Program Coordinators’ Meeting
March 10, 2016
Program Coordinators’ Monthly Meeting AGENDA

- Team Cards
- ACGME
  - Update from National Education Meeting in Maryland
  - Self-Study Pilot
  - Report on CLER
  - Faculty & Resident Surveys – Deadlines and Timeline
  - Report on Recent Internal Survey
- GME New Hire Onboarding
- APEs – Reminders
- ACGME Survey - Reminders
- GME Call Rooms
Team Cards Program

Briththa Seevaratnam
Project Manager, Service Excellence
Team Cards Outline

- Introduction to our Team’s work
- Team Cards Program
- Process and Current Initiatives
- Collaboration with you!
- Questions
The C-I-CARE Program

Onboarding & Training
- New Employee Orientation
- New Leader Onboarding
- Training Videos
- HealthStream Module
- Badge Cards
- C-I-CARE Templates

Active Daily Management
- C-I-CARE Rounding
- Rewards & Recognition
- Service Recovery
- Web Application
- Message of the Month
- C-I-CARE Intranet Site

Supporting Programs
- Physician Coaching
- Team Cards
- Public MD Star Ratings
- Likelihood to Recommend Celebrations
- Real Time Feedback
- Patient Experience Week
- Communication Kaizens

Confidential – For Discussion Purposes Only
### Team Cards Program

- **What is the purpose of Team Cards?**

  Patients use Team Cards to help familiarize themselves with their care team. Team Cards contain a provider’s picture, name, title, department/specialty, and a description of their role in patient care.

<table>
<thead>
<tr>
<th>Assistant Patient Care Manager</th>
<th>Attending Physician</th>
<th>Chaplain</th>
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</thead>
<tbody>
<tr>
<td>Clinical Nurse Specialist</td>
<td>Clinical Pharmacist</td>
<td>Community Attending Physician</td>
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<tr>
<td>Fellow</td>
<td>Financial Advocate</td>
<td>Medical Student</td>
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<tr>
<td>Nurse Anesthetist</td>
<td>Nurse Coordinator</td>
<td>Nurse Practitioner</td>
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<tr>
<td>Occupational Therapist</td>
<td>Patient Care Manager</td>
<td>Physical Therapist</td>
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<tr>
<td>Physician Assistant</td>
<td>Psychologist</td>
<td>Radiation Therapist</td>
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<tr>
<td>Resident</td>
<td>Speech Language Therapist</td>
<td>Wound, Ostomy &amp; Continence Nurse</td>
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</table>
What is the process behind team cards?

- Obtain team cards information from provider
- Provider to take photo, if necessary
- Place order with our Designer, Mary Ann Wijtman
- Mary Ann creates proofs of cards, sends to Briththa
- Proof sent to provider to verify correct photo and information
- Proof Approval sent to Mary Ann
- Mary Ann sends proofs to vendor for print
- Printed team cards are mailed to Service Excellence team
- Team cards distributed to provider via internal mail system
Team Cards Program Initiatives

- Lead time improvement
- Clinic Info
- Intranet Site
- Kanban Cards
- Department/Specialty Standardization
- Expansion
- Collaboration with Program Coordinators – You!
Collaboration

- **Streamlining of Team Card Deployment and Flow**
  - Have one person be point person (Program Coordinator) for each specialty program vs. each individual provider

- **Other Collaborations**
  - Clinic Info
  - Department/Specialty Standardization
  - Resident Orientation Photoshoot

- **Feedback**
Questions?

Please email Briththa Seevaratnam at teamcards@stanfordhealthcare.org
Report on CLER – ACGME National Findings

- Based on 297 Site Visits conducted between 2012 and 2015

- Interview Statistics:
  - 8755 Residents and Fellows
  - 5599 Program Directors
  - 7740 Core Faculty members
  - 1000 members of executive leadership
National

- **Patient Safety**
  - Trainees deficient in
    - Experiential learning in Safety
    - Reporting of adverse events and near misses
    - Awareness of how event reporting is used to improve the health care system
  - Limited (if any) feedback on event reporting
  - Limited participation in interdisciplinary and interprofessional patient safety reviews

Stanford

- Culture reinforces patient safety responsibility - 100% (Institutional Response ACGME – May 2015)
- Need to increase reporting of adverse events by residents (SAFE reports)
National

Healthcare Quality

- Trainees are aware of the organization’s priorities on Quality Improvement (QI)
- Limited knowledge of QI concepts and methods
- Limited participation on interprofessional QI teams
- Rarely have the opportunity to participate in the full scope of a QI project

Stanford

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<tbody>
<tr>
<td>Opportunity To Participate In QI Projects</td>
<td>43%</td>
<td>54%</td>
<td>52%</td>
<td>66%</td>
<td>88%</td>
<td>75%</td>
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</tbody>
</table>

