

Team Leader Patient Safety/M&M Conference Expectations:

1. The TL will select 1 case from his/her team leading month on adult in-patient medicine to reflect upon and then lead a group discussion around. This case presentation/discussion will be scheduled no later than 6 weeks after the close of the in-patient rotation. Cases should be selected from the following one of the following categories:
 - Avoidable admission (e.g. suboptimal pain control)
 - Prolonged length of stay (e.g. delayed study, complications from procedures, difficulty with SNF placement)
 - Medication error or reaction (e.g. wrong med/dose administered either due to physician or nursing error, allergic reactions to abx, angioedema from ACE/ARB, AKI from diuretic, elevated INR resulting in bleeding)
 - Death (whether expected or not)
 - Procedure complication (e.g. contrast induced nephropathy)
 - Outpt complication (e.g. PCP starts pt on NSAIDs and then they are adm for GIB or AKI; in general i think this is best served if the PCP is one of us)
 - ICU transfer (whether avoidable or not)
 - Other (fired by pt/family or something else that doesn't fit into one of the above categories)
2. Within the first 2 weeks after completion of the rotation, the TL will complete the self reflection survey designed to aid in thinking through all possible causes of the adverse event of the case. This survey can be found at <https://ucfm.wufoo.com/forms/m7s7k9/>. The results of the survey will automatically be emailed to the TL and the PS/MMC mentor (Megan Rich).
3. Within 3 weeks after completion of the rotation, the TL will meet with either the attending physician from case selected or the PS/MMC mentor to review the case and discuss strategies for improving patient care based on the case selected. To prepare for this meeting, the resident shall perform a literature search for additional ideas and strategies for improving patient care and safety. THIS SHOULD BE DONE PRIOR TO THE MEETING. Refinements of the search criteria may be discussed at the meeting.
4. The resident will prepare a brief review of the case containing only the pertinent facts of the case and pertinent events in the hospital course. This presentation should be 2-5 min in length. Powerpoint is not necessary though may be helpful in certain situations (e.g. if a CXR image requires sharing, etc). It is not necessary or desired to present names of physicians involved in the case.
5. The case presentation and group discussion will be held in the centering room. Generally, only members of the UCFM residency family will be present (e.g. medical students will be excused). Exceptions can/will be granted if personnel from other departments are felt to be helpful for brainstorming solutions (e.g. a pharmacist, IT, members of DM task force, etc).
6. The beginning of each PS/M&MC will begin with a review of the goals and reminder of the ground rules as follows:
 - a. Goals:

- i. Make the most of a learning opportunity in order to improve quality and patient safety. The goal is NEVER to blame, judge or belittle.
 - ii. Practice coping skills for emotional distressing topics and events
 - iii. Foster an attitude of continual self improvement
 - iv. Participate in a modified root cause analysis process
 - b. Ground rules:
 - i. Adverse patient events often cause emotional responses such as distress, guilt, self-doubt, frustration and anger. This is a NONJUDGMENTAL environment to share those emotions and openly discuss patient mishaps
 - ii. Details of the patient case and subsequent discussion are confidential.
7. In general, the presentation/discussion will follow this format:
- a. 2 min: Review of goals and ground rules
 - b. 2-5 min: case presentation by team leader
 - c. 15 min: Large group brainstorming and case analysis (why did it happen? what are contributing causes?)
 - d. 15 min: Break into small groups for brainstorming solutions (what can we change to prevent this from happening the future?)
 - e. 5-10 min: Small groups report their solutions
 - f. 10 min: TL presents findings from lit search and leads wrap up including suggestions for next actionable steps (although assigning responsibility for f/u may not be done at every conference, as we will not be able to perform a QI project for every conference)
8. Within 1 week after the group discussion, the TL will turn in a 1 page write up describing a potential QI project based on your PS/M&MC case, including results of the group discussion and what you discovered in your literature search. Assume you have unlimited time, resources (financial), energy and group buy-in or support from residents and faculty to do this project. You will not be asked to complete this project or have others take it on. What would your initial steps be? What data would you want to track? What other departments and team members (patient, family, nursing, respiratory, pharm, etc) would you want to involve? What possible solution (or multiple solutions) could you test? What outcome(s) would you be interested in? How would you know you achieved it (how to measure improvement)? Be sure to include a list of the resources used.

Timeline Summary (begins from last day of rotation)

1. Weeks 1 & 2: select case and do online Self Reflection Survey <https://ucfm.wufoo.com/forms/m7s7k9/>
2. Week 3: do lit search (write down your sources) and meet with faculty member
3. Weeks 4 & 5: prepare case presentation (powerpoint may not be necessary), lead group discussion (ask Sharon for date scheduled)
4. Week 6: Turn in write up to Dr Rich or Dr Mount. Be sure to include list of sources from your literature search.