Designing Your Program to Comply With Section VI of the CPRS

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What is Section VI?

That section on “The Learning and Working Environment”

- Excellence in the safety and quality of care rendered to patients by residents today and in future practice
- Excellence in professionalism through faculty modeling of:
  - Effacement of self interest in a humanistic environment that supports the professional development of physicians
  - Joy of curiosity, problem solving, intellectual vigor, and discovery

- Commitment to the well-being of students, residents, faculty members and all members of the health care team

Patient safety

- The program, faculty, resident and fellows much actively participate in patient safety systems…
- The program must have a structure that promotes safe, interprofessional, team based care
- Programs must provide formal educational activies that promote patient safety related goals, tools, and techniques
- Residents must participate in real or sim interprofessional team based activities such as root cause analysisAstellas – PI for an investigator-initiated clinical trial

Quality improvement

- Residents must receive training in QI processes and health care disparities
- Residents and faculty must receive data on quality metrics and bench marks related to their patient populations
- Residents must have the opportunity to participate in interprofessional QI activities including reducing disparities

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Urology Common Program Requirement
VI.A. Patient Safety, Quality Improvement, Supervision, and Accountability

Misop Han, MD, MS
David Hall McConnell Professor of Urology & Oncology
Johns Hopkins Medicine, Baltimore, MD

Conflict of Interest

- None

Content

- Patient Safety
  - HERO (Hopkins Event Reporting Online) system
  - Hotline
  - Root Cause Analysis participation
- Quality Improvement
  - Radical Prostatectomy Database
  - Opioid prescription pattern on EMR

Patient Safety

- VI.A.1.a).(1).(b) The program must have a structure that promotes safe, interprofessional, team-based care. (Core)
- VI.A.1.a).(3).(a) Residents, fellows, faculty members, and other clinical staff members must know their responsibilities in reporting patient safety events at the clinical site; (Core)

Patient Safety

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HERO (Hopkins Event Reporting Online) System

New Event Summary Report – Please Review

H

HERO@jhmi.edu <HERO@jhmi.edu>
Tuesday, January 29, 2019 at 6:05 AM
To: Misop Han

IMPORTANT ALERT

Misop, You are receiving this Alert because an event report has been submitted. Please login to the HERO system to view the report.

This Notification was generated on 01-29-2019 06:05:47.

Below are the links to the event report files that triggered this Alert.

Please keep in mind that due to the privileged and confidential nature of this data you must be logged into the Hopkins Intranet to access this report.

File ID
140753 **Event Date:**
01-28-2019

Site:
East Baltimore Medical Campus

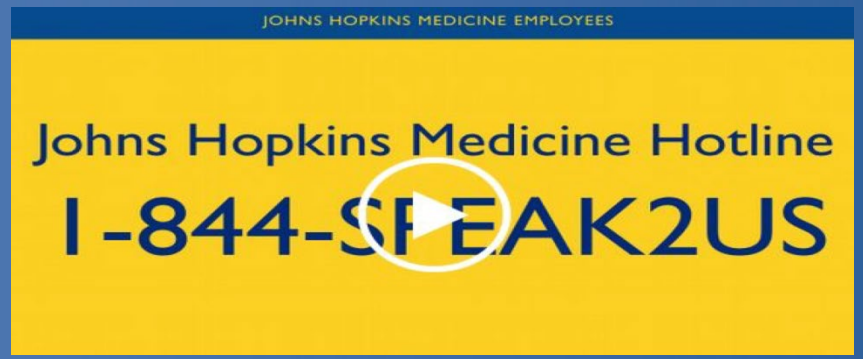
Type of Person Affected:
Patient

Harm Score (Reported):
C. Event Reached Patient/Individual: No Harm

Open File

Patient Safety

Johns Hopkins Medicine Hotline regarding misconduct, patient safety, illegal or unethical behavior



To the Johns Hopkins Medicine community

Dear Colleagues,

You will find a short video message from leaders across Johns Hopkins Medicine about our culture of patient safety and quality.

We must never lose sight of our top priority: achieving the best outcomes for our patients. Central to this work is a shared responsibility to speak up and speak out. If you have a concern about misconduct, patient safety, illegal or unethical behavior or anything else, please call the Johns Hopkins Medicine hotline at 1-844-SPEAK2US. The line is operated by an external vendor and is open 24/7. If you choose, you may remain anonymous.

Thank you for the work you do every day to care for our patients.

