

# CLER Impressions Atlantic Health System

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DIO



Atlantic  
Health System

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## Goals for today

- Describe the Clinical Learning Environment Review (CLER)
- Provide background for the development of CLER
- Describe the logistics of the CLER
- Provide typical audience response questions based upon the CLER Pathways document



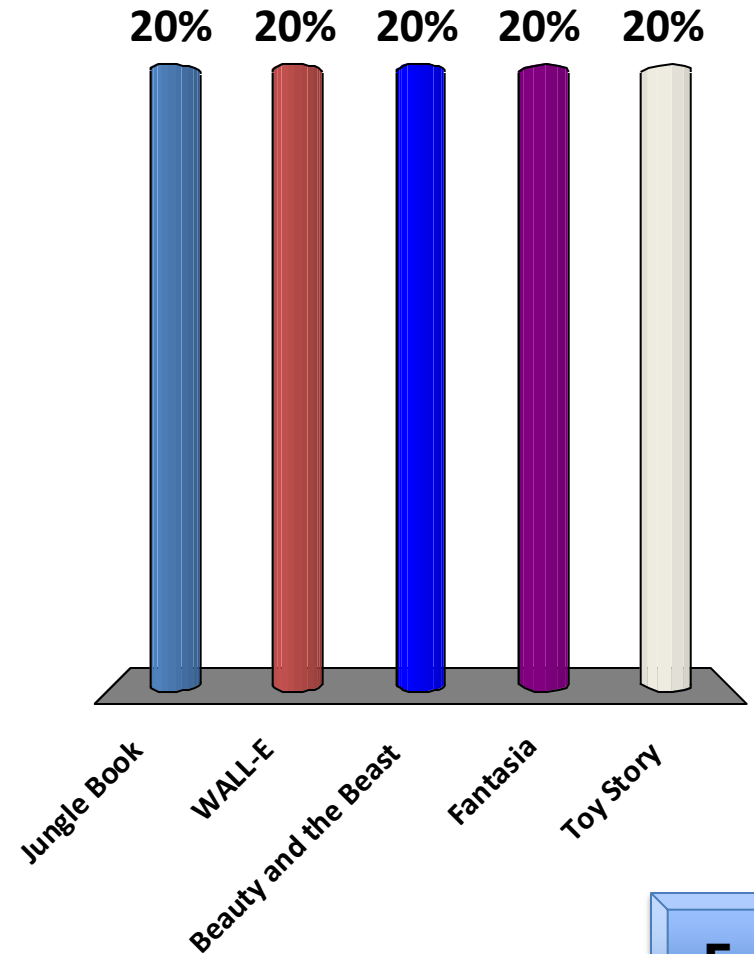
## What are my creds?

- My one smart idea of the year (2012): Volunteered to be a beta site for CLER. Ended up being the 8<sup>th</sup> site visit
- Then volunteered to be an ACGME CLER site surveyor
- DIO at Atlantic Health System in NJ
- I have a PhD in clinical psychology from WU with a special interest in the treatment of anxiety and panic disorder



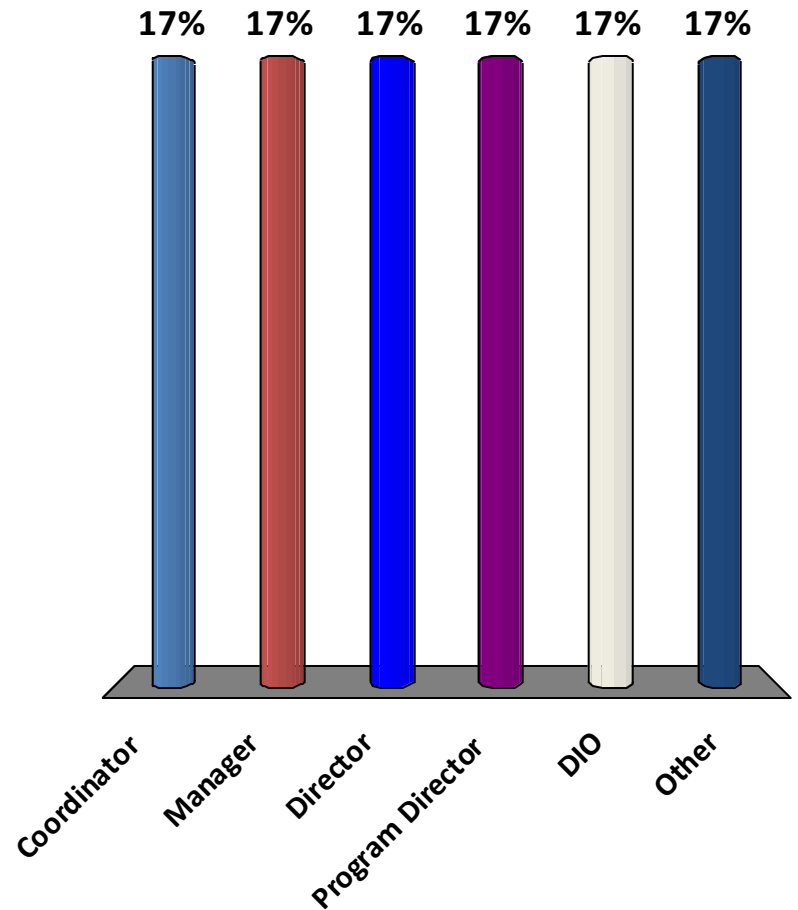
# Of the following, which is your favorite Disney movie?

