



Figure 2.

## 28 ED Patient Safety Rounds as a Source for Quality and Patient Safety Education and Quality Improvement

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**Background:** Patient Safety Leadership Walk Rounds<sup>1,2</sup> were first introduced at Partners Healthcare in January 2001 as a way to engage frontline staff, throughout the hospital, in patient safety, to show frontline staff that hospital quality and safety leadership is interested in what they have to say about improving the safety of patient care, and to support a culture of safety. These rounds also serve as a source of safety concerns that might not otherwise be captured in event reporting systems, complaint letters, or quality reviews. Quality and patient safety (QPS) rounds were not routinely performed in our emergency department (ED) until 2013 when the QPS leadership expanded. Now QPS rounds are held once monthly in the ED clinical areas.

**Educational Objectives:** With the emphasis on patient safety in Emergency Medicine (EM) education through the patient safety milestone and the focus of patient safety as one of the 6 areas evaluated in the ACGME Clinical Learning Environment Review, we sought to use ED safety rounds as a way to illustrate QPS terminology and process improvement.

**Curricular Design:** EM residents are asked to participate in EM patient safety rounds during their administrative rotation, as a member of the ED patient safety team, and during their clinical shifts as a frontline staff member. Rounds occur during huddles after staff introductions of name and role for the shift. ED frontline staff are asked to suggest ways to improve the safe care of patients, to vocalize problems that have compromised safety, discuss workarounds that may lead to errors, and voice other concerns for patient flow, boarding, and clinical care. A member of the QPS leadership catalogues these concerns and steps are taken to determine ways to address each problem or concern.

**Impact/Effectiveness:** This hands-on approach illustrates patient safety concepts. By participating as frontline staff, residents see how a culture of safety is fostered within the

ED and see how QPS leaders in the ED administration are working to improve safety and quality in the ED while improving patient care. EM residents also use the list of problems identified to develop quality improvement projects.

## 29 Electronic Health Record Reports can be Utilized to Provide Data About Residents' Practice Habits

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**Background:** The ACGME requires that programs provide residents with data about practice habits. However, the 2014-2015 ACGME Resident Survey report shows that, on a national level, there is poor compliance with this requirement.

**Educational Objectives:** We sought to create a report within the electronic health record (EHR) that would provide residents with details on their practice habits in the emergency department (ED).

**Curricular Design:** In collaboration with our EHR analysts, we identified triggers within our EHR (Epic Systems; Verona, WI) to report numerous metrics, including: total number of patients seen (excluding patients signed-out to the provider), patient acuity, length of stay, treatment time, time to decision, number of laboratory and imaging tests ordered, time to first laboratory and imaging test ordered, number of procedures performed, and time to completion of charting. We then created a report in our electronic shift scheduling software to identify the number of hours worked by each resident so that the patients seen per hour metric could be calculated. We ran both reports from 7/1/2015 - 9/30/2015. The data was de-identified and divided by graduating class prior to dissemination (see Table 1 for an example of report data).

**Impact/Effectiveness:** In total, the 2016 ("PGY-3"), 2017 ("PGY-2"), and 2018 ("PGY-1") graduating classes had 15, 12, and 11 residents rotate through the ED during the study time period. PGY-3 residents saw 2.28 patients per hour in a supervisory role and 1.22 patients per hour as a primary medical provider. In addition to those metrics, PGY-3 residents saw an average of 0.22 critically ill patients per hour in the stabilization room. PGY-2 and PGY-1 residents saw 1.15 and 1.01 patients per hour as a primary medical providers, respectively.

We created a report within the Epic EHR to provide residents with information on their practice habits, as outlined by the ACGME. After several iterations of the report, we will analyze whether the report objectively or subjectively changes residents' practice habits, feelings towards the data that they are provided on their practice habits, and the results of the ACGME Resident Surveys.