Keep Your Eyes on the Dashboard

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Presented by:

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Partners in Medical Education

Introducing Your Presenter…

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GME Consultant

- 30+ years experience throughout the spectrum of medical education: from undergraduate to GME, primary care to surgical specialties, in academic medical centers and community based-teaching hospitals.

- Expertise in both institutional and program requirements and the area of GME finances – including maximizing CMS reimbursement, assessing the financial feasibility of starting new programs and demonstrating the value of established programs

Learning Objectives
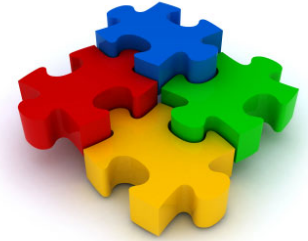
- Identify the key metrics that ACGME requires to be tracked, and others that should be tracked
- Organize a dashboard in a clear, concise format
- Discuss the use of dashboards in…
  - APE and Self Study
  - AIR and GMEC Special Review
  - CLER
- Describe 6 reasons why institutions and programs should consider using a dashboard to track performance

Your Car's Dashboard…

…shows how your vehicle is performing in quick glance

Your GME Dashboard…

…shows your *programs*' performance at-a-glance. Aggregated program data can show your *institution's* performance at-a-glance.

NOW!

- Outcomes-based accreditation
- Annual RC review to identify under-performing programs and help them to improve
- Accreditation process changes:
  - ☐ Annual review (no more cycles)
  - ☐ Site visits every 10 years or as needed
  - ☐ Annual ADS update replaces PIF

- Continuous Accreditation Model based on annual review of data:
  - ADS Annual Update
  - Resident and Faculty Survey
  - Board Exam Performance
  - Milestone Data
  - Case Log Data
  - Faculty and Resident Scholarly Activity
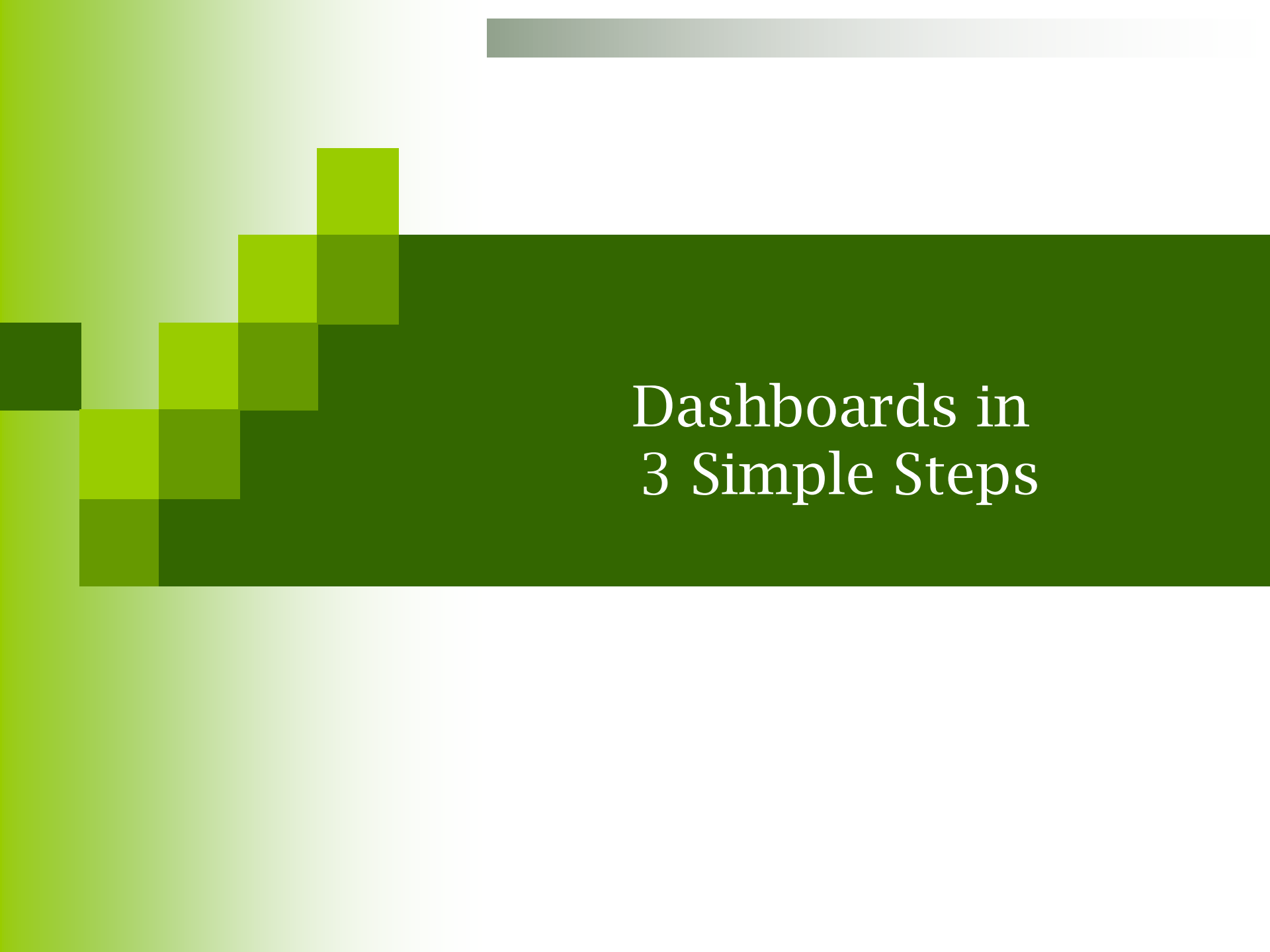 - Hospital Accreditation Data
  - Attrition

