The ACGME’s CLER Site Visit

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In this special edition of our GME On-Call newsletter we describe some of the responses of Boston Children’s Hospital to the first Clinical Learning Environment Review (CLER) site visit conducted in September 2014. We encourage all faculty and trainees to update themselves by reading the newsletter in preparation for our next CLER visit sometime later this year.

These CLER site visits are conducted in the hospital over a period of 2 days. Activities include a series of meetings with senior administrative officials, training program directors, faculty and house-staff in the hospital. There are ‘huddles’ of the site visitors throughout the day to evaluate their progress. Site visitors conduct random interviews of staff and trainees; they participate in walk-around activities, observing in various venues in the hospital, including critical care units, wards, surgical suites, and outpatient facilities. An exit interview with hospital leadership provides an opportunity for some immediate feedback on the institution’s educational strengths and weaknesses.

The ACGME is interested in CLER visits to learn the institution’s culture and practices with respect to these critical focus areas:

1. Duty hours, fatigue management and mitigation, attention to trainee wellness
2. Transitions of care
3. Supervision
4. Professionalism
   • Accurate and honest reporting of information
   • Scientific integrity
   • Issues of maltreatment
5. Integration of residents and fellows into patient safety programs
6. Integration of residents and fellows into quality improvement activities
7. The reduction of disparities in health care delivery

The CLER visit seeks to assess the efforts of BCH in supporting its educational training programs in these areas, collect baseline information, identify weaknesses that require remediation, and offer recommendations to hospital officials and educators.
The aims of the CLER visit are to assess:

- Who/what form the institutional infrastructure designed to address the focus areas?
- How integrated is the GME leadership and faculty in efforts across the focus areas?
- How engaged are the residents and fellows?
- How does BCH determine success of its efforts to integrate GME into the focus areas?
- What are the areas the institution has identified for improvement?

The evaluation will be based on expectations, not ACGME requirements. The CLER visit does not grade the institution or determine its accreditation; and its findings are not used to place an institution on probation. Rather the ACGME sees CLER visits as on-site "consultations" that will contribute in a positive way to the institution’s educational mission. For more information on the CLER program, GME On-Call readers can visit the ACGME’s website at www.acgme.org.

Transitions Of Care

One of the important facets of clinical care is the transition of responsibilities for the patient from one health care provider to another with the change of shift. Many preventable errors in patient care can be avoided by the routine provision of efficient, effective communications between trainees, nurses, attending physicians, and other health care providers. Here at BCH we have developed a novel tool to facilitate transitions of care by a robust handoff process, known as I-PASS™, which stands for:

I: Illness Severity  
P: Patient Summary  
A: Action List  
S: Situational Awareness & Contingency Planning  
S: Synthesis by Receiver  

In the process of developing the I-PASS™ intervention, a curriculum in teamwork training and tools for faculty to evaluate resident handoffs were developed. All of these materials are now available free of charge at:

www.ipasshandoffstudy.com

Resident and faculty workshops and on-line information, handoff simulations and interactive materials have promoted institutional adoption of I-PASS™. When we have used the IPASS™ program in a preliminary pilot study at BCH, there was a 23% reduction in medical errors and a 30% reduction in preventable adverse effects. [Starmer et al, and the I-PASS™ Study Group. The I-PASS™ Handoff Study: Effects of Implementing a Multi-site Handoff Bundle on Rates of Medical Errors, Preventable Adverse Events, and Miscommunications. NEJM 2014; 371(19): 1803-1812. PMID: 25372088]. All of these materials are now available free of charge at: www.ipasshandoffstudy.com

The original I-PASS™ program is being implemented in 53 hospitals across North America and our curricular materials have been requested by 2270 individuals in the U.S. and 506 in other countries. Transitions of care will be one focus of the CLER visit, and the ACGME site visitors will shadow teams of house-staff as they sign out patients to one another, to insure that these handoffs emphasize models of teamwork, proper supervision, integration of trainees into patient care activities, and the highest standards of patient safety.
What Has Happened At BCH Since The 2014 CLER Visit?

