The Clinical Learning Environment Review (CLER) Site Visit: What residents should know/expect
What is CLER?

- **CLER** = **Clinical Learning Environment Review**
  - Provided to the institution as a quality improvement tool, and to the Institutional Review Committee (IRC) as a “continuous data” element

- SHC received an ACGME call this past week informing us that 3 Site Visitors will be coming to Stanford in the very near future.
  - We will get 10 days notice (will be posted on MedHub).
  - Will require meetings with:
    - CEO, COO, CMO, CNO, DIO, GMEC Chair
    - Groups of 30 (90 – 180 total) peer selected residents
    - Resident “Rounds”
    - Selected Program Directors and Faculty
CLER – What is reviewed?

CLER visits assess the integration of residents along with demonstration of impact into 6 key areas:

1. **Patient Safety** Programs
2. **Quality Improvement** Programs
   - Reduction of Disparities in Health Care Delivery
3. **Supervision**
4. **Transitions in Care**
5. **Duty hours policy, fatigue management and fatigue mitigation**
6. **Professionalism** (including Honest and Accurate Reporting of Information, Scientific Integrity and Issues of Mistreatment)
Five (5) Key Questions for each site visit:

With respect to the six areas:

1. What is the institutional infrastructure to support the six areas?
2. What are the Institutional efforts?
3. How integrated is the GME leadership and faculty in institutional efforts?
4. How engaged are the residents?
5. How does the Institution determine the success of its efforts?
...What are we doing here at Stanford?
Patient Safety Programs

- Healthstream training
- Safety updates in MedHub
- Team care interdisciplinary rounds
- Clinical documentation improvement program
- Use of SAFE reporting system
- Root cause analysis meetings
- Morbidity and mortality conferences
- Improving hand-hygiene compliance
- Improving sepsis recognition and management
- Improving patient flow
- Infection prevention and control education
- SHC Patient Safety Goals
# SHC (Joint Commission) Patient Safety Goals

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>“What are the TJC National Patient Safety Goals?”</td>
<td>Look at your badge card provided by SUMC Office of Emergency Management (OEM) or the big NPSG poster located in each clinical area.</td>
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| “What do you do to make sure you are doing the right thing to the right patient?” | 1. Use two unique patient identifier when giving medications, doing a procedure, or collecting lab specimens  
2. Use a two-person verification process when transfusing blood or blood products |
| “What is the best way to prevent a medication mix-up between syringes?”   | The syringe or container label should include name of medication, concentration/strength. There may be additional items required. Check the “Medication Labeling” policy on SHC Connect. |
| “What can I do to make sure that the patient’s medications are correct?” | Getting an accurate medication history, checking medication orders, ask for clarification or consultation when necessary. Better to ask, than to guess! |

10 Patient Safety Goals

1. Use two forms of patient identification
2. Reduce transfusion errors related to patient misidentification
3. Report critical results on a timely basis
4. Label Medications
5. Reduce harm from anticoagulant therapy
6. Hand Hygiene
7. Reduce Hospital Acquired Infections (HAIs)
8. Reconcile Medications
9. Identify Patients at risk for suicide
10. Prevent wrong patient, wrong site, and wrong procedure (Universal Protocol)
Quality Improvement Programs
Reduction of Disparities in Health Care Delivery

- **QI**
  - Mandatory module on Healthstream (100% compliance)
  - Questions in annual resident survey/Identification of issues
  - QI/Safety updates posted in MedHub
  - Chief Residents Annual Project (currently in 4th yr)...

