

Making a CLEAR Plan Linking Priorities: System, Sponsoring Hospitals & GME A Triple-Win Methodology

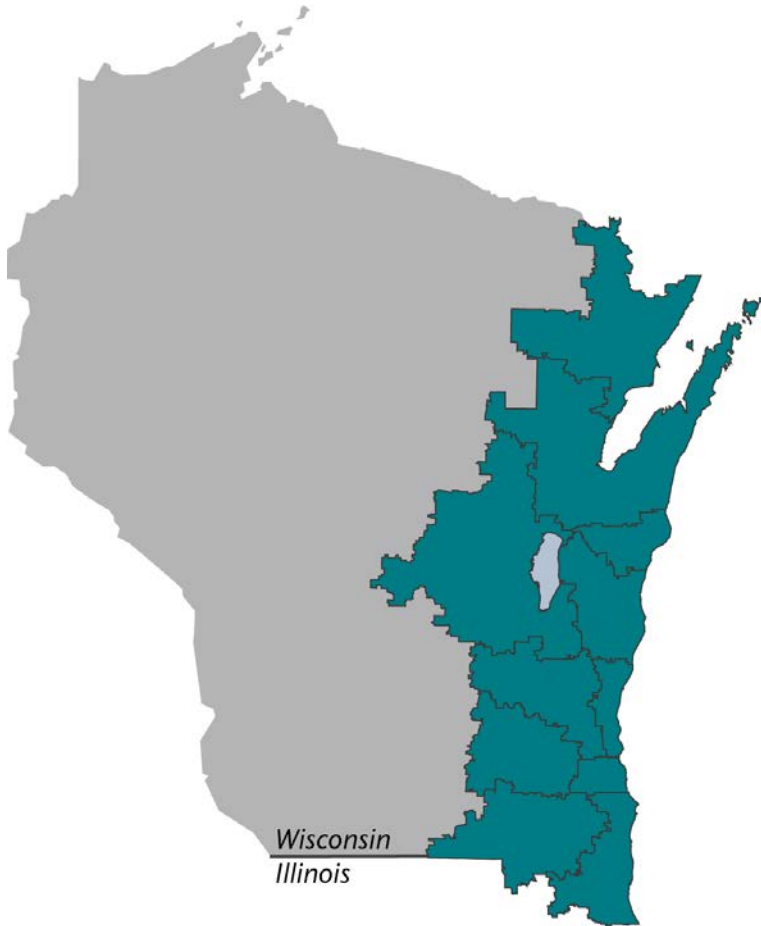
Jeffrey Stearns, MD; Deb Simpson, PhD
Hsieng Su, MD; Jacob Bidwell, MD



Alliance of Independent
Academic Medical Centers
March 2016 – Tucson, AZ



Aurora at a Glance



- Private, not-for-profit integrated health care provider
- 30 counties, 90 communities
- 15 hospitals
- 159 clinics sites
- 70 retail pharmacies
- 30,000 caregivers – including 1,600 employed physicians & 800 APPs
- Largest homecare organization in Wisconsin
- More than 1.2 million unique patients
- 7.8 million patient encounters
- \$4.1 billion in annual revenue

Graduate Medical Education

- Number of Residents/Fellows in ACGME accredited programs = 145
- Oversight by Graduate Medical Education Committee
- Accreditation Council for Graduate Medical Education (ACGME)
 - Institutional site visit in March 2012 (received a 5-year cycle; self-study visit scheduled for October 2024)
 - CLER visit in March 2013 (beta site)
 - CLER visit #2 in May 2015

Graduate Medical Education Training Programs ACGME-accredited

Program	Number of Residents/Fellows
Transitional Year (1-year program)	14
Internal Medicine (3-year program)	39
Family Medicine (3-year program)	29
OB/GYN (3-year program)	12
Radiology (4-year program)	20
Gastroenterology (3-year program)	3
Cardiology (3-year program)	18
Geriatrics (1-year program)	2

CLER Timeline

CLER #1: AHC 1st Beta Site

- Site Visit March 2013
- CLER Response May 2013
- CLER Pathways Detail Analysis July 2013



