CHARLESTON AREA MEDICAL CENTER'S EXPERIENCE WITH THE ACGME'S CLER ACCREDITATION PROCESS

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Objectives

- Attendees will understand the CLER process and identify how a large teaching hospital with both ACGME and AOA residencies are addressing these requirements.
- Presenters will share their journey toward readiness for meeting the CLER requirements but also to create institutional focus toward improving the overall learning environment and experience for residents.
- Focus on six key domains of the clinical environment in which residents train will be discussed: patient safety, quality improvement, transitions of care, supervision, duty hours and fatigue management, and professionalism.
Charleston, WV
Charleston Area Medical Center

- 900 beds – 3 teaching sites
- 16 Residency Programs (allopathic and osteopathic)
- 175 residents and fellows
- Regional Campus (100 medical students):
  - West Virginia University
  - West Virginia School of Osteopathic Medicine
- Teaching and non-teaching physicians
- Clinical teaching affiliations – 49
Charleston Area Medical Center

- Heart Institute
- Hematology/Oncology Center
- Outpatient Surgery
- Ambulatory Care Clinics
- State’s largest peds/ob facility
- Level 3 NICU, PICU, and Pediatric ER
- Special women’s services
- Level 1 Trauma Center
- Nephrology and Renal Transplantation
- Medical Rehab
- Neuroscience Center
- Behavioral Medicine
CLER Program
5 key questions for each site visit

• Who and what form the hospital/medical center’s infrastructure designed to address the six focus areas?

• How integrated is the GME leadership and faculty in hospital/medical center efforts across the six focus areas?

• How engaged are the residents and fellows?

• How does the hospital/medical center determine the success of its efforts to integrate GME into the six focus areas?

• What are the areas the hospital/medical center has identified for improvement?
CLER visits

- Short notice (2 & ½ weeks)
- Visits occur at clinical learning environments of ACGME accredited sponsoring institutions
CLER Pathways to Excellence

- Forms the framework for site visit assessments
- Provides guidance for GME and senior leadership
- Promotes conversations
Multiple Sources of Data (3+)

   - Residents
   - Faculty
   - Program Directors
   Summary of individual data
   (n = est. 25,000)

2. Group interviews with structured questions, no ARS
   - CLE leadership (C-suite)
   - Safety and Quality leadership
   Summary of additional group interviews and walking rounds data
   (n= 298 sites)

3. Walking rounds—interviews structured around six focus areas
   - Both in-patient and ambulatory
   - Across many clinical service areas
   - Physician encounters
   Est. >7,500 encounters

N=19,770*
* Interim working dataset

N=248*

• CLE site reports
• National Report of Findings

January 31, 2015, copyrighted ACGME
CLER Evaluation Process*

Oral Report: end of visit

Written Report: 6-8 weeks after

Optional response to report

National aggregated de-identified data for comparison

* Approved by CLER Evaluation Committee 10/2012

January 31, 2015, copyrighted ACGME
OUR APPROACH
Matching Strategy and Culture—Creating a Learning Culture

• Not really about CLER - CLER as a *tool* for accelerating change.
• Focus
  – Patient and learner centered
  – Long Term, sustainable
  – Real behavioral change; Impact
  – Organizational learning and improvement
  – Bridging the clinical and academic enterprise;
• Everything about CLER is about the Patient --- with Patient Safety and Quality at its core.
• CLER is about creating a learning culture.
Removing Barriers – Key Success Factors

- Linking GME and PS structures/forums/people
- Process Improvement – Simplify and Clarify
- Education – Design/Re-design
  - On-boarding and Tailored PS modules
  - Program level training (why, what, how, follow-up)
  - Common language, expectations
- Focus on Leaders (Champions) and Faculty
- Creating accountability – multiple levels
  - Tracking and Reporting
  - Monitoring and Improvement
Changing Mindset – Changing Practice

Traditional Approach
- Limited non-physician involvement
- Narrow focus
- Often perceived as intimidating or punitive approach
- Lack of system-based change

