The Clinical Learning Environment Review (CLER) Program

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Adapted from slides by Kevin Weiss, MD
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Disclosure

- Professor of Pediatrics (Voluntary), Wayne State University
- Pediatric Intensivist: Children’s Hospital of Michigan
- Pediatric Residency Program Director
- CCM Fellowship Program Director: 14 years
- A recovering PD and DIO
- Pediatric RC member
- Site Visitor to Singapore for ACGME-I
- No conflicts of interest to report except that I am biased towards pediatricians
The New Senior Vice Presidents at the ACGME Department of Accreditation Services

- Dr. Louis Ling: SVP for Hospital Based Accreditation: Radiology, Emergency Medicine, Anesthesiology, Medical Genetics, Pathology
- Dr. John Potts: SVP for Surgery Accreditation
- Dr. Kevin Weiss: SVP for Safety and Quality Improvement – CLER and IRC
- Dr. Mary Lieh-Lai: SVP for Medical Accreditation: Pediatrics, Internal Medicine, Family Medicine, PM&R, Allergy and Immunology, Dermatology, Neurology, Psychiatry
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

- 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 do not conduct an “accreditation site visit”
- Include full-time staff and volunteer peers as site visitors
- Establish a process for reports:
  - 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
CLER Program: 6 Focus Areas

- Integration of residents/fellows (along with demonstration of impact) into:
  - Patient Safety Programs
  - Quality Improvement Programs
    - Reduction of Disparities in Health Care Delivery
  - Supervision
  - Transitions in Care
  - Duty hours policy, fatigue management and mitigation
  - Professionalism (including Honest and Accurate Reporting of Information, Scientific Integrity and Issues of Mistreatment)
CLER Program

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

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

First cycle of visits

- Started August 2012
- Used solely for feedback, learning, and establishment of baseline information for sponsoring institutions, 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 the Evaluation Committee’s dissemination of salutary practices
- Alpha testing completed (5 sites): SIs volunteered
- Beta phase started

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CLER Program
5 key questions for each site visit

- Who/what form the institutional infrastructure designed to address the six focus areas?
- How integrated is the GME leadership and faculty in institutional efforts across the six focus areas?
- How engaged are the residents and fellows?
- How does the institution determine the success of its efforts to integrate GME into the six focus areas?
- What are the areas the institution has identified for improvement?
Example of Draft Expectations Template for CLER Patient Safety
(Applies to All Residents/Fellows/Faculty)

**Basic (as defined by Institutional or Common Program Requirements)**
- opportunity to report errors, unsafe conditions, and near misses
- opportunity to participate in inter-professional QI or RCA teams

**Advanced**
- Institutionally approved patient safety goals defined and communicated
- 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

**Role Model:**
- All the above, plus faculty and resident leadership in Patient Safety activities
- All residents/fellows have 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

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CLER Site Visit

Very little advance preparation required, assuming……...

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

- Pre-scheduled group interviews:
  - Senior leadership of participating site (CEO, COO, CMO, CNO, DIO and Chair of GMEC)—**beginning and end**
  - Leader(s) in patient safety and healthcare quality
  - Peer-selected residents from each program area
  - Core Faculty
  - Program Directors

- Random interviews of staff (e.g. nurses, pharmacist): “walk arounds” of patient floors, OR and clinics
SCHEMATIC OF FLOW OF CLER SITE VISIT

Three phases of Visit

Note: each walk around with resident host/escort, opportunity for nursing staff and patient contact. Also as yet not certain on role of a governance interview.
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)
   - Copy of report sent back to institution, allow for response

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

4. CLER Evaluation Committee Review

5. To IRC (Cycle II+)

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CLER Evaluation Process

1. Site visits approximately every 18 months
2. Site visitors provide oral review/feedback prior to leaving site*
3. Site visitors complete draft written report, CLER staff sends draft to Sponsoring Institution for review and response (response not required)
4. CLER Evaluation Committee reviews site visit report and institutional response and develops recommendations
5. CLER Evaluation Committee sends final report to S.I., and summary info to IRC

*Rare: in the event of site visit team identifies potential egregious event, the alleged egregious event policy engaged
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
Clinical Learning Environment Review (CLER) Program

- CLER Site Visit Program
- CLER Evaluation Committee
- Support of Faculty Development related to CLER
Lessons Learned – Sponsoring Institution (Alpha Testing)

- Very different from an accreditation visit
- Short notice a challenge but do-able and important
- Very positive feedback:
  - On SV protocol
  - Exit meeting (CEO presence critical)
- No “gotcha’s”, a number of “aha’s”
- Informal unsolicited feedback

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Lessons Learned – CLER/ACGME

- Very workable protocol (but long days)
- Rapid learning at each visit
- Importance of balance of meetings and walk-arounds
- Value of audience response system
- Developing good insight
- Gaining baseline information
- Experienced physician leading site visits is essential

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Challenges

- Sampling multiple participating sites per sponsoring institution
- Single Program Sponsoring institutions
- Visits to special/unique participating sites
Beta Testing

- Started September 2012
- 380 + sponsoring institutions
- Final shaping of protocol
  - Refine questions, walk-arounds
  - Patient interactions
- Scaling
- Evaluations/quality control
CLER Program

For questions, please contact:

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