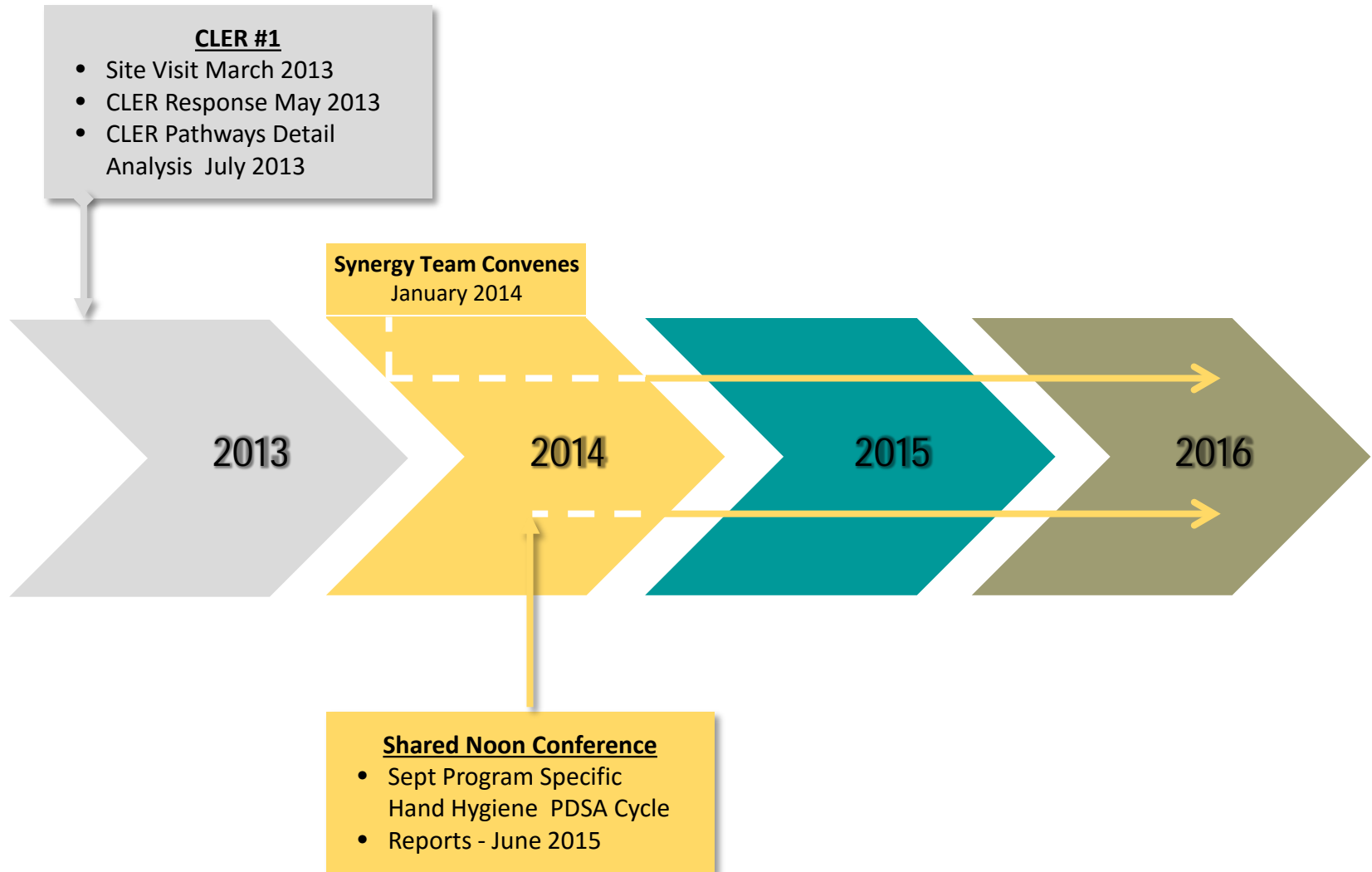
CLEaR Map: Illuminated Need Joint Venture with Hospital/System Leaders > 40%

CLEaR Action Plan													
		Education					Evidence/Data					AHC Partners SYNERGY CONSULT	
		Shared Noon	Orientation/ Re- Orientation	Program	IHI	GME/Aurora Website	ACGME Surveys*		AHC GME Survey*	Pulse* Survey	SOP* Survey	CCC- Milestone* Reports	
6	Patient Safety Pathways (PS):												
8	1. Reporting of adverse events												1
9	* know how to report							1					
10	* know their roles							1					
11	* faculty members who report								1				
12	* residents/fellows who report							1					
13	* events reported into central repository												
15	2. Education on Patient Safety												1
16	* residents/fellows receiving patient safety education specific to clinical site	1		1	1	1							
17	* faculty members who are proficient in practices of patient safety									1			
18	* residents/fellows engaged in patient safety educational activities	1			1			1					1
19	* receiving education on proactive risk assessment (FMEA - JC Req)	1		1	1								1
20	* development of a patient safety education program												1

