

## Patient Safety

*Practices that reduce the occurrence of preventable adverse events and medical errors.*

<b>Entering Residency (Recent Medical School Graduate)</b>	<b>Entering Practice (Recent Residency Graduate)</b>	<b>Experienced Faculty Physician (3-5 Years Post-Residency)</b>
	<i>All Prior Competencies +</i>	<i>All Prior Competencies +</i>
<b>Individual Safety Practices</b>		
<p>1a - Practices infection-control standard precautions, including but not limited to hand hygiene, use of personal protective equipment, use and proper disposal of sharps.</p> <p>Uses tools for patient safety including but not limited to “time outs,” checklists, medication decision support, medication reconciliation.</p>	<p>1b - Role models or demonstrates for others how to perform infection-control practices and ensures the reporting and timely follow-up of injuries and/or exposures.</p> <p>Follows patient safety protocols and develops processes for their continuous quality improvement (QI).</p> <p>Responds appropriately and in a timely way to decision aids and safety alerts.</p>	<p>1c - Role models or demonstrates for others infection-control practices and ensures the reporting and timely follow-up of injuries and/or exposures.</p> <p>Follows patient safety protocols and develops processes for their continuous QI.</p> <p>Responds appropriately and in a timely way to decision aids and safety alerts.</p>
<p>2a - Practices self-care, including but not limited to seeking help when feeling overwhelmed or in need of support, debriefing with team members after difficult clinical encounters, knowing how to obtain resources for mental health.</p>	<p>2b - Role models self-care.</p> <p>Recognizes and intervenes when other health care professionals need support.</p>	<p>2c - Identifies and supports the remediation of system factors that contribute to increases in stress and reductions in well-being of health care professionals on the care team.</p>
<p>3a - Accurately and effectively collects key clinical findings needed to inform clinical practice.<sup>1</sup></p>	<p>3b - Demonstrates clinical reasoning that uses reflection, surveillance, and critical thinking to improve diagnostic performance and mitigate detrimental cognitive bias throughout the clinical encounter.<sup>1</sup></p>	<p>3c - Role models behaviors that contribute to diagnostic safety that encourages open dialogue and continuous learning from analysis and discussion of excellent diagnostic performance, near misses, and errors.<sup>1</sup></p>
<b>Safety Events</b>		
<p>4a - Defines and differentiates unsafe conditions, events, and near misses for improvement of patient safety.</p>	<p>4b - Follows practice- specific protocol for reporting safety events and hazards reporting to improve patient safety.</p>	<p>4c - Role models or demonstrates for others practice- specific protocol for reporting safety events and hazards reporting to improve patient safety.</p>
<p>5a - Demonstrates knowledge of how to disclose patient safety events.</p>	<p>5b - Discloses patient safety events to patients and families (simulated or actual). HM- SBP1<sup>2</sup></p>	<p>5c - Role models or demonstrates for others the disclosure of patient safety events.</p>
<p>6a - Demonstrates knowledge of practice-specific protocol for reporting safety events and hazards reporting to improve patient safety.</p>	<p>6b - Conducts analysis of patient safety events and offers systems-focused error-prevention strategies (simulated or actual). HM-SBP1</p> <p>Manages the immediate harm of an ongoing patient safety event (e.g., information gathering, communicating safety plan).</p>	<p>6c - Conducts analysis of patient safety events and offers systems-focused error-prevention strategies.</p> <p>Manages the immediate harm of an ongoing patient safety event (e.g., information gathering, communicating safety plan).</p>
<b>Systems Safety</b>		
<p>7a - Describes common types of human error and limits of human performance.</p>	<p>7b - Promotes behaviors among the health care team that reduce the risk of human error.</p>	<p>7c - As part of an interprofessional team, helps construct system solutions to reduce the risks of human error and of patient safety events.</p>

<sup>1</sup>The Society to Improve Diagnosis in Medicine. Inter-Professional Consensus Curriculum on Diagnosis and Diagnostic Error. Accessed Feb 20, 2019: <https://www.improvediagnosis.org/competency-summary-list/>

<sup>2</sup>HM throughout document refers to ACGME Harmonized Milestones (HM). SBP = Systems Based Practice; PBLI = Practice Based Learning and Improvement; ISC = Interpersonal and Communication Skills. For details see: Laura Edgar, Sydney Roberts, and Eric Holmboe (2018) Milestones 2.0: A Step Forward. Journal of Graduate Medical Education: June 2018, Vol. 10, No. 3, pp. 367-369. <https://doi.org/10.4300/JGME-D-18-00372.1>

