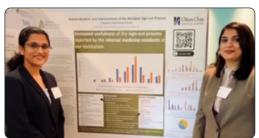
Resident Quality Improvement Highlights

Spotlight on Innovation in Clinical Inquiry

RESIDENT SIGN-OUT PROCESS: Standardization and Improvement

Dr. Sheetal Manerkar, PGY-3 & Dr. Amna Rehmad, PGY-3



This quality improvement project targeted communication during day-to-night resident shift change. The team redesigned the verbal handoff protocol, introduced a new standardized written format, and led upgrades to the hospital's electronic system to support better transitions of care. Resident physicians received training through focused lectures and hands-on workshops.

Six months post-implementation, results showed enhanced clarity in patient transitions, fewer communication breakdowns, and significantly improved physician satisfaction.

The project was recognized with second place in a state-wide research competition at Massachusetts American College of Physicians Annual Scientific Meeting – October 2024.

"We knew this wasn't just about workflow, it was about patient safety and trust. The feedback we got from our peers confirmed we made a real difference." – Dr. Manerkar

WOUND DOCUMENTATION AND MANAGEMENT: Quality Improvement in the inpatient setting

Alice A. Amudzi, MD, Mayra Pinilla Vera, MD, Huda Karman, Rumana Tokaria, MD, Victoria Simon, WCON, Judi Isaacs WCON, Gregory Malanoski, MD, Thet Soe, MD, Jason Touhey, MD, Liana Fraenkel, MD







This three-phase QI initiative tackled the common challenge of inadequate wound documentation in inpatient care. Internal Medicine residents completed a needs assessment, received targeted education, and participated in an EHR redesign. The goal: to strengthen clinical confidence and ensure timely, accurate wound care.

Post-intervention data showed more consistent physical exam documentation and a 6.3% reduction in admissions without wound care orders. The team also introduced a practical acronym—C-L-O-S-E-S—to standardize wound assessments.

"This project opened our eyes. With just a few thoughtful changes, we made wound care smarter, faster, and better for our patients." – Dr. Amudzi

CLOSING THE GAP IN OSTEOPOROSIS TREATMENT: Assessing and Advancing BMC's Fracture Liaison Service

Martinez-Lozano, E. MD, Hernandez-Mendiola, K. MD, Proano-Bastidas, Lucia MD, Fraenkel, Liana MD





Despite an existing Fracture Liaison Service (FLS) at Berkshire Medical Center, a retrospective analysis of 123 patients treated for osteoporotic hip fractures revealed critical gaps in follow-up and treatment.



Only 17% of patients received osteoporosis therapy, and follow-up documentation was limited, many had no recorded reason for lack of treatment, and few discussed osteoporosis in primary or specialty care visits.

The team's review highlighted the need for tighter integration between orthopedics, primary care, and endocrinology, alongside improved tracking of post-discharge care through the electronic medical records.

"These fractures aren't just injuries, they're warning signs. Strengthening our follow-up system gives patients a real chance to prevent the next, often more devastating, fall" – Dr. Martinez-Lozano

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