Program Directors’ Meeting
March 10, 2016
AGENDA

- ACGME
  - Update from National Education Meeting in Maryland
  - Self-Study Pilot
  - Report on CLER
  - Faculty & Resident Surveys – Deadlines and Timeline

- ACGME Duty Hours

- ACGME Wellness

- GME New Hire Onboarding

- Report on Recent Internal Survey

- APEs – Reminders

- ACGME Survey - Reminders

- Save-the-Date: Program Directors Retreat, Thurs, 9/22/2016

- GME Call Rooms

- Choosing Wisely Epic Alerts, Presented by Neil Shah
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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<td>Opportunity</td>
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<td>To Participate</td>
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<tr>
<td>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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- 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%
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%
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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<tr>
<td>Have Not Been Personally Mistreated in Training Program</td>
<td>No Data 89%</td>
<td>91%</td>
<td>89%</td>
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Identify and maintain a Pursuing Excellence core team of GME and executive health care leadership, assign a day-to-day project manager, and engage an improvement coach and local evaluator.

Actively participate in three collaborative meetings annually throughout the four-year initiative.

Commit to having the CEO and member of the hospital or medical center’s governance (e.g., Board of Directors) participate in a Leadership Track within the Pursuing Excellence initiative that will meet once a year.

Obtain approval from the relevant Institutional Review Board, as appropriate.

Maintain a status of Continued Accreditation for the Sponsoring Institution and all accredited residency and fellowship programs throughout the duration of the collaborative.

Consent to the collaborative cooperative agreement and limited intellectual property rights, including the right to jointly publish collaboration outcomes, with the ACGME.

Submit semi-annual progress reports to the ACGME, including demonstration of how ACGME funding is being used to support innovation and shared learning.

Use awarded funds only for eligible costs.
Report from ACGME: Duty Hours

- FIRST study in general surgery
  - 117 programs
  - More flexible curricula did not impact patient safety or resident wellness
Report from ACGME: Duty Hours

- March, 2016 task force to review duty hours
  - Many specialty boards to participate
- Draft for public comment April, 2016
- Refine draft to board Sept, 2016
Wellness

- ACGME workshop in Nov 2015
- Burnout prevalent
- Depression 29%, Mata et al, JAMA Dec, 2015
- Data that suicide rate in residents not higher than for age, but higher in physicians starting at 45y
  - Reflect earlier training?
  - Integral to the practice?
- Faculty are under similar or parallel pressures and at risk for burnout
  - Contributors
Wellness

- Need tools to assess burnout

- ACGME to sponsor well being conference for 4 years

- Designated task force for physician well being
  - Partner with AAMC

- Conduct study on cause of suicide during residency and fellowship training
George Thibault, President Macy foundation

- GME reform to include content in:
  - Population Health
  - Healthcare policy
  - Professionalism
  - Transitions of care: not only within hospital but in society
George Thibault, President Macy foundation

- Improve access to data from EMR
  - How to create appropriate data base, and have facile access to data for therapy decision and QI research
  - Population health
    - How can we make Epic more user friendly?

- How to better partner with patients and families to facilitate healthcare delivery, patient education

- Flexibility in length of residencies
  - Smooth, shorten transition from residency to fellowship

- Smoother transition UME to GME
Macys Regional Conference
San Francisco, March 30

- [Link](http://www.ucsfcme.com/2016/MOC16004/info.html#CourseOutline)

- 9:00: Welcome and overview: Dr. Robert Baron (UCSF) and Dr. George Thibault (Macy Foundation)
- 9:15: Opening Panel: What Does California Need to Improve Our Healthcare Workforce and the Health of the Public?
  - Dr. Edward Salsberg (George Washington University),
  - Dr. Sandra Hernández (California Healthcare Foundation), and
  - Dr. Andrew Bindman (UCSF)
- 10:45: Break
- 11:00: Oral Presentations: Innovations in GME I*
- 12:30: Lunch and guided poster presentations by theme
- 1:45: Oral Presentations: Innovations in GME II*
- 3:15: Break
- 3:30: Oral Presentations: Innovations in GME III*
- 5:00: Reflections and Next Steps for California Innovations in GME
- 5:30: Adjourn
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](http://www.healthstream.com/hlc/stanford)
- For Assistance, Email: healthstream@stanfordhealthcare.org

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

- ACGME has targeted **May 15**th 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


- 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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<td>I-9 Instructions</td>
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<td>SHC Epic Training</td>
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<td><strong>DO NOT START THIS ITEM UNTIL JUNE 1st</strong></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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<td>PGY II and higher (Copy of Medical School Diploma)</td>
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<td>Summative Evaluation</td>
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Save-the-Date: Program Directors Retreat

- Program Directors Retreat
  - Thursday, September 22, 2016
  - 7:00AM – 12:00PM
  - LK230A, LKSC
  - *Food is served throughout the retreat.*

  - GME will send out a save-the-date after the meeting.
GME Call Rooms

- SHC 4th Floor Call Rooms
  - All “Hotel”
  - Utilization daily census: 5-11 available beds
CHOOSING WISELY EPIC ALERTS
Choosing Wisely Epic Alerts

Neil Shah, Ann Weinacker, Paul Heidenreich, Paul Maggio, Kirsti Weng, Richard Sankary

Sponsors: Norman Rizk, Raj Behal, Topher Sharp
What is “Choosing Wisely”?