- Team Cards and C-I-CARE
- Disaster Preparedness Video
- Prevention of Hospital Acquired Infections (HAI)
- Emergency Codes
- ICD-10 Training
- Institutional Monitoring of Health Care Delivery Disparities
Supervision

- Question on annual House Staff & ACGME surveys & monitoring of issues
- Institutional & program specific supervision policies
- Monitor compliance
Transitions in Care

- Communication to program directors & coordinators
- Use of GME designed evaluation forms monitored via MedHub
- Programs to evaluate at least annually
- House staff breakfasts to raise awareness
- Institutional initiatives, LPCH grant
Duty hours policy, fatigue management and mitigation

Transition of care when fatigued

- All trainees required to log duty hours
  - 100% compliance
  - Monitored by both program (PD) and GME/DIO

- Duke LIFE Series
  - Fatigue
  - Stress and Depression
  - Substance Abuse
  - Disruptive Behavior

- Taxi Vouchers (Round Trip)

- Nap Pods

- Faculty/resident presentations on fatigue/mitigation

- Private ‘Hotel’ Rooms in call quarters
Professionalism (including Honest and Accurate Reporting of Information, Scientific Integrity and Issues of Mistreatment)

- Code of conduct training in Healthstream
- Anonymous email links for identification of issues
- Leadership course for senior residents
- Mentorship Project / Faculty GME Fellow
- Chief Residents’ Council
- DIO on Respectful Educators’ Committee (SOM)
- CITI Research Ethics training – Required for IRB
Draft Expectations Template for CLER Patient Safety
(Applies to all Residents/Fellows/Faculty)

Scale the CLER Visitors will Use

**Basic (as defined by Institutional or Common Program Requirements)**
- opportunity to report errors, unsafe conditions, and near misses
- opportunity to participate in inter-professional QI or RCA teams

**Advanced**
- Institutionally approved patient safety goals defined and communicated
- Residents and core faculty on institutional safety/quality committees
- Comprehensive involvement across multiple programs
- Occasional sporadic involvement of faculty and residents in patient safety activities

**Role Model**
- All the above, plus faculty and resident leadership in Patient Safety activities
- All residents/fellows have experiences in safety related activities
- Direct Engagement of CEO/Exec Leadership Team with residents over Patient Safety Issues
- Participate in broad dissemination of output in PS from Core Faculty and Residents

Department of Graduate Medical Education (GME)
ACGME Resident Survey Data...

- Where are we vulnerable?
  - QI
  - Transitions of Care
    - Way to transition care when fatigued
  - Professionalism
    - Mentoring
    - Evaluation
  - “Given personal feedback to improve clinical effectiveness”
What do we need from you?

- QI
  - Review Annual Institutional/Chief Residents’ QI Projects…
    - Team Cards, QI Needs Assessment, Advanced Directives
    - **2014: Every resident/fellow to upload their QI activities into their MedHub Learning Portfolio**
Some Current QI Activity Examples from our Residents

- Rearrangement of drug cart
- Improving ICU to OR handoffs
- Improving our PICU to floor transfers
- Developing a critical phone number list
- Working on the biopsy process and follow-up results and treatments after the biopsy
- Reviewing charts on the management of staph bacteremia due to line related infections
- Improving communication between the families and ICU team
- Improve patient education during clinic visits
- Improving sign out process
- Overhauling the emergency equipment cart at one of our hospitals

Department of Graduate Medical Education (GME)
How to log QI ‘Projects’/ Involvement, Activities in MedHub Learning Portfolio:

- **Step 1:** On MedHub Home page click on the Portfolio tab:

- **Step 2:** Choose “Quality Improvement Project” from the menu then Click on “New Portfolio Entry”
QI Entry – Fill in the Blanks:

....EXAMPLE

New Portfolio Entry

Entry Type: Quality Improvement Project

Title: 

Date: 

Description/Notes: 

Competencies:
- Interpersonal & Comm. Skills
- Medical Knowledge
- Patient Care
- Practice-based Learn. & Improv.
- Professionalism
- Systems-based Practice

Availability: Allow Program Director and Faculty Mentor(s) to view this entry

Add Entry
Additional Logging Recommendations:

- Check off appropriate Core Competency Box
- Allow Viewing
- Upload supportive documentation (presentations/reports/publications)
What do we need from you?