Creation of CLER Synergy Team

- Regular meetings of hospital/system area leaders with medical education leadership
 - Hospital CMO's / President
 - VP Q&S, Diversity & Inclusion *
 - GME Leaders
 - Resident*
 - CPD/CME*
- Define areas of mutual challenge CLER meets JC “pain points”

CLER Timeline



Hardwire CLER with Hospital/System Priorities

- Graduate medical education is about building future leaders in health care
- Exposing our trainees to the issues that hospitals are facing is a win-win proposition for us:
 1. Helps us improve care for our patients
 2. Helps our graduates understand the issues that the hospitals are facing
 3. Develop leadership skills in our trainees

Hospital Issues

Delivering High Value Care

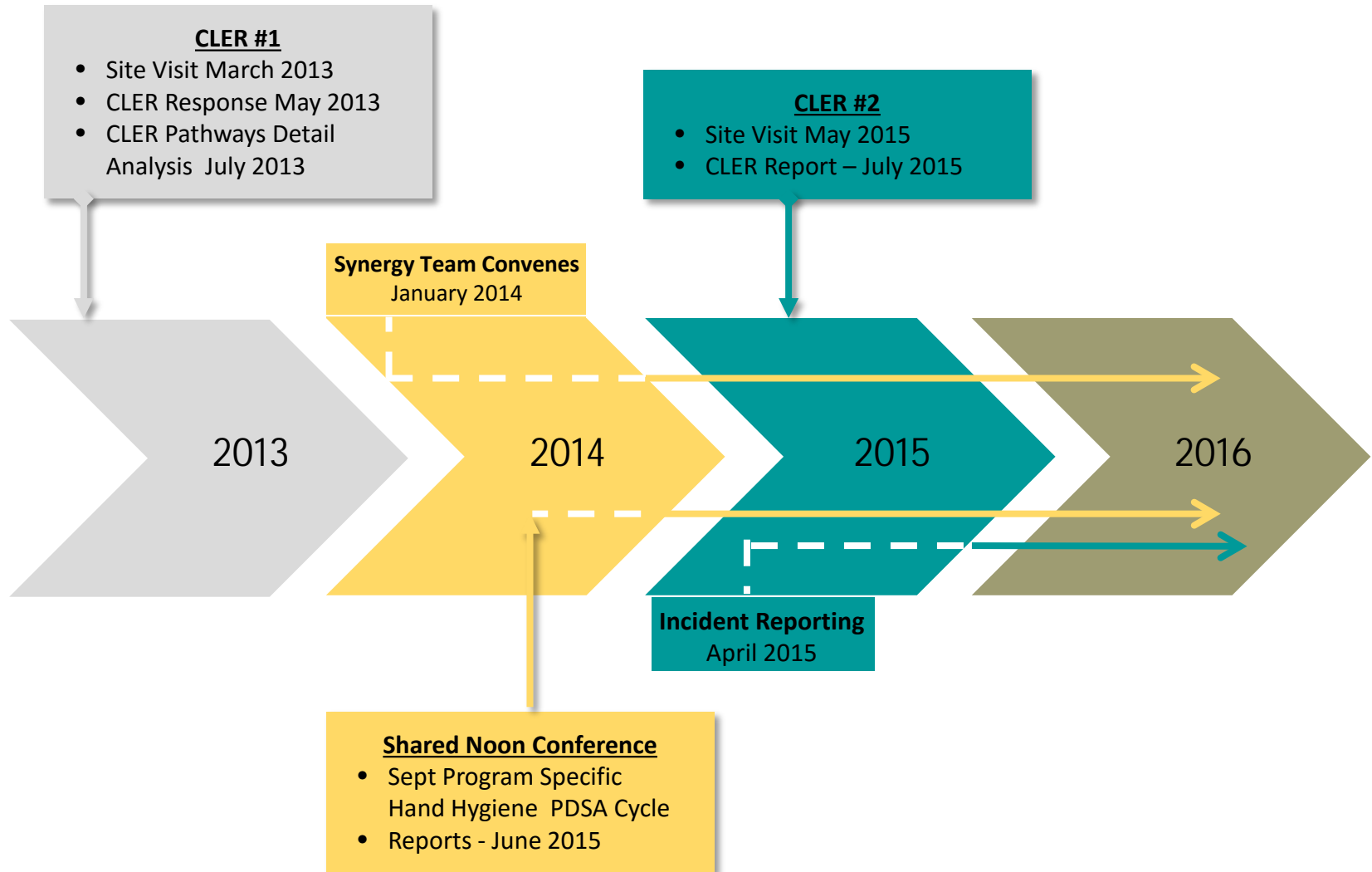
- Quality and Safety
 - Hardwiring a culture of continuous improvement
 - Reporting (Verge)
 - Hand Hygiene – All Residency Program PDSA Cycle
 - Shared Noon Conference GME (Hospital & Infection Control)
 - Participate in RCA
 - Participate in disease specific care teams
- Hospital efficiency
 - Developing optimal length of stay strategies
 - Assist in discharge before noon initiatives

