

Patient Safety

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

Entering Residency (Recent Medical School Graduate)	Entering Practice (Recent Residency Graduate)	Experienced Faculty Physician (3-5 Years Post Residency)
	<i>All of Prior Competencies +</i>	<i>All of Prior Competencies +</i>
Individual Safety Practices		
Practices infection control standard precautions, including but not limited to hand hygiene, use of personal protective equipment, use and proper disposal of sharps.	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.	Role models or demonstrates for others infection control practices and ensures the reporting and timely follow-up of injuries and/or exposures.
Utilizes tools for patient safety including but not limited to “time outs”, checklists, medication decision support, medication reconciliation.	Follows patient safety protocols and develops processes for their continuous quality improvement. Responds appropriately and timely to decision aids and safety alerts.	Follows patient safety protocols and develops processes for their continuous quality improvement. Responds appropriately and timely to decision aids and safety alerts.
Practices self-care, including but not limited to seeking help when feeling overwhelmed or in need of support, debriefing with team members following difficult clinical encounters, knowing how to obtain resources for mental health.	Role models self-care. Recognizes and intervenes when other healthcare professionals are in need of support.	Identifies and supports the remediation of system factors that contribute to increases in stress and reductions in wellbeing of healthcare professionals on the care team.
Safety Events		
Defines and differentiates unsafe conditions, events, and near misses for improvement of patient safety.	Follows practice specific protocol for safety event and hazard reporting to improve patient safety.	Role models or demonstrates for others practice specific protocol for safety event and hazard reporting to improve patient safety.
Demonstrates knowledge of how to disclose patient safety events.	Discloses patient safety events to patients and families (simulated or actual). HM-SBP1	Role models or demonstrates for others the disclosure of patient safety events.
Demonstrates knowledge of practice specific protocol for safety event and hazard reporting to improve patient safety.	Conducts analysis of patient safety events and offers systems-focused error prevention strategies (simulated or actual). HM-SBP1 Manages the immediate harm of an ongoing patient safety event (information gathering, communication of safety plan, etc.).	Conducts analysis of patient safety events and offers systems-focused error prevention strategies. Manages the immediate harm of an ongoing patient safety event (information gathering, communication of safety plan, etc.).
Systems safety		
Describes common types of human error and limits of human performance.	Promotes behaviors among the healthcare team that reduce the risk of human error.	As part of an interprofessional team, assists in construction of system solutions to reduce risk of human error and decrease risk of patient safety events.
Describes the role of culture in safety performance. Describes preventable adverse events in the just culture framework, that is, differentiates among reckless individual contributions to error, actions/events that could be remedied with coaching, and events that are due to system problems. Identifies system factors and designs that contribute to safe environments of care.	Identifies key elements of and contributes to a culture of patient safety.	Role models behaviors that contribute to a culture of patient safety.
Measurement		
Distinguishes between types of data and tracking methods for targeting patient safety improvement efforts.	Participates in a specialty specific analysis of patient harm data to target improvement efforts.	Participates in a specialty specific analysis of patient harm data to target improvement efforts.

Quality Improvement (QI)