- Be evaluated on Transitions of Care
  - Each trainee must be evaluated on his/her transition of care at least annually
    - Can be done by Senior Residents/Fellows
    - Evaluations in MedHub
      - Available to fill out instantly in MedHub
  
- Evaluations must be completed by February 17th
Step 1: Faculty and/or residents log in to MedHub and click on the Evaluations tab to bring up the Evaluations window as seen below.

Step 2: Click on “Initiate evaluation of a resident” button at the bottom of the screen.
Transitions of Care: Medhub Form: Step 2

Select your program, if applicable.

Initiate Performance Evaluation

Multiple programs have enabled self-initiated evaluations of Resident. Please select a program below.

Program: Emergency Medicine
Transitions of Care: Medhub
Form: Step 3

Select resident to evaluate and Evaluation form

Initiate Performance Evaluation

Select the resident for whom you wish to fill out a performance evaluation.

Program: Emergency Medicine

Resident: (select resident)

Evaluation Form: Transitions in Patient Care – Handover Evaluation (ACGME Requirement VI.B.3.)

Special Options: None

Submit
Transition of Care Evaluation

Transitions in Patient Care - Handover Evaluation (ACGME Requirement)
Evaluator: ____________________
Evaluation of: ____________________
Date: ______________

Attendings or residents can use this form to evaluate other residents in their documentation and communication around transitions in patient care (“handoffs”). Please note that your program's ACGME requirement might include the following:

Transitions of Care

VII B.2. Sponsoring institutions and programs must ensure and monitor effective processes that facilitate both efficiency of care and patient safety.

VII B.3. Programs must ensure that residents are competent in communicating with team members in the hand-over process.

This evaluation form will serve to monitor and ensure residents are competent in communicating in the hand-over process.

Yielding Handoff?

1. The sign-out is face to face?

2. The sign-out took place in a setting free of interruptions and distracting noises?

3. Use of concise, concrete, closed-loop language?

4. Code status is mentioned if the patient is not full code?

5. Highlights active patients?

6. Specifies the clinical condition of each patient?

7. Includes general hospital course?

8. Specifies relevant new events?

9. Includes up-to-date task list?

10. Anticipatory guidance and rationale provided?

Complete form and click “Submit”
What do we need from you?

- Duty Hours
  - Accurate Reporting without consequences
What do we need from you?

- Awareness of Professionalism

- Mistreatment/Harassment - Know the channels to get help/support or report:
  - Residents should always be able to turn to their Program Director or any Stanford faculty without any fear of intimidation or retaliation.
  - However, if any resident or fellow believes that this is not the case, the following options are always available here at Stanford for any issues residents or fellows may have…
Program Director CLER Checklist – Item #5

Ensure trainees know the appropriate channels to report or get help with respect to problems, concerns, mistreatment, harassment.

- Residents should always be able to turn to their Program Director or any Stanford faculty without any fear of intimidation or retaliation.
  - However, if the resident or fellow believes that this is not the case, the following options are always available here at Stanford for any issues residents or fellows may have…
Additional channels for residents to deal with problems or concerns:

- House Staff Well-Being Panel – Contact Janet Spraggins, M.D. @ 650-323-3875.
- Health Connect: Mickey Trockel, M.D., @ (650) 498-9111.
- Well Being Committee, contact Dr. William Berquist, Chairman of the Physicians Support Panel at Stanford University Medical Center @ (650) 498-5603.
- The Stanford University Ombudsperson– Martha Mckee @ (650) 498-5744 mmckee@stanford.edu http://med.stanford.edu/ombuds
- Ann Dohn, Designated Institutional Officer (DIO) @ (650) 723-5948 adohn1@stanford.edu
- Laurence Katznelson, M.D., Interim Associate Dean for Graduate Medical Education @ (650) 721-1020 p
- The Stanford University Help Center @ (650) 723-4577.
Questions....

Contact your Program Directors or GME Program Managers:

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Department of Graduate Medical Education (GME)