- A. Jungle Book
- B. WALL-E
- C. Beauty and the Beast
- D. Fantasia
- E. Toy Story



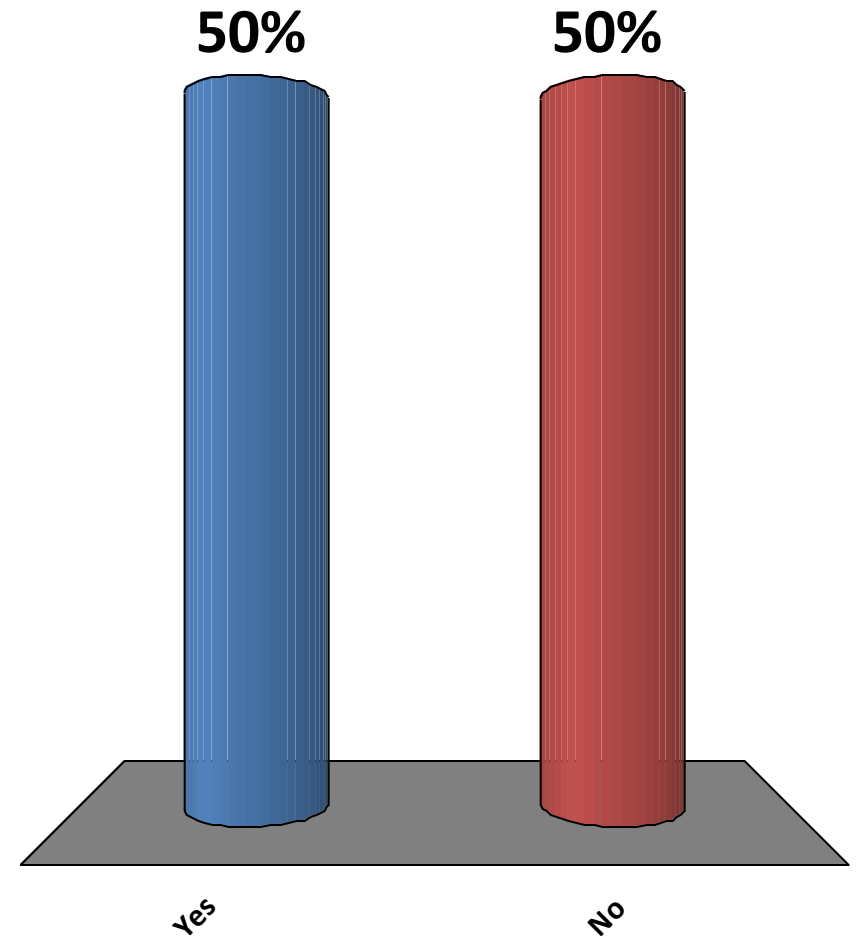
# What is your role in GME?

- A. Coordinator
- B. Manager
- C. Director
- D. Program Director
- E. DIO
- F. Other



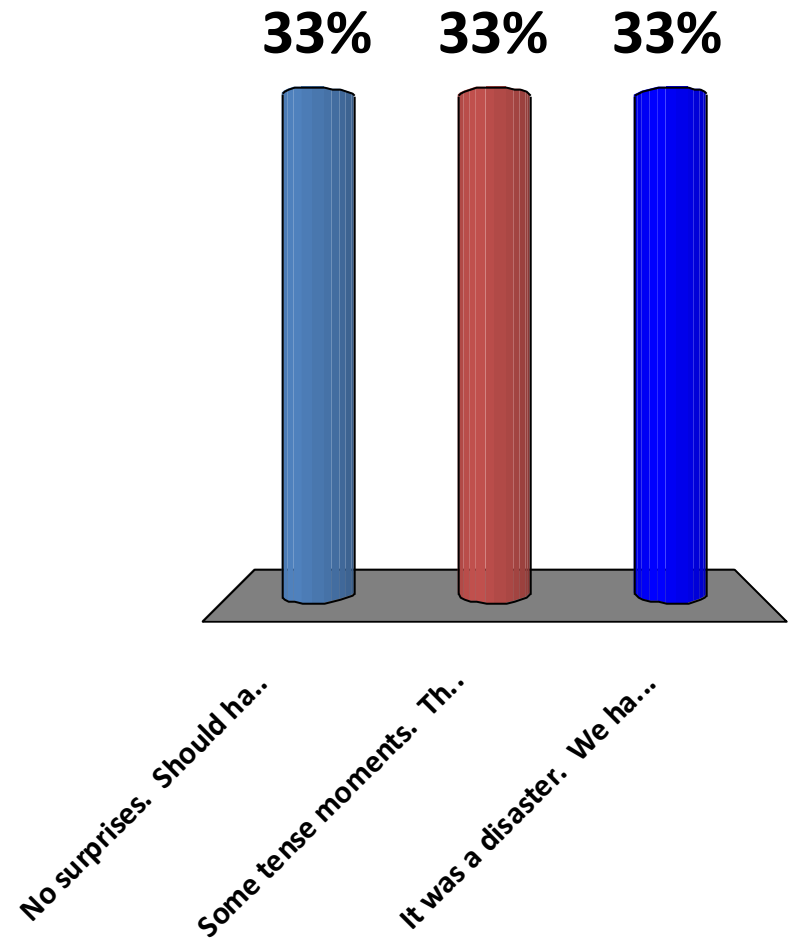
# Have you had your CLER visit yet?

