West Virginia University School of Medicine

Graduate Medical Education (GME)

Patient Safety Policy

I. Purpose

The purpose of this policy is to ensure that all residents and fellows at West Virginia University (WVU) School of Medicine participate in and contribute to a culture of patient safety consistent with the requirements of the Accreditation Council for Graduate Medical Education (ACGME) and WVU institutional standards. This policy promotes safe, high-quality patient care through structured education, reporting systems, event review, and systems-based improvement (1.1.c.)

II. Scope

This policy applies to all ACGME-accredited residency and fellowship programs sponsored by WVU School of Medicine and to all residents and fellows training within affiliated clinical sites, including WVU Hospitals and other participating institutions.

III. Policy Statement

WVU School of Medicine GME is committed to fostering a culture of safety in which residents and fellows:

1. Actively participate in patient safety systems.
2. Report patient safety events without fear of retaliation.
3. Engage in structured educational activities related to patient safety and quality improvement.
4. Participate in the analysis of patient safety events.
5. Receive feedback regarding safety events and system changes.

This policy is aligned with ACGME Institutional Requirements and Common Program Requirements regarding Patient Safety and Quality Improvement.

IV. Definitions

Patient Safety Event: Any unintended or unexpected incident that could have or did result in harm to a patient, including near misses, adverse events, and sentinel events.

Just Culture: An organizational culture that emphasizes learning and accountability without punitive response to human error, while maintaining professional responsibility.

Near Miss: An unplanned event or error that had the potential to cause harm but did not reach the patient, or resulted in no harm, due to chance or timely intervention

Origami: The electronic patient safety reporting system used by WVU Medicine at all clinical sites.

V. Resident and Fellow Responsibilities

Residents and fellows must:

1. **Report**
    - Learn and report via Origami
    - Report adverse events, near misses, unsafe conditions, and unprofessional behavior that may affect patient care.
    - Participate in disclosure processes as appropriate and under supervision.
2. **Participate in Event Analysis**
    - Engage in root cause analyses (RCAs), morbidity and mortality (M&M) conferences, and other structured reviews when applicable.
    - Contribute to identifying systems-based solutions.
3. **Engage in Safety Education**
    - Complete required institutional and program-specific patient safety training.
    - Participate in Quality Improvement (QI) and patient safety curricula.
    - Maintain competency in handoffs, transitions of care, supervision protocols, and fatigue mitigation strategies.
4. **Promote Safe Care Practices**
    - Follow institutional policies regarding supervision, handoffs, duty hours, and fatigue mitigation.
    - Escalate concerns appropriately through supervisory channels.

VI. Program Responsibilities

Each ACGME-accredited program must:

1. Integrate patient safety into didactic and clinical education.
2. Ensure residents and fellows have access and are educated on the use of Origami.
3. Provide opportunities for participation in RCAs, safety committees, or QI initiatives.
4. Incorporate patient safety discussions into M&M conferences.
5. Provide feedback to residents regarding reported events and resulting system improvements.
6. Monitor resident engagement in patient safety activities.

VII. Institutional Responsibilities (3.2.a.; 3.2.a.1.)

The Sponsoring Institution (WVU School of Medicine GME Office) will:

1. Ensure access to Origami.
2. Support a non-punitive, Just Culture environment.
3. Provide oversight through the Graduate Medical Education Committee (GMEC).
4. Monitor compliance with ACGME patient safety requirements.
5. Facilitate resident representation on appropriate safety and quality committees including the WVU GME Patient Safety and Quality Committee.
6. Provide resources for fatigue mitigation, supervision, and transitions of care.
7. Facilitate resident and fellow representation on Root Cause Analysis and Comprehensive Unit Based Safety teams.
8. Ensure alignment with WVU Medicine patient safety infrastructure and policies.

VIII. Confidentiality and Non-Retaliation

- Reports made in good faith will be protected from retaliation.
- Patient safety reporting is confidential in accordance with institutional and legal protections.
- Residents may escalate concerns to the Program Director, Designated Institutional Official (DIO), or through institutional compliance mechanisms.

IX. Education and Training Requirements

All residents and fellows must:

- Complete annual institutional patient safety training.
- Participate in structured QI or patient safety projects.
- Demonstrate competency in:
    - Safe handoffs
    - Team communication
    - Systems-based practice

X. Monitoring and Oversight

Compliance with this policy will be monitored through:

- Annual ACGME surveys
- GMEC review
- Program Annual Evaluation
- Review of resident participation in safety reporting and QI initiatives

Approved by GME Taskforce: 5/7/26

Approved by GMEC: 6/12/26