RESIDENT INCENTIVE PROJECT FY24

PROJECT OPTIONS:

1. Harm Reduction: Structured involvement in hospital efforts to reduce specific harm (central line/clabsi, foley/cauti, falls, pressure injuries, VAE). Participation in combination of the following
	1. K-card completion
	2. Huddle/debrief audits
	3. Q&S meetings for the specific area
	4. Specific projects with the metric being CLABSI, CAUTI, falls or pressure injuries

Example: Program chooses falls. Each resident of the program must complete 1 falls K-card/month of study period, must attend 50% of post fall huddles on their specific work units and perform audit.

1. Become an Active Member of the Quality Team: Participate in and perform audits of specific activities; Safety Rounds, tiered huddles, IDT rounds (these will not be specific to programs work area)
2. Waste reduction/Getting Rid of Stupid Stuff (GROSS): Program chooses a specific item/area to reduce waste. Blood utilization, medications, labs or other specific area.
	1. https://edhub.ama-assn.org/steps-forward/module/2757858

Example: Program targets reducing unnecessary radiology ordering. Conducts educational initiatives around appropriate ordering of head CTs for delirium/altered mental status, implements ordering criteria. Tracks number of tests ordered over study period of all patients.

1. Mobility: Programs will create a project to improve mobility of hospitalized patients.
	1. Utilization of AM-PAC results and recommended interventions.

Example: Increasing patient mobility. Program incorporates AM-PAC results into their progress notes then follows up with appropriate interventions (nursing instructions, reinforced on rounds) using a mobility checklist. Survey residents before and after to evaluate their understanding of patient mobility. Conduct an internal audit of progress notes to demonstrate improved documentation.

1. Utilization and creation of AGILE MD pathways: Programs will track utilization of appropriate AGILE MD pathways relative to their work area AND/OR actively participate in the creation/development and deployment of new pathways (dependent on queue)
	1. Live: Heart failure, adult sickle cell, peds sickle cell, GIB, delirium prevention and management, post-acute care
	2. In progress (7/31/23): Bronchiolitis (peds), Febrile infant, hyperbilirubinemia (peds), DKA in ED (Peds), Pregnancy in sickle cell, hip fracture
	3. Could use support: ICH, DM2, sickle cell (amb), depression (amb)

Example: Program chooses to improve utilization of specific pathway and tracks progress/utilization over the study period.

1. Perioperative Focus: Programs create a project emphasizing specific peri-operative metrics such as throughput time, Time-Out audit, ERAS audits, SSI reduction, pre-operative clinic outcomes (audit, participation, follow through with plan, etc.)

Example: Program creates conducts a standard audit of ERAS process and outcomes for a specific procedure. Once standard audit is complete, an intervention is implemented to improve process.

1. Create your own project: Reserved for programs that have specific metrics that are important to their work and the hospital’s Quality and Safety mission. Projects must use metrics that are clearly measurable. These projects will require approval and metric goal achievement will be required for incentive. Specific areas of focus could include; mortality, LOS, rapid response/early warning systems (improving process or conducting audits)