by Residents

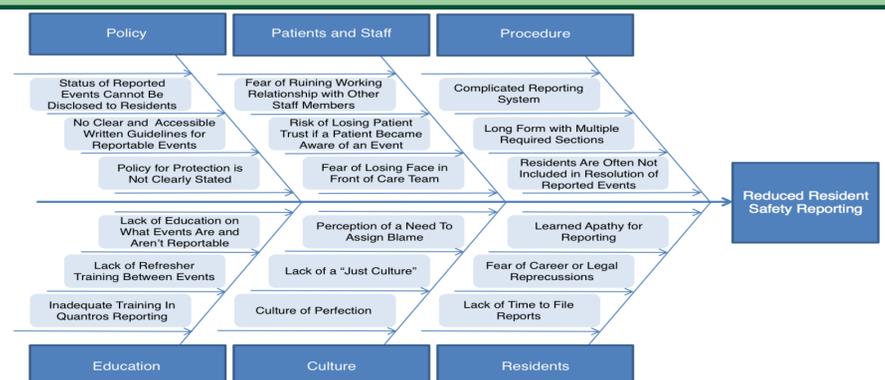


Goals

- Improve patient safety at JMH and HWC by increasing resident physician PSE reporting by 400% and increasing the proportion of NM to AE reported by 25% in the 12 month period starting Oct 1st, 2018.

Root Cause Analysis

- We attempted to find some root causes of low rates of resident reporting through a fish bone (Ishikawa) analysis of statements that had previously been voiced through Voice of the Customer (VoC) inquiries.



Methods

- After identifying major areas of concern based on random, informal VoC inquiries, a fishbone diagram was constructed. Most-often cited complaints were derived from this diagram and compiled into a seven-question survey.
- This survey was distributed amongst internal medicine and internal medicine-pediatrics interns and residents between PGY levels 1-4 at required academic events in February 2018.
- Responses were anonymous and no personal information was requested on the survey other than PGY level and program. 48 responses were collected. Results were tabulated and presented as below.

Results

- 40 (83%) residents surveyed had not previously submitted a PSE in Quantros while 8 (17%) had.
- 19 (40%) reported knowing how to report and event in Quantros while 28 (58%) who reported not knowing how.
- 14 (29%) reported having prior Quantros training, 24 (50%) reported not having prior training, and 10 (21%) reported being unsure as to any prior training.
- When asked what interventions would increase PSE reporting by residents, 30 (63%) selected "A Simplified Quantros Form," 27 (56%) "Improved or More Frequent Education in Quantros Use," 15 (31%) "Quarterly Reporting on Resolution of Safety Complaints, and 11 (23%) "A Liaison to Assist with Quantros Reports."

Stated Reasons Why Residents Do Not Report



Discussion

- The number of Resident Physicians who self-reported knowing how to report PSE's were well below the national averages reported in the 2016 ACGME CLER report on patient safety¹ (40% vs. 97%) while the number of those who have previously reported were similar (17% vs. 18%).
- The most often-cited reasons for not filing a PSE report in Quantros were a lack of adequate training with the system and time restraints. A large degree of uncertainty exists amongst residents regarding whether or not they had previously received training in PSE reporting in Quantros.
- The most selected interventions for increasing PSE reporting were a "Simplified Quantros Form" and "Improved or More Frequent Education in Quantros Use." As such, interventions should focus on simplifying the process of reporting PSE's as well as education initiatives.
- We have used the information gathered here using process improvement techniques to begin design on educational and interactive training interventions.
- Educational interventions have sometimes been shown to be effective in the short term, however lasting change requires culture and policy changes as well.^{2,3}
- Fear of retribution was relatively infrequently cited as a reason for non-reporting, showing a good sense of psychological safety in the culture amongst residents.

References

1. CLER National Report of Findings 2016. https://www.acgme.org/Portals/0/PDFs/CLER/ACGME_CLER_Patient_Safety_Digital.pdf. Accessed 05/01/2018
2. Louis MY, Hussain LR, Dhanraj DN, et al. Improving Patient Safety Event Reporting Among Residents and Teaching Faculty. *The Ochsner Journal*. 2016;16(1):73-80.
3. Coyle, Y et al. "Effectiveness of a Graduate Medical Education Program for Improving Medical Event Reporting Attitude and Behavior." *Quality & safety in health care* 14.5 (2005): 383-388. *PMC*. Web. 14 May 2018.