Boston Children’s Hospital (BCH) has undertaken a number of new initiatives in response to its first CLER visit in 2014. A new Department of Medical Education (DME) has been established, with newly allocated resources and 3.5FTE of new staff hires to carry out an expanded educational mission. A new Chief Medical Education Officer was appointed in 2015 as a key executive-level position in educational leadership. The new DME will foster innovative changes in resident and fellow training.

Clinical Care Improvements: Quality improvement didactic teaching was added in 2015 to the ongoing 4-part afternoon course sessions for fellows entitled Strategies for Academic Success (SAS). Novel ‘trainee accelerator’ programs have been established by a number of programs, including the Boston Combined Residency Program (BCRP) and cardiology, pulmonary, urology, and other fellowships. These orientation programs emphasize procedural competency and other on-boarding activities at the beginning of training so as to improve the trainee’s capacity to deliver safe, excellent clinical care. A new House staff Quality Council was created in 2014 as a subcommittee by the BCH GME Committee (GMEC) to encourage greater house-staff participation in patient-centered safety and clinical care improvements. An inventory of works in progress for QI is being developed by the new Council.

Patient Safety: The Safety Event Reporting System (SERS) has been reviewed with an aim of improving the inclusion of trainees in the reporting system, and in the subsequent root cause analyses after adverse events. In 2015 there has been educational outreach to all trainees on using SERS effectively and an effort to streamline SERS, removing barriers to reporting.

Wellness, Fatigue, & Duty Hours: Since 2015, BCH has required that all trainees register at its educational website OpenPedia and view new modules on sleep science and physician performance. There is a re-invigorated GMEC wellness subcommittee and a new BCRM wellness committee promoting trainee time-outs, self-reflection, yoga, and mindfulness practices.

Transition of Care: The Hospital has signaled its commitment towards refining and expanding the use of the standardized template tool, IPASS, in facilitating communications between care providers during change of shift.

Professionalism: New initiatives are underway to familiarize house-staff with disparities of care within the Hospital’s catchment area: including options for trainees to participate in ‘serving the underserved’ and learn more about the neighborhoods from which their families come for care. The Office of Clinician Support is developing new strategies to help faculty and trainees cope in stressful clinical circumstances. The Hospital-wide Committee on Cultural Competency is promoting awareness among trainees and staff of the diverse communities we serve. In 2015 BCH appointed a new International Office Medical Director charged with promoting excellence in clinical care for its diverse populations of patients.

Supervision: Starting in 2015, trainees have all received name badge laminated cards that enumerate those clinical scenarios requiring immediate notification of the attending physician. Other strategies for giving both faculty and trainees guidance concerning appropriate levels of supervision are under development.
The CLER visit includes study of the success of the hospital in making professionalism and humanism the cornerstone of a culture of patient-centered care. Trainees have the opportunity from day one of their training to observe attending physicians and other mentors and to emulate their qualities of compassion, respect, and empathy. We take great pride in the role-models we provide to our trainees even as we acknowledge that role-modeling, while necessary, is insufficient to teach humanism and professionalism. BCH also has put into place policies that reinforce the highest standard of professionalism that it expects of all of the staff. But in addition to sound policy, medical educators and leaders at BCH recognize that humanism and professionalism are domains that must be explicitly taught through formal curricula intended to inspire reflection on and continual commitment to these core values.

Many resources are available throughout the institution to emphasize the importance of humanism and professionalism to trainees. For example:

- Drs. Kate Garvey and Jennifer Kesselheim direct a curriculum for the Boston Combined Residency Program in Pediatrics entitled Humanism and Professionalism in Pediatrics. This curriculum allows small groups of residents to convene monthly, along with trained faculty-facilitators, to explore topics related to humanism and professionalism through case-based discussion. Similar interventions are happening in numerous fellowship programs including cardiology and hematology-oncology.

