**Project Update:**

**Implementation of a longitudinal patient safety and quality improvement curriculum**

Mary Suzanne Kraemer, MD, FACP, Suchita Pancholi, MD, Yara Letitia Cameron, MD, Michael Hill, MD, Aniel Rao, MD

Patient safety and quality improvement (PSQI) continue to be important elements while providing healthcare in the inpatient and outpatient settings. In our last update, we shared accomplished portions of this project, items that would remain as standardized components of this curriculum, as well as future goals. Since that time, for our interactive portion of the curriculum, at least one morning report per month, resident write-ups of history and physicals have been reviewed to not only ensure content, but to assist with disseminating information about adequate clinical documentation. We have also had a morbidity and mortality conference.

Residents have continued receiving central venous line placement training one-two times during their residency training. We are still aiming to provide re-training to PGY-2 residents. Also, several residents have continued attending multidisciplinary root cause analysis meetings within the hospital during which they have participated in discussions regarding systems-based issues leading to a serious safety event. Resident involvement in root cause analysis meetings will remain a standardized portion of this curriculum. Again this year, during Director’s Block, a one-month rotation, PGY-2 residents completed ACLS re-certification and participated in multiple simulation laboratory sessions for other procedures to ensure they were appropriately credentialed prior to returning to wards.

For our didactics portion of the curriculum, we have had three separate Friday afternoon didactics sessions on quality improvement, inpatient diabetes mellitus management and hypoglycemia prevention by our Senior Medical Director for Quality, and clinical documentation. Teaching material, which will include important patient case scenarios and IHI modules, for inpatient rounding teams continues to be developed. This material will cover items such as basic patient safety terminology and cognitive biases, as previously discussed. Additionally, chief residents conducting morning report continue incorporating key questions, such as appropriate triage of patients to specific hospital floors to ensure patient safety and early recognition of safe disposition options. Additionally, all PGY-2 residents received a lecture regarding quality, safety and performance improvement during Director’s Block. Other standardized curriculum components will include an annual lecture on high value care, as well as PSQI lectures during Director’s Block.

Expenses thus far: approximately $800 for resident participation in HeartCode, a part of ACLS training