Patient Safety Approach
- Inclusion of other disciplines/professions
- Big picture focus
- Focus on process and systems
- Results in system-level improvement and learning
Strategy: Universal Curriculum

• Spring 2011: ACGME releases new Program Requirements

• Universal Curriculum modules became mandatory education for all residents and core faculty effective July 2011
  • Teamwork Skills
  • Crucial Conversations
  • Just Culture
  • Quality & Performance Improvement Overview
  • Sleep Deprivation and Fatigue Mitigation
Strategy: Universal Curriculum

• Content from this curriculum meets Institutional and Common Program Requirements for:
  – Professionalism, Personal Responsibility, and Patient Safety
  – Transitions of Care
  – Alertness Management/ Fatigue Mitigation
  – Teamwork
  – All Core Competencies

• Satisfies global accreditation standards for all programs, AOA & ACGME

• Consistency across the institution

• Current modules address all 6 CLER focus areas

• Multi-year strategy: constantly evolving
# Universal Curriculum Timetable Academic Year 2014-2015

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Team Co-Leaders
Core Faculty – 3-4
Residents
Defined Curriculum Interface
Data Driven
Quality/Patient Safety Staff
Link to Corporate Structure
Education & Corp Priority Projects
Strategic Alignment – Structure and Goals

• QIPS Structure – from a GME focus to linking and integrative structure
• 2013 Lean workout – engaged C-suite and other key players
• Annually Creating Shared Goals
• Goal Cascades from Institutional Goals
• Leadership Goals – GME and Institutional Leadership
QIPS Integration into CAMC PI Structure

CAMC Performance Improvement Committees Reporting Structure

CAMC Board of Trustees

- Performance Improvement Council (PIC)
  - Quality Improvement Committees (QIC)
    - Collaborative Practice Committees and High Performance Teams
  - Hospital Committees
  - Medical Staff Committees
  - Medical Staff Departments and Sections

Medical Staff Executive Committee

Graduate Medical Education Committee

Resident Program Quality Improvement & Patient Safety Committees
Mission: Striving to provide the best health care to every patient, every day.

Pillars

Best Place to Receive Patient-Centered Care

Best Place to Work

Best Place to Practice Medicine

Best Place to Learn
By 2018, CAMC will be recognized as a leading teaching/learning hospital that values and embraces an environment of education, innovation and learning as a strategic advantage to our future success. Learning happens at individual and organizational levels. Strong educational and research partnerships support workforce strategic challenges and performance improvement. Everyone teaches and everyone learns.

Best Place to Refer Patients/Market Growth

Source: CAMC Planning Department - January 1, 2015
2015--BEST PLACE TO LEARN GOALS – QIPS
Goal Cascade

1. Improve integration of research and academic programs and learners to CAMC Quality and Patient Safety structure, processes and priority projects.
   - QIPS/Collaborative Practice/QIC/Linkages/Mergers
   - Link Institutional Priorities (ex. HCAHPS, Readmissions, Transition of Care/PS Institutional indicators).
   - Data Scorecards/Data improvements
   - DMAIC Reporting/Project Improvement
   - Universal Curriculum – Extended/Advanced/Onboarding

2. Identify strategies to assess and improve the clinical learning environment for learners and education affiliates (All departments engaged with learners).
   - Survey Improvements (ACGME/PS Survey/Clinical Learning Environment)
   - Patient safety reporting and tracking.
   - M&M transition – Patient Safety Conference
GME Staff and Other Resources

- GME STAFF (full-time) – 4
- PROGRAM COORDINATORS – 10
- VOLUNTEER FACULTY
- RESIDENTS
OUR APPROACH---PEOPLE

• Key institutional players
• Leadership:
  • GME
  • C-Suite
  • Institutional Leaders
• Front-Line Leaders
  • Nursing Structure
• Champions (Residents and Faculty)
FOCUS ON FACULTY