<p>8a - Describes the role of culture in safety performance.</p> <p>Describes preventable adverse events in the just-culture framework — that is, differentiates among reckless individual contributions to errors, actions, and events that could be remedied with coaching and events that are due to system problems.</p> <p>Identifies system factors and designs that contribute to safe environments of care.</p>	<p>8b - Identifies key elements of and contributes to a culture of patient safety.</p>	<p>8c - Role models behaviors that contribute to a culture of patient safety.</p>
<p><b>Measurement</b></p>		
<p>9a - Distinguishes between types of data and tracking methods for targeting patient safety improvement efforts.</p>	<p>9b - Participates in a specialty-specific analysis of patient- harm data to target improvement efforts.</p>	<p>9c - Participates in a specialty-specific analysis of patient- harm data to target improvement efforts.</p>

# Quality Improvement (QI)

*Systematic ongoing practices that lead to measurable improvement in health care services and patient outcomes.*

<b>Entering Residency (Recent Medical School Graduate)</b>	<b>Entering Practice (Recent Residency Graduate) <i>All Prior Competencies +</i></b>	<b>Experienced Faculty Physician (3-5 Years Post-Residency) <i>All Prior Competencies +</i></b>
<b>QI Practices</b>		
1a - Participates in local system-improvement activities in the context of rotations or learning experiences.	1b - Contributes to local (QI) initiatives in the context of rotations or departmental or institutional efforts.	1c - Role models or demonstrates for others the skills required to identify, develop, implement, and analyze QI in health care delivery.  Creates, implements and evaluates QI initiatives at the practice, department, service line, institutional, or community level.
2a - Demonstrates knowledge of basic QI methodologies and quality measures. HM-SBP1	2b - Uses common tools (e.g., flow charts, process maps, fishbone diagrams) to inform QI efforts.	2c - Creates, implements and evaluates common tools (e.g., flow charts, process maps, fishbone diagrams) to inform QI efforts.
3a - Uses resources to find evidence for health care improvements.	3b - Designs a small test of change to improve some aspect of individual or system performance (using a method such as Plan- Do-Study-Act).	3c - Creates, implements, and evaluates small tests of change in daily work (using an experiential learning method such as Plan-Do-Study-Act).
4a - Describes basic principles and approaches for making and sustaining change in QI.	4b - Uses change principles to implement and evaluate tests of change.	4c - Advocates or leads change to enhance systems to improve patient care.
5a - Describes ethical principles that govern QI, including confidentiality of patient information.	5b - Compares and contrasts the ethical principles that govern QI compared with those for research, including the role of the IRB.	5c - Assures ethical oversight of QI.
<b>Measurement</b>		
6a - Uses quality measures to identify gaps between local and best practice.	6b - Selects and uses quality measures to understand performance in QI.	6c - Contributes to organizational decision-making in the selection and analysis of quality measures.
7a - Describes strengths, weaknesses and appropriate uses of measurement and analytic approaches relevant to QI (e.g., run charts, process control charts).	7b - Interprets QI data displayed in run charts and control charts to distinguish significant change from random variation.	7c - Role models or demonstrates for others the use of measurement and analytic approaches relevant to QI.
<b>Continuous Practice Improvement</b>		
8a - Uses practice data (including report cards, safety events, patient feedback) to inform goals for improvement.	8b - Uses practice data to develop and measure the effectiveness of a learning plan and, when necessary, improves it. HM-PBLI2	8c - Engages in collaborative learning to continuously improve individual practices and care delivery.
9a - Identifies the factors that contribute to the gap(s) between expectation and actual performance. HM-PBLI2	9b - Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance. HM-PBLI2	9c - Role models or demonstrates for others the value of reflective practice and uses of performance data to inform continuous personal and practice improvements.
<b>High-Value Care</b>		
10a - Recognizes uncoordinated, wasteful, and unnecessary health care delivery.	10b - Manages the interrelated components of the complex health care systems for efficient and effective patient care. HM-SBP3	10c - Advocates or leads change to enhance systems for high-value, efficient, and effective patient care. HM-SBP3
11a - Articulates the ethical case for stewarding resources and cost-conscious care, including the potential impact of clinical decisions on patient affordability.	11b - Considers cost when practicing medicine.	11c - Incorporates cost-awareness principles into delivery of complex clinical care.
12a - Recognizes that there are wide variations in health care utilization and care delivery patterns across individuals, health systems, and regions that are not warranted by patient need.	12b - Minimizes unnecessary deviation of practice from recommended guidelines or local standards.	12c - Contributes to practice and system-level changes to reduce unnecessary and unwarranted variation.

