Agenda

- GME
  - ACGME Survey Results
  - Transitions of Care
  - Sharps Training
  - Check Out Process
  - Evaluations
    - Milestones
    - Summative
  - APES

- Clinical Documentation - Angela Maxfield, CDI Specialist

- Improvement Capability Development Program (ICDP) - Benjamin R. Elkins, MPH, Director, Performance Improvement and Clinical Effectiveness Leadership Training (CELT), Office of the CMO
## ACGME Surveys – 2018 Institutional Results

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<tr>
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<tr>
<td>Sufficient Instruction</td>
<td>83%</td>
<td>86%</td>
<td>87%</td>
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<td>82%</td>
<td>87%</td>
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<td>Sufficient Supervision</td>
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<td>95%</td>
<td>95%</td>
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<td>93%</td>
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<td>Faculty and Staff Create Environment of Inquiry.</td>
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<tr>
<td>Residents Can Raise Concerns without Fear</td>
<td>78%</td>
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<td>80%</td>
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<tr>
<td>Satisfied with Process for Problems and Concerns</td>
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<td>82%</td>
<td>81%</td>
<td>78%</td>
<td>79%</td>
<td>78%</td>
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<td>81%</td>
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<tr>
<td>Education Not Compromised by Service Obligations</td>
<td>58%</td>
<td>67%</td>
<td>68%</td>
<td>66%</td>
<td>61%</td>
<td>58%</td>
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<tr>
<td>Overall Evaluation of Program</td>
<td>89%</td>
<td>89%</td>
<td>92%</td>
<td>91%</td>
<td>90%</td>
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<td>Total Number of ACGME Citations - Last Site Visit</td>
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### External

| Program Is Organized to Meet Educational Needs.   | 87%       | 88%       | 88%       | 85%       | 86%       | 86%       | 89%       |
| Program Balances Service with Clinical Education.| 84%       | 86%       | 85%       | 86%       | 87%       | 84%       | 82%       | 84%       |
| Overall Satisfaction with Training in Program    | 88%       | 88%       | 89%       | 85%       | 92%       | 92%       | 93%       | 94%       |
| Would Recommend Training Program                 | 91%       | 91%       | 94%       | 91%       | 94%       | 93%       | 94%       | 95%       |
| Faculty Spend Sufficient Time Supervising Trainees| 93%       | 95%       | 96%       | 95%       | 96%       | 92%       | 93%       | 96%       |
| Faculty Are Successful Teachers                  | 94%       | 95%       | 94%       | 95%       | 97%       | 93%       | 93%       | 96%       |
| Encouraged To Ask Questions                      | 93%       | 95%       | 96%       | 95%       | 97%       | 91%       | 93%       | 96%       |
| Have Not Been Personally Mistreated in Training Program | 89%       | 91%       | 89%       | 89%       | 91%       | 91%       | 91%       | 95%       |
| Opportunity To Participate In QI Projects         | 43%       | 54%       | 52%       | 66%       | 88%       | 76%       | 73%       | 80%       |

### Internal

| Faculty Overall Evaluation of Programs            | 8.76      | 8.51      | 8.24      | 8.70      | 8.76      | 8.92      | 8.95      |
| Resident Overall Evaluation of Programs           | 9.09      | 9.11      | 7.92      | 8.70      | 8.94      | 8.34      | 8.86      |

**KEY**

- **STRENGTH**
- **WEAKNESS**

Last Updated on May 8, 2018
Transitions of Care – ACGME Requirements

Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.

Are you in compliance with the ACGME Common Program Requirements for Transitions of Care (VI.E.3)?

- VI.E.3.b) Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
- VI.E.3.c) Programs must ensure that residents are competent in communicating with team members in the hand-over process.

If asked by a CLER Site Visitor, can your residents explain your hand-over system? Will they all answer similarly?
Transitions of Care - Evaluations

TOC evals may be completed by senior resident/fellow
Must be completed annually

Evaluation Form
Printed on May 08, 2018

Transitions in Patient Care - Handover Evaluation (ACGME Requirement)

Evaluator:
Evaluation of:
Date:

Attendings or residents can use this form to evaluate other residents in their documentation and communication around transitions in patient care ("hand offs"). Please note that your program's ACGME requirement might include the following:

Transitions of Care

VI.B.2. Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.

VI.B.3. Programs must ensure that residents are competent in communicating with team members in the hand-over process.

This evaluation form will serve to monitor and ensure residents are competent in communicating in the hand-over process.

