CLER Site Visit Process

- 2 or 3 CLER site visitors
- Three methods of obtaining information
  - ◊ Interviews of residents, faculty, program directors, and hospital staff
  - ◊ Interviews with SI leadership, and Patient Safety and Quality officers
  - ◊ "Walk rounds" led by residents, observe patient hand-offs
- Written report to follow
- Optional program response to report

CLER Site Visit Process: Materials

- Intentional short notice (allowance for need to find other times)
- Limited advance materials to prepare
  - ◊ Organizational charts
  - ◊ Policies: Supervision, Duty hour, Care transitions
  - ◊ Patient safety and Quality protocols/ strategies
  - ◊ Quality & Safety Committee membership rosters (identifying resident members)

CLER Site Visit Process: People

- CEO, COO, CMO, CNO, DIO, GMEC chair
- Safety and Quality Officers
- Peer selected residents
- Selected Program Directors and Faculty

Who is the SI?
Who will participate in CLER?

- Hospital-Sponsored Program
  - ◊ The hospital; possibly the clinic
- Clinic-sponsored (FQHC) Program
  - ◊ The clinic, and likely the hospital as well
- More than one hospital
  - ◊ Most likely the sponsored program where the most rotations are completed
- Non-clinical sponsor
  - ◊ The sponsor will need to be involved, but the clinic and/or hospital will be reviewed

CLER Outcomes

- Intended to provide:
  - ◊ "Aha's" Experiences that inform learning
  - ◊ A progressive set of activities for higher performance organizational engagement in GME
- Not intended to provide:
  - ◊ "Gotcha's"
  - ◊ New stealth accreditation requirements

For More Information

Jenny Alexopulos, D.O.
Statewide CLER Director
jenny.alexopulos@okstate.edu

Lisa Cummins, RN
Quality Manager CLER
lisa.cummins@okstate.edu

Center for Health Sciences

What is CLER?

"The Clinical Learning Environment Review (CLER) is a mechanism by which the ACGME assesses a Sponsoring Institution (SI) to evaluate its commitment to developing a culture of quality, patient safety, and performance improvement for both resident education and patient care.

CLER Goals

- Support national efforts addressing patient safety, quality improvement, and reduction in health care disparities.
- Monitor Sponsoring Institution maintenance of a clinical learning environment for learning and patient care.
- Emphasizes the responsibility of the SI for the quality and safety of the environment for learning and patient care.
- Increase resident knowledge of and participation in safety activities and quality improvement.
- Intent to improve physician integration into quality and safety goals after graduation.

Professionalism

Includes Honest and Accurate Reporting of Information, Integrity and Mistreatment

- Specific training in ethical use of EHR's: copy-and-paste, blow-in phrases
- Crucial Conversations Training (16 hrs)
- Conflict of Interest Training (AMA Practice of Medicine Modules)
- Chief Resident Council
- Mentoring Program
- Professional Remediation Process
- Professional Code of Conduct

Healthcare Quality

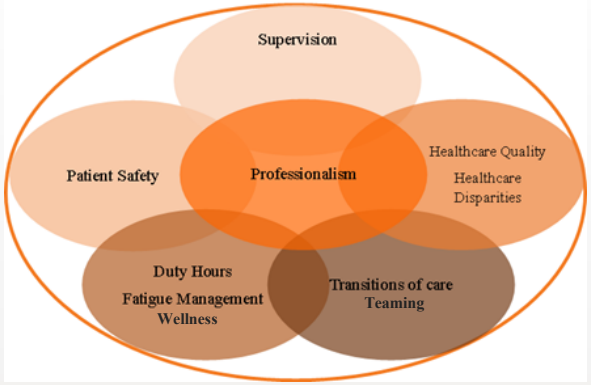
Healthcare Disparities

- Quality Improvement Education– QI Project Handbook
- Quality Projects captured as scholarly activity
- QI Poster Symposium Day annually
  - ◊ Inpatient and outpatient projects
- Disaster Preparedness
- Prevention of Hospital Acquired Infections
- Cultural Competency Training

Supervision

- Quarterly update of Resident Privileging – available access to nursing staff
- Effective Inter-professional Team Training (AMA Module)
- Annual resident survey on perception of their level of supervision and monitoring
- Exit survey question on resident preparedness for autonomous practice after graduation in their area of practice
- Patient Orientation Packet to include identification and roles of house staff involved in their care
- Interdisciplinary Simulator Training

CLER Focus Areas



Transition of Care-Teaming

- I-PASS as a standardized tool for patient handoffs
- Computerized handoff tool that structured within the medical record
- Faculty periodically observe handoff process and give feedback
- Communication to Program Director and faculty, residents, fellows, residents, and medical students

Duty Hours Policy, Fatigue Management and Wellness

- All trainees required to log duty hours– 100% compliance– monitored by both program (PD) and GME/DIO
- Faculty/resident presentations on fatigue/mitigation
- Quiet call rooms for rest
- Catapult Health Screening
- Maslach Burnout Inventory
- Residency specific wellness programs
- COM-Psych– 24/7 urgent and emergent access
- Behavioral services access lines
- Wellness training series (3 AMA Modules)
- Resident wellness survey every 6 months
- Program specific resident wellness champions
  - ◊ Residency social functions
  - ◊ Mentor/mentee progress

National Patient Safety Goals

1. Use two forms of patient identification
2. Reduce transfusion errors related to patient misidentification
3. Report critical results on a timely basis
4. Label medications
5. Reduce harm from anticoagulant therapy
6. Hand hygiene
7. Reduce Hospital Acquired Infections (HAIs)
8. Reconcile medications
9. Identify patients at risk for suicide
10. Prevent wrong patient, wrong site, and wrong procedure (Universal Protocol)

Joint Commission

Patient Safety

- Health stream training
- AMA Training Modules in the Practice of Medicine
- Team care interdisciplinary rounds
- Clinical document improvement program
- Safety Event Team meetings
- Multidisciplinary Mortality and Morbidity conferences
- Risk Management Tool for Incident Reporting
- Improving sepsis recognition and management
- Improving patient flow
- Infection prevention and control education