- BCH is affiliated with the Institute for Professionalism & Ethical Practice (IPEP) which offers outstanding continuing educational seminars and workshops that include role-playing with trained actors, case-based materials, and other resources. Topics include giving bad news, approaching difficult conversations with families, and more.

- Drs. Debra Boyer, Ariel Winn, Diane Stafford, and Cynthia Stein direct a curriculum for BCH fellows entitled Strategies for Academic Success, which includes a module dedicated to ethics and professionalism. During this 3-hour workshop, participants engage with case vignettes about professionalism challenges encountered during fellowship training and receive teaching on principles of research ethics.

- The fellowship in Pediatric Anesthesia has developed an innovative approach to this teaching by devising a novel curriculum on trainee wellness. The curriculum allows fellows to reflect on mindfulness and personal wellness and to explore how these impact medical professionalism.

- Similarly the Boston Combined Residency Program recently piloted a 2-week mindfulness module during which all noon conferences were focused on mindfulness, wellness, and their relation to professionalism. This program will be expanded to include a longitudinal program for the entering intern class of 2016-17.

- Dr. Elizabeth Rider has created a unique fellowship for faculty who seek advanced skills in teaching humanism and professionalism. This course is helping faculty, who serve as both teachers and role models to our trainees, cultivate deeper skills and heightened expertise in these domains.

The list above is in no way comprehensive but demonstrates a sampling of interventions that signify the institution’s deep commitment to teaching professionalism to trainees and to building a culture in which values like professionalism and humanism are celebrated and explicitly fostered across the continuum of medical education.
CLER & Patient Safety

The CLER site visit includes as its focus issues related to trainee integration into the hospital’s systems for preventing errors in clinical care. The CLER teams will ask whether residents and clinical fellows know what clinical situations constitute an error or a ‘near miss’ and do they know the hospital mechanisms in place to report such events in a timely and transparent way. The CLER team will ask trainees whether they themselves have reported any such events. Site visitors will query them about their knowledge of the principles of ‘root cause analysis’ (RCA) in the diagnostic pathway to short-cycle change to prevent errors and whether the trainee is included in any hospital teams or committees dedicated to forestalling such occurrences.

Boston Children’s Hospital has a robust system in place, Safety Event Reporting System or SERS, for reporting medical errors, adverse drug effects, unexpected deteriorations in a patient’s medical condition, or near-miss events. Such reports are welcomed from trainees and any other health care providers in the Hospital. In fact, trainees are taught how to submit SERS reports and encouraged to submit them. SERS reports at BCH are often filed by a single care provider on behalf of the treating team. Reports generated in SERS are reviewed by each division/department and SERS reports involving trainees are forwarded on to program leadership in order to facilitate trainee feedback and trainee input on new approaches and remedies. SERS reports are also reviewed by trainees in their Mortality & Morbidity conferences, which are held quarterly throughout the year. Residents and clinical fellows are involved as members of the Education Subcommittee jointly sponsored by the Program in Patient Safety & Quality (PPSQ) and GME Committee at BCH. At the institutional level, clinical quality metrics involving trainees are tracked annually and reported to the Medical Staff Executive Committee.

Residents And Fellows Reminded Of Mandatory QI & PS Training

The Office of GME, in partnership with the Program in Patient Safety & Quality (PPSQ) at Boston Children’s Hospital and officials at the independent Institute for HealthCare Improvement (IHI) Open School for Health Professions, has developed a novel way to help individual training programs satisfy the dual ACGME competencies of practice-based learning & improvement and systems-based practice. This educational tool consists of mandatory on-line educational modules intended for all residents and clinical fellows covering 8 different modules in four different themes. Each of the modules takes about 15-20 minutes to complete. The trainee must achieve a 75% test score to pass the module. The curricular content is as follows:

