

Beth Israel Deaconess
Medical Center



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

GME Quality & Safety Report

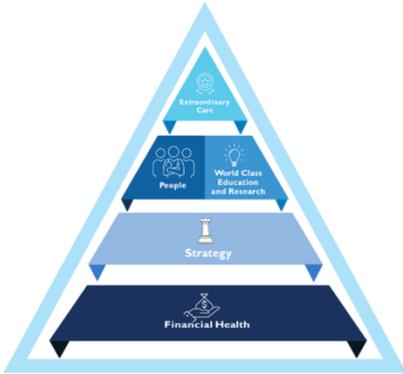
Benjamin A. Wagner, M.D.

Director, Graduate Medical Education Quality and Safety

2025

Beth Israel Deaconess Medical Center Graduate Medical Education Quality & Safety Report (2025)

Institutional Quality & Safety Priorities



BIDMC's Mission is to provide extraordinary care, where the patient comes first, supported by world-class education and research. BIDMC's Annual Operating Plan identifies the priorities and major goals for each area of the pyramid. Quality Improvement goals fall under the Extraordinary Care domain.

Residents and fellows play a critical role in healthcare quality and safety at BIDMC, including identifying safety risks, communicating with patients and teams, and improving care delivery.

This report highlights how trainee actions, insights, and engagement are directly contributing to safer systems, better patient outcomes, and professional development in quality improvement and patient safety.

Priority Areas	Goal	FY25 Target	Comments
Throughput and Access	Excess days per discharge	Excess days: 2.46 Length of stay: 6.5	Excess days: 2.59 (Q1), 2.35 (Q2) Length of stay: 6.8 (Q1), 6.59 (Q2)
	ED throughput: median length of stay for treat-and-release patients	346 minutes (20% reduction from baseline of 432)	Q1: 399 minutes Q2: 373 minutes
Quality and Safety Measurement and Outcomes	Inpatient: HCAHPS overall rating	78.17	Q1: 75.05 Q2: 77.62
	Ambulatory (primary & specialty care) visit rating, % cumulative top box score	90.76	Q1: 87.35 Q2: 87.35
	Safety event reporting standardization: 1. Identify systemwide mandatory fields 2. Systemwide education for file closers	Complete milestones 1&2	Milestone 1 completed Milestone 2 on target
	Readmissions	11.8%	YTD: 12.02%
	Leapfrog grade	A Grade	A-B Grade
	Triennial Joint Commission Survey & Health Equity Specialty Certification	Certification	Certification Achieved

Source: https://portal.bidmc.org/-/media/Files/FULL-DECK-May-Leadership-05_22_25.ashx

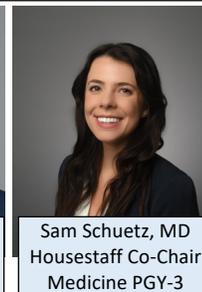
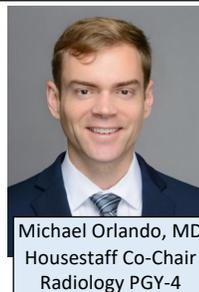
Many institutional quality and safety priorities—such as length of stay, throughput, readmissions, and patient experience—are influenced by trainees' clinical decisions, communication, and care coordination. Understanding these priorities helps link individual patient encounters to system-level outcomes.

Housestaff Quality Improvement Council (HSQIC)

The Housestaff Quality Improvement Council is a multidisciplinary community of residents and fellows from across the hospital seeking to develop the education, mentorship, and partnerships to advance healthcare quality and safety.

HSQIC 2025 Programming:

- Monthly quality improvement didactics
- Support for trainee-led quality improvement projects
- Mentorship for careers in quality improvement and patient safety
- Participation in hospital-level quality and safety meetings and committees
- Access to a Quality Improvement Project Repository
- Launch of an initiative to increase trainee safety event reporting
- Development of a quality improvement idea submission portal



HSQIC provides trainees with hands-on experience in quality improvement, mentorship from institutional leaders, and opportunities to translate frontline observations into system change. Participation supports skill development in leadership, systems thinking, and patient safety that is increasingly expected of graduating physicians.

Residents or fellows who are interested in quality and safety are encouraged to join HSQIC. To sign up for our listserv, email bwagner@bidmc.harvard.edu. Trainees wishing to showcase a successful quality or safety project in the next Quality & Safety Report are invited to email bwagner@bidmc.harvard.edu.

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Safety Event Reporting

BIDMC uses the [Safety Tracking and Reporting System \(STARS\)](#), a platform for reporting **any situation that causes or has the potential to cause harm** to a patient, employee, or visitor.

STARS reports are **confidential, non-punitive, and non-discoverable**.

Every safety event is reviewed. When appropriate, a root cause analysis is conducted to **identify underlying causes, understand system failures, and implement corrective actions to prevent recurrence**.

Safety events that meet certain criteria are reported to the Department of Public Health, Board of Registration in Medicine, and insurers by Patient Safety/Risk Management.



Total safety events: 9,718

Safety events reported by trainees: 163
(1.7% of total safety event reports)

Source: BIDMC Patient Safety Office: 6/1/2024-5/31/2025

Although trainees are frontline providers, they currently submit a small proportion of safety event reports. Increasing trainee reporting is a key opportunity to strengthen organizational learning and improve patient safety.

Serious Adverse Events, Contributing Factors & Corrective Actions

The most common serious adverse events at BIDMC involve **falls and procedures**.

Many serious adverse events are preventable; procedure-related events are less so.

A wide variety of factors contribute to adverse events, most commonly **cognitive errors** and **knowledge deficits**.

Event investigations can lead to **multiple corrective actions**, each designed to address specific contributing factors and strengthen system safeguards.

Serious Adverse Event	#	# (%) Preventable
Fall-related	10	7 (70%)
Procedure-related	8	4 (50%)
Medication-related	3	3 (100%)
Skin-related	1	1 (100%)
Other	2	0 (0%)
Total	24	15 (63%)

Contributing Factor	# of Events	# (%) Preventable	Proposed Corrective Actions	Status of Corrective Actions
Knowledge deficit	11	9 (81%)	18	Done
Cognitive error	10	7 (70%)	22	In Progress
Existing process problematic/insufficient	3	3 (100%)	5	On hold, planning to implement
Electronic health record design	3	3 (100%)	3	Done
Equipment	3	2 (67%)	3	On hold, planning to implement
At-risk behavior	2	0 (0%)	2	On hold, planning to implement
Transfer of knowledge failure	1	1 (100%)	1	Done
Suboptimal teamwork	1	1 (100%)	1	On hold, planning to implement
Staffing/workload strain	1	1 (100%)	5	In Progress
Lack of bed availability	1	0 (0%)	1	On hold, planning to implement
Distraction	1	1 (100%)	1	On hold, planning to implement
Some opportunities for improvement, but not thought to be causal	6	5 (67%)	7	In Progress
No opportunity for improvement identified	3	0 (0%)	3	On hold, planning to implement

Done In Progress On hold, planning to implement

Source: BIDMC Patient Safety Office; 2024

Many contributors to serious adverse events—such as knowledge deficits, cognitive error, communication failure, and workflow challenges—are common in learning environments. Understanding these patterns can help trainees recognize risk, seek supervision appropriately, and contribute to system improvements that directly shape how care is delivered.

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Key Quality Metrics

CMS Quality Measures

The Centers for Medicare & Medicaid Services (CMS) publicly reports hospital performance across key domains—**safety, effectiveness, patient experience, and outcomes.**

These measures **provide transparency, enable benchmarking, and drive improvement** by linking hospital reimbursement and public reputation to quality and safety performance.

Mortality & Readmissions	Mortality Rate			Readmission Rate	
	Target	BIDMC	National	BIDMC	National
Overall	2.12%	2.8%	4.2%	16%	15%
COPD patients		6.6%	8.8%	17.9%	18.2%
Heart attack patients		11.3%	12.2%	15%	13.6%
Heart failure patients		7%	11.6%	19.7%	19.7%
Pneumonia patients		11.2%	16.2%	16.3%	16%
Stroke patients		11.1%	13.3%		
CABG surgery patients		2.7%	2.6%	11.3%	10.6%
Hip/knee replacement patients				4.5%	4.8%

Better/No different than/Worse than National Benchmark

Complications	BIDMC	National
Rate of complications for hip/knee replacement patients	3.2%	3.6%
Serious complication index	1.03	1.00
Deaths among patients with serious treatable complications after surgery	182.52	173.30

Hospital-Acquired Infections	BIDMC	National
Central line-associated bloodstream infections (CLABSI)	0.519	1.000
Catheter-associated urinary tract infections (CAUTI)	0.540	1.000
Surgical site infections (SSI) after colon surgery	1.214	1.000
Surgical site infections (SSI) after abdominal hysterectomy	5.065	1.000
MRSA bacteremia	0.725	1.000
Clostridium difficile infections	0.597	1.000

Better/No different than/Worse than National Benchmark

Sepsis	BIDMC	MA	National
% of patients who received appropriate care for severe sepsis and/or septic shock	31%	57%	64%

Emergency Department	BIDMC	MA	National
% of patients who left the emergency department before being seen	2%	5%	2%
Median time patients spent in the ED before leaving from the visit (minutes)	365	249	216

Source: [Medicare.gov/care-compare](https://www.medicare.gov/care-compare); Fall 2025

Patient Safety Indicators – PSI 90 Quality Measures

The Patient Safety Indicator (PSI 90) is a composite measure developed by the Agency for Healthcare Research and Quality (AHRQ) that tracks rates of ten **potentially preventable in-hospital adverse events.**

Scores are reported as the **number of events per relevant population** (e.g., per 1,000 discharges).