# Health Equity in QIPS

Application of a quality improvement lens to the provision of equitable and safe care to attain health equity, the highest level of health for all people.

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<b>Health and Health Care Equity in Practice</b>		
1a - Demonstrates knowledge of population and community health needs and disparities. HM-SBP2  Demonstrates knowledge of local resources available to patients and patient populations with social risk factors.	1b - Participates in changing and adapting practice to provide for the needs of specific populations. HM-SBP2	1c - Role models or demonstrates for others the use of and referral to local resources to effectively meet the needs of patients and patient populations with social risk factors.
2a - Collects data about social determinants of health during history taking.	2b - Describes how social determinants of health affect quality of care for patients experiencing disparities in health care quality.	2c - Tailors care plans around patient- specific social needs.
3a - Explains the importance of the health care system's role in identifying and prioritizing community health needs.	3b - Demonstrates knowledge of the hospital and health systems efforts to identify and prioritize community health needs.	3c - Explores ways the health systems' community health priorities can be used to inform improvement opportunities and/or teach these concepts.
<b>Reporting and Using QI Data for Populations Experiencing Disparities</b>		
4a - Describes how stratification (e.g. by race/ethnicity, primary language, socioeconomic status, LGBTQ identification, etc.) of quality measures can allow for the identification of health care disparities. <sup>1,2</sup>	4b - Explores stratified quality improvement (QI) data for their patient population and uses this data to identify health care disparities.	4c - Describes how monitoring of stratified QI data can help assess the risk of unintended consequences (e.g., widening the disparity gap).  Uses stratified QI data to guide and monitor QI interventions. <sup>1</sup>
<b>Physician-Level Factors Contributing to Disparities in Care</b>		
5a - Demonstrates knowledge about the role of explicit and implicit bias in delivery of high-quality care.	5b - Identifies explicit and implicit biases that occur in clinical decision-making.	5c - Role models or demonstrates for others effective strategies to mitigate explicit and implicit biases that may negatively affect clinical decision-making.
6a - Describes how patients' sociocultural attributes (e.g., values, customs, beliefs) may influence their interactions with the health care system.	6b - Engages with community to explore unique sociocultural attributes (e.g., values, customs, beliefs) that are relevant to the health of populations with health disparities.	6c - Role models how to explore and act upon unique sociocultural attributes of patients.
7a - Identifies the need for and uses appropriate language translation services for relevant patient populations.	7b - Identifies the need for and uses appropriate language translation services for relevant patient populations.	7c - Role models or demonstrates for others the use of appropriate language translation services for relevant patient populations.
<b>Engaging With Patients and Families to Develop QI Interventions for Populations Experiencing Health Disparities</b>		
8a - Recognizes the importance of engaging and partnering with patient, family, and community in developing effective QI interventions to reduce disparities.	8b - Engages and partners with patient, family and community in developing effective QI interventions to reduce disparities.	8c - Role models patient, family, community engagement, and partnership in informing strategies to tailor QI interventions.
<b>Physician as Advocate for Health Equity</b>		
9a - Demonstrates knowledge about accessing pathways to physician advocacy.	9b - Participates in local physician advocacy initiatives.	9c - Leads (or supports) innovations and advocates for populations or communities with health care inequities. HM-SBP2
10a - Recognizes that systems factors influence health inequities.	10b - Recognizes ways in which the health system influences health and health care inequities for its local patient population.	10c - Advocates for equity-promoting practice and policy change within their health system and for increased meaningful multisector partnerships to reduce inequities.

<sup>1</sup> Green AR, Tan-McGrory A, Cervantes MC, Betancourt JR. Leveraging quality improvement to achieve equity in health care. *Jt Comm J Qual Patient Saf.* 2010;36(10):435-442. doi:10.1016/S1553-7250(10)36065-X.

<sup>2</sup> Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations.* IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at [ihi.org](http://ihi.org))

# Patients and Family as QIPS Partners

*Engagements with patients and family that are based on respect, dignity, information sharing, participation, and collaboration in the pursuit of quality improvement and patient safety.*

<b>Entering Residency (Recent Medical School Graduate)</b>	<b>Entering Practice (Recent Residency Graduate)</b> <i>All Prior Competencies +</i>	<b>Experienced Faculty Physician (3-5 Years Post-Residency)</b> <i>All Prior Competencies +</i>
<b><i>Inclusive Practice</i></b>		
1a - Identifies opportunities to engage patients and families in improving quality and safety at both the individual and organizational levels.	1b - Participates as a team member with patients and families in efforts to improve quality and safety, including system-level activities.	1c - Intentionally demonstrates for others the inclusion of patients and families in quality improvement (QI) and patient safety activities at both the individual and organizational levels.
2a - Elicits information from patients and families to identify patient safety hazards or impediments to effective care delivery.	2b - Uses patient- and family-generated data to improve quality and safety.	2c - Role models or demonstrates for others the use of patient- and family-generated data to improve quality and safety.
3a - Participates in patient safety and QI educational programs that are planned and/or taught in part by patients or family members.	3b - Partners with patients and families in organized efforts to improve quality and patient safety education.	3c - Role models or demonstrates for others collaboration with patients and families in planning and teaching practice-based education activities addressing QI and patient safety.
4a - Participates in disclosure of a patient safety event to patients and families (simulated or actual). HM-SBP1	4b - Discloses patient safety events to patients and families (simulated or actual). HM- SBP1	4c - Role models or demonstrates for others the disclosure of patient safety events to patients and families.
<b><i>Culturally Sensitive Shared Decision-Making</i></b>		
5a - Demonstrates knowledge of shared decision- making and informed consent.  Elicits patient and family goals and preferences about testing and treatment options.	5b - Practices shared decision-making and informed consent with patients and families.	5c - Role models or demonstrates for others shared decision-making in patient care.  Creates and sustains an environment that routinely supports shared decision-making around high-value care.
6a - Identifies common barriers to effective shared decision-making and informed consent and describes effective strategies to address such barriers.	6b - Takes patient preferences and cost effectiveness into account while promoting patient care that improves outcomes.	6c - Implements organizational strategies to ensure effective shared decision-making and informed consent.

# Teamwork, Collaboration, and Coordination

*The knowledge, methods, and skills needed to interact and coordinate effectively in health care settings and to deliver clear information for improved patient outcomes.*

<b>Entering Residency (Recent Medical School Graduate)</b>	<b>Entering Practice (Recent Residency Graduate) <i>All Prior Competencies +</i></b>	<b>Experienced Faculty Physician (3-5 Years Post-Residency) <i>All Prior Competencies +</i></b>
1a - Describes the role of effective interprofessional and team communication in improving patient safety.	1b - Role models or demonstrates for others effective and sufficient communications for safe delivery of care.	1c - Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed. HM-ICS2
2a - Defines “interprofessional collaborative clinical practice.”  Describes the value that each member of the health care team brings to the delivery of high- quality and safe patient care.	2b - Optimizes the care team; Works as a member of the interprofessional team to address system quality and safety priorities.	2c - Role models interprofessional collaborative clinical practice.  Engages in interprofessional continuing education (for the health care team).
3a - Requests a consultation in an organized, succinct, respectful, and timely manner.	3b - Coordinates recommendations from different members of the health care team to optimize patient care. HM-ICS2	3c - Role models collaborative practice- based learning and improvement.
	4b - Communicates clearly, concisely, in a timely way, and in an organized electronic or written form that includes anticipatory guidance. HM-ICS3	4c - Role models feedback to improve others’ electronic or written communications. HM-ICS3
<b>Care Coordination</b>		
5a - Gathers and documents a history using sensitive and compassionate methods of inquiry to determine health risk and assets at the point of transition.	5b - Role models or demonstrates for others effective coordination of patient- centered care in various disciplines and specialties. HM-SBP2	5c - Role models and advocates for safe and effective transitions of care and handoffs within and across health care delivery systems, including outpatient settings. HM-SBP2
6a - Articulates the need to facilitate documentation that ensures effective coordination and transition.	6b - Performs handoffs within and across health care delivery systems that incorporate and address as appropriate social determinants of health and the effect on care coordination.	
7a - Accurately and appropriately records information in the patient record. HM-ICS3	7b - Uses an evidence-based approach to system’s patient handovers that includes patient concerns and considerations.	