



ALLIANCE OF INDEPENDENT ACADEMIC MEDICAL CENTERS
Innovation Award Application Form

Institution Name:	<u>Aurora Health Care</u>	
City, State:	<u>Milwaukee, Wisconsin</u>	
Web Site:	https://medicalprofessionals.aurorahealthcare.org/meded/index.asp	
Institution Contacts:	<u>GME: A Anderson, MD, J Stearns, MD, J Bidwell, MD & D Simpson, PhD</u> <u>Hospital/System Leaders: H Su, MD, C Glocka RN, MBA, M Golanowski, RN, K Rapala, DNP, JD, A Vijayakumar, MD, T Zilavy, et al.</u>	
Corresponding Contact:	<u>Deborah Simpson, PhD</u>	
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1. Please describe how the nominee has developed and/or implemented *innovative medical education programs* for residents, physicians and other staff which have resulted in better patient outcomes:

CLER AS OPPORTUNITY

Aurora Health Care's GME team recognized the ACGME's "CLER Pathways to Excellence" document as an opportunity to continuously optimize the quality and safety of care for our patients and training for our residents and fellows.

To assess these "opportunities" we initiated a "gap analysis" prior to our first CLER site visit (March 2013) to identify and prioritize our starting points and provide a baseline assessment that would allow us to monitor progress. We created a CLER (Clinical Learning Environment assessment Review) blueprint: "Y" axis comprised of the focus areas, pathways and properties; "X" axis focused on "HOW" & "WHO". More specifically we asked ourselves:

- Were we addressing these expectations?
- How we were/should measure them?
- Who would need to be involved?

We soon realized that for a significant number of the CLER expectations, addressing the "how" and "who" required active partnering with our GME sponsoring hospital leaders to achieve the CLER foci.

METHODS: PARTNERSHIP APPROACH

The "Synergy Group" was established with senior leaders from GME, our hospitals (physicians, nursing), and C-Suite (QA, patient safety). Prior to kick off, we met with the non GME leadership members to orient them to CLER and its expectations sharing a document draft linking each of the CLER pathways with those of Aurora Health Care and the two specific hospitals where most of our GME takes place. Hospital leaders recognized the congruence of the six CLER focus areas with Joint Commission priorities.

Initially we met quarterly, reviewing our first CLER site visit report and responses, and identifying resources – programs, people, processes - specific to our targeted gaps (e.g., resident participation in hospital committees and RCAs, hospital leaders as teachers in our GME shared curriculum activities). Over time the meeting has shifted to monthly as we continue to address what one of our hospital leaders termed “shared pain points” – those items identified from the recent CMS/JC visits and our second CLER visit (May 2015) – with opportunities to jointly leverage new initiatives including simulation, transition in care strategies and establishment of Aurora as an IHI chapter.

SUCCESSSES EMERGING FROM OUR SYNERGY GROUP

- Utilizing the hospital’s CMS/JC methodology for our second CLER site visit to enhance providers understand of the CLER process and site visit.
- Initiation of a year-long GME project on hand hygiene (CMS/JC priority = CLER patient safety focus area) with all GME programs designing and completing a hand hygiene PSDA for their clinic/service setting in partnership with our GME Residency Council. Presented at (resident council leader names are italicized):
 - *Mundh I, Simpson D, Sturm A, Leonhardt K, Martinez T, Biswas A, Stearns J, Battiola R, Noor A, Hugley M, & Residency Council & GMEC Collaborative.* A Residency Council-GMEC Hand Hygiene PSDA Initiative Promotes Application of IHI Open School Modules into Daily Practice. AAMC Integrating Quality Annual Meeting: Improving value through Clinical Transformation, Education & Science. Chicago, IL. June 11-12, 2015.
 - Represented as an invited platform session at AIAMC CLER 2.0 Workshop. Chicago, IL. October 16, 2015 (Anderson, Bidwell, et al)
 - Simpson D, Mundh I, Stearns J, *Lepic MK*, Martinez T, Noor A, Hugley M, Battiola R, Anderson A. A Graduate Medical Education Hand Hygiene PSDA Initiative. Aurora Quality Roundtable. Italian Community Center, Milwaukee, WI. October 5, 2015.
- The low rate of physician incident reporting is a national issue and a “shared pain point” between our hospital and GME leaders. A major barrier identified through the literature and locally is the appearance that incidents go into a “black hole” with no follow-up to close the loop with physicians.
 - Through our Synergy partnership, we have created an approach within our system-wide incident reporting system that allows each of our GME programs to monitor reports filed by their faculty/residents – from an educational perspective to “close the loop” and over time to review aggregate reports to identify potential QI project areas.
 - This collaborative initiative between our hospital/system leadership and our GME leaders was singled out as an area of “increased emphasis” in our 2nd ACGME CLER Site Visit Report.
- We are “at the table”: Our hospital leaders actively think about how to involve our faculty/residents in various initiatives to create more win-wins. This was most recently in evidence at our November 2015 Synergy Group meeting when a Hospital VP/CMO invited us to identify residents and faculty to participate in the Studer Group’s “Practicing Excellence” program pilot!

2. Has the nominee received national recognition for innovative medical education and/or research contributions?

- Yes No

4. If chosen for this award, will the nominee be present to receive it at the AIAMC 2016 Annual Meeting, to be held March 31st – April 2nd in Tucson? (Please note the institution should ideally be represented by its CEO & CAO)

- Yes No Not Sure