



FLORIDA HOSPITAL

Graduate Medical Education

***Quality Improvement and Patient Safety at Florida
Hospital....10 Things All GME Physicians Should***

Know...

July 2016

1) What framework is used at Florida Hospital to improve Quality of Care?

- The Quality Model used at Florida Hospital is called “**A-C-E**” which represents the goal of making care **A**ffordable, **C**onnected and **E**xceptional.



2) According to the Institute of Medicine what are the characteristics that Define High Quality Medical Care?

Safe

Timely

Effective

Efficient

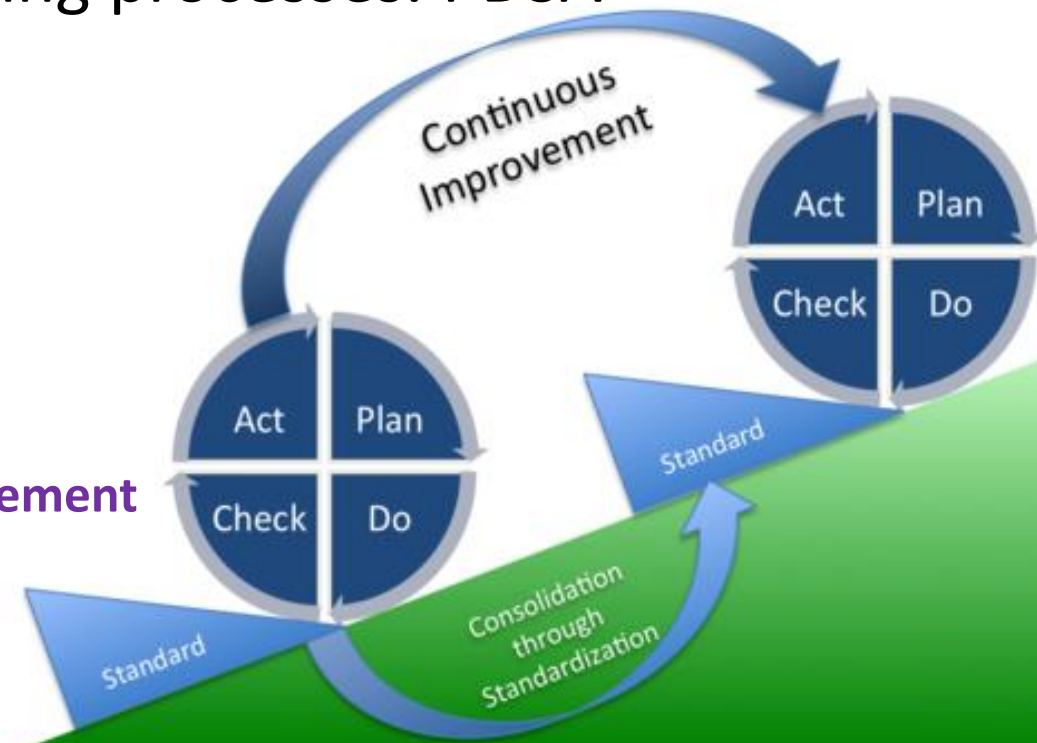
Patient-Centered

Equitable



3) How do we Improve at Florida Hospital?

- The “**PDSA**” Cycle Is a Quality Improvement Methodology frequently used at Florida Hospital.
- PDSA is a series of systematic steps for improving processes. PDSA stands for:
 - **PLAN:** Establish Objectives and the New Process to Test
 - **DO:** Implement Plan and Execute Process
 - **STUDY:** Compare Actual Result vs Expected Result
 - **ACT:** New Process becomes the Standard if there was Improvement



4) How can I have access to Clinical Data for my QI project ?

- There are numerous Data resources available at Florida Hospital to support QI projects .
- The GME department has a dedicated Florida Hospital Data Analyst to facilitate Access to Data for residents working on QI projects
- For more information please visit the FH GME research and QI website at www.fhgme.com



5) What are the Top Patient Safety Priorities at Florida Hospital ?



**PATIENT
SAFETY**

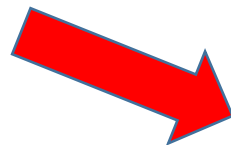
- ***Infection Prevention (Reduce CLABSI, CAUTI and Clostridium Difficile Infection)***
- ***Prevention of VTE***
- ***Medication Safety***
- ***Glycemic Management***
- ***Early Recognition and Treatment of Sepsis***

6) If a Patient Safety Event Occurs, Who is Responsible for Reporting it ?

- **All members of the clinical team taking care of the patient share the responsibility to report patient safety events.**

7) How to Report Patient Safety Events at Florida Hospital?

- *The Recommended process for reporting Patient Safety Events at Florida Hospital is Using the **RiskMaster** Application found in PowerChart (Cerner).*



The screenshot shows the PowerChart interface. On the left is a 'Menu - Inpatient' sidebar with various options. At the bottom of this menu, 'RiskMaster Safety Report' is highlighted. A red arrow points from this menu item towards the right. The main window displays a 'Vitals' flowsheet with a 'Navigator' pane on the left and a list of vital signs on the right. The 'Navigator' pane has several items checked, including 'Vital Signs', 'Measurements', 'Hemodynamic Vital Signs', 'General Pain Evaluation', 'Faces Pain Scale', and 'CPOT Pain Evaluation'. The 'Vitals' list includes categories like 'Vital Signs', 'Measurements', 'Hemodynamic Vital Signs', and 'General Pain Evaluation', each with a list of specific vital signs and their corresponding checkboxes.

The screenshot shows the RiskMaster application interface. It features a large blue header with the word 'Risk' in white. Below the header, the text 'A confidential event report' is displayed. There are two buttons: a green 'Get started' button and a grey 'Report employee injury instead' button. At the bottom right, there is a blue button labeled 'EVENT INFORMATION'.

8) How should 'hand-off' be completed?

- All Residents should complete 'hand-offs' of patients using the process established by their individual programs.
- Florida Hospital is in the last phase of implementing a new electronic tool to standardize the process of 'handoffs' across the Florida Hospital System.



9) What are Health Disparities ?

- 'Health Disparities' refers to More than just considerations around Access to Care
- Health Disparities are differences on clinical outcomes that cannot be explained by the diseases process alone and that are closely linked to factors such as race, religion, socioeconomic status, gender, mental health, sexual orientation, or geographic location *
- Dr.Alric Simmonds (General Surgery Faculty) is the chairman of the Florida Hospital System Health Disparities Committee.

* www.cdc.gov

10) What is the ACGME Clinical Learning Environment Review (CLER) program?

- “The Clinical Learning Environment Review (CLER) is a mechanism by which the ACGME assesses teaching hospitals to evaluate its commitment to **developing a culture of quality, patient safety, and performance improvement for resident education...**”