- A. Yes
- B. No



# If you have already had your CLER visit, how would you categorize it?

- A. No surprises. Should have never been so anxious about it.
- B. Some tense moments. They “found” some things that made us uncomfortable.
- C. It was a disaster. We had no idea how out of synch we were.



# ACGME Clinical Learning Environment Review (CLER)

***The CLER program's ultimate goal is to move from a major targeted focus on duty hours to that of broader focus on the GME learning environment and how it can deliver both high-quality physicians and higher quality, safer, patient care.***

***In its initial phase, CLER data will not be used in accreditation decisions by the Institutional Review Committee (IRC).***





## How did we (ACGME) get here?

- **IOM report (2009)** on duty hours and patient safety has led to calls for greater institutional oversight of duty hour limits and of efforts to enhance the quality and safety of care in teaching hospitals
- **IOM report** states that the US healthcare system fails to provide consistent, high quality care and is poorly organized to meet the changing public health landscape
- **The government pays for GME** and the AGCME accredits GME, ergo the ACGME is accountable to the public
- **The public expects physicians to provide safe, high quality care**



# This has led to a tsunami in GME.



# Clinical Learning Environment Review (CLER)

Goal is “To generate national data on program and institutional attributes that have a salutary effect on quality and safety in settings where residents learn and on the quality of care rendered after graduation.”



*The actions of the ACGME must fulfill the social contract, and must cause sponsors to maintain an educational environment that assures:*

- the safety and quality of care of the patients under the care of residents today
- the safety and quality of care of the patients under the care of our graduates in their future practice
- the provision of a humanistic educational environment where residents are taught to manifest professionalism and effacement of self interest to meet the needs of their patients



## Kevin Weiss, MD presentation

- **“How do we train physicians to work in systems and adapt within systems?”**
- **“What is the environment like in which residents and faculty are enmeshed?”**
- **“Are we training residents to practice safe medicine?”**
- **“How does a system learn from itself? How does this organization learn and communicate within itself, across departments, across disciplines?”**
- **“Is the system teaching residents how to learn from mistakes?”**



## CLER Logistics

- Short notice – as little as 10 days
- Letter from ACGME
- Two – three days, depending upon size of hospital
- Visit the major teaching hospital in any system



## CLER Logistics

- Meetings scheduled with CEO, CMO, CNO, DIO, Resident member of GMEC, and Quality/Patient Safety Officer
- Group interviews:
  - 3 – 4 peer-selected PGY2 or higher residents from each core and fellowship program
  - 3 – 4 faculty from each core program
  - All program and fellowship directorsEach group will be asked a series of questions using an audience response system
- Walk-arounds – (3) hour to an hour and a half tours of the hospital, given by residents



## Documents that you should have prepared and reviewed

- **Organizational charts** – sponsoring institution, major participating site, and quality and patient safety departments within participating site
- **Supervision policy**
- **Duty hour policy**
- **Transition of Care policy**
- **Patient safety protocol/strategy** that's been approved by your Board of Trustees
- **Quality strategy** that's been approved by your Board of Trustees
- Most recent **annual report** to the medical staff
- List of **residents on QI committees**





- What does your DIO need to know?
  - Logistics
  - Required documentation
  
- What does your C suite need to know?
  - Expectations of ACGME
  - Short notice
  - Content of site visit
  
- What do you program directors and faculty need to know?
  - Very little



## CLER Program 5 key questions for each site visit

- Who and what form the *hospital'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 in the hospital's goals?
- How does the hospital 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?



# Clinical Learning Environment Review (CLER)

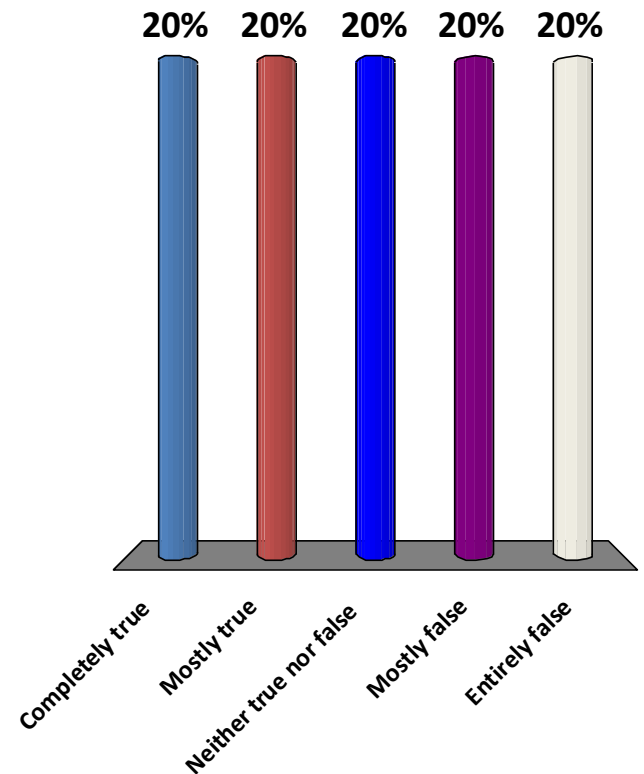
- Patient Safety

- Including opportunities for residents to report errors, unsafe conditions, near misses in a protected manner that is free from reprisal
- Ability to participate in inter-professional teams to promote and enhance safe care, including root cause analyses



