The Clinical Learning Environment Review (CLER) Program

AAMC GRA Webinar October 3, 2012
Kevin B. Weiss, MD
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2009-2010 ACGME “Duty Hours Task Force”
“Task Force for Quality Care and Professionalism”

• Links adherence to duty hours policies and integrity in reporting to professional responsibilities for patient safety and healthcare quality

• Establishes importance of educating residents/fellows on institutional Patient Safety and Quality Improvement programs

• Assigns the institution the onus of responsibility for engaging and monitoring residents/fellows across targeted areas

• Recommends assessment in the form of a “Sponsor Visit Program”
National Advisory Committee Recommendations

- Link to accreditation, but not an “accreditation site visit”
- Include full-time staff and volunteer peers as site visitors
- Establish a process whereby reports are:
  - drafted by the Site Visit Team
  - reviewed and finalized by an “Evaluation Committee”
  - provided to the institution as a quality improvement tool, and to the Institutional Review Committee (IRC) as a “continuous data” element
- Use first round of visits and reports solely for the collection of baseline data, and to promote learning (for all) – *do not use for accreditation*
Clinical Learning Environment Review (CLER) Program

- Integration of residents into institution’s **Patient Safety** programs, and demonstration of impact
- Integration of residents into institution’s **Quality Improvement** programs and efforts to reduce **Disparities in Health Care Delivery**, and demonstration of impact
- Establishment, implementation, and oversight of **Supervision** policies
- Oversight of **Transitions in Care**
- Oversight of **Duty Hours Policy, Fatigue Management and Mitigation**
- Education and monitoring of **Professionalism**
Clinical Learning Environment Review (CLER) Program

- Site Visit Program
- Evaluation Committee
- Support of Faculty Development
CLER Program
5 key questions for each site visit

• Who and what form the hospital/medical center’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?

• How does the hospital/medical center 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?
CLER : Emerging Project Plan

- Design and implement pilot site visit activities (alpha testing)
  - Conduct focus groups and key interviews
  - Develop and refine prototype site visit protocol
  - Test site visit protocol
    (alpha testing: summer 2012, beta testing to start Sept 2012)
  - Develop and refine operations manual
  - Pilot site visit reporting tools
    (surveyor questions and report templates)
Clinical Learning Environment Review (CLER) Program

• **First full cycle of visits (beta testing)**
  - Targeted to begin September 2012
  - Used solely for feedback, learning, and establishment of baseline information for sponsoring institutions, the Evaluation Committee, and IRC
    - Exception(s): identification of potential egregious violations involving threats to patient safety or resident safety/well being
  - Planned to result in CLER Committee’s development and dissemination of salutary practices
CLER Site Visit

- Very little advance preparation required

- Optional request to DIO to provide copies of existing documents one week prior to visit:
  - Relevant organizational charts, select committee rosters
  - Site’s organizational strategies for patient safety and healthcare quality
  - SI/participating site’s policies on supervision, transitions in care, duty hours

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Three phases of Visit

Note: each walk around with resident host/escort, opportunity for nursing staff and patient contact (future). Also as yet not certain on role of governance interview.
Clinical Learning Environment Review (CLER) Program

- CLER Site Visit Program
- CLER Evaluation Committee
- Support of Faculty Development related to CLER
CLER Evaluation Committee

- Board approved majority of initial committee members in June 2012
- Committee includes national expertise in GME and the six focus areas
- Currently seeking several additional members (targeted for completion by end of 2012)
- Committee to begin meeting Oct 2012
CLER Evaluation Committee

Co-Chairs:
James Bagian, MD
Kevin Weiss, MD

Members: (partial listing as of 10/1/12)
Saurabha Bhatnagar, MD
William Barron, MD
Terry Cline, PhD
John Duval, MBA
Rosemary Gibson, MSc
Diane Hartmann, MD
Linda Headrick, MD
Marcia Hutchinson, MD
Jason Intri, MD
Douglas Paull, MD
Russell Postier, MD
Andrew Thomas, MD
Proposed CLER Evaluation Process*

