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

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.

For more information, contact:
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