



ALLIANCE OF INDEPENDENT ACADEMIC MEDICAL CENTERS

Innovation Application Form

Institution Name:	<u>Georgetown University Medical Center</u>	
City, State:	<u>Washington, DC</u>	
Web Site:	<u>http://gumc.georgetown.edu</u>	
Institution Contact:	<u>Eileen Moore, MD</u>	
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1. Please describe how the nominee has developed and/or implemented *innovative medical education programs* for residents, physicians and other staff which have resulted in better patient outcomes:
(OR answer question 2)

Georgetown University Medical Center has become a regional leader in quality improvement. In 2009, Georgetown launched the award winning Center for Patient Safety (CPS), whose mission is to hardwire a culture of patient safety throughout the hospital. This dynamic group was established by, and is led by Georgetown University Hospital's Vice President for Medical Affairs, and Chief Safety Officer, Dr. Stephen R.T. Evans. CPS membership is multidisciplinary and interprofessional; includes attending physicians, resident physicians, nurses, pharmacists, therapists and other clinical and non-clinical Hospital leaders, who have led many initiatives that have enhanced the culture of patient safety at GUH and heightened awareness of patient safety at all levels of the organization. Additionally, medical students and students from the Nursing and Health Studies program at Georgetown are active participants and also lead several projects. Please see the attached diagram for a comprehensive representation of CPS activities, projects, and relationships with other hospital committees and councils.

It is important to note that the CPS has, in a very short period of time, began to significantly change the culture of Georgetown Hospital. This committee meets at 7 am on a Friday morning, and there is generally standing room only. This has quickly become a gathering that is deemed so important, no one wants to miss. The people leading this effort on behalf of the CPS have been instrumental in moving the momentum of quality and safety throughout the institution and the campus as a whole.

Among the many CPS initiatives is a mandatory safety curriculum that was developed and implemented to ensure that all residents, fellows, medical students, associates, patients and family members are properly educated on patient safety and what that means at Georgetown. Over 600 physicians, residents and fellows completed this curriculum in the first year of the offering.

The GME portion of this curriculum involves a half day- long mandatory patient safety immersion program for all interns, residents and fellows and combines lectures and small group sessions focused on core topics in medical error prevention (communication, systems change, teamwork, medication safety, sign outs/ handoffs, and ongoing hospital quality improvement projects) as well as root cause analysis of real closed claim cases. The GME safety immersion curriculum is mirrored in the UME and CME curricula, working toward the goal of a standardized curriculum in quality and safety that spans the first week of medical school through CME. Today, more than 600 resident and attending physicians, 400 students and 1,000 nurses have attended these ongoing sessions.

A Resident Quality Council was recently created to facilitate process improvement and encourage house staff participation in identification and elimination of patient hazards. This effort was born of evolving resident engagement in quality and safety, and, while in its nascent stages, promises to evolve as a powerful voice for quality and safety. This Council has already made significant headway, as residents have taken ownership of several projects including those in the AIAMC National Initiative (II and III).

It is important to emphasize the important role of teaching in learning. To that end, we have incorporated residents as both learners and teachers of quality improvement. They have been key participants in quality improvement research and teaching at GUH and Georgetown School of Medicine. In January 2010, a Medical Seminar Class titled "Introduction to Quality Improvement" was developed and is co taught by two faculty members and one resident physician. A resident initiated collaboration with the School of Nursing and Health Studies led to the formation of the region's first Institute for Health Care Improvement Open School. Faculty from the Department of Medicine and School for Health Systems Administration have worked with over 50 residents, medical students, graduate students, nurses, and pharmacy student on various projects. These teams of residents, faculty and students have helped reduce the time from hospital discharge to discharge summary dictation, piloted new techniques to reduce central line and foley catheter infections, and studied a unique method of reducing physician order entry error. Other ongoing projects include improving inpatient and outpatient handoffs, creating a Washington DC Quality Improvement Council, and modifying the hospital's discharge process. These projects have produced significant scholarly activity; six of the projects have been presented at local and national meetings, and three manuscripts are in process.

2. Please describe how the nominee has developed and/or applied *scientific discoveries* which have resulted in better patient outcomes: (OR you may leave blank if question 1 has been completed)

Please see number one.

3. Has the nominee received national recognition for innovative medical education and/or research contributions?

Yes. Georgetown University has recently received the prestigious Clinical and Translational Science Award (CTSA) in the amount of 38.2 million dollars, from the National Institutes of Health. This award, which is awarded to Georgetown and Howard Universities jointly, aims to improve human health by transforming the research and training environment to enhance the quality and efficiency of clinical and translational research.

Georgetown University Medical Center /Georgetown University Hospital has also received the District of Columbia Hospital Association Patient Safety Award for 2011 as well as the DelMarVa Quality Award.

4. If chosen for this award, will the nominee be present to receive it at the AIAMC 2012 Annual Meeting, to be held March 29TH – 31ST in Tucson, Arizona? *(Please note the institution should ideally be represented by its CEO & CAO)*

Yes.