1. CLER Sponsoring Institution Site Visit (Cycle I n=385)

2. Site Visit Oral Report
   - Possible egregious violation
   - Initial feedback
   - Institutional response (optional)

3. Copy of report sent back to institution, allow for response

4. CLER Program Staff Preparation for Committee Review
   (Completeness and attachment of any institutional response)

5. To IRC (Cycle II+)

Committee Report (final)

* To be reviewed by CLER Committee

Clear Process Map Ver 2.0, 3.27.2012
CLER Evaluation

- Evaluation based on expectations not requirements
- Likely to develop a series of expectations that are classified in order of increasing GME/institutional integration
- Expectations to be set by CLER Evaluation Committee
Example of possible template for categorizing CLER expectations

- **Basic**
  - All residents/fellows must have the opportunity to report errors, unsafe conditions, and near misses
  - All residents/fellows must have the opportunity to participate in inter-professional quality improvement or root cause analysis teams

- **Advanced**
  - Institutionally approved patient safety goals derived from National/Regional recommendations defined and communicated across the residents and faculty
  - Residents and core faculty on institutional safety/quality committees
  - Comprehensive involvement across multiple programs
  - Occasional sporadic involvement of faculty and residents in patient safety activities (resident, faculty meeting, and walk around)

- **Role Model:**
  - All the above, and faculty and resident leadership in Patient Safety activities (ascertainment from senior leadership meeting with verification)
  - All residents/fellows having experiences in safety related activities
  - Direct Engagement of CEO/Exec Leadership Team with residents over Patient Safety Issues
  - Participate in broad dissemination of output in PS from Core Faculty and Residents
Clinical Learning Environment Review (CLER) Program

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Faculty Development

- ACGME in a convening role
- Exploring and encouraging alignments and collaborations among national efforts:
  - AAMC, AHME, AIAMC, IHI, AHA, ACPE, ACMQ, OPDA and others
- Addressing inter-professional education across the UME/GME continuum
  - Includes development of educational initiatives aimed at executive leadership
CLER Early Development Lessons Learned (alpha phase)

- General insights
- From perspective of Sponsoring Institution
- From perspective of CLER Program/ACGME
- Some of the real-time challenges ahead
CLER Lessons Learned (alpha testing phase)
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- Alpha testing served as successful proof of concept
- Early experience well received
- Easily distinguished from an accreditation site visit
- Joint meetings of GME and hospital executive team is largely a new experience
CLER Lessons Learned
(alpha testing phase)

• From the perspective of the SI
  • Very different interaction with ACGME
  • Short notice challenge but doable and important
  • Very positive feedback on site visit protocol (meetings and ‘walk arounds’)….still with volunteer SIs
  • Positive feedback at exit meeting -- critical need for presence of hospital executive leadership (CEO)
  • No ‘gotcha’s, a number of “aha’s” and affirmation
  • Some informal unsolicited positive feedback from both CEO/Exec and residents
CLER Lessons Learned (alpha testing phase)

• From the perspective of CLER/ACGME
  • Very workable protocol (long days)
  • Rapid learning at each site visit
  • Importance of balance of meetings (with ARS) and walk-arounds
  • Believe we are getting good insights to institutional environments
  • Gaining baseline information to gage impact
  • Need experienced physicians to lead these site visits
Some of the practical issues for Sponsoring Institutions

- Background documents
  - Hospital/Med Center v. System v. SI
- Short notice scheduling
  - CEO and other senior leadership of participating site
  - Peer-selected residents/fellows (broad range of core programs and larger fellowships)
- Meeting rooms
  - Multiple meetings of up to 35 persons
  - Screen or clean wall for projection
- Walk arounds
  - HIPAA/BAA agreements
  - ID badges
CLER: Next Beta Testing

- Started September 2012 will continue through 380+ SI’s.

- Final shaping of protocol
  - Refining questions, “walk around” protocols
  - Possible patient and perhaps governance interactions

- Scaling

- Evaluation/quality control
Longer Term Challenges

- Sampling Multiple Participating Sites per SI
- Visits to Single Program Sponsoring Institutions
- Visits to special/unique participating sites
  VA, specialty-care sponsoring institutions
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For questions, please contact:

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