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

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<i>QI Practices</i>		
Participates in local system improvement activities in the context of rotations or learning experiences.	Contributes to local QI initiatives in the context of rotations, departmental, or institutional efforts.	Role models or demonstrates for others the skills required to identify, develop, implement, and analyze quality improvement in health care delivery. Creates, implements and evaluates quality improvement initiatives at the practice, department, service line, institutional or community level.
Demonstrates knowledge of basic QI methodologies and quality measures. HM-SBP1	Uses common tools (e.g. flow charts, process maps, fishbone diagrams) to inform QI efforts.	Creates, implements and evaluates common tools (e.g. flow charts, process maps, fishbone diagrams) to inform QI efforts.
Uses resources to find evidence for health care improvements.	Design a small test of change to improve some aspect of individual or system performance (using a method such as Plan-Do-Study-Act).	Creates, implements and evaluates small test of change in daily work (using an experiential learning method such as Plan-Do-Study-Act).
Describes basic principles and approaches for making and sustaining change in QI.	Uses change principles to implement and evaluate tests of change.	Advocates or leads change to enhance systems to improve patient care.
Describes ethical principles that govern QI, including confidentiality of patient information.	Compares and contrasts the ethical principles that govern QI versus research, including the role of the IRB.	Assures ethical oversight of QI.
<i>Measurement</i>		
Uses quality measures to identify gaps between local and best practice.	Selects and uses quality measures to understand performance in quality improvement.	Contributes to organizational decision-making in the selection and analysis of quality measures.
Describes strengths, weaknesses and appropriate uses of measurement and analytic approaches relevant to QI (e.g., run charts and process control charts).	Interprets QI data displayed in run charts and control charts to distinguish significant change from random variation.	Role models or demonstrates for others the use of measurement and analytic approaches relevant to QI.
<i>Continuous Practice Improvement</i>		
Uses practice data (including report cards, safety events, patient feedback) to inform goals for improvement.	Uses practice data to develop and measure the effectiveness of a learning plan and when necessary, improves it. HM-PBLI2	Engages in collaborative learning to continuously improve individual practices and care delivery.
Identifies the factors that contribute to gap(s) between expectation and actual performance. HM-PBLI2	Analyzes, reflects on and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance. HM-PBLI2	Role models or demonstrates for others the value of reflective practice and uses of performance data to inform continuous personal and practice improvements.
<i>High Value Care</i>		
Recognizes uncoordinated, wasteful and unnecessary health care delivery.	Manages the interrelated components of the complex healthcare systems for efficient and effective patient care. HM-SBP3	Advocates or leads change to enhance systems for high value, efficient and effective patient care. HM-SBP3
Articulates the ethical case for stewarding resources and cost-conscious care, including the potential impact of clinical decisions on patient affordability.	Considers cost when practicing medicine.	Incorporates cost- awareness principles into delivery of complex clinical care.
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.	Minimizes unnecessary deviation of practice from recommended guidelines or local standards	Contributes to practice and system level changes to reduce unnecessary and unwarranted variation.

Health Equity in QIPS

Health equity is the attainment of the highest level of health for all people. This requires the application of a quality improvement lens to the provision of equitable and safe care.

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

1. 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.
2. Wyatt R. Achieving Health Equity: A Guide for Health Care Organizations. 2016.

Patients & 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.

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<i>Inclusive Practice</i>		
Identifies opportunities to engage patients and families in improving quality and safety at both the individual and organizational level.	Participates as a team member with patients and families in efforts to improve quality and safety, including system-level activities.	Intentionally demonstrates for others the inclusion of patients and families in quality improvement and patient safety activities at both the individual and organizational level.
Elicits information from patients and families to identify patient safety hazards or impediments to effective care delivery.	Uses patient and family generated data to improve quality and safety.	Role models or demonstrates for others the use of patient and family generated data to improve quality and safety.
Participates in patient safety and quality improvement educational programs that are planned and/or taught in part by patients or family members.	Partners with patients and families in organized efforts to improve quality and patient safety education.	Role models or demonstrates for others collaboration with patients and families in planning and teaching practice-based education activities addressing quality improvement and patient safety.
Participates in disclosure of a patient safety event to patients and families (simulated or actual). HM-SBP1	Discloses patient safety events to patients and families (simulated or actual). HM-SBP1	Role models or demonstrates for others the disclosure of patient safety events to patients and families.
<i>Culturally Sensitive Shared Decision-Making</i>		
Demonstrates knowledge of shared decision-making and informed consent. Elicits patient and family goals and preferences regarding testing and treatment options.	Practices shared decision-making and informed consent with patients and families.	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.
Identifies common barriers to effective shared decision-making and informed consent and describes effective strategies to address such barriers.	Takes patient preferences and cost effectiveness into account while promoting patient care that improves outcomes.	Implements organizational strategies to ensure effective shared decision-making and informed consent.

Teamwork, Collaboration & Coordination

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

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