So…

- The Programs, the DIO, the GMEC, and the programs must devise a way of continually monitoring program quality and demonstrating improvement.

Dashboards!

Dashboards in 3 Simple Steps

Step 1: Choose Your Metrics

What does the ACGME require?

    Program Requirements

    Institutional Requirements

What does your institution require?

What is important to your program?

Step 2: Obtain the Data

- **ACGME**
  - ☐ Accreditation status
  - ☐ Case logs
  - ☐ Resident and faculty survey

- Boards
  - ☐ Certifying exam pass rates
  - ☐ In-training exam scores

- Hospital data systems

- Program files

- Web-based residency management systems

Step 3: Organize the Data

- "At-a-Glance" = Keep it simple

- Use database or spreadsheet software to format, calculate, trend, query, and analyze data.

Dashboards and
Annual Program Evaluation

Annual Program Update has been streamlined, but still requires reporting on:

- ✓ Program Characteristics
- ✓ Board Pass Rates
- ✓ Clinical Experience (Case Logs)
- ✓ Resident and Faculty Survey
- ✓ Resident and Faculty Scholarly Activity
- ✓ Milestones Assessments
- ✓ Attrition

MUST TRACK THESE!

New Emphasis: Annual Evaluation & Improvement Processes

ANNUAL PROGRAM EVALUATION (APE)

"The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation." [V.C.2]

- Formalized the name: Annual Program Evaluation (APE)

- Added a requirement for a formal Program Evaluation Committee (PEC)

- Clarified the expectation of a performance improvement component

- RRCs may have additional requirements. Check the current specialty-specific requirements

The program must monitor and track...

- ✓ Resident Performance, including aggregated milestones assessments

- ✓ Faculty Development

- ✓ Graduate Performance, including performance of program graduates on the certification examination

- ✓ Program Quality (using the results of confidential, written assessments of the program by residents and faculty)

- ✓ Progress on the previous year's action plan(s)

TRACK THESE TOO!

