

# “What do front-line clinicians think about my project?”

## Housestaff QI Council Consultations for QI and Safety Projects

### The Problem

- There are 683 residents and fellows (housestaff) at BIDMC who serve as front line providers of clinical care, offering unique perspectives on key QI and hospital issues.
- Hospital-wide projects which affect front-line providers have not historically had opportunity to easily get input on design and workflow implementation.
- There has been no organized method to quickly solicit *multidisciplinary* clinician opinion or feedback for QI or hospital wide projects.

### Aim/Goal

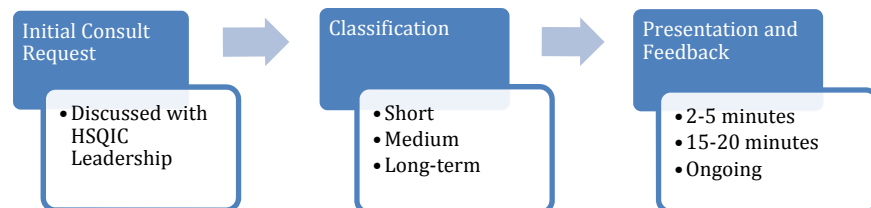
To demonstrate the feasibility and utility of the BIDMC Housestaff QI Council (HSQIC) to solicit, host, and provide frontline clinician perspectives and feedback for BIDMC QI projects.

### The Team (HSQIC Leadership)

- Chair: David Lucier, MD, MBA, QI Fellow, Department of Medicine
- Vice Chair: Andrew Hale, MD, Fellow in Infectious Disease
- Vice Chair: Samir Jani, MD, Resident in Anesthesiology
- Vice Chair: Luisa Solis-Cohen, MD, Resident in Neurology
- Vice Chair: John Torous, MD, Resident in Psychiatry
- Faculty Mentor: Anjala Tess, MD, Department of Medicine
- Faculty Mentor: David Feinbloom, MD, Department of Medicine
- 72 total members in the 2014-2015 year

### The Intervention

- The BIDMC Housestaff QI council introduced a “HSQIC Consult” session in May 2014 and at each subsequent monthly meeting.
- Any QI related project can be presented and feedback solicited from a multidisciplinary group of housestaff
- We categorize Consults into three types with varying time commitments:
  - *Short* – take < 5 minutes, usually seeking a yes/no or binary answer
  - *Medium* – 20 minutes, generally have broader “ask” of the group
  - *Long-term/Sponsored* – ongoing involvement from HSQIC



### The Results/Progress to Date

Data from a feedback survey indicated that:

- 100% of respondents felt that the time given was “just right”
- 100% felt that the feedback given during the meeting was “very useful”
- 83% were very satisfied with their experience, and 17% satisfied
- 100% responded that they would “very often” recommend the HSQIC Consult to a colleague
- 100% were “very likely” to bring another project for a HSQIC Consult themselves

Date of Consult	Name of Consult	Type of Consult
5/15/14	Conversation Ready	Medium
8/13/14	IV Access Order	Medium
8/13/14	Medication Ordering Frequencies	Short
8/13/14	Range/Titration of Medication Orders	Short
11/12/14	Foley Order	Short
11/12/14	Insulin for Hyperkalemia	Short
11/12/14	Fixed vs Titration Infusions	Short
11/12/14	Early Patient Mobilization	Medium
12/10/14	Advanced Care Planning/MOLST	Medium
12/10/14	NAC scale ordering	Short
12/10/14	tPA ordering	Short
1/14/14	Accidental Sharps Injuries	Medium
2/11/14	Insulin Ordering through POE	Medium
Ongoing	Developing an Inpatient Integrated Medical Record	Long-term
Ongoing	Discharge Throughput Tool Redesign	Long-term

### Lessons Learned

- The demand for HSQIC Consults is greater than anticipated, and this role of HSQIC continues to grow and evolve.
- Most Consults can be fully completed and answered at a single meeting and meet the need of project leads across the institution.

### Next Steps

- Continue to evaluate the impact of these consults and streamline our offering based on presenters’ feedback
- Implement an online consult tool to provide asynchronous feedback from housestaff who cannot attend the regular meetings
- Explore opportunities to better advertise this critical function of HSQIC across BIDMC.