• Faculty are the constant common denominator
• Essential to ensure systematic change
• Faculty engagement on teams, committees, councils.
• Development – focused on Faculty as Role Models -- “Walking the Talk”, Applying Foundations Training
• Faculty Leaders (targeted) and leader development
  • Patient Safety and Quality Leader in each program
• Support – services, time and effort allotment
THE STARS WERE ALIGNED

- CLER Visit – January 2014
- Transition to DNV – March 2014
- Baldrige—Partnership for Excellence Site Visit – March 2014

Common Themes: Alignment, integration, systematic deployment of processes, patient safety and patient quality focus and outcomes.
Monitoring Results – Goal Progress and Outcomes

• Multiple levels (institutional, program, individual)
• Faculty and resident accountability
• QIPS Goals – Annual Goal Scorecard
• Institutional Goal Reporting
• Surveys – ACGME, Institutional, CLE survey
• Emphasizing all existing education with new modified material.
• New Emphasis--Training the Trainers --- QIPS faculty as trainers for their departments and the institution.
# 2014 QIPS Council Goals

## Program Scorecard Summary (January 2015)

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Our Visit Experience

• No surprises
• On target with expectations set by ACGME
• Positive approach --- different from other accreditation processes
• It’s not a gotcha – really
• Focus was on environment
Our Visit Experience

- Can create learning and stimulate many positive outcomes
- Promotes more positive relationships between the clinical and academic enterprise
- Our visit was on January 22-23, 2014. CLER Pathways document released on January 27, 2014
Report from ACGME

- Report was a feedback tool
- Focus on patient safety reporting and education
- Use this feedback:
  - to reinforce and continue to drive initiatives that are working
  - begin to focus energy on areas to improve
LESSONS LEARNED

• Preparation --- not advised/may not be useful
• CLER is about processes, engagement, interaction that is a journey
• Educate the environment about CLER---what it is and what it is intended to do
• Don’t focus on CLER--- focus on what’s best for patients and what will contribute to the best learning environment for residents (and other learners)
Current State—What’s Working

– C-suite- (CMO, CSO, CQO, COO) --- increasing enthusiasm and support
– GME educator, other educator support
  • GME as an Institutional Pacesetter
  • QIPS teams (teaching services) are out-performing other groups on QI and PS performance indicators
  • Faculty and Residents are scoring higher on Patient Safety Culture Survey
  • Faculty and Residents more engaged than other physician groups
CONTINUING THE JOURNEY

- Improving organizational learning
  - 2\textsuperscript{nd} Lean workout to involve executive staff. Strengthening GME integration
  - Corporate restructuring – QIPS emerging as model
  - Integration and Alignment
- Leadership and Faculty Development
- Resident and Faculty Engagement
- Recognition and Incentives (PS and QI performance goals)
  - Leaders (GME, Program, Departments)
  - Faculty and Residents - new compensation systems
Continuing the Journey: Examples

• Transitioning M&M to QI/PS Focus
  • Apply *Just Culture* principles
  • CSO – education and consultation
  • RCA’s
  • Tools (Fishbone, Action Plan, DMAIC/A-3)
  • Linking PS structure and support

• Culture Change and Corporate Integration: Physician Onboarding at CAMC
  • Learning Plan: Go Live – April 2015
  • Development of learning plan required to be completed within 1\textsuperscript{st} year of appointment to Medical Staff / coincides with requirements to move staff status
  • 8 mandatory modules from GME Universal Curriculum package
Continuing the Journey

- Workgroups put together around CLER focus areas.
  - Include GME staff members, program directors and residents

- Organized around the CLER Pathways document.
  - Workgroups
  - Education
  - Faculty Development
Continuing the Journey --- CHALLENGES

• We have “believers” and “non-believers” in our congregation
• Leadership talent is essential
• Competing priorities – a constant
• Keeping momentum going
• Fostering continuous innovation
• There are 6 CLER domains and a multitude of NAS requirements in progress
ONE KEY MESSAGE !!!

It’s not really about CLER . . . . . .

- SAFE ENVIRONMENT FOR PATIENTS
- SAFE AND POSITIVE LEARNING ENVIRONMENT
QUESTIONS/CLARIFICATIONS?