



## NEWS RELEASE

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## Financial incentives to enhance participation of resident physicians in quality improvement projects

*Study in September 2021 issue of The Joint Commission Journal on Quality and Patient Safety*

(OAKBROOK TERRACE, Illinois, August 26, 2021) – Residents and fellow physicians need to learn how to improve health care systems by recognizing patient safety events and collaborating with interprofessional teams on performance improvement efforts.<sup>1</sup> Trainees also need to be prepared to work in complex hospital systems, to understand their institution’s metrics and to be evaluated on their performance using those metrics.

A new study in the September issue of *The Joint Commission Journal on Quality and Patient Safety* (JQPS), “[Financial Incentives to Enhance Participation of Resident Physicians in Hospital-Based Quality Improvement projects](#),” implemented a project to study the effects of a trainee pay-for-performance program and quality improvement education at Zuckerberg San Francisco General Hospital and Trauma Center, a public safety-net hospital.

Trainees worked with quality improvement faculty at University of California, San Francisco, participated in projects aligned with the hospital’s priorities, and designed their own program-specific projects. Each trainee who worked at least 88 days at the institution was eligible to earn \$400 for every target achieved for at least six months (maximum of \$1,200).

Results showed improvement among hospital-wide goals that were achieved by 11 of 14 programs:

- Needlestick injuries per quarter decreased from an average of 18 to 12
- Excellent provider communication improved from 76.8 to 80.5%

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<sup>1</sup>Accreditation Council for Graduate Medical Education. [CLER Pathways to Excellence: Expectations for an Optimal Clinical Learning Environment to Achieve Safe and High-Quality Patient Care](#). Version 2.0, 2019. Accessed Apr 26, 2021.

- Mean length of stay for discharged emergency department patients requiring specialist consultation decreased from 523 to 461 minutes

Results also showed improvement among resident-initiated projects, which met all goals:

- Family Medicine patients undergoing colorectal screening increased from 65.1 to 67.7%
- At-risk patients receiving naloxone at hospital discharge increased from 9 to 63%
- Adolescents screened for chlamydia increased from 34 to 55.8%
- High-dose opioid prescriptions following cesarean section decreased from 28 to 1.7%

The authors conclude that “a pay-for-performance improvement program that aligns educational and hospital priorities can provide meaningful experiential learning for trainees and improve patient care.”

“[The study] demonstrates how powerful financial incentives can be when applied early in the professional development of physicians in graduate medical education (GME),” notes an [accompanying editorial](#) by Kevin B. Weiss, MD. “These studies prompt questions about the range of educational tools and experiences that need to be introduced into GME to ensure all residents and fellows maintain and continually foster their intrinsic desire to provide safe, high-quality patient care in light of the many extrinsic forces that will seek to shape their clinical practice over their professional career.”

Also featured in the September issue:

- [Is Developing a Policy Enough for Preventing Unintended Retained Foreign Objects?](#) (editorial)
- [Prevalence and Characteristics of Interruptions and Distractions During Surgical Counts](#) (Alberta Health Services, Calgary, Alberta)
- [Reducing Surgical Specimen Errors Through Multidisciplinary Quality Improvement](#) (Nationwide Children’s Hospital, Columbus, Ohio)
- [Safety Checklists for Emergency Response Driving and Patient Transport: Experiences from Emergency Medical Services](#) (South-Eastern Finland University of Applied Sciences, Kotka, Finland)
- [Results from the National Taskforce for Humanity in Health Care’s Integrated, Organizational Pilot Program to Improve Well-Being](#) (five health system and physician practice sites)
- [Patient and Family Engagement in Catheter-Associated Urinary Tract Infection \(CAUTI\) Prevention: A Systematic Review](#) (peer-reviewed literature search)
- [Quality and Safety in Surgery: Challenges and Opportunities](#) (commentary)

For more information, visit [The Joint Commission Journal on Quality and Patient Safety website](#).

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**Note for editors**

The article is “[Financial Incentives to Enhance Participation of Resident Physicians in Hospital-Based Quality Improvement projects](#)” by Esther H. Chen, MD; Michael J. Losak, MD; Antonio Hernandez, BA; Newton Addo; William Huen, MD; and Mary P. Mercer, MD. The article appears in *The Joint Commission Journal on Quality and Patient Safety*, volume 47, number 9 (September 2021), published by Elsevier.

***The Joint Commission Journal on Quality and Patient Safety***

[The Joint Commission Journal on Quality and Patient Safety](#) (JQPS) is a peer-reviewed journal providing health care professionals with innovative thinking, strategies and practices in improving quality and safety in health care. JQPS

is the official journal of [The Joint Commission](#) and [Joint Commission Resources, Inc.](#) Original case studies, program or project reports, reports of new methodologies or the new application of methodologies, research studies, and commentaries on issues and practices are all considered.