VERBAL HANDOFF

1. The sign-out is face to face?
   - [ ] Yes
   - [ ] No
   - [ ] N/A

2. The sign-out took place in a setting free of interruptions and distracting noises?
   - [ ] Yes
   - [ ] No
   - [ ] N/A
Transitions of Care – Training - MedHub Home Page
Sharps Training

- Must be completed by all INCOMING House Staff – residents and fellows and checklist must be completed and saved for each training in MedHub – Forms/files
Sharps Training Checklist – Post to MedHub

Forms/Files

Resident Summary
Demographics
Contact Information
Visa/Immigration
Education
Certifications
Test Scores
Training History

Forms/Files

Resident Files

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General Forms

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Verification Letters

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GME SHC/LPCH Check Out Process

- All residents/fellows MUST check out in person at the GME Office on their last day of training
  - Final paycheck is LIVE
  - Must be picked up in person at Check out
  - Certificates can also be picked up at Checkout

- PD must notify GME by **June 1st** if they have trainees leaving early

- Residents must bring completed Check out sheet –on the GME Website
2018 Orientation Dates

GME Housestaff Orientation
For incoming housestaff at SHC/LPCH and affiliated hospitals

2018
FRIDAY
2nd Floor, Li Ka Shing Center

Please be early!

- Visit the Incoming Housestaff Orientation page.
- **INTERNS** from OB/Gyn, General Surgery & All Surgical Specialties, Emergency Medicine, and Psychiatry: Orientation starts promptly at 8:00 AM. Please arrive early.
- **INTERNS** from Internal Medicine and Pediatrics: Orientation starts promptly at 10:00 AM. Please arrive early.

JUNE 29 2018
FRIDAY
2nd Floor, Li Ka Shing Center

GME Housestaff Orientation
For incoming housestaff at SHC/LPCH and affiliated hospitals

Please be early!

- Visit the Incoming Housestaff Orientation page.
- **INTERNS** from Pathology and All Residents/Fellows starting on July 1, 2018:
  - Last Name A-C: Orientation starts promptly at 8:00 AM. Please arrive early.
  - Last Name D-J: Orientation starts promptly at 9:00 AM. Please arrive early.
  - Last Name K-O: Orientation starts promptly at 10:00 AM. Please arrive early.
  - Last Name P-S: Orientation starts promptly at 11:00 AM. Please arrive early.
  - Last Name T-Z: Orientation starts promptly at 12:00 PM. Please arrive early.

JULY 5 2018
THURSDAY
2nd Floor, Li Ka Shing Center

GME Housestaff Orientation
For incoming housestaff at SHC/LPCH and affiliated hospitals

Please be early!

- Visit the Incoming Housestaff Orientation page.
- **Fellows** starting on July 7, 2018:
  - Last Name A-M: Orientation starts promptly at 9:00 AM. Please arrive early.
  - Last Name N-Z: Orientation starts promptly at 10:00 AM. Please arrive early.

JULY 31 2018
TUESDAY
2nd Floor, Li Ka Shing Center

GME Housestaff Orientation
For incoming housestaff at SHC/LPCH and affiliated hospitals

Please be early!

- Visit the Incoming Housestaff Orientation page.
- **RESIDENTS/FELLOWS** starting on August 1, 2018:
  - Last Name A-M: Orientation starts promptly at 9:00 AM. Please arrive early.
  - Last Name N-Z: Orientation starts promptly at 10:00 AM. Please arrive early.
Milestone & Summative Evaluations

- Milestone Evaluations

Spring 2018 Milestones reporting window is open now and closes-June 22
Summative Evaluations – When?

For **CURRENT** trainees, prior to completion of the program:

- V.A.3.b) “The program director must provide a summative evaluation for each resident upon completion of the program. (Core) ”

Write A Summative Evaluation

For **TRANSFER-OUT** trainees:

- III.C.2. A program director must provide timely verification of residency education and summative performance evaluations for residents who may leave the program prior to completion. (Detail)

Write A Summative Evaluation including Interns

For **TRANSFER-IN** trainees:

- III.C.1. Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident. (Detail)

GME Collects Summative Evaluations
APE Prep Instructions
- 1-page Instruction & Data Checklist

APE Guidebook
- Action plan & SWOT

APE Documentation Templates
- Sign-in Sheet & Agenda, Meeting Minutes,
- Approval of Action Plan

http://med.stanford.edu/gme/gme_community.html

MedHub > Resources/Documents (left bottom of page) > 02 Forms, Templates, & Examples > Annual Program Evaluation (APE) & Program Evaluation Committee (PEC)
Introductions of Your CDI Support Staff

• General Surgery, Heme/Onc, Pulmonology, Transplant, BMT, Plastics
  • Yasar Suleman, MBBS, CCS, CCDS
  • ysuleman@stanfordhealthcare.org

• Urology, Gastroenterology, Medicine/Hospitalist, Ortho, Gyn/Onc, ID
  • Dinesh Rayamajhi, MBBS, CDIP
  • drayamajhi@stanfordhealthcare.org

• Nephrology, Neurology, Neurosurgery, ENT, Trauma/ED, PAMF
  • May Ladrillono, MD, MBA-HM, CDIP
  • mladrillono@stanfordhealthcare.org

• Cardiology, CT Surgery, Vascular Surgery, Cardiac Surgery, IR, Anesthesia
  • Ramya Subramanian, MBBS, MHA,CCDS, CCS, CDIP
  • rsubramanian@stanfordhealthcare.org
Documentation Impact

Documentation is very important to accurately reflect the true patient population treated at Stanford Healthcare. Documentation may have impact on:

Severity of Illness
Risk of Mortality
Expected mortality
Observed mortality
Research
Quality Reported Data
Physician Profiling
Hospital Profiling
Referral Agencies
Medical Necessity
Best Steps -

• Proper utilization of the .rcc
• List patient’s co morbid conditions that are present on admission, even if not focus of the admission
• Answer queries as soon as possible, and add the diagnosis to the progress notes going forward. If this is a relevant condition, it should be captured throughout the stay
• List all conditions in the discharge summary even if resolved. The .rcc can also be used at discharge and will help with capturing these conditions.

