Computer-lab based resident QA review

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• Nothing to disclose
• **Institute of Medicine defines quality:**
  
  - “The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

  - Consistency and excellence
  - Performance must be monitored
  - Optimize health outcomes and patient experience

• **Quality assurance (QA) refers to a process for monitoring and ensuring performance quality in an organization.**
• Quality assurance (QA) review is an integral part of clinical practice and a requirement from regulatory agencies like the ACR and JCAHO.

• The prior resident QA format provided limited time to make critical findings while in front of peers.

• The new format sought to allow a standard approach to cases, anonymous communication of findings, and allow all residents to participate regardless of year in training.

Computer-lab based resident QA review – K. Airola
• Internal QA projects at our institution are waived from IRB review.
• Four (4) QA review sessions provided in a new format, presenting five anonymized cases at an individual workstation, where residents given 20 minutes to evaluate all cases and submit anonymous responses.
• Cases and responses were reviewed with a focus on the key points, "blind spots", "pitfalls", and misinterpretations.
• Pre and Post implementation survey obtained.
• Nineteen (19) residents responded to the initial survey (5-R1, 5-R2, 5-R3, 4-R4) and 15 (4-R1, 5-R2, 3-R3, 3-R4) responded to the post implementation survey.

• 31.6% of residents initially felt that QA has a negative connotation among their peers which decreased to 6.7%

• 31.6% of residents initially felt that QA review process was a very positive experience which increased to 46.7%
• 26.3% of residents felt they were not prepared for call and this decreased to 13.3%.
• 64.3% of residents indicated that at prior QA reviews they were apprehensive to communicate findings they were uncertain of which decreased to 46.7%.
All residents made the diagnosis of diverticulitis, however the satisfaction of search prevented most from identifying IMV thrombosis.

Case 1:
Impression: Acute Diverticulitis (yellow arrow) complicated by inferior mesenteric vein thrombophlebitis (red arrow)
Communication: Yes. Level 2 – within 6-12 hours
Recommendation: None
Comments:
- Look for secondary complications of diverticulitis always! (Abscess, perforation versus free air, fistula, thrombophlebitis, etc.)
- IMV drains descending colon into splenic vein. Can extend into SMV and cause septic emboli within liver.
- Why? Diverticulitis: inflammation can extend to IMV. Pericolonic abscesses can decompress into IMV. Fistulas can communicate with IMV. Thrombosis: secondary to activation of inflammatory mediators which cause endothelial injury and activation of coagulation cascade
- Importance - May have to anti-coagulate
• QA review is an important education tool for residents and a necessary initiative for patient safety and quality care.

• Computer lab format provides an anonymous setting for resident interpretation. Allowing all residents to participate in every case regardless of year in training.

• More residents had a positive perception of QA, felt the review was a positive and that they were able to communicate findings that they were uncertain of.
REFERENCES


