Housestaff Adverse Event Reporting at BIDMC

The Problem

The American College of Graduate Medical Education (ACGME), which is the accrediting body of all our residencies and fellowships, has now mandated that all trainees be aware of how to report adverse events, what their responsibility is in reporting, and play a role in the patient safety architecture of their training institution.

Though residents and fellows are frontline providers at BIDMC and are engaged, it is unclear whether they understand what a reportable event is, how to report an event to the institution, and what the barriers to reporting are.

Aim/Goal

The Housestaff Quality Improvement Council (HSQIC) has chosen Adverse Event Reporting as their inaugural cross departmental QI project. We aim to educate trainees across BIDMC on how to access the adverse event reporting system and their responsibility in reporting errors. Our goal is to improve trainee awareness of the system by 50%, and to increase trainee reporting by 25%.

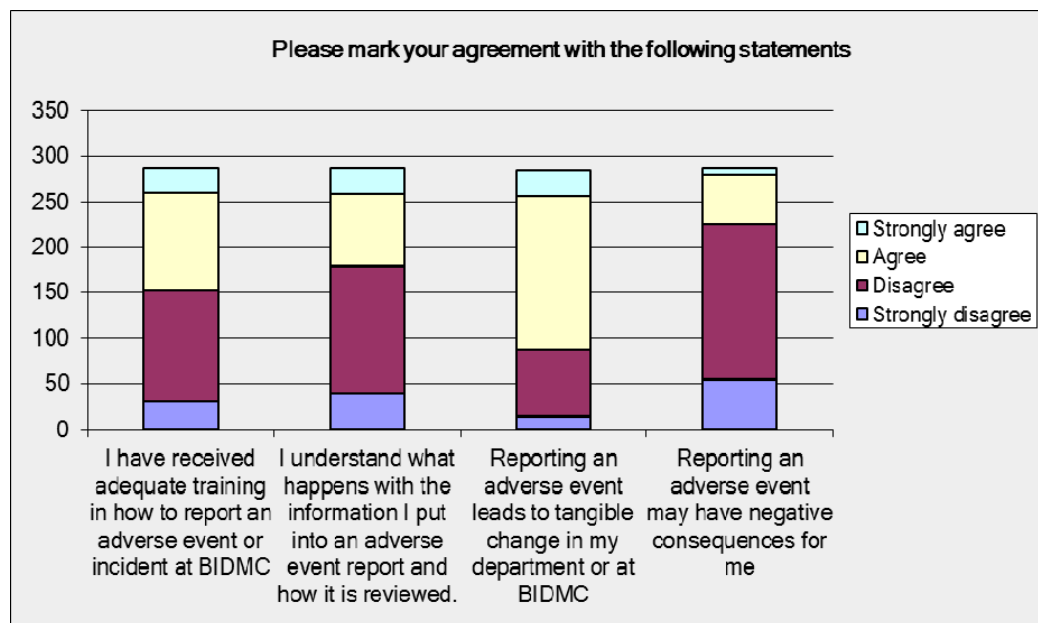## The Team – BIDMC Residents and Fellows

- Project Leader – John Torous
- HSQIC Members: David Lucier, Andy Hale, Caitlin McGinty, Samir Jani, Emily Kaplan, Elizabeth Foley, Michael Buggia, Lauren Gleason, Jessica Zerillo, Brian Hollenbeck, Lester Leung, Luisa Solis-Cohen, Katherine Armstrong, Margaret Chory, Rebecca Harris, Sergey Pyatibrat, Allyson Berglund, Elizabeth Asch, Dre Irizarry, Peter Soden, Nakul Raykar,
- Faculty Mentor - Anjala Tess

The Interventions

Needs assessment survey	• Develop baseline understanding of trainees' current use of departmental reporting structures and the institutional reporting system (AEM) • Determine barriers to reporting • Identify best methods to educate trainees on reporting
Educational intervention	Multidepartmental educational programming based on survey responses
Ongoing assessment	Repeat survey at regular intervals

The Results/Progress to Date

290 BIDMC residents and fellows from 9 departments completed the baseline survey. 46.5% reported understanding how to use the BIDMC system to report adverse events. 86% have never reported an error using the Adverse Event Reporting System but 69% feel doing so will lead to tangible change. 63% do not know what happens to an error after it is reported but many wish they did. 22% fear negative consequences after reporting an error.

Please mark your agreement with the following statements

Legend: Strongly agree, Agree, Disagree, Strongly disagree

Categories: I have received adequate training in how to report an adverse event or incident at BIDMC; I understand what happens with the information I put into an adverse event report and how it is reviewed.; Reporting an adverse event leads to tangible change in my department or at BIDMC; Reporting an adverse event may have negative consequences for me

Lessons Learned

Although almost half of residents know how to report an error via the AEM, the vast majority have never navigated the error reporting system and some even fear doing so due to negative consequences. In addition many seek some form of feedback about the errors they report. This represents several opportunities for improvement via education:

- Teach housestaff across departments about the use of the AEM, the types of errors to report via this tool and the reasons to report these errors.
- Teach housestaff about the feedback mechanism built into the AEM, as well as creation of a means to provide feedback on reported errors to the general housestaff
- Publicize and educate housestaff on the HSQIC subcommittee for confidential reporting of: quality issues, patient safety issues, or adverse events/errors.

Next Steps/What Should Happen Next

- A more detailed understanding of barriers to reporting needs to be completed
- Working with the Departments of Healthcare Quality and the Office of GME, HSQIC will help create an education program to support trainee participation in error reporting.
- The Department of Healthcare Quality has committed to changing the AEM to better track resident and fellow participation in adverse event reporting.

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