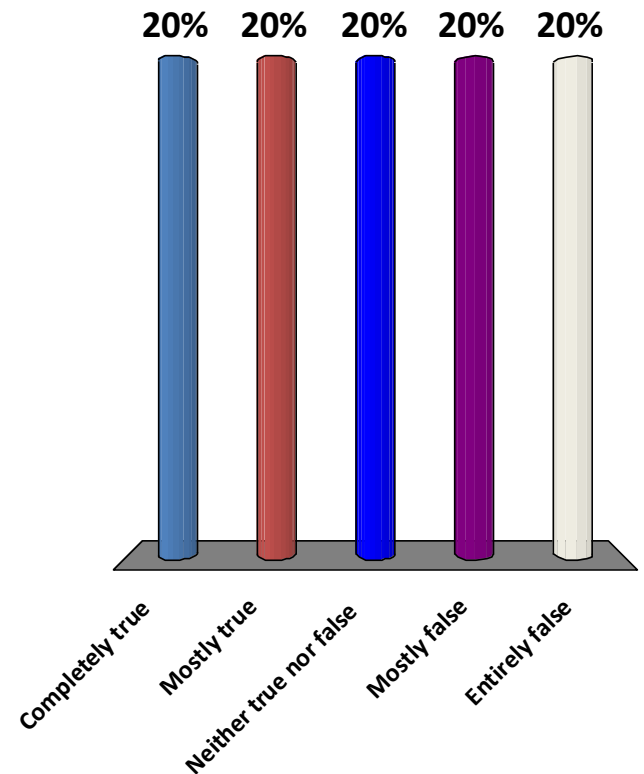
# Residents routinely report safety events via the clinical site's preferred system.

- A. Completely true
- B. Mostly true
- C. Neither true nor false
- D. Mostly false
- E. Entirely false



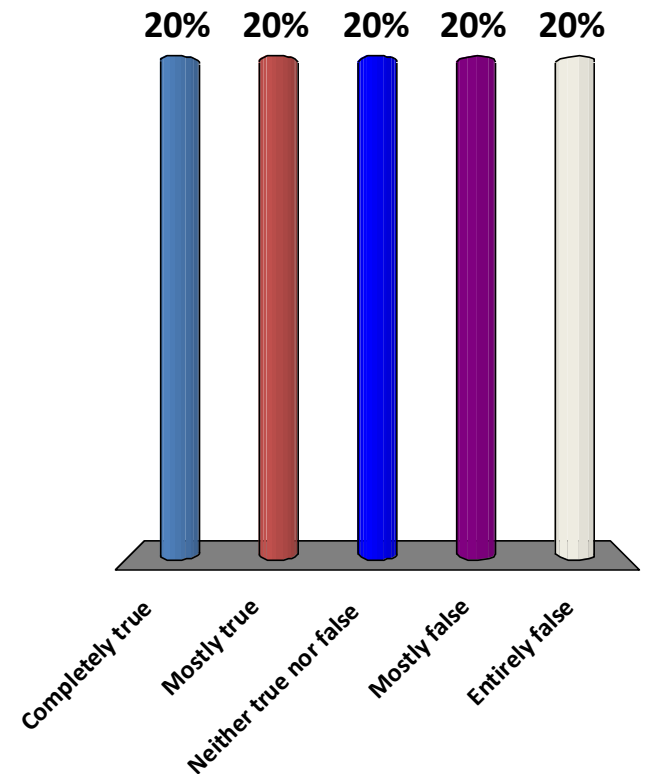
# Residents receive feedback when they report on errors and near misses.

- A. Completely true
- B. Mostly true
- C. Neither true nor false
- D. Mostly false
- E. Entirely false



# Residents participate in root cause analyses (RCAs)

- A. Completely true
- B. Mostly true
- C. Neither true nor false
- D. Mostly false
- E. Entirely false



# Clinical Learning Environment Review (CLER)

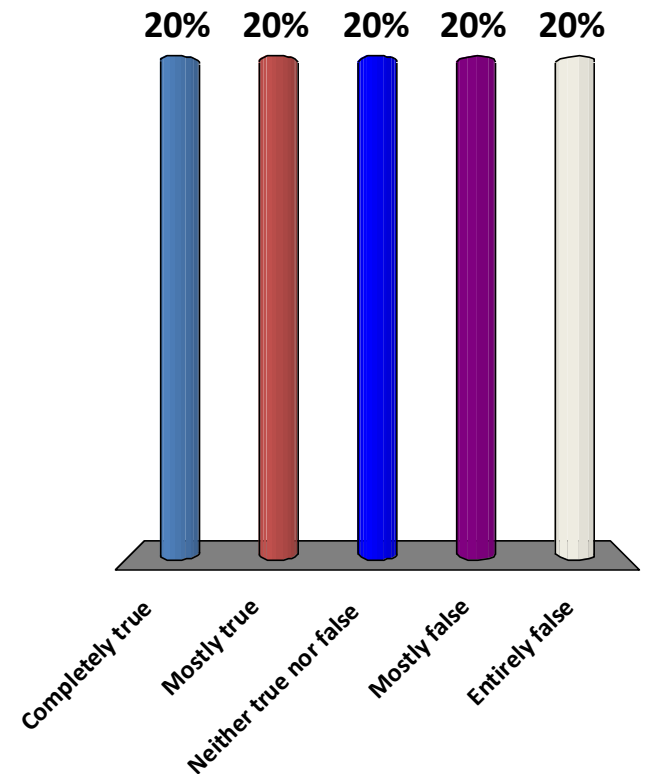
- Quality Improvement

- Including how sponsoring institutions engage residents in the use of data to improve systems of care, reduce health care disparities, and improve patient outcomes
- Participation in inter-professional quality improvement initiatives



