CLER 2018 + National (2016) Findings

Summary of Findings

1. Patient Safety

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question/Area | 2013 | 2015 | 2018 | National (2016) |
| Of interviewed residents; percent of reports submitted by residents themselves. | 38% | 28% | 68% | 46% |

Trend: Increasing % reported by residents; above national average

Action Items: [Choose action items based on comments]

* Reaffirm non-punitive system. Both residents and nurses indicated lack of reporting due to fear of retaliation.
* Reaffirm use of data to result in improvements; show actual improvements that occurred based on reported items.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question/Area | 2013 | 2015 | 2018 | National (2016) |
| Understanding of patient safety concepts | Limited knowledge of quality improvement terminology | Varied understanding; none conversant in Swiss Cheese Model | Varied understanding; limited number conversant with concepts | 37% (few had working knowledge) |
| Understanding of range of reportable events | Insufficient experience with reporting system | Few understand near misses, unsafe conditions, events without harm, unexpected deteriorations and complications | Limited number understand events or responsibility to report | 37% (few had working knowledge) |

Trend: Continued limited understanding or knowledge of reportable events; similar to national average

Action Items:

* Educate on quality improvement tools, terminology and application
* Education on understanding of near misses, unsafe conditions, events without harm, unexpected deteriorations or known complications of procedures of reportable events.

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| --- | --- | --- | --- | --- |
| Question/Area | 2013 | 2015 | 2018 | National (2016) |
| Residents receive direct feedback on patient safety events if they reported | 0% | 40% | 61% | 47% |

Action Items:

Suggested training improvements by interviewees:

2. Health Care Quality

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question/Area | 2013 | 2015 | 2018 | National (2016) |
| Project linked to Institution QI priorities | 88% | 82% | 79% | 52% |
| Participate in project of own design or by department design | 81% | 93% | 83% | 76% |

Action Items:

|  |  |
| --- | --- |
| Question/Area | 2018 (new) |
| Receive QI data specific to residents own patients (Admin) | 0% |
| Receive data on own or aggregate | 17% |
| Receive data in aggregate | 59% |

Action Items:

Suggested QI engagement improvements by interviewees:

3. Health Care Disparities (New for 2018)

|  |  |
| --- | --- |
| Question/Area | 2018 |
| Participate in cultural competency training | 45% |
| Participate in QI project to reduce health care disparity | 31% |

Action Items:

4. Care Transitions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question/Area | 2013 | 2015 | 2018 | National (2016) |
| Common Approach/Follow standard procedure inpatient to outpatient | No | Yes | 69% | 88% |
| End of shift standard process | n/a | n/a | 97% | n/a |

Trend: Common approach is improving; below national average

Action Items:

* Educate and practice receiver synthesis of information and confirmation of plan of care
* Focus on areas of greatest risk identified by CLER team:
	+ Medication reconciliation & follow up communication
	+ Unavailable beds for transfer from ED to floor or ICU; Delay in patient care
* Work with patient safety team to ensure communication concepts are being utilized to improve care transitions

5. Supervision

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question/Area | 2013 | 2015 | 2018 | National (2016) |
| Vulnerability Area | Nighttime, some service high volumes exceed faculty ability to supervise | Faculty shortages, pulled to cover other areas | Faculty shortage on nights and weekends | 22% reported inadequate supervision |

|  |  |  |  |
| --- | --- | --- | --- |
| Interview Group response | Under-supervised | Adequate Supervision | Over-supervised |
| Resident perception | 17% | 79% | 3% |
| PD perception | 0% | 80% | 20% |

Action Items:

6. Well-being (New for 2018)

Workload and Work/Life Balance

Action Items:

Fatigue

|  |  |  |  |
| --- | --- | --- | --- |
| Question/Area | 2013 | 2015 | 2018 |
| If resident fatigued, would notify supervisor to be taken off duty | 54% yes | 27% yes | 59% yes |
| PD believe residents would report to supervisor to be taken off duty | 64% yes | 100% yes | 87% yes |

Action Items:

Burnout

|  |  |
| --- | --- |
| Interview Group response | 2018 |
| Residents prepared to recognize and respond to burnout | 89% |
| Faculty prepared to recognize and respond to burnout | 65% |

|  |  |
| --- | --- |
| Interview Group response | 2018 |
| Residents see signs of burnout in faculty sometimes or often | 29% |
| Faculty see signs of burnout in faculty sometimes or often | 50% |

Action Items:

Self-harm

Action Items:

7. Professionalism

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question/Area | 2013 | 2015 | 2018 | National (2016) |
| Residents document physical finding they did not personally elicit | 15% yes | 27% yes | 21% yes | 40% yes |
| Faculty document physical finding they did not personally elicit | n/a | 8% yes | 12% yes |  |

Action Items: