**SAMPLE WORKSHEET FOR CLER DATA MAINTENANCE Updated on: (date)**

**Prepared by: (Project Manager)**

**To CEO on: (date)**

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| **AREA OF FOCUS** | **TEAM LEADER** | **ISSUE** | **STRENGTHS** | **ACTIVITIES / OPPORTUNITIES** | **STATUS** |
| Patient Safety | Risk Management Officer | Residents do not receive feedback on the actions taken after they report of a safety concern | Online system is easy to use, and residents do report safety concerns | Improve communications with residents who report a safety concern |  |
| Quality Improvement | CQO/Program Directors | Residents have never seen the hospital’s quality strategic plan | Hospital ranks in the 90th percentile for CMS Hospital Compare measures for timely and appropriate care | Link resident QI projects to hospital initiatives. |  |
| Transitions of Care | CMO/DIO/GMEC | Each residency uses a different approach for transitioning care from one provider to another | Integrated inpatient and outpatient EMR can keep up with the most recent information about a patient’s current status | Promote a uniform approach to transitions in care |  |
| Supervision | CNO/CMIO/Program Directors | Nursing is not able to verify which residents are able to perform certain procedures with indirect supervision. Don’t always know who to call if clinical circumstances exceed their abilities. | Also a Joint Commission standard | Improve on-line systems to confirm procedural competency in residents |  |
| Duty Hours/Fatigue Mitigation | DIO/GMEC | Faculty are not educated on fatigue and fatigue mitigation | Resident compliance with duty hours restrictions is generally good. | Facilitate faculty development session in recognizing the signs of fatigue and fatigue mitigation. |  |
| Professionalism | CMO/DIO/Program Directors | Residents have reported incidences of mistreatment by private attendings | Faculty and PD’s are excellent role models | Develop a medical staff policy on professionalism |  |