Sincerely,

Paul B. Rothman, M.D.
Dean of the Medical Faculty
CEO, Johns Hopkins Medicine

Kevin W. Sowers, M.S.N., R.N., F.A.A.N.
President, Johns Hopkins Health System
Executive Vice President, Johns Hopkins Medicine

Patient Safety

VI.A.1.a).(3).(b) Residents must participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)

Quality Improvement

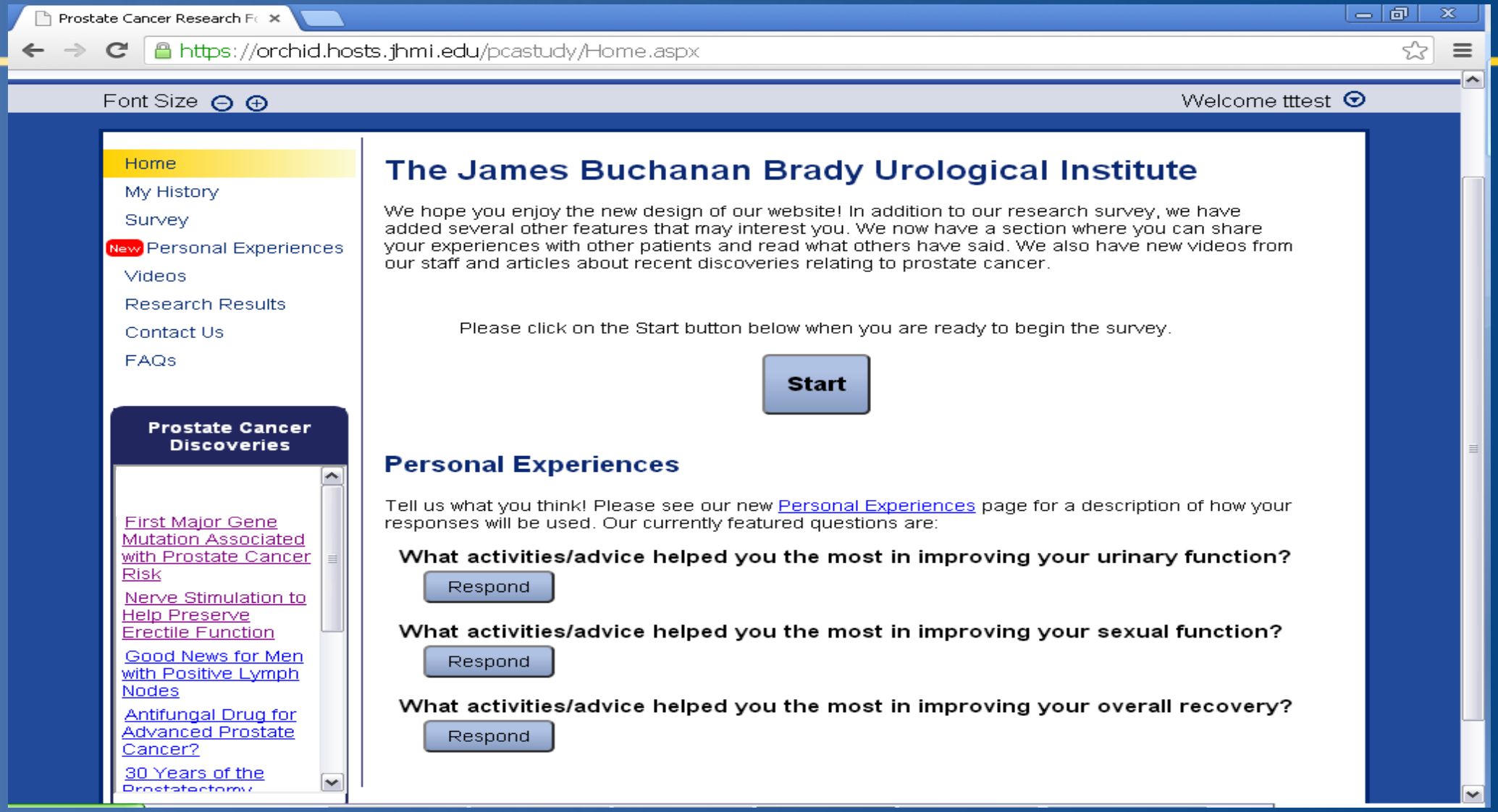
VI.A.1.b).(2).(a) Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)

Quality Improvement

Radical Prostatectomy Patient Web Portal

- IRB approved, secure web portal
- Established to improve patient care and research participation in a cost effective fashion
- Open to all RP patients at Johns Hopkins with informed consent
- Prospective and longitudinal follow up by email/web portal