Other "High Value" Data – *You Decide*

- Major changes
- Curriculum Goals & Objectives
- Resident QI & Patient Safety Engagement
- Match results

- In-Training Exam Scores
- Policies (DH, supervision, handoffs, etc.)
- Graduate feedback
- "Where did our graduates end up?"
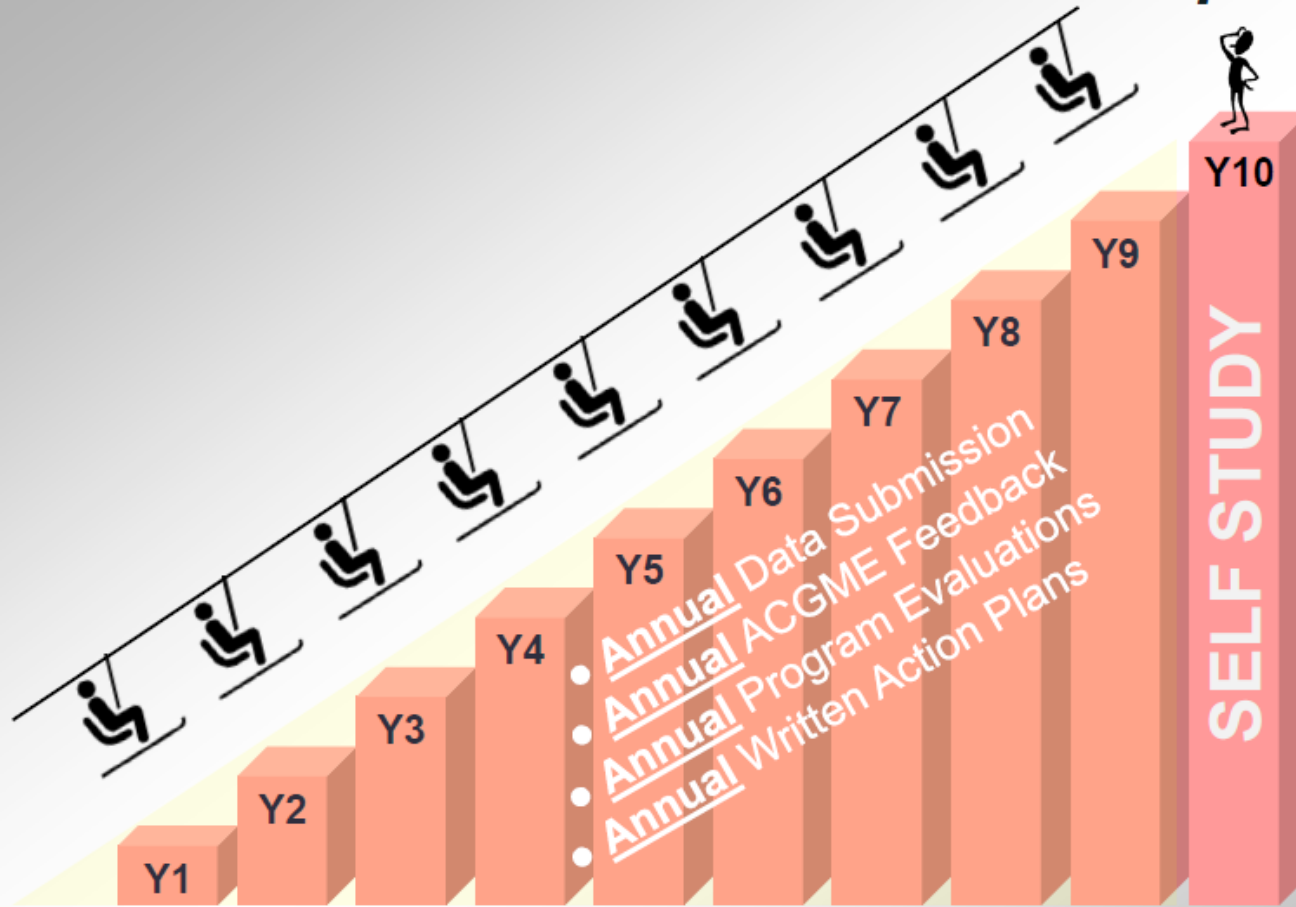
Annual Program Dashboard… an example