***Partner with CDI for documentation initiatives and education discussions.
Questions and Discussions

Feel free to contact your service line representative or:
Angela Maxfield, RN, CCDS
650-529-5646
David Larson, MD
IMPROVEMENT CAPABILITY DEVELOPMENT PROGRAM (ICDP)
FY19 PLANNING FRAMEWORK
ICDP Overview – Strategy for Each Fiscal Year

FY17
• Laying the Groundwork for the Program
  • Align on purpose and structure of the program
  • Identify Physician Improvement Leader(s) for each clinical department
  • Begin current state assessment of department and set an improvement plan

FY18
• Building a Holistic Department Infrastructure
  • Set-up/Refine department improvement infrastructure
  • Engage faculty in improvement training programs (CELT/RITE)
  • Move the needle on 1-2 improvement projects aligned with organizational priorities

FY19
• Aligning SOM and SHC Organizational Resources to Execute on Ambitious Department Plans
  • Integration with SHC operations and other counterparts on goal setting and execution
  • Reinforce quality improvement as a SOM department priority
  • Meaningful progress on removing barriers to data and dedication of time (faculty and staff) to improvement work

FY20
• Drive Toward Sustainability through Hardwired Infrastructure and Support for Improvement Work
  • Establish academic positions for quality improvement at the department and division levels
  • Continue building improvement capability and engagement of department faculty
Organizational Alignment

Stanford Medicine Integrated Strategic Plan

Value Focused Pillar

Priorities

- **Embrace a value-based culture** that delivers unparalleled quality care in a zero-harm environment at a competitive cost
- **Provide a highly personalized patient experience** and engage with families, employers, and payers to ensure enduring relationships
- **Optimize our state-of-the-art on-campus facilities and our destination service lines**, develop an intentional ambulatory footprint, and integrate our provider network to ensure a seamless Stanford Medicine

Enablers

- **Invest in our people and community**: Foster a compassionate, diverse, and inclusive culture that empowers and develops our people and strengthens our community
- **Embody value-driven operations**: Maintain a steadfast commitment to operational performance excellence in research, education, and clinical care creating a cohesive culture with aligned goals for collective success

Stanford Medicine Safety, Quality, and Value (SQV) Committee

**Vision for Improvement**

“Be The Best At Getting Better”

Value Equation

Quality, Service, Cost, Employee Engagement

What Matters to the Customer?
Theme #1: Align on Shared Work at Strategic Level

Co-development of ICDP projects that include both SHC and SOM initiatives for making clinical delivery system more **value focused**

Strongly recommend addressing efficiency as part of the final portfolio

**Goals for dialogue**
- Coordination of overall work
- Cooperation on initiatives important to the other party
- Collaboration on initiatives important to both groups
Theme #2: Align on Shared Work at Local* Level

ICDP Expectation
Alignment at the local level and between SOM departments. Coordinate the work with local leaders (UBMD, PCM, Clinic Chief, Clinic Manager) and between Physician Improvement Leaders so that every frontline unit can accommodate both its own local initiatives and the organizational initiatives to which it has committed support. Requires knowing what is on your own plate, reserving capacity for projects for which others need your help, engaging in dialogue with others, and not overcommitting.

Goals for dialogue
- Coordination of overall work
- Cooperation on initiatives important to the other party
- Collaboration on initiatives important to both groups

*Local (unit, service, clinic, division)
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<tr>
<th>Department</th>
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<tbody>
<tr>
<td>Anesthesiology</td>
<td>Amy Lu</td>
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<td>CT Surgery</td>
<td>Jack Boyd</td>
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<td>Dermatology</td>
<td>Justin Ko</td>
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<td>Emergency Medicine</td>
<td>Laleh Gharahbaghian</td>
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<td>Paul Heidenreich Carl Gold / Laurice</td>
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<td>John Ratliff</td>
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<td>Lisa Goldthwaite</td>
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<td>Diana V. Do</td>
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<td>Michael Gardner / Serena Hu</td>
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<td>Edward Damrose</td>
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<td>Steven Long</td>
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<td>Pulmonary Critical Care</td>
<td>Meghan Ramsey</td>
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Next steps

- As SHC FY19 Operations Plan is finalized, ICDP to share with Physician Improvement Leaders

- Physician Improvement Leaders to start dialogue with key stakeholders impacted by proposed improvement projects

- Ask you to proactively engage with relevant Physician Improvement Leaders on how residents can align, engage in and support improvement work
Questions?