Quality Improvement



Quality Improvement

RRP	% of patients using 0/1 pad at 6 months	% of patients using 0/1 pad at 12 months	% of patients using 0/1 pad at 18 months
A			
B			
C			
D			
E			
F			
Overall	78.5%	86.1%	87.1%

Robotic RP	% of patients using 0/1 pad at 6 months	% of patients using 0/1 pad at 12 months	% of patients using 0/1 pad at 18 months
A			
B			
D			
E			
F			
Overall	84.4%	91.6%	92.5%

Quality Improvement

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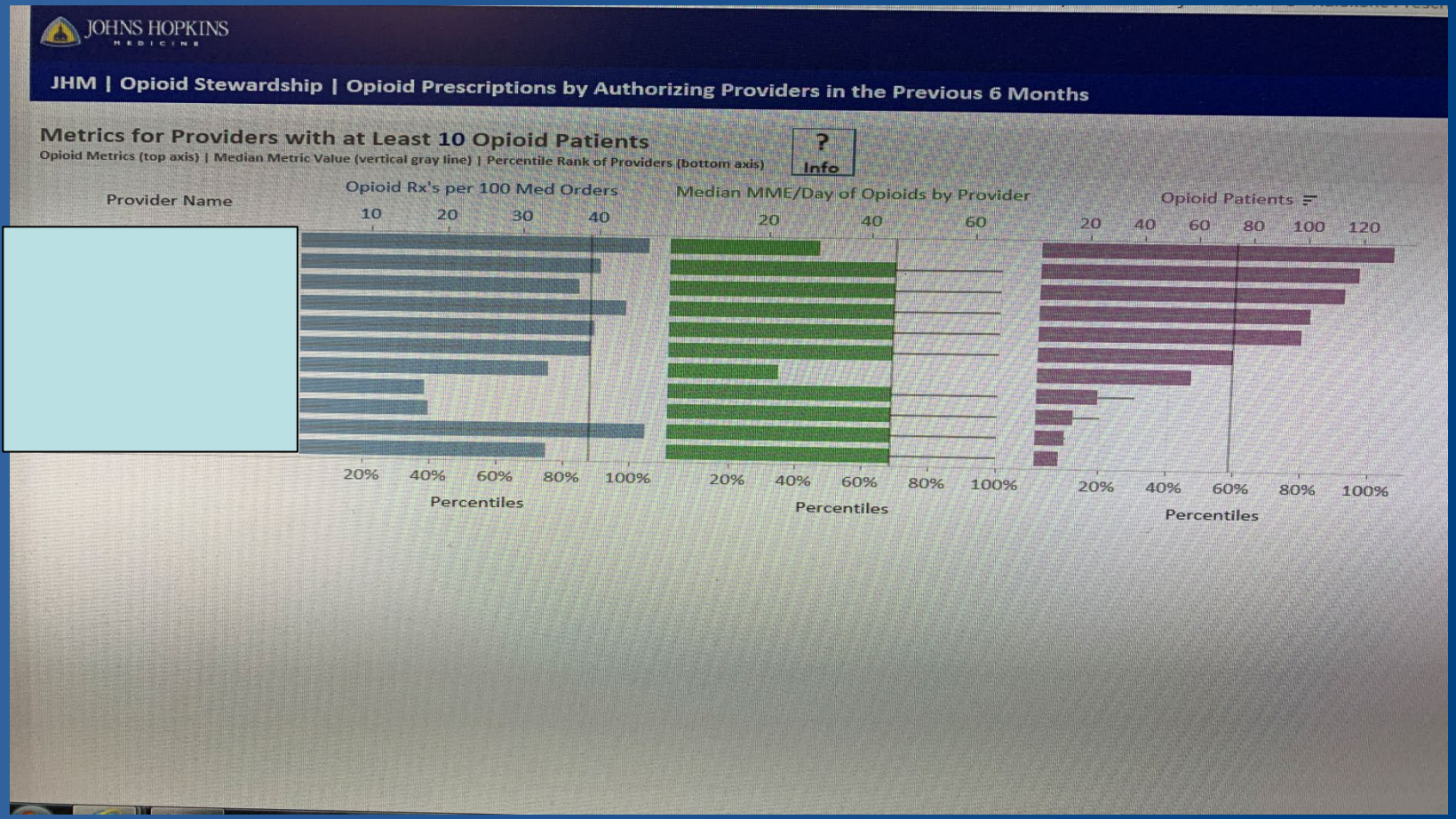
Opioid Prescription Pattern in EPIC



Well-being

The responsibility of the program and institution must include:

- Efforts to enhance the meaning that each resident find in...being a physician, including protected time with patients, minimizing non-physician obligations, admin support, progressive autonomy and flexibility and enhancing professional relationships
- Attention to scheduling, work intensity, and work compression that impacts resident well being
- Evaluating and addressing workplace safety issues
- Educating faculty and residents about burnout, depression, and substance abuse
- Policies in place to ensure coverage of patient care when residents may be unable to attend work without fear of negative consequences.