CLEAR MAP – PATIENT SAFETY

AURORA HEALTH CARE GOALS/STRATEGIES:	ACGME CLER FOCUS AREAS	"WINS" FOR AURORA PATIENTS:
<p>PATIENT SAFETY</p> <p>Create a Culture of Safety: Open, fair and just environment.</p>	<p>PATIENT SAFETY</p> <p>Formal mechanism to assess attitudes toward safety and improvement, including fair and just culture. Educational activities that create a shared mental model with regard to patient safety-related goals, tools and techniques.</p>	<p>PATIENT SAFETY</p> <ul style="list-style-type: none"> Residents/Fellows participate in SOPS. Verge incident follow-up strategy was enabled to allow residents & faculty to learn about process & outcome. Cross residency projects on hand hygiene.
<p>HEALTH CARE QUALITY</p> <p>Every patient deserves the best care. Period. Our targets for success are to be a national top performer in clinical quality and patient satisfaction. Caregiver accountability, teamwork and respect enables our success, as does a strong culture of service to one another.</p>	<p>HEALTH CARE QUALITY</p> <p>Utilize educational activities to support a shared mental model with regard to health care quality-related goals, tools and techniques to achieve QI goals.</p>	<p>HEALTH CARE QUALITY</p> <ul style="list-style-type: none"> Residents & faculty receive IP/OP reports on quality and patient experience and develop action plans.
<p>CARE TRANSITIONS</p> <ul style="list-style-type: none"> Smooth transitions and coordinated care (Roadmap 2007). Institution's commitment to work with patients at high risk for readmission. 	<p>CARE TRANSITIONS</p> <p>Sponsor educational activities that create a shared mental model with regard to care transitions necessary for residents to work in a consistent, well-coordinated manner.</p>	<p>CARE TRANSITIONS</p> <ul style="list-style-type: none"> Transition processes (verbal & EHR) are in place in training programs. Train residents/faculty in standardized transition model (I- PASS) to enhance team care (TeamSTEPPS). Utilizing LACE (Length of stay, Acuity of admission, Comorbidities, Emergency department visits) on Internal Medicine Teaching Service for 30 day readmit.

Hospital Leadership Suggested and Shared JC Process Approach (and people) for CLER #2 Site Visit