## Residents/fellows are familiar with the clinical site's priorities for quality improvement.

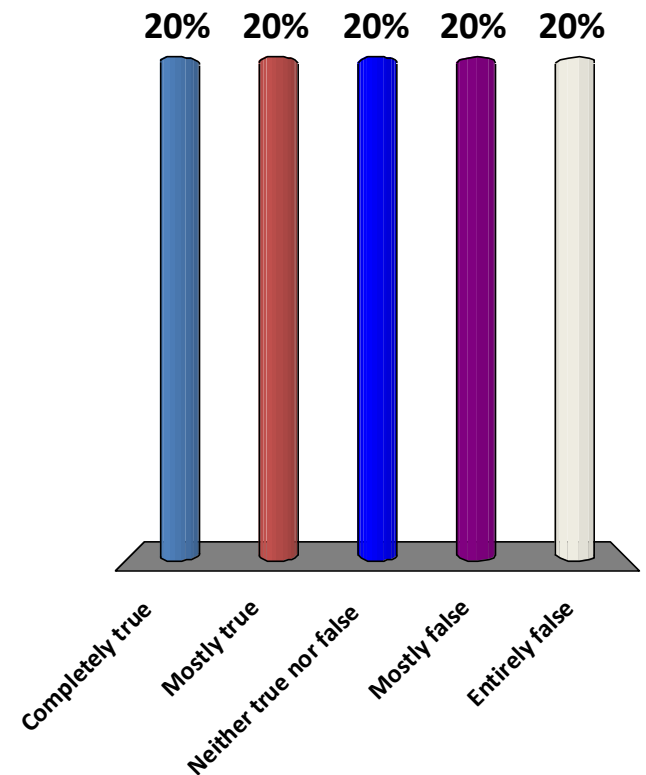
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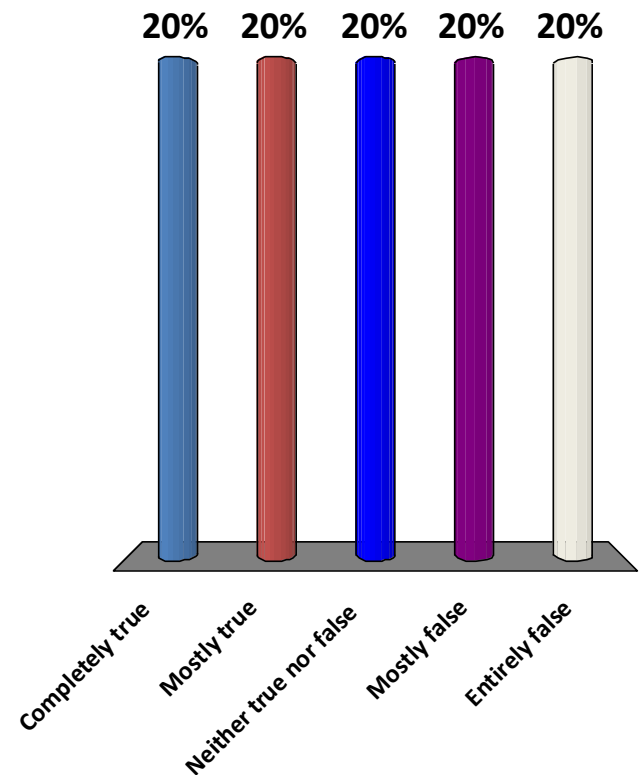
# Residents receive specialty-specific data on quality metrics and benchmarks related to their patient populations

- A. Completely true
- B. Mostly true
- C. Neither true nor false
- D. Mostly false
- E. Entirely false



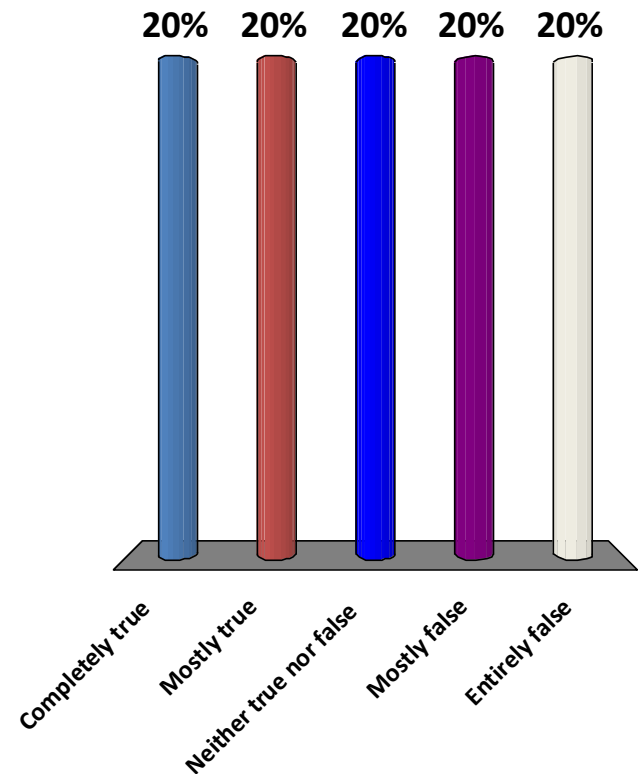
# Residents/fellows and faculty know the clinical site's priorities for addressing health care disparities

