July is a very exciting and anxiety-provoking month in the hospital. A transition is underway as a crop of experienced attendings, fellows and residents moves on and are replaced by a wide-eyed and energetic group of newbies.

This presents many perils and opportunities for advancing the quality and safety of care for our patients.

Departing physicians take with them a cache of mistakes made and lessons learned. If not shared with our community, these experiences might be lost.

On the other hand, incoming residents, fellows and attendings bring in new energy and perspectives that could be used to improve our hospitals and the care we deliver.

This issue of BRICK focuses on opportunities to share our experiences and new perspectives.

We encourage those who have taken on QI projects to share your work in HOUSE, Journal of the Housestaff Quality & Safety Committee (HQSC) - the deadline for submissions has been extended until July 14th.

We also hope that incoming and remaining housestaff and faculty take on quality improvement and patient safety projects. To gain more QI experience and exposure to QI experts, we hope you consider joining HQSC.

More immediate efforts exist to enhance the safety of care - in only a few minutes, you can submit a Patient Safety Net (PSN) report, which can result in large changes.

Billions of dollars in money and lifetimes of researchers’ efforts are dedicated to heart disease and cancer, the first and second leading causes of death respectively. Meanwhile, efforts to tackle medical error, recently identified as the third leading cause of death, might seem less glorious.

We hope this issue convinces you that tackling medical error and enhancing the quality and safety of care can be easy and incredibly rewarding. We encourage you to pass along your experiences and share your fresh perspectives.

Andrew M. Moon MD, MPH, Editor in Chief
How Safe Are Our Patients?

Results of the Culture of Safety Survey

Background:
All hospitals within UW Medicine administered the Hospital Survey on Patient Safety Culture to staff, faculty, residents and fellows in January 2016.

Methodology:
The survey included an overall safety grade as well as questions regarding handoffs and transitions, teamwork across hospital units and feedback/communication about errors.

OVERALL PATIENT SAFETY GRADE
“Please give the institution, as a whole, an overall grade on patient safety”

All Residents and Fellows (n=263)  

HMC Providers  

UWMC Providers

Opportunities for Improvement (lowest composite scores)
• Things “fall between the cracks” when transferring patients from one area to another
• Problems often occur in the exchange of information across clinical areas or services
• Important patient care information is often lost during shift changes

To view all results of the survey and explore options for improving specific areas (e.g. patient handoffs) click here.

Jamie MacArthur, Family Medicine and Nandita Mani, Internal Medicine

Photo by Emily Rasinski

Look for the I-PASS project, which aims to improve handoffs during shift changes, in the upcoming issue of HOUSE, Journal of the HQSC
What to Report in a PSN:
- Any event that could have caused injury or illness to a patient, visitor or staff
- Any unsafe conditions

Why Enter a PSN:
- Helps identify conditions present at the time of an event
- Helps identify dangerous conditions that could result in injury
- Helps improve patient safety

How to Enter a PSN:
- Click on the Incident Report (PSN) icon located on any computer in the UW system
- Enter your AMC login and password
- Answer the brief set of questions and submit
Cardiology resident notices that PA catheters fail frequently

A multidisciplinary group of experts design a study to collect data on the subject

The data will be presented and reasons for PA catheters failing will be explored. An intervention to test solutions to improve this program will begin.

Cardiology resident enters PSN
HOUSE is the QI journal for the University of Washington HQSC

Publishing in HOUSE provides:

(1) improvement to the quality of patient care at UW

(2) recognition within the UW community

(3) a boost to your CV

Click cover to read 1st edition

We are currently considering the following for our 2nd edition:

• QI or patient safety research or review paper

• Write-up on process improvement or intervention

• An essay or artistic work reflecting on patient care