CLER Timeline

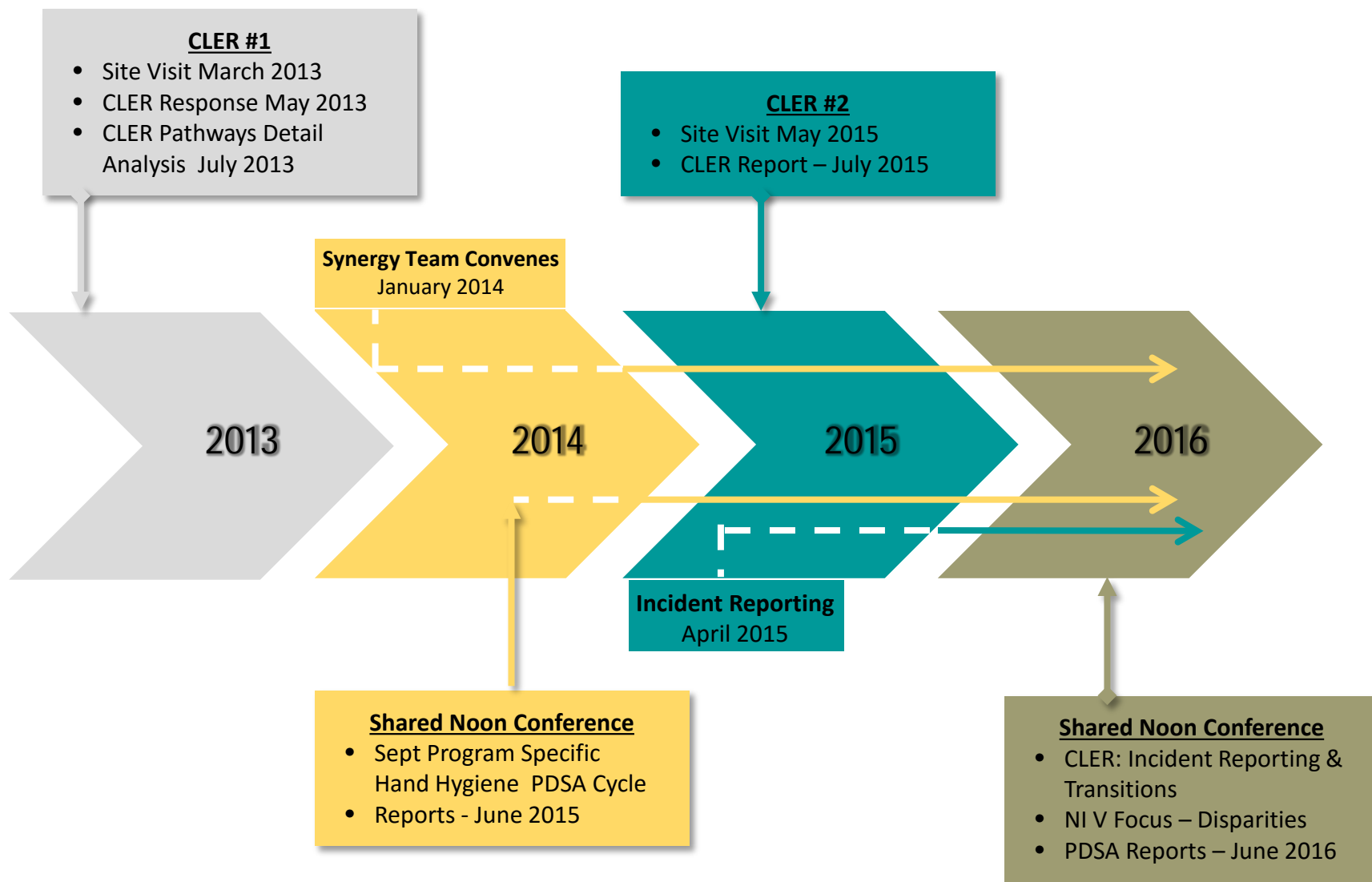


CLER Visit #2 (5/2015)

JC Pain Points → Current Synergy Foci

- Quality/Safety [CLER #1-2]: Shared Noon Conference
 - Incident Reporting
 - Transitions
 - Supervision/faculty participation
 - I-PASS
 - Health care disparities [Quality Pathway 2.5-6]
 - NI V: Ob/Gyn, Internal Medicine, Family Medicine
 - 3 projects on clinic-care based disparities
- Duty Hours/Fatigue Mgmt [#5]
 - Physician Wellness [Pathway #5.5]
- Professionalism [#6]
 - “Copy/Paste”

CLER Timeline



Your Turn!

Facilitated Break Out Grps

Identify Win-Wins (Shared Pain Points)

Remember our CLEaR Map → Need Joint Venture with Hospital/System Leaders

CLEaR Action Plan

Education					Evidence/Data						AHC Partners SYNERGY CONSULT
Shared Moon	Orientation/ Re-Orientation	Program	IHI	GME/Aurora Website	ACGME Surveys*		AHC GME Survey+	Pulse* Survey	SOP* Survey	CCC-Milestone* Reports	

Patient Safety Pathways (PS):

1. Reporting of adverse events

- * know how to report
- * know their roles
- * faculty members who report
- * residents/fellows who report
- * events reported into central repository