- Residents’ Safety Council
- 10 minute required module on Quality Improvement & Patient Safety (Healthstream)
National

- Healthcare Disparities
  - Lack of formal institutional strategy for addressing vulnerable populations
  - Focused on interpreter services or community needs assessments or low-income community based clinics
  - Generic education on healthcare disparities rather than on specific institution populations - Non-standard (ad hoc) education

Stanford

- 10 minute required presentation on cultural diversity (Healthstream)
- Institutional Strategy???
National

- Care Transitions
  - Most institutions lacked a standardized approach for Hand-offs
  - Uncommon for residents to be observed by Faculty on their hand-offs
  - Most institutions are working on the problem

Stanford

- Active Transitions of Care (TOC) Task Force
- LPCH I-Pass / National recognition / publications
- Information not lost from patients transfers or shift changes – 97% Compliant Responses- (National Average – ACGME 2015 Institutional Survey)
National

- Supervision

- On the one hand, residents reported an overall culture of close supervision, however, they also reported they personally witnessed incidents of inadequate supervision...

- Faculty reported that external factors led to over-supervision leaving trainees underprepared for clinical practice.

- Nursing and other clinical staff members reported they often do not have a systematic resource to check an individual resident’s capability to perform certain procedures.

Stanford

- 93% Sufficient supervision (ACGME 5/2015) – National ACGME Survey avg = 92%

- 96% Appropriate level of supervision (ACGME 5/2015) - National ACGME survey avg = 96%

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<tr>
<td>Faculty Spend Sufficient Time Supervising Trainees</td>
<td>93%</td>
<td>95%</td>
<td>96%</td>
<td>95%</td>
<td>96%</td>
<td>92%</td>
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</table>
National

- Fatigue Management, Mitigation and Duty Hours
  - There is general development and implementation of some form of fatigue management e.g., taxi rides, call rooms, education
  - In many institutions, it was reported that there were instances of resident fatigue related to high patient volume and/or acuity rather than hours worked.
  - Many faculty reported a significant increase in their own fatigue.
  - Many faculty perceived that there could be an increased risk to patients to increased hand-offs.

Stanford

- 94% - Compliant with <80 hrs – (ACGME – 5/2015)
  National ACGME Avg = 94%
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National

- Professionalism
  - Most trainees and faculty have received education on professionalism
  - Some have experienced incidents of disruptive and disrespectful behavior
  - Some also reported having to compromise their integrity to satisfy an authority figures
  - Lack of overall understanding of all resources available for reporting incidents outside of GME

Stanford

- Duke LIFE Series (Healthstream) 20 mins

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<tbody>
<tr>
<td>Have Not Been Personally Mistreated in Training Program</td>
<td>No Data</td>
<td>89%</td>
<td>91%</td>
<td>89%</td>
<td>89%</td>
<td>91%</td>
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</table>
Report on Recent Internal Survey

- Thank you for your help and participation! We hear you!!

- Summary Findings:
  - Program Directors & Associate Program Directors
    - Detailed instructions, Deadlines & Timelines
    - Streamline NAS and Milestones
    - Begin PD Meeting with 5-10 minutes of Questions
  - Program Coordinators
    - Want more communication about what GME is doing e.g., orientation and onboarding
    - Contact info – now on the website!
    - Coordinator Mentorship (match new PCs to seasoned PCs)
Orientation Update: GME New Hire Onboarding

Healthstream courses that all incoming trainees must complete, as part of their Contract Packet, by May 31st, 2016.

MANDATORY ~ All Incoming House Staff are required to complete the following Healthstream modules by May 31st, 2016.

- HEALTHSTREAM training: www.healthstream.com/hlc/stanford
- For Assistance, Email: healthstream@stanfordhealthcare.org

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<tr>
<th>2016-2017 Healthstream Modules</th>
<th>Length (min.)</th>
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<tr>
<td>MD C-I-CARE</td>
<td>3</td>
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<tr>
<td>GME Disaster Response Protocol</td>
<td>10</td>
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<tr>
<td>Protecting Patient Privacy, one patient at a time</td>
<td>60</td>
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<tr>
<td>SHC Prevention of Hospital Acquired Infections – Clinical</td>
<td>15</td>
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<tr>
<td>SHC Prevention of Respiratory Diseases</td>
<td>25</td>
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<tr>
<td>SHC Quality Improvement &amp; Patient Safety</td>
<td>10</td>
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<tr>
<td>SMC LIFE Disruptive Behavior</td>
<td>20</td>
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<tr>
<td>SMC LIFE Fatigue</td>
<td>30</td>
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<tr>
<td>SMC LIFE Stress and Depression</td>
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<tr>
<td>SMC LIFE Substance Abuse</td>
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<tr>
<td>Stanford Medical – Code of Conduct</td>
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<tr>
<td>Stanford Medical – Controlled Substance</td>
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<tr>
<td>Stanford Medical – Cultural Diversity</td>
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<td>Stanford Medical – Organ Donation (PA)</td>
<td>25</td>
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<tr>
<td>Stanford Medical - Safety Training (Clinical)</td>
<td>60</td>
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APEs - Reminders

