A Tale of Two Institutions
One Big and One Small - and the Safety Net Hospital that Hosts Them All!
Disclosures

SES033: A Tale of Two Institutions One Big and One Small - and the Safety Net Hospital that Hosts Them All!

Marilane B. Bond, EdD, MEd, MBA
Kelvin J. Holloway, M.D., M.B.A
Howard A. Mosby, CPA
Yolanda H. Wimberly, MD, MSc

NONE OF THE SPEAKERS HAVE ANY CONFLICTS OF INTEREST TO REPORT
This session will guide you through the process of preparing for a Clinical Learning Environment Review (CLER) site visit and the Next Accreditation System via the experience of a public safety net hospital that hosts two ACGME-accredited institutions: a large, academic-based institution with over 1000 residents and fellows, with a strong focus on research; and a small, academic-based institution with 155 residents, with a strong focus on the community. The intricacies of communication between all parties, the development of processes, common outcomes, implementation of changes, and subsequent monitoring of shared goals will be discussed for practical application.
MEET OUR TEAM

Morehouse School of Medicine

Yolanda H. Wimberly, MD, MSc
Associate Dean and DIO for GME

Marilane B. Bond, EdD, MEd, MBA
Associate Dean, Medical Education

Grady Health System

Kelvin J. Holloway, M.D., M.B.A.
Senior Vice-President of Medical Affairs and Chief Quality Officer

Howard A. Mosby, CPA - Vice President, Medical Affairs Division

Emory University School of Medicine

Grady Health System
SESSION GOALS

The presentation will address three areas specific to the CLER Site Visit in this unique partnership of a Safety Net Hospital and two distinctly different academic programs. These areas include:

1. Development of an assessment, communication, and implementation strategy between the institutions.

2. Analysis and synthesis of CLER findings and recommendations.

3. Prioritization of findings and project plan development to identify needed systems, policies, and ongoing monitoring in preparation for the next site visit.
Identify the complexity of communication skills and tools needed for effective collaboration at all institutions.

Describe innovative methods of communication to ensure the dissemination of accurate and consistent information.

Outline the areas of need and the process by which the institutions identified and aligned their priorities with the recommendations.

Define how institutions with different missions and priorities work together to provide high quality academics and excellent patient care.

SESSION OBJECTIVES

1. Identify the complexity of communication skills and tools needed for effective collaboration at all institutions.

2. Describe innovative methods of communication to ensure the dissemination of accurate and consistent information.

3. Outline the areas of need and the process by which the institutions identified and aligned their priorities with the recommendations.

4. Define how institutions with different missions and priorities work together to provide high quality academics and excellent patient care.
### Session Topic

<table>
<thead>
<tr>
<th>Session Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session Goals and Objectives</td>
<td>Marilane Bond</td>
</tr>
<tr>
<td>Overview and Challenges of Hosting two Academic Institutions</td>
<td>Howard Mosby</td>
</tr>
<tr>
<td>History and Purpose of “GEM”</td>
<td>Yolanda Wimberly</td>
</tr>
<tr>
<td>An Overview of CLER Preparation</td>
<td>Yolanda Wimberly</td>
</tr>
<tr>
<td>A CLER Opportunity to Align for Improved Patient Outcomes</td>
<td>Kelvin Holloway</td>
</tr>
<tr>
<td>Small Group Case Studies with Report Out / Questions from Audience</td>
<td>All Presenters</td>
</tr>
<tr>
<td>Closing Remarks/Wrap-Up</td>
<td>Marilane Bond</td>
</tr>
</tbody>
</table>
Two Unique Set of Missions based at a Safety Net Hospital
GRADY OVERVIEW

- 5000 Grady Employees (non physicians)
- 953 licensed beds
- 30,000 discharges per year
- 900,000 outpatient visits per year
- 110,000 emergency room visits per year
EMORY OVERVIEW

1,209 residents and fellows in GME system

1,153 residents and fellows

26 core residencies and 72 fellowships

17 Training locations

56 Non-ACGME fellows

115 Non-physicians

1892 - 1st Residency Training Program

1984 Emory GME moved from Grady to Emory campus

Grady major site: 60 programs and 366 trainees

868 Attendings
143 active residents
7 ACGME accredited training programs
6 Non-Physicians
Mostly based at Grady (primary site)
119 Attendings
8 Training locations
1st Accredited Program 1990 - Psychiatry
Missions of the Institutions

▶ **Grady** improves the health of the community by providing quality, comprehensive healthcare in a compassionate, culturally competent, ethical and fiscally responsible manner. Grady maintains its commitment to the underserved of Fulton and DeKalb counties, while also providing care for residents of metro Atlanta and Georgia. Grady leads through its clinical excellence, innovative research and progressive medical education and training.

