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| CLER Pathway- Patient Safety (PS) | Central GME Activities-Badge cards describing how to report at sites-Orientation education on what to report and how to report-Reporting contest at TGH-Annual Feedback to GMEC regarding reports filed by trainees and faculty-Orientation education on patient safety actions such as hand washing and removal/care of central line/foley-Start of gamified RCA in medicine and pediatrics-Work with surgery chair to integrate RCA tools into M&M-Reporting contest with awards-CLER subcommittee given feedback on incident reports involving residents. This past year central line training was enhanced to add more education on time-out-TGH sending out engagement survey to PGY 3s and attendings this year-Residents on TGH QI initiatives attend RCAs-Programs and trainees invited to inter-professional RCA meetings if program is involved in CAUTI, CLABSI, post op DVT events |
| PS Pathway 1: Reporting of adverse events, near misses/close calls, and unsafe conditions.-proportion of individuals that know how to report-proportion of individuals that know their roles and responsibilities in reporting-proportion of faculty who report safety events-proportion of trainees who report safety events toward the goal of disseminating best practices and lessons learned -whether safety events, reported via any mechanism (e.g., online, telephone calls, reports to the department chain of command, morbidity and mortality reviews, claims committee), are captured in the site’s central repository. |
| PS Pathway 2: Education on patient safety.-receive patient safety education that includes information specific to clinical site-proportion of faculty who report proficiency in the application of principles and practices of PS-proportion of trainees who are engaged in patient safety educational activities-proportion of individuals who receive education on the clinical sites’ proactive risk assessment-patient safety program is developed with inter-professional members and reflects sites’ patient safety reporting process, risk mitigation system, exp, and goals |
| PS Pathway 3: Culture of safety-trainees perceive a culture supportive of reporting-proportion of trainees that report-site analyzes data and uses reports to improve culture |
| PS Pathway 4: Resident/fellow experience in patient safety investigations and follow-up-proportion of trainees involved in site sponsored investigations-site has process to provide trainees feedback on reports-proportion of trainees who can describe outcomes resulting from reporting an event-programs disseminate lessons across programs and clinical site |
| PS Pathway 5: Clinical site monitoring of trainee engagement in patient safety-basic tracking of reporting moving towards clinical site governing body apprised of trainee involvement in patient safety events, investigations, outcomes-site uses trainee safety reports to develop and implement improvements |
| PS Pathway 6: Clinical site monitoring of faculty member engagement in patient safety-tracking of faculty reporting and GMEC apprised of faculty member involvement in patient safety events-site use of faculty safety reports in developing and implementing improvements |
| PS Pathway 7: Trainee education and experience in disclosure of events-proportion of trainees receiving disclosure training-proportion of trainees involved in disclosure of patient safety events |

Program Updates Needed:

Central GME Updates Needed:

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| CLER Pathway: Health Care Quality | Central GME Activities:-Information regarding site priorities described at orientation and during residency life fair-QI tool kit available on GME website-USF TGH QI boot camps for trainees involved in interprofessional surviving sepsis projects-GME research grant project prioritizes grant awards to QI and health care disparities projects-Data on quality metrics sent out with sepsis dashboard showing completion of full PDSA cycles-Institutional data handed out at GMEC at minimum annually-Resident advisory council picked the GME QI project and will be involved in the next project theme-RAC members serve on site QI committee, specifically RAC has QI and PS lead-Trainees on TGH QI elective attend committee meetings, work on projects, and develop strategies to maximize resident participation-Data on health data of patients in Hillsborough county given out at orientation-Access to translator app-Health disparities goals are related to community assessment done by TGH- GME Diversity/Inclusion and Health Disparities subcommittee as a part of GMEC |
| HQ Pathway 1: Education on quality improvement-trainees receive experiential training in QI-proportion of trainees engaged in QI activities-proportion of trainees familiar with site’s priorities-inclusion of GME in developing QI education program-proportion of faculty that are proficient in QI-proportion of trainees engaged in QI activities around systems based improvements |
| HQ Pathway 2: Trainee engagement in QI activities-trainees involved in interprofessional qi teams; aligned and integrated with site’s priorities; active oversight by site’s QI leadership |
| HQ Pathway 3: Trainee receive data on quality metrics-proportion of trainees receiving patient data & level of specificity to data (aggregated by site and specific to trainee patient population) |
| HQ Pathway 4: Trainee engagement in planning QI-trainee participation in site’s QI committees-tracking of trainee involvement in QI and developing strategies to maximize resident participation |
| HQ Pathway 5: Trainee and faculty educated on reducing health care disparities-receive education on site’s priorities and goals for addressing health care disparities in patient population-receive training in cultural competency relevant to patient population served by clinical site-proportion of trainees that can describe site specific priorities for addressing health care disparities and proportion that are aware of progress in meeting goals |
| HQ Pathway 6: Trainee in clinical site initiatives to address health care disparities-proportion of programs that involve trainees in QI projects to reduce health disparities |

