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Miami's Jackson Memorial Residents Turn Ideas into Reality

By Tiffani Sherman

It seems like a simple idea: Ask the people who do the work how to solve the problems they have.

Unfortunately, it typically doesn't happen that way — unless you're part of the house staff at Miami's Jackson Memorial Hospital. They're not only being encouraged to use their creativity to come up with solutions, they've been given a pool of funds to facilitate change.

The hospital has a \$125,000 annual House Staff Involvement, Education and Community Outreach Fund, which is part of the residents' contract with the hospital. It's administered by the Committee of Interns and Residents, known as CIR.



Matthew Carlile

“The patient care fund was designed to be a source of funding if a resident came up with an idea to improve quality or patient care,” said Matthew Carlile, a neurology resident at Jackson. “People always have an idea of how to make things better, but there is no avenue or outlet to do it. The ultimate idea is we can find areas for improvement that hadn’t been thought of before.”

Any member of the house staff can submit a proposal to a committee of their peers that oversees the fund. “The first and most important area where the money may go is quality improvement,” said Carlile, who is also the CIR regional vice president. That means anything that could help patient safety, access to care or improve working environments.

One recent proposal was to purchase software to help residents communicate with the large number of Haitian Creole speakers who come into the county hospital. For another, several departments worked together to purchase an ultrasound training machine and related software modules. House staff can also apply to use funds to attend quality improvement conferences or to bring speakers or training to Jackson.

The new fund replaced one run by hospital administrators. That fund was only \$25,000 and it often went unspent, largely because nobody knew about it. It was more of a top-down approach, with the administration trying to figure out what doctors needed and wanted.

The new way of funding ideas and innovation is more bottom-up. “For the administration to allow us access to these funds is a testament to the fact they recognize the potential,” Carlile said.

CIR also recognized the potential, but they were concerned about resident apathy. Since residents are already so busy, would they have time to think about how best to use the fund?

“Initially, we set up a call for applications to see what we were going to get,” Carlile said. “We really wanted to demonstrate that this was going to work.”

So far, the response has been very positive, although there is always room for improvement, Carlile said.

Once a physician secures the funding, he or she must prove the project is working. “We view this kind of like grant money, we want to make sure the money is being used properly,” Carlile said. To do so, the applicant must collect data and identify and report milestones and benchmarks.

These outcomes could result in a resident finding something worth publishing, an incentive for applying for the money or even wanting to come to Jackson Memorial Hospital for residency in the first place. “We hope these projects are a success,” Carlile said. “We want to help people publish. It’s appealing to have a way to better your own career.”

It’s also a way for a resident who only spends four years at a hospital to leave a mark on Jackson. If a small project seeded with the fund is successful, it could lead to something happening on a larger scale.

“If we can do the initial groundwork and give the administration data to show that a particular method works, we can help identify areas for larger investment,” Carlile said. “If you can start a project that is sustainable, it is a big testament to how hard you worked while you were there.”

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