- In 2012 the ABIM Foundation launched *Choosing Wisely*® with a goal of advancing a national dialogue on avoiding wasteful or unnecessary medical tests, treatments and procedures.

- *Choosing Wisely*® incorporates evidence-based recommendations of more than 70 specialty societies. Consumer Reports has worked with specialty societies to create patient-friendly materials.

- At Stanford, we will present 75 (in 3 phases) highest value *Choosing Wisely* alerts upon entering orders that are targeted to present only on appropriate patient scenarios.
Sleeping Pills for Insomnia and Anxiety in Older People

Sleeping pills are usually not the best solution

Nearly one third of older people in the U.S. take sleeping pills. These drugs are called "sedative-hypnotics" or "tranquilizers." They affect the brain and spinal cord.

Doctors prescribe the drugs for sleep problems. The drugs are also used to treat other conditions, such as anxiety or alcohol withdrawal.

Usually older adults should try nondrug treatments first. According to the American Geriatrics Society, there are safer and better ways to improve sleep or reduce anxiety. Here's why:

Sleeping pills may not help much.
Many ads say that sleeping pills help people get a full, restful night's sleep. But studies show that this is not exactly true in real life. On average, people who take one of these drugs sleep only a little longer and better than those who don't take a drug.

Sleeping pills can have serious, or even deadly side effects.
All sedative-hypnotic drugs have special risks for older adults. Seniors are likely to be more sensitive to the drugs' effects than younger adults.

And these drugs may stay in their bodies longer.
The drugs can cause confusion and memory problems that:

- More than double the risk of falls and hip fractures. These are common causes of hospitalization and death in older people.
- Increase the risk of car accidents.

The new "Z" drugs also have risks.
Most ads are for these new drugs. At first, they were thought to be safer. But recent studies suggest they have as much or more risk than the older sleep drugs.

Try nondrug treatments first.
Get a thorough medical exam. Sleep problems can be caused by depression or anxiety, pain, restless leg syndrome, and many other conditions. Even if an exam does not turn up an underlying cause, you should try other solutions before you try drugs.

Tips for better sleep

- **Exercise.** Physical activity helps people sleep better. But avoid vigorous activity for several hours before bedtime.
- **Keep a routine.** Try to go to bed and wake up at about the same time every day, even on weekends.
- **Try not to eat right before bedtime.** Eat three hours or more before going to bed.
- **Avoid caffeine after 3 p.m.** Some people need to avoid caffeine even earlier.
- **Limit alcohol.** Alcohol causes sleepiness at first, followed by wakefulness.
- **Create the right environment.** Keep the bedroom peaceful. And avoid mental excitement before bedtime.
- **Avoid bright lights.** Watching a bright screen can make you stay awake.
- **Control pets.** Pets disrupt sleep if they are on and off the bed, taking up space, or wanting to be let out.

Choosing Wisely Epic Alerts

• **WHAT:** Evidence-based recommendations from major medical societies which may help us achieve high-value care

• **WHO:** Inpatient and ambulatory including UHA clinics

• **WHEN:** 25 alerts (March 2016), additional 50 alerts over 3 months

• **IMPACT:** Most physicians will receive few alerts (5-7) per month

• **THIS IS A LEARNING PROCESS:**
  - Data will be shared without performance expectations
  - Implementation will be studied to understand how it can be most effective
  - Your feedback is important to help us improve this process
What Will We See at Stanford?

• **TOP alerts in Ambulatory:**
  - Benzodiazepine use as first-agent for insomnia, delirium in elderly
  - Population screening for vitamin-D
  - Pap smears in women older than 65
  - Anti-hyperglycemic medications beyond metformin for patients with A1c <7.5%

• **TOP alerts in Inpatient:**
  - Stress ulcer prophylaxis for low-risk patients
  - NSAIDs use in patients with HTN, CKD, or heart failure
  - Antipsychotic or benzodiazepine use for insomnia/dementia in elderly
Thank you

Neil Shah, Ann Weinacker, Paul Heidenreich, Paul Maggio, Kirsti Weng, Richard Sankary
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Questions