2. Education on Patient Safety

- * residents/fellows receiving patient safety education specific to clinical site
- * faculty members who are proficient in practices of patient safety
- * residents/fellows engaged in patient safety educational activities
- * receiving education on proactive risk assessment (FMEA - JC Req)
- * development of a patient safety education program

												1
							1					
							1					
								1				
												1
	1		1	1	1							
								1				
	1			1			1					
	1		1	1								
												1

CLEAR MAP WORKSHEET

CLER FOCUS (SELECT 1 PAGE 2)

PATHWAY DESCRIPT: _____

EDUCATION				EVIDENCE - DATA			GME PARTNERS! LIST THEM!			
Who	Program Level	GME/DIO Level	Hospital-System	Program Level	GME/DIO Level	Hospital/System				
	Ex: NI V 1/mo Mtgs**	Shared Noon Conf	Partner w D&I	GMEC Qs; NI V Storybrds	1/mo GMEC + CMO System	Quality Metrics NI-V	RRC	CMOs – Synergy	D&I Quality/Safe	

REMINDERS: (1) Circle your “best practices/ideas” and “partners”; (2) Select a Reporter < 3 min; (3) Turn in → to share/disseminate: (4) Write table members’ names and e-mails here if want summary results →

CLEaR MAP Ex Health Care Disparities

II. Quality #5-6. Resident/fellow **EDUCATION** on reducing health care disparities + Engagement in **CLINICAL SITE INITIATIVES** to address health care disparities

2013-14 Post CLER #1

Education			Evidence - Data			Who are GME Partners		
Prog	DIO	System	Prog	DIO	System	RRC	CMOs	D&I + Q&S
Variable	No	?	?	No	CHNA	?	?	?

CLEaR MAP Ex Health Care Disparities

II. Quality #5-6 Pathways: Resident/fellow EDUCATION on reducing health care disparities + Engagement in CLINICAL SITE INITIATIVES to address health care disparities

Education			Evidence - Data			Who are GME Partners		
Prog	DIO	System	Prog	DIO	System	RRC	CMOs	D&I + Q&S
Variable	No	?	?	No	CHNA	?	?	?
2015-16 CLER #2								
NI-V: Improving Health Care Disparities via REAL⁺ Pop Analysis & Intervention								
Prog	DIO	System	Prog	DIO	System	RRC	CMOs	D&I + Q&S
1/mo mtg • IM • FM • Ob/Gyn	Shared Noon Conf	Partner w D&I	GMEC Q's NI V Storyboards	• GMEC Report 1/mo • CMO System	Quality Metric • CRC • DM • PP/HTN	Reps SNC Participation	Synergy Grp	• SNC Present • Pop Data Analysis

YOUR TURN: CLER Map → Partners

Questions?

- Table Members
 - Introduce yourself via a “gap” identified struggled via CLER visit
- Each table will select from limited list of pathways
 - If time do 2nd based on “CLER” table introductions
- Complete CLER Map for assigned pathway
 - Fill in with best practices from grp members
 - Each row – example (label 1st column/row “who” as org)
 - Education; Evidence; Partners
 - Then do a +1: identify ways to partner with CMOs, Q/S, D&I,
 - Who else add to CLER Map to create 3xWins: patients, trainees, system
 - Circle your “best practices/ideas” & partners
 - Select a Reporter – 3 min
- Table Reports Outs Be Ready in < 25 min!
 - Collate & share with meeting attendees
 - May consider opportunity “publish” results

Report Outs: 3 Min x Table

State CLER Focus & Pathway+ best practices/ideas educ & evidence + partners

Debrief Report Outs

Identify Practical Action Steps to Partner

Red Flags?

Closing Comments DOT

- Recovering DIO/NI V Leader
 - Days of parallel play are over... partner!
- Current DIO
 - Learn (early) and speak the language of system as DIO when YOU go to talk to them
- CMO
 - To engage clinic/hospital leadership... “hot” wire CLER via “share pain points”
- Educator
 - See CLER as opportunity for true Med Educ continuum that prepares trainees (and faculty) for 2020 medicine

Session Next Steps

- Collect & Collate CLER Maps
 - Write team members names on back please (to translate)
 - Add e-mail if want us to send you results
- Disseminate Maps & Discussion findings (x2)
- Consider “making it public” aka “publish”

CLER Timeline & Next Steps

Thank You!