- A. Completely true
- B. Mostly true
- C. Neither true nor false
- D. Mostly false
- E. Entirely false



# Residents are engaged in QI activities addressing health care disparities for the vulnerable populations served by the clinical site

- A. Completely true
- B. Mostly true
- C. Neither true nor false
- D. Mostly false
- E. Entirely false



## What this in not:

- All your residents have QI projects
- Your residents do their ambulatory training in clinics which serve indigent patients



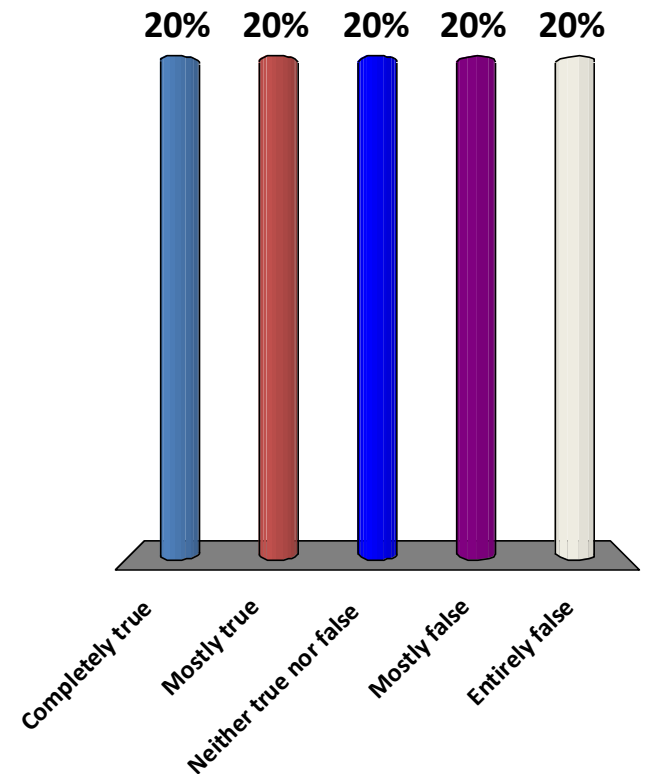
# Clinical Learning Environment Review (CLER)

- Transitions of Care
  - Including how sponsoring institutions demonstrate effective standardization and oversight of transitions of care



# Residents/fellows use a common clinical site-based process for change of duty hand-offs

- A. Completely true
- B. Mostly true
- C. Neither true nor false
- D. Mostly false
- E. Entirely false



# Clinical Learning Environment Review (CLER)

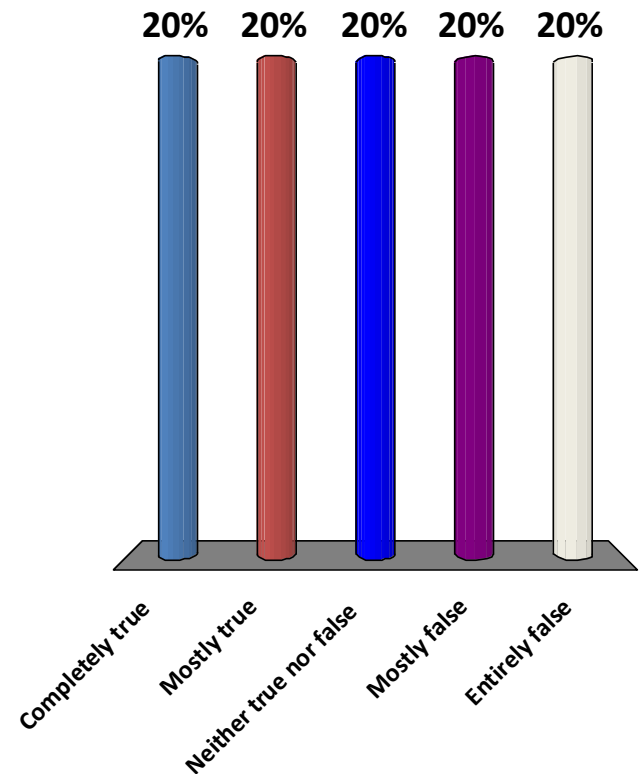
- Supervision

- Including how sponsoring institutions maintain and oversee policies of supervision of residents/fellows consistent with institutional and program-specific policies
- Mechanisms by which residents/fellows can report inadequate supervision in a protected manner that is free from reprisal



# Our residents/fellows feel that they are adequately supervised.

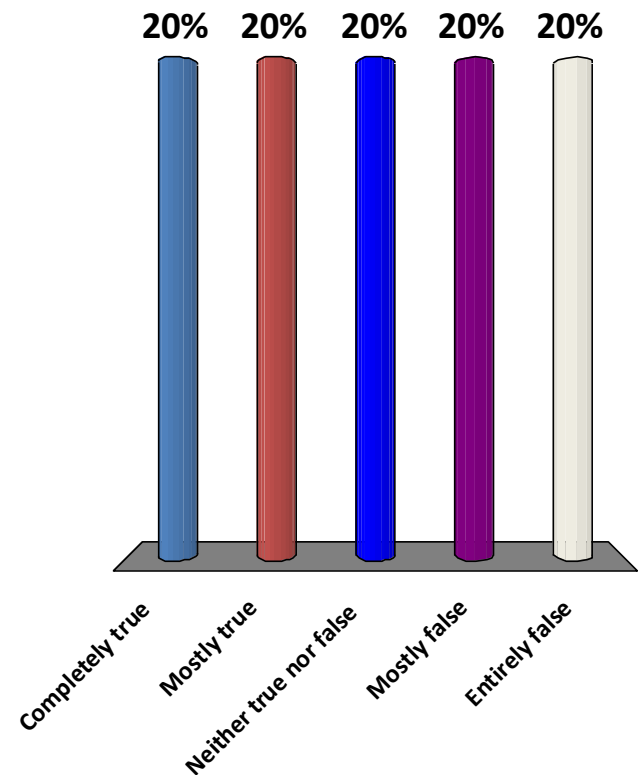
- A. Completely true
- B. Mostly true
- C. Neither true nor false
- D. Mostly false
- E. Entirely false





# Nurses and residents/fellows know how to determine if a resident/fellow is approved to perform a procedure independent of supervision

- A. Completely true
- B. Mostly true
- C. Neither true nor false
- D. Mostly false
- E. Entirely false



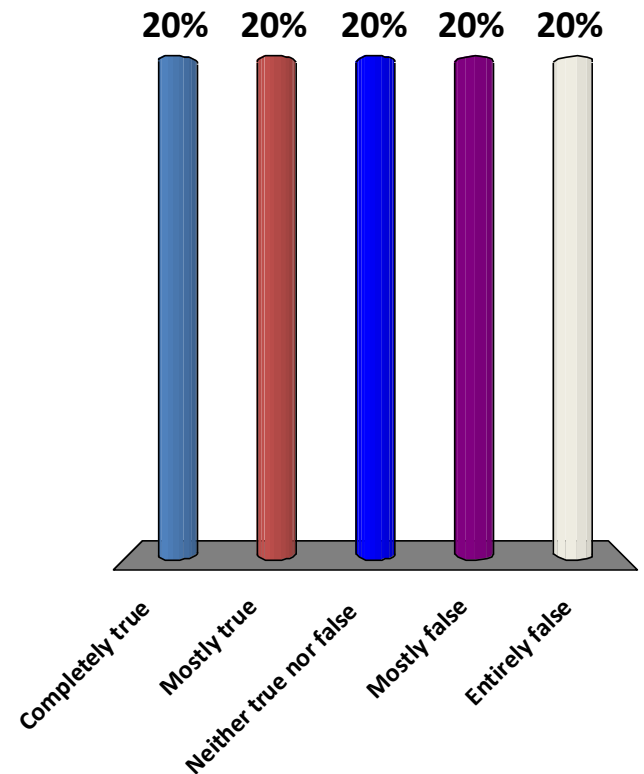
# Clinical Learning Environment Review (CLER)

- Duty Hours, Fatigue Management and Mitigation
  - Demonstrate effective and meaningful oversight of duty hours policies with noncompliance addressed in a timely manner
  - Design systems of care and a learning and working environment that facilitate fatigue management and mitigation
  - Provide effective education of faculty members and residents in sleep, fatigue recognition, and fatigue mitigation



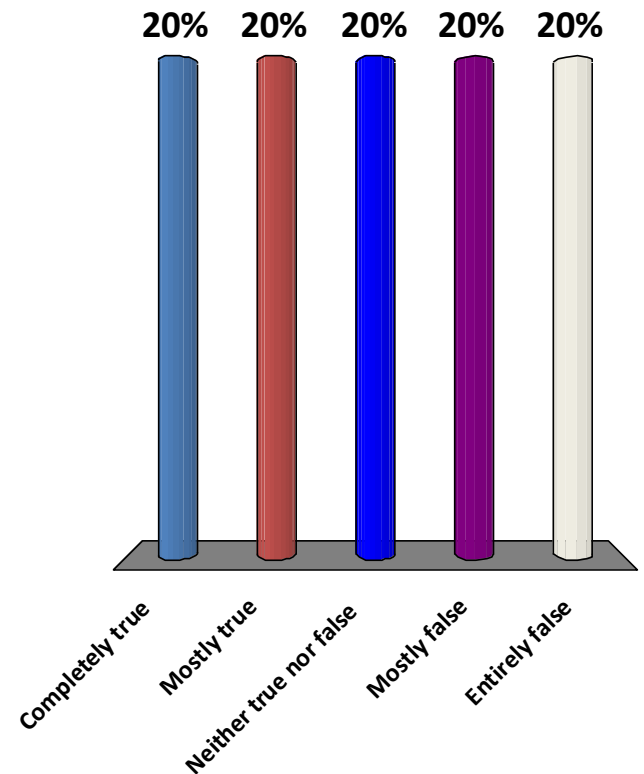
# Residents/fellows, faculty members and program directors perceive that there is honest reporting of duty hours

- A. Completely true
- B. Mostly true
- C. Neither true nor false
- D. Mostly false
- E. Entirely false



# Residents/fellows and faculty are aware of fatigue mitigation strategies and feel that the hospital has a culture that supports fatigue management

- A. Completely true
- B. Mostly true
- C. Neither true nor false
- D. Mostly false
- E. Entirely false



