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Clinical Learning Environment Review (CLER)

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CLER

DEFINITION & GOAL



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DEFINITION & GOAL

- CLER is a component of the Next Accreditation System (NAS) designed to provide hospitals with periodic *feedback* in 6 areas:
 - Patient safety
 - Healthcare quality
 - Care transitions
 - Supervision
 - Duty hours & fatigue management & mitigation
 - Professionalism

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DEFINITION & GOAL

- ACGME endeavors that:

“The feedback from the CLER program will assist institutions in prioritizing and acting on opportunities to improve the clinical learning environment for resident and fellow physicians.”

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DEFINITION & GOAL

- CLER is separate and distinct from nearly all accreditation activities. It is connected to the accreditation process by the following:
 - Required participation every 18-24 months
 - CEO and DIO must attend opening and closing sessions


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CLER
PLANNING



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AACPD

PLANNING

- How can I prepare for the CLER?
 - A: Work every day, 365 days per year, to create an optimal clinical learning environment.

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AACPD

PLANNING

- Letter arrives
 - 2 week notice for site visit
 - What next?

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AACPD

PLANNING

- Pre-visit background materials requested
 - **Organizational charts** for GME, Quality Improvement (QI) and Patient Safety (PS) Departments at SI
 - Supervision, duty hour, and transfer-of-care **policies**
 - QI and PS **strategies**
 - QI and PS Committee **rosters**
 - DIO **Annual Report** to SI governance

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AACPD

PLANNING

- Group meetings
 - Intro/Exit meet:
 - CEO, DIO, CMO, CNO, GMEC Chair, Resident member of GMEC, COO, CFO, Dean of Medical School
 - DIO meet (pre-post each day, less formal discussion):
 - DIO, Assoc. DIO, GME Directors, Coordinators.
 - QI/PS meet:
 - CQO, CPSO, Chief Medical Info Officer, Director of Risk
 - Include the people who track PS events and quality indicators and data reporting.

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AACPD

PLANNING

- Group Meetings
 - Only focus on hospital being visited
 - 1 meeting each for (1) **residents/fellows**, (2) **faculty members** and (3) **program directors (PDs)** for up to 30 programs at SI (> 30 programs will have more than 1 meeting for each group)
 - Up to 30 attendees maximum per meeting
 - Minimize pager/phone disruptions

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AACPD **PLANNING**

- Group meetings
 - Audience response questions and discussion
 - Broad representation
 - Transitional year residents and PGY2 or higher
 - Peer-selected residents: voted, not selected by program leadership or chief
 - May not attend other CLER meetings
 - An associate may attend in place of PD


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AACPD **PLANNING**

- Walking rounds
 - Visit patient floors, units and service areas to gather input from a broad range of staff
 - 1 PGY3 or higher as guide
 - A different guide for each session and from a different specialty each time and not participating in meetings

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CLER
REPORT



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AACPD **REPORT**

- 3 types of formative feedback provided
 - Oral report at the end of the site visit
 - Written narrative report summarizing observations
 - National aggregated data along the continuum of progress toward optimal engagement.

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AACPD **REPORT**

- I received my written report, now what?
 - Review
 - Overview
 - Summary of what was said
 - 6 pathways: review of group meeting, walk rounds reporting
 - Alignment: degree of agreement between groups compared
 - Benchmarking data
 - Respond
 - Optional
 - 30 days, < 3 pages
 - Further clarity regarding issues raised
 - Early insights on strengthening engagement

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AACPD **REPORT**

- PS
 - Hospital safety priorities
 - Formal education received (hospital goals, research methodologies, link resident projects to hospital initiatives)
 - Error and near miss reporting and feedback
 - RCA
 - Interprofessional activities

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AACPD **REPORT**

- Quality
 - Clinical site QI priorities
 - System for collecting and analyzing data for QI
 - Healthcare disparities
 - Cultural competency training specific to local populations
- Transitions
 - EMR support
 - Between services
 - Common approach to hand-offs
 - Supervision and readiness evaluation of hand-offs