Program Updates Needed:

Central GME Updates Needed:

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| CLER Pathway: Care Transitions | Central GME Activities:- Institution Handoff policy-Transition of care policy across programs-TGH surgery policy regarding inter-professional time out in operative/procedural areas-EPIC has handoff template-VOALTE system |
| CT Pathway 1: Education on care transitions-proportion of individuals that are aware of site’s policies on transitions of care-proportion and frequency in which trainees/faculty participate in training |
| CT Pathway 2: Trainee engagement in change of duty handoffs-use of standard processes and tools w/i dept and across clinical site-proportion of service areas where there is interprofessional participation in hand-offs-proportion of depts/programs in which pt/family participates in hand-offs |
| CT Pathway 3: Trainee and faculty engagement in patient transfers between services and locations-proportion of patient transfers based on standardized processes; proportion of depts. That use common template for txfers between services and locations-proportion of depts with training programs involving interprofessional participation in pt txfers b/w services and locations-trainees involved in strategic development to improve transitions of care |
| CT Pathway 4: Faculty member engaged in assessing trainee related patient transitions of care-proportion of programs using standardized faculty assessment to determine trainee readiness to move from direct to indirect supervision during pt transitions in care-proportion of programs in which faculty use direct observations to assess trainee ability to conduct handoff-proportion of programs that have a quality control process for monitoring trainees during handoffs |
| CT Pathway 5: Trainee and faculty engagement in communication between primary and consulting teams-trainees and faculty use direct communication in development of patient care plans among primary and consulting teams |
| CT Pathway 6: Clinical site monitoring of care transitions-degree to which clinical site’s analyze, acts on, and puts in place efforts to mitigate risk in response to patient safety reports related to transitions of care-proportion of PDs participating w/ site leadership to develop strategies to improve patient transitions of care |

Program Updates Needed:

Central GME Updates Needed:

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| Cler Pathway: Supervision | Central GME Activities:-All programs has supervision policy-Use of NI and procedural logger for bedside procedures-Updated scope of practice documents-TGH Resident and Attending badge card-Duty hour logs in NI |
| S Pathway 1: Education on supervision-provide basic education on its expectations of supervision-proportion of individuals taught to provide effective supervision at site |
| S Pathway 2: Trainee perception of the adequacy of supervision-proportion of trainees who perceive adequate supervision-proportion of trainees who perceive a supportive culture of requesting assistance |
| S Pathway 3: Faculty member perception of the adequacy of trainee supervision-proportion of faculty who perceive trainees receive adequate supervision-proportion of faculty who perceive that trainees have a supportive culture for requesting assistance |
| S Pathway 4: Roles of clinical staff members other than physicians in trainee supervision-awareness of staff of policies related to trainee supervision-use of written policies for determining level of supervision required-proportion of staff who perceive that trainees have a supportive culture for requesting assistance |
| S Pathway 5: Patients and families, and GME supervision-proportion of patients who receive written information on names of trainees and attendings-proportion of patients who can identify the names of trainees/faculty names-proportion of patients that perceive they have adequate contact with attending physician-proportion of patients that perceive they have adequate contact with trainee team |
| S Pathway 6: Clinical site monitoring of trainee supervision and workload-mechanism in place to assess patient care vulnerabilities due to trainee workload-strategies to mitigate patient care vulnerabilities due to trainee workload-use of a database that specifies level of supervision required for a resident to perform in specific patient care situations |

Program Updates Needed:

Central GME Updates Needed:

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| CLER Pathway: Well-Being | Central GME Activities:-GME website updated—added coaching resource-Opt out visits added for PGY 1 trainees from programs interested in participating-Wellness subcommittee as part of GMEC-GME Wellness Week-Professional fulfillment index sent out to trainees |
| WB Pathway 1: Clinical learning environment promotes well-being across the clinical care team to ensure safe and high quality patient care-site creates a supportive clinical care community-leadership engages providers in designing and developing priorities that support well being-educates care team on signs/sx of fatigue in context of patient care related to site-leadership demonstrates behaviors that promote well-being |
| WB Pathway 2: Clinical learning environment demonstrates specific efforts to promote the well-being of residents, fellows, and faculty members-leadership engages trainees and faculty in developing priorities and strategies that support well being-demonstrates continuous effort to support programs and activities that enhance the physical and emotional well-being |
| WB Pathway 3: Clinical learning environment promotes an environment where trainees and faculty can maintain their personal well-being-establishes organization expectations for trainees workload-monitors patient care activities by trainees and faculty that exceed the expectations of duration and intensity-continued improvement efforts to eliminate work related activities that exceed expectations of duration and intensity-seeks approaches to enhance trainee and faculty ability to balance their personal needs with work  |
| WB Pathway 4: Clinical learning environment demonstrates system-based actions for preventing, eliminating, or mitigating impediments to the well-being of trainees and faculty members -promotes resilience-ensures systems are in place to recognize and mitigate fatigue-ensures systems are in place to recognize and alleviate burnout-identifies GME related systems that impede well-being in the learning environment-identifies site related systems and process that may impede well-being in the learning environment  |
| WB Pathway 5: Clinical learning environment demonstrates mechanisms for identification, early intervention, and ongoing support of trainees and faculty members who are at risk of or demonstrating self-harm -builds awareness and educates team on risk, signs, sx, and recognition of those who are at risk of or demonstrating self harm-ensures confidentiality and actively facilitates early detection of trainees/faculty at risk of self harm-establishes systems for confidential access to treatment-addresses emotional needs of trainees/faculty in relation to catastrophic work related events |
| WB Pathway 6: Clinical learning environment monitors its effectiveness at achieving the well-being of the clinical care team-monitors and assess the effectiveness of its efforts to promote optimal integration of work with personal needs-monitors and assess effectiveness of its efforts to eliminate harm due to clinician fatigue and burnout -monitors and assess effectiveness of its efforts to assess and provide care for those who are at risk of or demonstrating self-harm |

Program Updates Needed: Central GME Updates Needed:

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| CLER Pathway: Professionalism | Central GME Activities:-TGH TeamSTEPPS for all incoming trainees -Presentation at Orientation on professionalism-Reporting system “We’re Listening” available on GME website -Reporting guide on USF GME website -Professionalism reporting on TGH RL Solutions -TGH professionalism committee reviewing incident reports that relate to professionalism |
| PR Pathway 1: Trainee and faculty education on professionalism-extent to which individual receive education on site’s expectations for professionalism and proportion of education that is conducted in interactive, interprofessional environment-receive training on policies and procedures regarding documentation in EMR |
| PR Pathway 2: Trainee attitudes, beliefs, and skills related to professionalism-trainees believe that the clinical site provides an environment of professionalism (including authority figure and supervisor role- modeling) that supports honesty and integrity and respectful treatment of others- proportion of trainees who are aware of and believe they would use the clinical site’s process(es) for reporting possible mistreatment-focus will be on the extent to which trainees follow the clinical site’s professional guidelines when recording documentation- proportion of trainees who acknowledge the professional responsibility to report unsafe conditions that require an immediate deviation from usual practices at the clinical site |
| PR Pathway 3a: Faculty engagement in training on professionalism-faculty members express that they use or would use the clinical site’s processes for reporting behavior that they perceive to be unprofessional-faculty members follow the clinical site’s policies procedures and professional guidelines when recording documentation in the electronic medical record, basing documentation on their direct observation or appropriately attributed information of others |
| PR Pathway 3b: Culture of honesty in reporting-proportion of individuals who perceive that there is honest reporting of duty hours |
| PR Pathway 4: Clinical site monitoring of professionalism-mechanisms in place for reporting concerns around professionalism, periodic assessment of concerns and identification of potential vulnerabilities, and the provision of feedback and education related to resulting actions-monitoring of documentation policies to reactively and proactively analyze data regarding documentation practices. |

Program Updates Needed:

Central GME Updates Needed: