GME: Focusing on Patient Safety in a Clinical Learning Environment

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Objectives

1. Describe Advocate’s safety strategy at system level
2. Discuss how this applies to residency program and CLER
3. Identify strengths and opportunities that we have identified after 3 CLER visits
4. RCA Simulation
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Patient Safety Strategic Plan

System Goal:
Eliminate all events of serious patient harm by December 31, 2020

Four Key Strategies

S1: We are First & Foremost a Safe Clinical Enterprise: Position Patient Safety as the Foundation for All Care

S2: Leadership = Ownership: Lead to Patient Safety

S3: Patient Safety Starts with Me: Enable the Front Line to Address Safety Issues

S4: Nothing About Me Without Me: Engage Patients and Families in Patient Safety
A SAFE Clinical Enterprise

Achievements

• Tactic: Align Cultural Initiatives

The Advocate Experience is:
An experience without harm - SAFETY
An experience of excellence - QUALITY
An experience of engagement and trust - SERVICE
ALWAYS
Lead to Safety Achievements

- **Tactic:** Teach leaders how to lead to safety
  - High Reliability Leader Series over 2 years
  - Implemented leader methods for high reliability: The Daily Safety Huddle
  - Advances in leader and physician engagement

### Daily Patient Safety Huddle System Feedback

- Provides valuable information on safety, quality and service issues: 71%, 68%
- Improves the safety of the care we provide: 68%, 79%
- Improves my awareness of unintended harm occurring in my organization: 65%, 72%
- Allows me to resolve issues more efficiently than would otherwise occur: 26%, 23%
- Is a valuable leadership tool: 23%
- Is worth my time: 27%
Lead to Safety Achievements

- **Tactic:** Robust and transparent safety metrics
  - Serious safety event rate
  - Identification of reported serious events increased 150% in 2 years
  - *System:* 36% increase in reporting system wide
  - Alignment with peer review and M&M
Enable the Front Line

Looking Ahead

- High Reliability Healthcare 101
- Safety Coaches
- Physician and Resident Safety Champions
- Physician and resident event reporting
- ‘Care of the caregiver’ expansion
- Front line problem solving
- Communicating safety to the front line

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GME at Advocate Health Care

- Four teaching hospitals and expanding
- 31 residency programs and fellowships
- 571 residents and fellows

CLER Patient Safety Pathways

PS 1: Reporting adverse events and close calls
PS 2: Education
PS 3: Culture
PS 4: Investigations
PS 5: Monitoring of Engagement
PS 6: Faculty Engagement
PS 7: Education on Disclosure
PS 1: Reporting AEs and Close Calls

CLER:
• Residents and faculty know how to report events
• Know their roles and responsibilities in reporting
• Faculty, residents and fellows report events
• Reports are aggregated into the site data

Advocate:
• Faculty and residents trained in event reporting during orientation
• When a report submitted, reviewed by site patient safety leader and reported at daily huddle
• At end of month, Advocate runs report by both site and program on volume of events reported
• Reports of actual events are aggregated into the site and system data
**PS 2: Education**

**CLER:**

- Residents receive **patient safety education**
- **Faculty are proficient** in the application of principles and practices of patient safety
- **Residents are engaged in patient safety education**
- Residents and faculty members receive education on proactive risk assessments
- **Training is developed collaboratively** with residents and faculty
PS 2: Education

Advocate:

• Residents receive a standardized patient safety orientation
  o IOM estimates of harm
  o Stories of national and Advocate harm events
  o Human error theory
  o Behaviors and tools to promote reliability

PS 2: Education

Advocate:

• All residents required to complete IHI Open School Basic Certificate
• Faculty/Residents participate in Daily Safety Huddle and/or department safety huddles
• Faculty/Residents participate in RCAs and ACAs
• Faculty/Residents receive an email event notification when a serious safety event occurs
PS 2: Education

Advocate Opportunities:
- No ongoing faculty education on principles and practices of patient safety
- No training specific to proactive risk assessments

PS 3: Culture of Safety

CLER:
- Residents and faculty perceive a supportive culture relative to patient safety
- Mechanisms to provide emotional support to those involved in adverse events
- Site conducts surveys on culture of safety
PS 3: Culture of Safety

Advocate:

• Results from CLER visit survey:
  o Christ: 94%
  o Masonic: 100%
  o Lutheran: 96%
  o Residents report concerns that the reporting may be traceable back to them due to small size of programs or particulars of patient case.

PS 3: Culture of Safety

Advocate:

• Each site’s safety leader, PD, faculty, and chaplains ensure care of the residents involved in adverse events
• AHRQ Culture of Safety Survey administered annually to residents and faculty
PS 4: Investigation and Follow Up

CLER:

- Residents participate in event investigations
- Resident can describe actions resulting from the reporting of an event at the clinical site
- Feedback to residents on reported safety events
PS 4: Investigation and Follow Up

Advocate:
• Residents involved in cause analyses if involved in event
• RCA Simulation launched
  o All attendees provided with information on event
  o Residents volunteer to participate as RCA team members
  o Members given scripts to follow/roles to play
  o A simulated investigation occurs

Advocate:
• Advocate currently received 70,000 event reports annually, limiting the opportunity for individual feedback
• Feedback on events reported varies by site
• Residents attending daily huddle receive immediate feedback
PS 5: Monitoring Resident Engagement

CLER:

• **Monitor resident reporting** of safety events

• Reporting **data are used to drive action** to improve safety

PS 5: Monitoring Resident Engagement

Advocate:

• System data of resident reporting provided to Advocate GMEC on a monthly basis.
  - Adding field in report to identify specialty
  - Identified perception of report as a ‘personal write up’
  - Low volume of physician event reports
  - Currently unable to differentiate physician faculty from physician non-faculty
PS 5: Monitoring Resident Engagement

**Advocate:**

- Aggregated data used in variety of ways:
  - System Safety Top Ten List
  - IT re-design
  - Actions forwarded to operations teams
  - Capital budget allocations (simulation strategy)

PS 6: Faculty Engagement

**CLER:**

- **Monitor faculty reporting** of safety events
- Reporting **data are used to drive action** to improve safety
PS 6: Faculty Engagement

Advocate Opportunities:

• Low volume of physician reports (< 1% of total)
• Currently unable to differentiate physician faculty from physician non-faculty

PS 7: Education on Disclosure

CLER:

• Residents receive hands-on training in disclosure
• Residents/fellows are involved in disclosure of patients safety events
PS 7: Education on Disclosure

Advocate:
• Residents are provided site specific orientation on disclosure and are present when faculty disclose

Advocate Opportunities:
• Develop system approach to disclosure and provide education to all residents.

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Strengths

• Strong **system** focus on patients safety
• Standardized orientation
• Mock RCA available for all residents
• Patient Safety officer on GMEC
• IHI Open School Basic Certificate provides consistent education on patient safety

Opportunities

• Reduce variability with sites and departments
• Work on culture for reporting
• Develop one system for reporting errors (IP, OP)
• Develop feedback mechanism to resident reports
• Develop faculty development on patient safety
• Develop specialty specific mock RCA
• Develop systematic disclosure training
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