**Theme 1: Human Factors in Complex Systems**
Understanding the Science of Human Factors

**Theme 2: Medical Errors and Patient Harm**
To Err Is Human
Errors Can Happen Anywhere and to Anyone

**Theme 3: Communication among Individuals and Teams**
Why Are Teamwork and Communication Important?
Basic Tools and Techniques
Communication During Times of Transition
Theme 4: Adverse Event Reporting and System Improvement

Identifying & Reporting Errors
Overview for the Model of Improvement

Although some individual training programs have elected to offer their own QI curriculum and their residents or fellows can waive participation in the IHI modules, this on-line course offers a high quality standardized method of fulfilling, in part, compliance with ACGME requirements in practice-based learning and improvement. Since its inception at BCH in 2011, more than 1000 physician trainees have completed the series.

(Note: These mandatory QI training modules can be found at the Graduate Medical Education Program area of the internal BCH website under “Practice-Based Learning & Improvement”.

ACGME Releases 2014 National CLER Data Summary

In February, the ACGME released a summary of data collected during the first wave of CLER visits conducted in 2013-14. In 2012 there were 698 sponsoring institutions with accredited training programs involving 1,767 participating sites. CLER site visits were carried out in 2013-14 at 297 institutions - 69.4% were non-governmental non-profits like Boston Children’s Hospital and 25.6% had between 16-43 training programs (BCH has 38). Group interviews included 7740 faculty, 5599 training program directors (TPD), and 8755 trainees (1.8% PGY1, 22.6% PGY2, 28.2% PGY3, 47.3% PGY4 or higher and 52.2% medical, 25.3% surgical, 22.5% other).

The results of analyzing data collected by the site visitors nationally was decidedly mixed. Quality Improvement: Whereas 90% of institutions reported some formal training in quality improvement (QI), only 76% of trainees reported having a QI project, only 74% professed that they knew their hospital’s priorities in QI, only 63% reported access to systems for collecting and analyzing QI data, and only 40% were on hospital-based inter-professional QI teams. Patient Safety: About 74% of residents and fellows reported knowing their hospital’s priorities in promoting patient safety, but fewer understood what incidents (e.g. near misses, unexpected patient deterioration) should be reported to a Safety Event Reporting System (SERS). About 68% of trainees acknowledged experiencing an adverse event, near miss, close call or other error involving a patient. At only 12% of institutions did trainees report that they themselves filed SERS frequently. Mortality & morbidity conferences at most hospitals are not inter-professional and are not conducted on near misses or close calls. Professionalism: Some residents reported having to compromise their integrity to satisfy an authority figure and some clinical staff reported witnessing incidents of disruptive or disrespectful behavior. Where moonlighting was permitted, 33% of TPD believed that residents under-reported their moonlighting hours to stay within ACGME rules. Supervision: 22% of trainees reported that they had experienced a situation of inadequate supervision, and 22% TPD reported having to manage within the past year an incident of patient safety related to an issue of trainee supervision. Care Transitions: 84% of trainees reported using some standardized process when transferring patients between floors or units. But only 11% of institutions reported that a standardized hand-off process for end-of-shift transitions in clinical care had been implemented in all their training programs. And it is uncommon for faculty to participate in observing trainee hand-offs or evaluating a trainee’s skills at change of duty communications. Health Care Disparities: Few institutions had a formal strategy for addressing health care disparities among known vulnerable populations in their hospital’s catchment area. And training in disparities and cultural competency was, at best, generic and ad hoc, rather than addressing specific groups within the catchment area. 16% of institutions reported no training was available in cultural competency.

To review all of the findings of the first wave of CLER visits, readers should go to the ACGME’s website: www.acgme.org. Two slideshows on the report have also been posted on the BCH internal website at the Office of GME Sharepoint page.
Do You Know Your Patient’s Neighborhood?