Designing Your Program to Comply With Section VI of the CPRS: Wellness

Wesley A. Mayer, MD

Society of Academic Urologists

February 1st, 2019

Assistant Professor, Baylor College of Medicine

Division of Endourology and Minimally Invasive Surgery

Urology Residency Program Director

Baylor College of Medicine

Disclosures

- Astellas – PI for an investigator-initiated clinical trial

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Scott Department of Urology Wellness Program

- Goals:
  - Identify areas of concern and opportunity
  - Obtain stakeholder buy-in
  - Design a multi-faceted approach
  - Optimize budget to allow for funding opportunities
  - Capture data to measure quality improvement
- Process:
  - Arranged a privileged meeting with Associate Dean of GME
  - Central focus of our APE, with resident representatives from each class
  - Subcommittees made proposals to the Education Committee
  - Identified resident and faculty champions
  - Created a “Residency Wellness Chair”

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Scott Department of Urology Wellness Program

- Rolled out in phases since July 2017
- Burnout/Wellness Inventory Tracking
- Wellness Curriculum: lectures, journal clubs
- Faculty-Funded Resident Wellness Fund
- Faculty-Resident Social Groups
- Team Dinners
- Program Director/Chairman Happy Hours
- Re-invented Mentor System
- Additional Administrative Support
- *Wellness Half-Days*

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PD/CM Happy Hours

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Team Dinners

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Faculty-Funded Resident Wellness Fund

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Faculty-Funded Resident Wellness Fund

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Wellness Program - Challenges

- Time
- Money
- Generational Gap
- Stigma

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Conclusions

- “Wellness” in residency needs to be a purposeful endeavor
- Identifying your program’s unique challenges and opportunities will inform more meaningful interventions
- Establishing faculty and resident buy-in is essential
- Tackle stigma head-on
- Measure and track your progress

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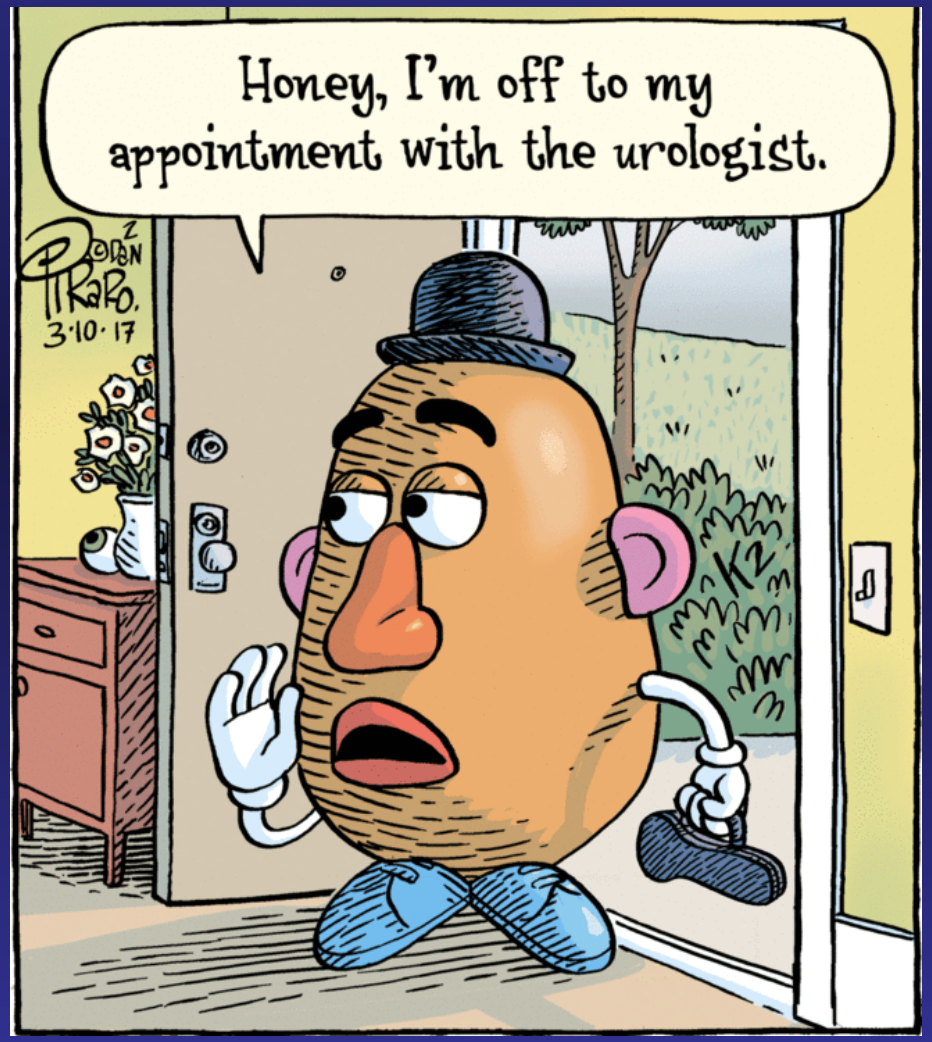
Thank You