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AACPD **REPORT**

- Supervision
 - Vulnerabilities
 - Escalation of care
 - Communicating resident procedure capabilities (without direct supervision) to staff
 - Link between supervision and safety events
 - Patient awareness of provider roles
- Duty hours, Fatigue
 - Education
 - Resources available
 - Reporting when maximally fatigued
 - Link between fatigue and safety events

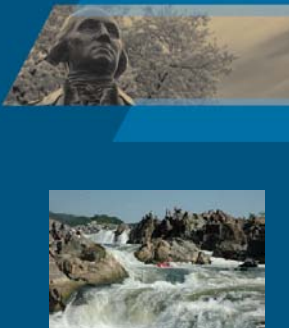
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AACPD **REPORT**

- Professionalism
 - Education
 - Honesty in reporting – supportive, non-punitive?
 - Mistreatment occurrence and reporting
 - Documentation of H&P not personally elicited
 - Sharing non-public board exam questions

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CLER
PATHWAYS

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AACPD **PATHWAYS**

- Pathways to excellence tool
 - http://www.acgme.org/acgmeweb/Portals/0/PDFs/CLER/CLER_Brochure.pdf
 - Developed to promote discussion and action
 - Designed as expectations rather than requirements
 - Focus on everyday practice of 3 groups
 - Faculty (mentorship and modeling)
 - Nurses (inter professional teams)
 - Executive leadership (GME partners)

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AACPD **PATHWAYS**

- Paths (6) are essential to creating an optimal learning environment
- Each path has key properties that can be assessed from low-high for stakeholder engagement

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AACPD **PATHWAYS**

- Example:
 - PS Pathway 1 of 7: Reporting adverse events, near misses. A robust reporting system is essential
 - PS Path 1, Property 1 of 5: All stakeholders know how to report PS events at clinical site
- 6 focus areas, 34 pathways, 89 properties
- Not all pathways and properties will be assessed at each CLER visit

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AACPD **BEST PRACTICES**

- Overall considerations
 - GMEC subcommittee: CLER
 - Pathway review, adoption and implementation
 - Support initiatives
 - Supervise and report on CLER progress
 - Resident Management System vendor
 - New funding sources
 - Regular meetings with hospital C-suite

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AACPD **BEST PRACTICES**

- Pathways
 - Patient safety
 - “Be safe” initiative: situation room, rapid f/u, top leaders (UVA)
 - Mock root cause analysis (RCA) – resident engagement in process, including investigation
 - Near miss inclusive
 - Email vignettes with best response rewards (monthly)
 - Quarterly PS lecture series
 - Healthcare quality
 - QI teams (Unit-based), align with hospital priorities
 - Institute for Healthcare Improvement (IHI) modules: terminology/method
 - QI project scholarships
 - QI project template (PDSA methodology)
 - Local research day QI category and prize
 - Project database available on-line
 - Resident Peer Review Committee
 - Curriculum of cultural competency for URM populations in community
- Teach and track outcomes for vulnerable populations

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AACPD **BEST PRACTICES**

- Pathways
 - Care transitions
 - Standardization hand-offs across services
 - Work with IT to incorporate EMR
 - Harm reporting: % utilization/completion of handoff tool (UR)
 - Supervision
 - Competency tracker (procedures, equipment and communications) – available to staff
 - Escalation of care communication
 - Patient awareness of role of providers
 - Care team face page
 - Descriptive business cards (UR)
 - Nurse provider picture by door (UR)

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AACPD **BEST PRACTICES**

- Pathways
 - Duty hours & fatigue management & mitigation
 - Educate
 - Reporting
 - Options: sleep room, taxi vouchers
 - Assessment of fitness for duty by supervisors?
 - Incorporate fatigue assessment into simulation or theater-based learning
 - Professionalism
 - Mistreatment survey (modeled after student GQ)
 - EMR: cut/pasting notes policy with CIO

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AACPD **FUTURE**

- CLER 2.0
 - New questions
 - Focus on other aspects of pathways
- Questions?

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