Calculated from administrative claims with risk adjustment, PS I90 scores influence CMS programs that tie hospital reimbursement to performance, including the **Value-Based Purchasing (VBP)** and Hospital-Acquired Condition (HAC) Reduction (HAC) programs.

Patient Safety Indicator	BIDMC	National
PSI 90 Composite	0.93	1.0
PSI 03: Pressure Ulcer	0.76	0.75
PSI 06: Iatrogenic Pneumothorax	0.23	0.14
PSI 08: In-Hospital Fall with Hip Fracture	0.18	0.26
PSI 09: Perioperative Hemorrhage or Hematoma	3.43	2.26
PSI 10: Postoperative Acute Kidney Injury Requiring Dialysis	2.06	1.03
PSI 11: Postoperative Respiratory Failure	6.05	7.16
PSI 12: Perioperative Pulmonary Embolism or Deep Vein Thrombosis	3.82	3.25
PSI 13: Postoperative Sepsis	5.82	4.48
PSI 14: Postoperative Wound Dehiscence	1.63	1.54
PSI 15: Unrecognized Abdominopelvic Accidental Puncture or Laceration	0.58	0.74

Sources: [AHRQ.gov](https://www.ahrq.gov), [leapfroggroup.org](https://www.leapfroggroup.org); Fall 2025

Publicly reported quality and safety measures reflect the care delivered at the bedside. Trainee practices related to supervision, procedural safety, care escalation, discharge planning, and documentation all influence these outcomes and the hospital's performance. For BIDMC, postoperative surgical complications and readmission rates present opportunities for improvement.

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Key Quality Metrics (Continued)

Patient Experience - Selected HCAHPS Scores

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a **national, standardized, publicly reported** survey developed by CMS and the Agency for Healthcare Research and Quality (AHRQ) to measure patients' perspectives on hospital care.

HCAHPS scores, which are risk adjusted for patient mix and survey mode, affect hospital reimbursement through CMS's **Value-Based Purchasing (VBP)** program.

HCAHPS Survey Question	BIDMC	MA	National
Patients who reported that doctors "Always" treated them with courtesy and respect.	88%	86%	86%
Patients who reported that doctors "Always" listened carefully.	79%	78%	79%
Patients who reported that doctors "Always" communicated well.	80%	79%	80%
Patients who reported that staff "Always" explained what medicines were for before giving it to them.	62%	61%	62%
Patients who reported that staff "Always" discussed side effects in a way they could understand.	49%	47%	49%
Patients who reported that they received information about what to do during their recovery at home.	87%	88%	87%
Patients who reported that hospital staff discussed whether they would need help after discharge.	85%	87%	85%
Patients who reported that they received written information about symptoms to look out for after discharge.	90%	89%	88%
Patients who would rate this hospital a 9 or 10 out of 10.	76%	69%	73%
Patients who reported that they would definitely recommend the hospital to friends and family.	78%	70%	71%

Source: [HCAHPSOnline.org](https://www.hcahpsonline.org); 1/2024-12/2024

Patient experience scores are strongly influenced by physician communication. Trainees' interactions with patients—listening carefully, explaining medications, and preparing patients for discharge—play a major role in how patients perceive their care.

External Benchmarks & Accreditation

Medicare.Gov Care Compare



Overall Star Rating



Patient Safety Rating

Medicare.gov's Care Compare is a user-friendly tool from the Centers for Medicare & Medicaid Services that allows patients to **find and compare information on healthcare providers**, including doctors, hospitals, and nursing homes.

Source: [medicare.gov/care-compare/details/hospital/220086/view-all?city=Boston&state=MA&zipcode=02215](https://www.medicare.gov/care-compare/details/hospital/220086/view-all?city=Boston&state=MA&zipcode=02215); 12/2025

Leapfrog Safety Rating



Leapfrog Safety Rating assigns U.S. hospitals a letter grade (A-F) twice a year based on up to 30 national performance measures related to **errors, accidents, injuries, and infections**.

Source: hospitalsafetygrade.org/h/beth-israel-deaconess-medical-center2; 12/2025

Joint Commission Accreditation



The Triennial Joint Commission Survey is a mandatory accreditation process that evaluates an organization's **adherence to safety and quality standards**. The Health Care Equity Certification is a separate, voluntary program for hospitals to achieve a higher level of recognition for **reducing health disparities**.

Source: [jointcommission.org/en/knowledge-library/sustainable-healthcare/resource-center/measurement/beth-israel-deaconess-medical-center](https://www.jointcommission.org/en/knowledge-library/sustainable-healthcare/resource-center/measurement/beth-israel-deaconess-medical-center); 12/2025

Trainees are integral to patient safety and quality improvement at BIDMC. Engagement in event reporting, quality initiatives, and effective communication supports safe care, continuous learning, and shared responsibility for patient outcomes. These efforts strengthen the care environment and prepare trainees for practice in complex healthcare systems.

Prepared by: Ben Wagner, MD
Director of Graduate Medical Education Quality & Safety, Beth Israel Deaconess Medical Center
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