

## Quality Improvement Education and Activities

UTRGV Graduate Medical Education Policy	Effective: July 1, 2015
General Policies and Procedures	

The Accreditation Council for Graduate Medical Education Institutional Requirements require that institutions and residency programs participating in graduate medical education conduct formal quality improvement programs which not only review complications and deaths, but also address systems issues where modification may lead to improved patient care and outcomes. Residents must demonstrate the ability to investigate and evaluate their own care of patients, as well as the care provided by other healthcare workers. He /she must be able to review records and analyze care based on a careful assimilation and appraisal of scientific evidence, established standards of care, and institutional policies. He / she must be able to recognize systems issues that contribute to sub-optimal patient care. He / she must demonstrate the ability to continuously improve patient care based on constant self-evaluation and life-long learning.

Quality and patient safety improvement is accomplished through the identification and effective use of opportunities to improve the overall quality and safety of care within the institution, as well as the correction of problems when identified. This may be accomplished through:

- Hospital and medical staff department participation in the development, implementation and evaluation of quality and patient safety assessment and improvement plans and initiatives
- Actions taken to achieve the organization’s priorities and meet quality and patient safety goals.
- Allocation of resources to support quality and patient safety activities and implementation of best practices
- Provision of support that fosters a non-punitive environment for reporting adverse events and near misses
- Leadership and representation on quality and patient safety teams and committees.
- Participation on Root Cause Analysis, Near Miss, or FMEA teams to address patient safety opportunities.

Each department and program must have a process to ensure that quality improvement and patient safety are part of the daily educational structure of the residency. This may be accomplished in many ways including M & M conferences, morning reports, pre-operative conferences, participation in root-cause analyses, and many other methods. Education programs and resident involvement in patient safety and quality improvement must be carefully documented and will be reviewed both during the Annual Program Evaluation and RRC site visits.

Programs must be able to demonstrate that residents in their training program can:

- Identify strengths, deficiencies, and limits in their own or in others’ knowledge and expertise
- Establish learning and improvement goals for their own identified deficiencies and identify and perform appropriate learning activities
- Systematically analyze their own practice and that of other healthcare providers using quality improvement methods, and implement changes with the goal of practice improvement
- Be able to incorporate formative evaluation feedback from quality and patient safety activities into daily practice
- Locate, appraise, and assimilate evidence from scientific studies related to patients’ health problems
- Use information technology to optimize learning

All residents shall receive instruction in and must participate in appropriate components of the institution’s quality assurance and improvement program.