Dashboards and Self-Study

A few words about Dashboards and Self-Study…

- Self-study is based on successive APEs

- You cannot go back and re-create an APE

- Dashboards will show trending from Year 1-Year 9

- Catch deterioration and do something about it before it comes to the attention of the ACGME

NAS is about Continuous Improvement

Dashboards and Annual Institutional Review

New Emphasis: Annual Evaluation & Improvement Processes

ANNUAL INSTITUTIONAL REVIEW (AIR)

- The sponsoring institution's evaluation of itself

- Demonstrates ongoing attention to effective institutional oversight

- ACGME does not specify how and by what criteria AIR should be conducted

- Must include:
  - ☐ Results of the most recent institutional self-study visit
  - ☐ Results of ACGME resident and faculty surveys
  - ☐ Notification of programs' accreditation statuses and self-study visits

"The Graduate Medical Education Committee must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review" (1.B.5)

- The GMEC must identify institutional **performance indicators** for AIR

- The AIR must include monitoring procedures for **action plans** resulting from the review

- The DIO must submit a written annual **executive summary** of the AIR to the Governing Body"

What Can Institutions Learn by Aggregating Program Dashboards?

- Aggregated program dashboards shows the *institution's* performance at-a-glance

- Aggregated program dashboards identify what the *institution* is doing well

- Aggregated program dashboards identify areas where the DIO and GMEC must monitor, intervene, facilitate, or resolve at the *institutional* level.

2014-15 Performance At-a-Glance

ACGME Accreditation Status	Threshold	IM	FM	Peds
	Continued Accreditation	🟢	🟢	🟢
Resident Survey	**National % Compliance**	**IM**	**FM**	**Peds**
Duty Hours	97.1%	🟢	🟢	🟢
Faculty	87.6%	🟡	🟢	🟢
Evaluation	87.2%	🟡	🔴	🔴
Educational Content	83.7%	🟡	🔴	🔴
Resources	87.4%	🟢	🟢	🟡
Patient Safety/Teamwork	95.7%	🟢	🟢	🟢
Faculty Survey	**National % Compliance**	**IM**	**FM**	**Peds**
Faculty Teaching & Supervision	93.7%	🟢	🟢	🟢
Educational Content	93.0%	🟢	🟢	🟢
Resources	96.5%	🟢	🟢	🟢
Patient Safety	89.4%	🟢	🟢	🟢
Teamwork	98.7%	🟢	🟢	🟢
First Time Board Pass Rate (3-year)	**Threshold**	**IM**	**FM**	**Peds**
	80%	🟢	🟢	🟢
NRMP Fill Rate	**Threshold**	**IM**	**FM**	**Peds**
	100%	🟢	🟢	🟢

2014-15 Improvement Priorities

Institutional	Peds	IM	FM
Resident Survey – DIO to meet with residents before the ACGME resident survey is administered to clarify questions and program requirements	**Subspecialty Rotations** – Improve didactic and clinical experiences, with a focus on Heme-Onc and Nephrology	**Ward Redesign**– Continue full implementation of ward team redesign, changing the call model, and graduated levels of responsibility	**Feedback** – Develop timely and actionable feedback mechanisms for resident-to-peer feedback, faculty-to-resident feedback, and resident-to faculty feedback
Evaluation – GME office to centralize confidential written evaluations of the programs and of the faculty	**Transitions of Care** – Possible action plans may include standardized sign-out, reviewing the impact of AM -> PM -> night float sign-out, and reviewing faculty sign-out on weekends	**Elective Rotations** – Subspecialty liaison to oversee all subspecialty rotations, review the curricula, and provide consistent expectations	**Curriculum Redesign** – Introduce longitudinal curriculum components; develop structured educational opportunities in the Family Medicine Center and on the Family Medicine Inpatient Service
Professionalism – GMEC to develop and approve an institutional policy on Professionalism	**Duty Hours in the ICU** – Reduce vulnerability to duty hours violations through education that addresses reasons to extend shifts, need or Program Director notification, and compensatory mechanisms	**Scholarly Activity** – Generate list of ongoing clinical research and mentors within PHS. Subspecialty liaison has agreed to mentor academic projects for residents interested in competitive fellowships.	**Maternity and Neonatal Care** – Improve acceptance and support for residents on L&D and in the NICU
CLER Readiness – Provide ongoing awareness to C-Suite hospital staff of ACGME expectations for the Clinical Learning Environment Review			

