Success Factors	The most successful component of our work was how quickly residents took ownership of the newly established RQC and a reporting structure that ensures communication to other quality committees within the hospitals and the board of directors. We were inspired by the enthusiasm of many residents on the RQC and the generation of quality concerns needing to be addressed within our hospital system.
Barriers	The largest barrier we encountered was time constraints and clinical obligations for resident involvement in projects and attendance at RQC meetings. We worked to overcome this by having 2 residents from each program on the council to ensure attendance by at least 1 resident, along with an internal webpage for posting of council progress and meeting content. Dual membership also supports an efficient succession plan for loss of residents to graduation.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Look at options and approaches outside your own institution. When you stay internal and only look within, there is a tendency to reinvent existing processes.

JPS Health Network, Fort Worth, TX
Teaching Process Improvement and Patient Safety in GME

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Background: We aimed to increase quality and patient safety through experiential learning with program directors (PDs), faculty, and residents. Trainees are limited to a 16-hour workday, and residents and faculty have limited knowledge of standardized process methods. We hoped to identify the best method for training residents and faculty within their time constraints and program mandates, to introduce performance improvement (PI), and to identify potential barriers and competing assignments.

Methods: A team of new interns completed a pre- and postintervention assessment of the training and its effectiveness. During active training, each participant was asked to (1) choose a group of peers to form a process improvement team, (2) select a potential problem to address, (3) develop a hypothesis, and (4) select a team leader. The teams met quarterly to review progress, interval outcomes, and barriers.

Results: At the initial meeting, 73 new residents attended, generating 11 projects. At the second meeting, only 8 residents and 2 faculty attended. At the time of this assessment, 6 QI projects were active among residents. The first training session was held during new resident orientation with 100% participation, but subsequent training had lower participation. New residents were initially excited and willing to learn improvement skills and develop projects but had limited time. We could improve the program by modifying improvement training to better meet time restraints and engage faculty in the process. Institutional site visits and audits also interrupted the flow of learning, leading to missed deadlines.

Conclusions: Residents and faculty who actively participated gained more awareness of system dynamics and available support, were motivated to address problems in a multidisciplinary fashion, and could be forces for change. Identifying time for new programs and training with new interns and residents is difficult given new work hour restraints. Traditional learning models need modification.

FINAL WORK PLAN – JPS Health Network

Overall Goal for NI III/Elevator Speech	Our team's goal was teaching PI and PS to adult learners in GME.
Needs Statement	This goal was important because accreditation agencies, including ACGME, Joint Commission, and CMS, require hospitals and providers to focus on improving PS and quality. The project would not only satisfy requirements but also prepare residents and faculty for participation in future projects.
Vision Statement	In March 2013, we will see the outcomes of our success by (1) an increase in PI projects in progress since the initial education; (2) completion of training to all interns, new residents, and PDs; and (3) dissemination of information to faculty.

Measures	We determined the success of meeting our goal by measuring attendance at training (residents and PDs), number of training activities given, number of active projects, and initiation of PI and PS curriculum.
Success Factors	The most successful component of our work was the initial program with interns and new residents during orientation. We were inspired by new resident interest and promotion of projects to faculty and other residents.
Barriers	The largest barriers we encountered were the time requirements and conflicts due to clinical schedules. We worked to overcome this using electronic notes and correspondence but did not find a way to solve all issues.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Time management and time conflicts are an expected barrier. We learned that residents are very much interested in improving quality and PS and would like to have a larger involvement. Faculty could be motivated through resident involvement. We also learned that new methods of teaching are needed that include both face-to-face and alternative avenues to get information to learners.

MedStar Health, Baltimore, MD, and Washington, DC

MedStar Health Handoff Initiative

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Background: The goal of the initiative was to create and implement a comprehensive handoff curriculum across all training programs in accordance with Joint Commission priorities and ACGME requirements for patient safety and continuity of care. This study investigated the current state of resident handoffs throughout MedStar hospitals and the efficacy of a new resident handoff workshop.

Methods: The study was conducted at 4 teaching hospitals in MedStar Health. To establish a baseline, an anonymous survey was distributed among residents. Researchers developed a standardized handoff workshop employing the S-T-I-R model (Summary, To Do, If-Then, Readback/Feedback) and offered it to internal medicine, general surgery, and obstetrics/gynecology. Workshop sessions included didactics and simulation with audience interaction. The quality of resident handoffs was evaluated both before and 3-4 months after the workshop by direct observation.

Results: Residents from levels PGY1-5 completed 206 preliminary surveys. At baseline, a significant portion of residents across various disciplines lacked handoff protocols (26%) and training (47%); 75% of PGY1 residents said they received no formal training on handoffs in medical school. The postintervention survey was completed by 119 residents. Postworkshop observations found that interns who had received the intervention were significantly more likely to report To Do and If-Then statements, along with facilitating receiver Readback.

Conclusions: A handoff workshop led to sustained improvement in handoff quality. Next steps include (1) establishing a handoff workshop with emphasis on the S-T-I-R model at the start of each academic year for all residents and (2) using the handoff checklist to evaluate progress in transitions-of-care milestones and to provide formative feedback on protocol implementation.

FINAL WORK PLAN – MedStar Health

Overall Goal for NI III/Elevator Speech	Our team's goal was to create a comprehensive handoff curriculum to be implemented across all training programs within MedStar Health. The curriculum involved a training-the-trainer approach to promote a consistent handoff process that ultimately will be promoted by the residents themselves.
Needs Statement	This goal was important because several studies have noted inadequacies and wrong information conveyed through handoffs among residents. One study found that key information was not passed to the oncoming resident 60% of the time. Two prior surveys found that the majority of programs in internal medicine (60%) and emergency medicine (74.4%) do not have handoff curricula in place.