▶ **Emory** University School of Medicine is committed to recruiting and developing a diverse group of students and innovative leaders in biomedical science, public health, medical education, and clinical care. We foster a culture that integrates leading edge basic, translational, and clinical research to further the ability to deliver quality health care, to predict illness and treat the sick, and to promote health of our patients and community.

▶ **MSM** is dedicated to improving the health and well-being of individuals and communities; increasing the diversity of the health professional and scientific workforce; and addressing primary healthcare needs through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia and the nation.
1. Identify the complexity of communication skills and tools needed for effective collaboration at all institutions.
Challenges of Hosting Two SOMs at Grady

2. Describe innovative methods of communication to ensure the dissemination of accurate and consistent information.

- Medical Staff Meetings
- Grady List Serve-GME and Medical Staff
- Medical Executive Committee
- CEO Town hall meetings with residents
- Grady Emory Morehouse Committee
- Physician Leadership Development Institute
- Chief Residents Council
3. Outline the areas of need and the process by which the institutions identified and aligned their priorities with the recommendations.

- Institutional Growth
- Funding / Stipends
- Professional Staff Development
- Resources
- Space
- Technology
- Strategic Plan
4. Define how institutions with different missions and priorities work together to provide high quality academics and excellent patient care

- Collaborative Research Activities
- Internal Medicine Residencies
- Family Planning
- APDIM Faculty Development Grant
- Clinical and Patient Care
- Psychiatry Residencies
- ACGME duty hour projects
- Emory Surgery and Internal Medicine Residencies with MSM resident rotators
- Patient Safety/Quality Improvement Initiatives
In Conclusion

• Collaboration
• Relationships
• Policies
• Formal standing meetings
• Mutual respect
• Follow up
• Conflict Management
• Mission Alignment
• HAVE FUN!
July 2012 – implemented by the three institutions to increase communication and collaboration to address GME functions and issues:

- Monthly meetings hosted at each site
- Orientation planning
- Policies
- Institutional updates
- Hospital requirements for trainees
- CLER
- Patient Safety/Quality Improvement
- Stipend Requests
- Space (call rooms, simulation labs)
- Chief Resident Council
- Professionalism issues
- Grady GME Office
- Improved Nurse/Physician engagement
"Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results." Andrew Carnegie
Grady/Emory/Morehouse (GEM) Committee was the platform utilized to introduce CLER and conduct initial planning for preparing for a CLER visit.

- Weekly meetings with GME Director and Grady Patient Safety/Accreditation Officer, C-Suite preparation
- Complete details – scheduling, CLER documentation, etc.
- Draft of potential CLER questions and answers for all groups
- Working document for each of the 6 CLER areas
- GME review of required policies
- GME Grand Rounds (all residents and faculty)
- GME education about CLER/NAS and
- Grady specific PS/QI Information – hospital PS/QI goals, examples initiatives residents and faculty are involved in
CLER PREPARATION - Faculty

- CLER presentation to GMEC and program Grand Rounds/meetings with faculty
- DIO CLER readiness quiz to Faculty a couple a weeks leading up to CLER visit
- Q & A - winners of the quiz shared with stakeholders 1-2 days before the visit.
- Accounting of program directors/faculty/residents on key Grady PS/QI committees
CLER PREPARATION-RESIDENTS

- CLER presentation at grand rounds
- Overview at resident meetings
- PS/QI Resident Survey two weeks before visit (results shared with all stakeholders)
- CLER and NAS readiness quiz to residents a couple of weeks leading up to CLER visit
- Q & A, and winners of the Quiz shared with stakeholders 1-2 days before the visit
- Accounting of residents on key Grady PS/QI committees
- Grady/GME pre-meeting with Chief Residents “CLER Resident Ambassador” for walk rounds.
CLER Preparation – Educational Materials

GME
- CLER FAQ
- Badge size CLER card
- GMEC PS/QI Subcommittee
  - Accomplishments
- Examples of Resident Involvement in PS/QI

Grady
- 2014 National Patient Safety Goals
- “Near Miss” Hotline information
- Examples of Near Misses
- Grady Safety Card
- Incident Reporting Presentation
In Conclusion

- Collaboration
- Relationships
- Policies
- Formal standing meetings
- Mutual respect
- Follow up
- Conflict Management
- Mission Alignment
- HAVE FUN!
A CLER Opportunity to Align for Improved Patient Outcomes
Overview of Grady’s Strategic Improvement Construct/Approach

SECTION 1
Accountability of Healthcare Quality

SECTION 2
Overview of Grady’s Strategic Improvement Construct/Approach

SECTION 3
Alignment of Learner & Medical Staff Expectations

SECTION 4
Summary
Increasing Accountability of Healthcare Quality

**Major Industry Drivers**

Government (publicly available data, CMS)
Payers (pay for performance)
Public (consumerism)
Boards (corporate compliance/GMHC)
Accreditation/Regulatory (TJC, DHR)

Evolving

Accreditation (ACGME, ABMS, AAMC, LCME)
**The New Value Equation**

Value = Quality × Patient Satisfaction × Cost

**Quality**: Providing optimal outcomes, preventive & primary care, population health management

**Patient Satisfaction**: Improve patient experience & operational efficiencies

**Cost**: ↓ readmissions & utilization, improve operational efficiencies
VISION
Grady Health System will become the leading public, academic healthcare system in the United States

STRATEGIC PLAN 2015

QUALITY
Leading performer in clinical quality and operational excellence and safety measures at all sites of care

SERVICE EXCELLENCE
Patient-centered, integrated system of care focused on meeting the service expectations of the patient

STEWARDSHIP
Financially strong, innovative leader focused on providing funding for high quality care

PEOPLE
Highly engaged workforce who propel Grady toward excellence

GROWTH
Exceptional health system creating opportunities for profitable growth to fund the ongoing mission

The Triple Aim
- Improve population health
- Reduce / control per capita cost
- Enhance patient experience

S
Safe

T
Timely

E
Equitable

E
Effective

E
Efficient

P
Patient Centered
• Decrease hospital acquired conditions (CLABSI, CAUTI, SSI, HAPU and Falls w/Harm) by 15% by the end of December 2015 as measured by NHSN & NDNQI.
  * HAC Goal will be based on 15% reduction from actual year end total

• Improve the overall observed/expected mortality ratio by the end of 3rd quarter 2015 as measured by UHC Clinical Outcomes Report / Quality and Accountability Aggregate.
“The future viability of our organization will be dependent on our ability to deliver service excellence.”

Mayo Clinic

“And importantly...A commitment to excellence will not manifest without the leadership, support and example set by physicians.”
Alignment of Learner & Medical Staff Expectations
**Physician Practice PI Program**

**Improve Performance**
- Demonstrably elevate the performance of all physicians
- Rein in unnecessarily resource-intensive practices to manage cost
- Favorably reset the medical staff performance bar

**Improve Outcomes**
- Manage down unfavorable rates of adverse outcomes
- Impact institutional quality & value ratings
- Focus on PI efforts to secure rapid gains & assure sustainability
PATIENT
Right Care, Right Patient, Right Place, Right Time
EVERYTIME
“ALWAYS”

Patient Centered
Safe
Efficient
Equitable
Timely

- Service Excellence
- Cultural Competency
  - PCMH
- Core / Accountability Measures
  - Best Practice Program Order sets
  - Epic BPA
- Service Excellence
- Cultural Competency
- PCMH

- CUSP/SUSP/Team STEPPS
- Reducing HACs/HH
- Multidisciplinary Patient Safety Rounds
- Physician PI Projects
  - EPIC BPA
  - Order sets
  - I-PASS/SBAR
  - Event reporting

- Throughput (e.g. EMSE, OR/Lab/Rad. TAT)
- Project RED – Reducing Readmission
  - Clinical Documentation / Coding Improvement Program
  - Crimson

- LTAC
- Hospice / Palliative Care

Prepared by a Peer Review Committee pursuant to Title 31, Chapter 7 of the Official Code of Georgia
Physician Must Haves for Success

- Communicate the expectation to prevent harm (e.g. NPSG, hand hygiene, appropriate documentation, IC/IP adherence, core measures, care transition)
- Stress the importance of compliance at every opportunity
- Incorporate PS/QI into teaching, rounding & patient care
- COS’, Attendings & chief residents give real time feedback
- Give formal feedback to residents via their evaluation under the Practice-Based Learning & Improvement/Systems Based Practice competencies
- Consistent & vibrant QA/PI meetings
- Review, drill down & follow up of Crimson/quality data
- Encourage reporting of incidents via electronic system & participation in RCA’s
- Make compliance a team effort (mutual accountability)
- Lead collaborative partnership & engagement w/ nursing & other healthcare professionals to achieve desired outcomes (e.g. clinical & operational PI teams: CUSP, SUSP, Team STEPPS, CDS, CM, CPI)
- Effective teaming modeled by leaders
Grady embraced the CLER as an opportunity to better align all stakeholders

The CLER preparation & visit has served as a foundation for ongoing tripartite collaboration

The patients & families we serve are the ultimate beneficiaries
GROUP CASE STUDIES – DR. BOND

Instructions and perspectives for each of the institutions
Case Studies and Report Out
Case Study Topics

- Health Disparities
- Supervision and Duty Hours
- Professionalism
- PSQI
Questions, Comments, Discussion