- ACGME has targeted **May 15th** to have all survey results aggregated by programs.
- All programs that requested February Program Evaluations have their uploaded results posted to the APE tab in MedHub (See bottom of page for uploaded files) – Thanks, Thi!
ACGME Resident and Faculty Surveys
Deadlines and Timelines
Second Group: Deadline—March 20, 2016

- Orthopaedic Surgery
- Adult Reconstructive Orthopaedics
- Hand surgery
- Orthopaedic Sports Medicine
- Pathology – Anatomic & Clinical
- Surgical Pathology
- Gynecologic/Breast Pathology
- Gastrointestinal Pathology
- Blood Banking/Transfusion Medicine
- Cytopathology
- Hematopathology
- Neuropathology
- Pediatrics
- Adolescent Medicine
- Clinical Informatics
- Pediatric Critical Care Medicine
- Pediatric Cardiology
- Pediatric Hematology/Oncology
- Pediatric Endocrinology
- Pediatric Nephrology
- Neonatology
- Pediatric Pulmonology

- Pediatric Rheumatology
- Pediatric Gastroenterology
- Pediatric Infectious Diseases
- Developmental-Behavioral Pediatrics
- Physical Medicine and Rehabilitation
- PM&R Sports Medicine
- Spinal Cord Injury Medicine
- Psychiatry
- Child & Adolescent Psychiatry
- Geriatric Psychiatry
- Psychosomatic Medicine
- Surgery
- Surgical Critical Care
- Pediatric Surgery
- Vascular Surgery
- Vascular Surgery – Integrated
- Thoracic Surgery
- Thoracic Surgery – Integrated
- Congenital Cardiac Surgery
- Urology
- Female Pelvic Medicine & Reconstructive Surgery
ACGME Resident and Faculty Surveys
Deadlines and Timelines

*Third Group* from March 14 – April 17, 2016

- Internal Medicine
- Cardiovascular Disease
- Critical Care Medicine
- Endocrinology
- Gastroenterology
- Hematology
- Infectious Disease
- Oncology
- Nephrology
- Rheumatology
- Geriatric medicine
- Interventional Cardiology
- Adult Congenital Heart Disease
- Cardiac Electrophysiology

- Ophthalmology
- Radiology
- Neuroradiology
- Pediatric Radiology
- Vascular and Interventional Radiology
- Radiation Oncology
- Sleep Medicine
- Pain Medicine
- Pediatrics/Anesthesiology
- Internal Medicine/Anesthesia
- Pulmonary Disease & Critical Care Medicine
- Advanced Heart Failure & Transplant
- Neurosurgery
The checklist of items incoming trainees need to complete and the deadlines. This can be found on their orientation page in MedHub and will provide you with real-time status for each trainee.

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<thead>
<tr>
<th>Form/Document</th>
<th>Status</th>
<th>Note</th>
<th>File</th>
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<td><strong>ITEMS TO BE COMPLETED BY APRIL 29TH</strong></td>
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<td>Housestaff Contract</td>
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<td>(2016-17) Stanford Application</td>
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<td>Professional Photo</td>
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<td>Curriculum Vitae</td>
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<td>Welch Road Application</td>
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<td><strong>ITEMS TO BE COMPLETED BY MAY 31ST</strong></td>
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<tr>
<td>I-9 Instructions</td>
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<td>Healthstream Modules</td>
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<tr>
<td>SHC Epic Training</td>
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<tr>
<td><strong>DO NOT START THIS ITEM UNTIL JUNE 1st</strong></td>
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<td>SPOK Mobile</td>
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<td><strong>ITEMS TO BE COMPLETED BY JUNE 30th</strong></td>
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<td>Occupational Health</td>
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<td><strong>ITEMS TO BE COMPLETED BY JULY 31ST</strong></td>
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<tr>
<td>PGY II and higher (Copy of Medical School Diploma)</td>
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<td>Summative Evaluation</td>
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GME Call Rooms

- SHC 4th Floor Call Rooms
  - All “Hotel”
  - Utilization daily census: 5-11 available beds
Contact Information

- Thi Dinh La: tdinhla@stanford.edu
- Ann Dohn: adohn1@stanford.edu
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- Debbie Valdez: dvaldez@stanfordhealthcare.org
Questions