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Faculty development/protected time

Not in Section VI but still important

- The program director must be provided with salary support required to devote 20% FTE(8hours/week) of non-clinical time to administration of the program
- Faculty must pursue faculty development designed to enhance their skills at least annually

Faculty Development, Fatigue, and Transitions of Care

Sameer Siddiqui, MD FACS

Associate Professor of Surgery

Division Chief of Urology

Interim Chair, Department of Surgery

St. Louis University

Disclosures

- Nothing to disclose

Faculty Reduction in cFTE

- Department Chair - Up to 0.8FTE[2]
- Division or subspecialty director – 0.2 FTE for 10 or more faculty; 0.1 FTE for fewer than 10 faculty
- Core Clerkship director- 0.4 FTE
- Core Clerkship co-director- 0.2 FTE
- Subspecialty Elective director – 0.05FTE[3]
- Course director and co-director of 4 to 5-week course – 0.1 FTE (pre-clinical years)
- Course director of 3-week (or fewer) course – 0.05FTE (pre-clinical years)
- Longitudinal course director – 0.2 FTE (pre-clinical years)
- Longitudinal course co-director – 0.1 FTE (pre-clinical years)
- Residency program director – ACGME guideline for administrative non-clinical duties related to the program, Associate program director - ACGME guideline or 0.05FTE

Faculty Reduction in cFTE

- Residency program director – ACGME guideline for administrative non-clinical duties related to the program, Associate program director - ACGME guideline or 0.05FTE
  - Multiple assistant directors, in the absence of an Associate director, will split time evenly
- Assistant program director - ACGME guideline or 0.05 FTE
- Fellowship program director - ACGME guideline or 0.1 FTE, an additional 0.05 FTE for up to 5 additional fellows
- New faculty may receive additional protected time as requested by the chair and approved by the compensation committee and the dean

0.1 cFTE allocation for all faculty

Administrative Activities

- University, School, or Department committee active participation
- ACGME and Hospital supervising faculty duties per program and teaching hospital medical staff supervision requirements
- Other intra-departmental leadership roles and duties
- Faculty meetings, journal club and department conference active participation
- Schedule constructor (clinical schedules and/or call schedules)
- Compliance activities including: General Compliance and Fraud, Waste and Abuse Training: Office of the General Counsel Risk Management Lectures

0.1 cFTE allocation for all faculty

Unfunded Research

- Publications and abstracts which positively impact department and practice
- Research which supports training programs and is necessary for accreditation
- Grant study section
- Approved seed or bridge work

Academic Activities

- Complete, update, coordinate, and evaluate lectures, small group sessions, and labs to residents, medical students, and other trainees
- Medical student advising
- Timely completion of faculty ACGME survey, resident/medical student evaluations, and mid-rotation reviews
- Mock Orals for residents or fellows
- Grand Rounds director
- Core faculty for ACGME programs

Recent Faculty Development Email

Title: *"A Primer for Medical Student Career Advisors"*
Presented by: Greg Smith, Ph.D., Assistant Dean, Student Affairs

Title: *"Intergenerational Approaches to Professionalism"*
Presented by: Lisa Israel, M.Ed., Director, Office of Professional Oversight

Title: *"Polishing up your Curriculum Vitae for Promotion"*
Presented by: Emily Fite, M.D., Assistant Professor, Emergency Medicine

Fatigue Mitigation

- Fatigue management lectures by institution. Residents required to attend once a year.
- In house sleep rooms
- Daily assessment by chief resident
- Uber/taxi coverage to drive home

Transitions of Care

- Face to face hand offs twice a day
- 2 patient lists
  - EPIC EHR
  - Secure Google Spreadsheet

Questions