Dashboards and GMEC Special Review

New Emphasis: Annual Evaluation & Improvement Processes

GMEC SPECIAL REVIEW

- *NOT* an internal review

- *IS* a review for underperforming programs that do not meet the GMEC's performance criteria

- GMEC must develop a protocol and identify *program* performance indicators.

- Results in a report that describes quality improvement goals, corrective action, and a process for monitoring outcomes

"The Graduate Medical Education Committee must demonstrate effective oversight underperforming programs through a Special Review Process" [I.B.6]
The Special Review process must include a protocol that:

- ☐ Establishes criteria for identifying underperformance; and

- ☐ Results in a report that describes the quality improvement goals, corrective actions, and process for GMEC monitoring of outcomes.

So….Flag the metrics that will trigger a GMEC Special Review

☐ Non-compliant performance

☐ Performance below benchmark

☐ Deterioration

Dashboards and Clinical Learning Environment Review

New Emphasis:

CLINICAL LEARNING ENVIRONMENT REVIEW (CLER)

- Oversight and documentation of resident/fellow engagement in improvement processes within the learning and working environment

- Ensure that assignments are made to facilities that promote quality and safety

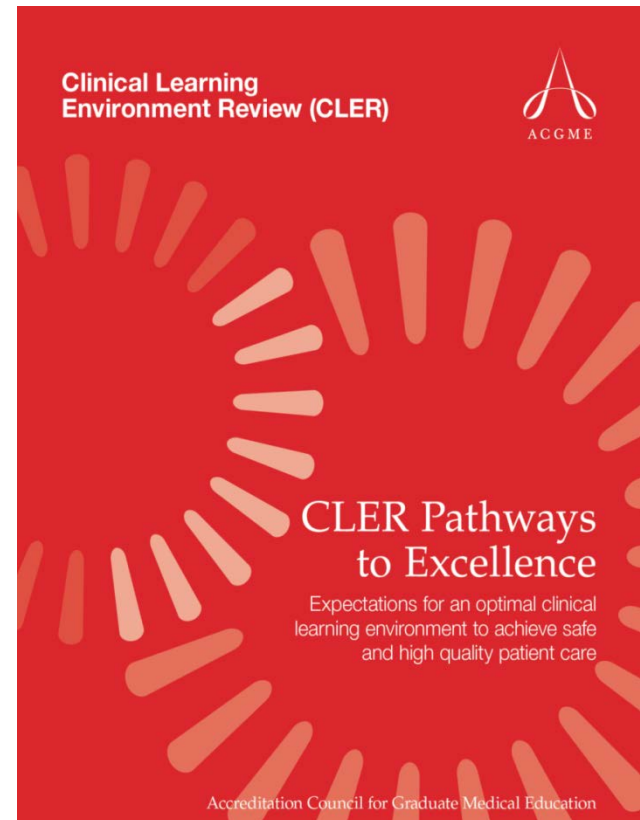- Review and approval of responses to CLER reports

The Sponsoring Institution is responsible for oversight and documentation of resident/fellow engagement in the following: III.B

- ☐ Patient Safety
- ☐ Quality Improvement
- ☐ Transitions of Care
- ☐ Supervision
- ☐ Duty Hours
- ☐ Professionalism