# Clinical Learning Environment Review (CLER)

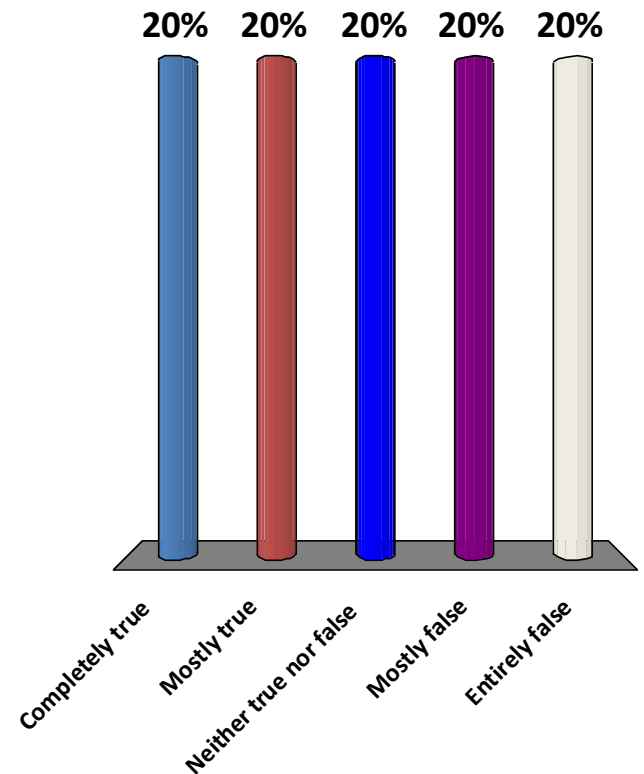
- Professionalism

- Residents'/fellows and core faculty members' fulfillment of educational and professional responsibilities, including scholarly pursuits
- Accurate and honest reporting of duty hours
- Identification of resident/fellow mistreatment
- Accuracy of the medical record



# Residents/fellows and faculty members receive education about the hospital's expectations for professionalism

- A. Completely true
- B. Mostly true
- C. Neither true nor false
- D. Mostly false
- E. Entirely false



## CLER Pathways

- “Aspirational” document, i.e. we should aspire to meeting the goals of this document, recognizing that we can’t “do it all”
- Read through it to get a better understanding of what some of the lesser understood areas of focus are, e.g. healthcare disparities
- Don’t let it intimidate you



## It's An Open Book Test

- Familiarize yourself with the website:

<http://www.acgme-nas.org/cler.html>

- If you're already meeting Common Program Requirements, you're in good shape
- Get your documents together now
  - Org chart
  - Etc.
- Meet with your C suite and explain the process (e.g. short notice, walk arounds), the expectations of them and the purpose of the visit





# What are they going to ask during walk-arounds?

- Duty Hours/Fatigue mitigation
- Error reporting
  - Do residents know how?
  - Do they report?
  - Do they feel they can do so without retaliation?
- How do you conduct TOCs?
- How are you supervised?



## Be Buddhist

- View the visit as an wonderful opportunity to get feedback from experts without risk. Live in the moment.
- When asked, “How to I prepare my faculty and residents?” reply “Tell them to just answer all questions honestly and completely. We want an accurate picture of how we’re doing. Just take a deep, cleansing breath.”



# The AHS Visit

- Visit scheduled for October 29 – 30
- Got to work on the schedule immediately
  - Rooms
  - C suite members
  - Program directors, faculty, residents







**New dates: November 27 - 28**

**Site surveyors:**

**Kevin Weiss, MD**

**Robin Wagner, RN**

**Louis Ling, MD**

**We're from the ACGME and we're here to help.  
Felt nothing like a site survey**



## Impressions

- The site surveyors will work a lot harder than the DIO on those visit days
- They will strive to get an accurate picture of the clinical learning environment
- No one was intimidated or made to feel that they were being scrutinized
- There were no surprises



## Outcomes

- 9 page letter outlining findings
- Actionable items
- Discovered that our error reporting system isn't working
  - Under-reporting
  - Thought of as punitive and not as a patient safety process
  - No feedback given and thus underutilized
- There was little 'ownership' by residents of hospital QI processes.
- Discovered that nurses have no clue how to access our database about resident "credentialed" procedures





## Next steps – CLER visit as a QI activity

- Created actionable item grid
- Meetings scheduled with Patient Safety and Quality Departments – Chief Safety Officer
- Create subcommittees of our GMEC to address focus areas
  - Resident representatives on each subcommittee
- Adding error reporting to resident orientation (from Director, Risk Management)
- Adding member of Quality Department to GMEC will make program directors, faculty, and residents aware of and involved with hospital/system-wide quality initiatives
- Use visit as leverage to stay involved with leadership



# Actionable Item Grid

Focus Area	Findings	Response
Patient Safety	It is unclear as to whether safety event reporting is aggregated via any type of common process. Patient safety event reporting appears to be inconsistent within and across programs. In general, Quantros is used to “report on” individuals, i.e. it is considered punitive.	
	There was no mention of discussions focused on near misses and there appeared to be no consistent transfer of information of events discussed in M&Ms into Quantros or any other centralized repository.	
	In general, the residents/fellows, faculty, and nurses interviewed were inconsistent in their understanding of who should report patient safety events, when they should be reported, and the most appropriate methods or mechanisms to use in reporting. There appeared to be no clear policies for reporting events, and lack of enthusiasm by faculty and program directors to support use of the Quantros system.	



## Keys to Success

- Think big picture (hospital/system) re: your quality initiatives
- Improve communication between programs and between hospital administration and GME
- Get your policies in order now, e.g. Transition of Care Policy
- Develop relationship with C suite members and establish the importance of GME to patient safety and quality