Clinicians are challenged by the needs of patients and their families, especially for those living in poverty and under difficult circumstances. Trainees and faculty at Boston Children’s Hospital can learn more about their patients by accessing neighborhood-level information via the Internet. For example, local data about air pollution levels for children with asthma, or available sources of healthy foods for children with obesity, are readily available and can be useful in counseling families. Some useful websites to consider include:

- Health landscape: http://healthlandscape.org/
- United Way (i.e. 2-1-1): http://www.211.org/
- Find a Health Center: http://findahealthcenter.hrsa.gov/
- EJ Screen: https://www.epa.gov/ejscreen
- Toxic release Inventory: https://www.epa.gov/toxics-release-inventory-tri-program
- Cap4Kids: http://cap4kids.org/whatiscap4kids.html

Hospital Priorities In Patient Safety & Improved Quality Of Clinical Care: 2016

The following is a list of 11 priority goals for the improvement of patient care and for insuring the safety of patients at Boston Children’s Hospital.

1. Eliminate serious safety events
2. Improve hand-hygiene compliance
3. Eliminate central line associated bloodstream infections (CLABSI)
4. Eliminate catheter associated urinary tract infections (CA-UTI)
5. Eliminate surgical site infections (SSI)
6. Eliminate adverse drug events (ADE)
7. Eliminate venous thromboembolism (VTE)
8. Decrease readmissions
9. Eliminate employee injuries (New)
10. Improve patient access (New)
11. Improve patient experience (New)

BCH: Training In Diversity & Cultural Competence

The CLER site visits will inquire as to how well residents and fellows are educated about disparities of clinical care and whether they are engaged in attaining cultural competency regarding the diverse populations of children and their families under their care. Do trainees have ample opportunities to develop their interpersonal communication skills with people who come from diverse ethnic and cultural backgrounds and who may hold very different beliefs about health care than their own?
Boston Children’s Hospital has made a major commitment to diversity on all fronts:

- Enhancing access of all patients from all neighborhoods locally and from elsewhere around the world to the best health care
- Promoting and cultivating a diverse workforce
- Instilling a welcoming environment
- Bolstering respect for cultural differences in the delivery of care
- Reducing differences in health outcomes among different racial and ethnic groups
- Advancing our community outreach
- Developing further student and residency awareness of and outreach to underserved populations

While progress has been made in many areas, much work remains. Implementing a successful diversity and cultural competency program is a complex undertaking. At Boston Children’s Hospital, we recognize that diversity efforts require dedicated time, attention and resources. We are devoted to making those investments so we can provide the best medical care to all children in need -- children who are changing the very face of Boston, Massachusetts and beyond.

**Mission, Vision, & Values In GME**

**MISSION STATEMENT** from the BCH website
Leaders of tomorrow: Set the standard for training pediatric caregivers by offering new and innovative curriculum and systems to support trainees in learning how to deliver the highest quality and safest care, especially to our patients with the most complex medical needs.

**VISION**
Boston Children’s Hospital will shape, inspire, and accelerate educational activities that will profoundly improve the educational outcomes of every resident and set the standard for innovative approaches to pediatric training that will serve as a model for other institutions.

**CORE VALUES**

**Excellence** – We are committed to achieving and maintaining a standard of excellence in all we do. First and foremost we consistently strive to make the patient experience a model of quality care through advanced treatment, compassionate support, and full family participation and communication. We will pursue graduate medical educational activities of the highest quality.

**Spirit of Collaboration** – We will treat others with respect, listen to diverse views with open minds, and foster discussions where participants can comfortably offer opposing opinions.

**Accountability** – We will develop objectives aligned with the Hospital’s educational mission, its funding priorities, and the interests of both residents and faculty, and develop systems for evaluation and course corrections.

**Leadership** – As an academic medical center devoted to the practice of pediatrics, Boston Children’s Hospital fosters an environment of innovation and discovery, and of individual and team contributions to advancing pediatrics in all areas of our mission.

**Questions? Contact the GME Office**
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