CLER Pathways to Excellence

- Framework for evaluating the clinical learning environment

- Protocols for CLER visits align with the Pathways document

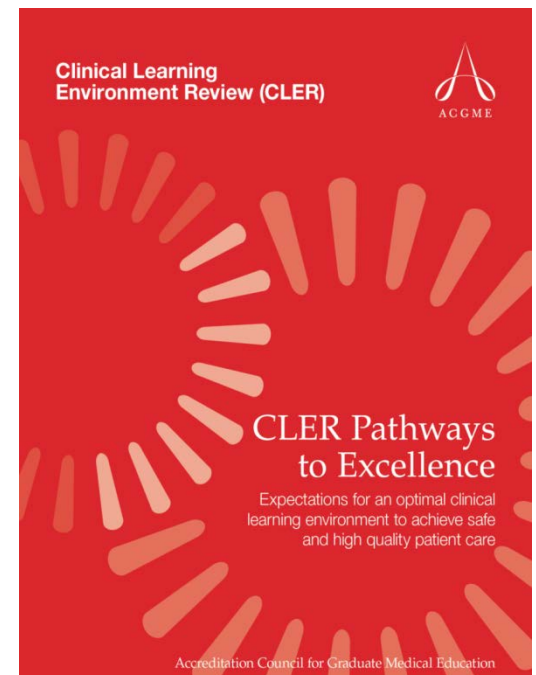- Tool for promoting discussions and actions that will optimize the clinical learning environment

Clinical Learning Environment Review (CLER)

ACGME

CLER Pathways to Excellence

Expectations for an optimal clinical learning environment to achieve safe and high quality patient care

Accreditation Council for Graduate Medical Education

CLER Pathways to Excellence

6 FOCUS AREAS

34 PATHWAYS believed to be essential to creating an optimal clinical learning environment

89 PROPERTIES that can be assessed from low to high along a continuum of resident and faculty engagement within the learning environment.

Clinical Learning Environment Review (CLER)

ACGME

CLER Pathways to Excellence

Expectations for an optimal clinical learning environment to achieve safe and high quality patient care

Accreditation Council for Graduate Medical Education

SAMPLE CLER PATHWAYS WORKSHEET

CT PATHWAY 1: Education on care transitions							
• Residents/fellows and faculty members know the clinical site's transitions of care policies and procedures	O low	O	O	O	O	O	O high
• Residents/fellows participate in simulated or real-time interprofessional training on communication to optimize transitions of care at the clinical site	O low	O	O	O	O	O	O high
• Faculty members participate in simulated or real-time professional training on transitions of care at the clinical site	O low	O	O	O	O	O	O high
CT PATHWAY 2: Resident/fellow engagement in change of duty hand-offs							
• Residents/fellows use a common clinical site-based process for change of duty hand-offs.	O low	O	O	O	O	O	O high
• Resident/fellow change of duty hand-offs involve, as appropriate interprofessional staff members (e.g., nurses) at the clinical site.	O low	O	O	O	O	O	O high
• Resident/fellow change-of-duty handoffs involve, as appropriate, patients and families at the clinical site	O low	O	O	O	O	O	O high
CT PATHWAY 3: Resident/fellow and faculty member engagement in patient transfers between services and locations							
• Residents/fellows use a standardized direct verbal communication process for patient transfers between services and locations at the clinical site.	O low	O	O	O	O	O	O high
• Resident/fellow transfers of patients between services and locations at the clinical site involve, as appropriate, interprofessional staff members.	O low	O	O	O	O	O	O high
• Residents/fellows participate with clinical site leadership in the development of strategies for improving transitions of care.	O low	O	O	O	O	O	O high
CT PATHWAY 4: Faculty member engagement in assessing resident/fellow-related patient transitions of care							
• Through program-based standardized processes and direct observation, resident/fellows are assessed for their ability to move from direct to indirect faculty member supervision in the conduct of patient transfers at change of duty, and in patient transfers between services and locations at the clinical site.	O low	O	O	O	O	O	O high
• Faculty members periodically monitor resident/fellow transfers of patient care at change-of-duty, and resident/fellow transfers of patients between services and locations for quality control at the clinical site.	O low	O	O	O	O	O	O high
CT PATHWAY 5: Resident/fellow and faculty member engagement in communication between primary and consulting teams							
• Residents/fellows and faculty members use direct communication in the development of patient care plans among primary and consulting teams	O low	O	O	O	O	O	O high
CT PATHWAY 6: Clinical site monitoring of care transitions							
• The clinical site's leadership monitors transitions of patient care managed by residents and fellows	O low	O	O	O	O	O	O high
• The clinical site's leadership involves program directors in the development and implementation of strategies to improve transitions of care.	O low	O	O	O	O	O	O high

Take a critical look…

at your CLER report

- Organize the findings from the written report to identify improvement opportunities
- Look for alignment in responses
- Look for low response rates

SAMPLE TABLE OF CLER REPORT FINDINGS

PATIENT SAFETY

Senior Leadership Patient Safety Priorities

    Increase resident reporting into the patient safety reporting system

    Improve hand hygiene

    CAUTI

    CLABSI

    VAP

    eliminating never events

    Improve results on Culture of Safety Survey

	Residents	Faculty	Program Directors	Senior Leadership
% residents who knew hospital's priorities	65%			
reducing risk of falls				
hand hygiene				
antibiotic stewardship				
% faculty who knew hospital's priorities		Nearly all		
hand hygiene				
right site surgery				
safety event reporting				
protective gear for isolated patients				
decreasing VAPs				
improving flu shot compliance				
% PDs who knew hospital's priorities			95%	
hand hygiene				
decreasing infections				
preventing CLABSI				
reducing medication errors				
safe handoffs and good discharge summaries				
obtaining consent				
time-outs prior to procedures				
% residents who reported receiving formal education about PS	90%			
% residents who reported they had experienced an adverse event or near miss	60%			
Of those experiencing a safey event, % who reported the event				
% who reported the event	40%			
% relied on physician to report	30%			
% relied on a nurse to report	15%			
% did not report	15%			
% faculty believed that <half of residents reported a safety event		75%	80%	
% residents who received feedback	53%			
% participation in safety investigation	40%	62%	65%	

SAMPLE TABLE OF CLER REPORT FINDINGS

	Residents	Faculty	Program Directors	Senior Leadership

HEALTHCARE QUALITY

Senior Leadership Quality Improvement Priorities
       decreasing falls
       decreasing infections
       core measures

	Residents	Faculty	Program Directors	Senior Leadership
% residents who knew hospital's priorities	70%			

       preventing infections
       improving hand washing
       preventing post-op pneumonia
       order sets
       preventing PE

	Residents	Faculty	Program Directors	Senior Leadership
% faculty who knew hospital's priorities		85%		

       best practice alerts in the EMR
       use of coordinators to improve transitions of care
       decreasing readmissions
       improving patient use of the EMR

	Residents	Faculty	Program Directors	Senior Leadership
% PDs who knew hospital's priorities			80%	

       medication at discharge
       meeting meaningful use measures
       medication reconciliation
       appropriate use of translators

	Residents	Faculty	Program Directors	Senior Leadership
% residents who were engaged with hospital leadership in advancing the hospital quality agenda	35%			
% residents reported access to data collection systems	90%	85%	85%	

HEALTHCARE DISPARITIES

Senior Leadership priorities
       Access to care
       Diabetic patients
       Childhood obesity
       Coordinating for uninsured and underinsured
       Homeless
       Rural population

	Residents	Faculty	Program Directors	Senior Leadership
% Residents, faculty, and PDs who knew hospital's priorities	75%	nearly all	nearly all	

       Access and quality regardless of ability to pay
       Enrolling pts in insurance programs
       Assisting patients with meds and transportation
       Community clinics
       Reducing language barriers
       Cultural competency

SAMPLE TABLE OF CLER REPORT FINDINGS

TRANSITIONS IN CARE

Senior Leadership priorities
- Follow-up after discharge
- Frequent ED patients
- Hospital to outpatient
- Discharge to nursing home

	Residents	Faculty	Program Directors	Senior Leadership
% residents who knew hospital's priorities	85%			

- Improving reporting and conducting formal sign-out at shift change
- Identifying level of care needed
- Verbal and written sign-outs
- EMR functionality

	Residents	Faculty	Program Directors	Senior Leadership
% faculty who knew hospital's priorities		90%		

- Verbal and written signoffs
- Interprofessional discharge planning and follow up
- Transition from ED to floors

	Residents	Faculty	Program Directors	Senior Leadership
PDs who knew hospital's priorities			95%	

- standardized system for signouts and for patients changing floors
- discharge medication reconciliation
- adequate discharge summaries
- nursing staff use of SBAR to admit patoients

Standardized process for signoff and transfer at shift change

	Residents	Faculty	Program Directors	Senior Leadership
at shift change	nearly all			
between floors	nearly all			
inpatient to outpatient care	81%			

Interprofessional rounding observed
Use of templates observed
Level of detail relayed
Read-back observed
Faculty supervise/monitor handoffs regularly

SUPERVISION

	Residents	Faculty	Program Directors	Senior Leadership
Objective way of knowing which procedures a resident was allowed to perform with or without supervision	65%	Nearly all	Nearly all	Few
Safety event due to lack of supervision	15%		20%	
Patients able to identify roles	20%	35%	50%	

	Residents	Faculty	Program Directors	Senior Leadership

DUTY HOURS, FATIGUE MANAGAEMENT, FATIGUE MITIGATION

	Residents	Faculty	Program Directors	Senior Leadership
Received education on fatigue management and mitigation	80%	50%	80%	
Scenario				
Power through the end of rhe shift	40%	15%	20%	
Notify supervisor and expect to be taken off duty	35%	30%	80%	
Notify supervisor and expect to stay	10%			
Approach another resident	5%			
Other action	10%			
Safety event involving fatigue			15%	0

PROFESSIONALISM

	Residents	Faculty	Program Directors	Senior Leadership
Incidents concerning professionalism				1
Received education on professionalism topics at orientation	90%			
Received education on professionalism topics throughout training	90%			
Pressure to compromise their integrity to satisfy an authority figure	10%			
Cut and pasted from another note	25%	50%	10%	
Shared exam questions not available in the public domain	1	1	1	
Scenario				
Advise colleague to discuss with CR or PD	75%	85%	80%	
If not resolved contact HR	50%	40%	40%	
Call the medical center's anonymous hotline	5%			
Submit an incident report	5%			
Report to ACGME	15%			
Other	25%			

Take a critical look…
at BOTH documents -- *together*

- Look for alignment
- Beliefs and perceptions vs. fact
- Inventory your own activities around the 6 focus areas
- Estimate your position along each of the pathways
- National data, when available

Where Do We Start?

Consider a subcommittee of the GMEC

- Composed of PD's, APD's, PC's, residents, and the DIO

- What are we going to measure and how often?

- What is the benchmark?

- Devise a rating scale

- What will the dashboard look like? What software are we going to use?

Where Do We Start?

- Where is the data?

- Who is going to collect the data?

- Where does the dashboard go after it is completed?

- Who will see the dashboard and how will it be used?

Reasons Why Programs and Institutions Should Consider Using a Dashboard

1. Programs, DIO, and GMEC must devise a way of continually monitoring program quality. Dashboards represent continuous reporting.

2. ACGME requires that programs and institutions track certain data. Dashboards can be used assist data collection for the Annual Program Update…
   …which feeds **Annual Program Evaluation**
   …which feeds **10-year Self-Study**
   …which feeds **Annual Institutional Review**
   …which feeds **GMEC Special Review**

3. Dashboards will be valuable as one of the tools to document institutional oversight for **a Clinical Learning Environment Review**

4. A dashboard can identify best practices as well as performance gaps, which represent opportunities for improvement

5. Regular monitoring of program dashboards demonstrates GMEC oversight

6. Aggregated program dashboards identify areas where the DIO and GMEC must monitor, intervene, facilitate, or resolve at the *institutional* level

Final Thoughts…

✓ Do not wait to begin.

✓ Trend your metrics over time.

✓ Share your dashboard with everyone.

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PC Series
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