

CLER FAQs

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Institutional Policies at ILH

Do we have standardized communication tools at ILH? How and where are they used?

- Time Out checklists used in ORs.
- Transitions of care (sign-out and handoffs)
 - e.g. SBAR used in ED.
 - Each department uses a standard tool for transitions of care. Consult your department head or program director for more information.

How does ILH share and communicate information to house officers and other staff?

- [‘M CL Shortcuts’ Drive](#) – on desktops at ILH and available off-site through [Citrix](#)
 - [Hospital policies and procedures](#)
 - [RiskplusW](#) – Incident, error and safety reporting tool (user name: risk; password: risk)
 - [Quantifi](#) – medication variance reporting tool for ILH staff
 - House officers should use the [Adverse Event Reporting](#) hyperlink found in [Resources](#) (upper right corner of EPIC toolbar) in PELICAN to complete a brief questionnaire on medication variances. Pharmacy staff will then enter these reports into [Quantifi](#).
 - [CLIQ](#)
 - [Needlestick Injury Protocol](#)
 - [Infection Control Protocol](#)
 - [Joint Commission information](#)
- Electronic bulletin boards found in OR and physician and resident lounges, which show:
 - Quality metrics
 - Patient safety information
 - Medical staff announcements
 - Joint Commission alerts
 - Hospital policies
- Regular Friday email blasts
- Regular meetings with house staff leadership
 - Includes regular meetings between Medical Staff Office and Chief Residents
- Committee emails to residents (e.g. OR Committee emails to residents)
- Invitation to house officers to attend Medical Executive Committee meetings as observers

- Direct emails from ILH leadership to [Dr. Charles Hilton](#) (LSU) and [Dr. Jeffrey Wiese](#) (Tulane) through program directors.

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Error, Serious Safety Event, Adverse Event, Safety, and Incident Reporting

How are residents involved in analysis of errors?

- Included in Root Cause Analyses (RCA) of sentinel events.
- Departmental Morbidity & Mortality (M&M) conferences.

Do residents get feedback on reported incidents?

Yes, by the following process:

- After a house officer reports an incident or error by calling 903-SAFE (7233), emailing [ILH SAFE](#) or in [RiskplusW](#) (user name: risk; password: risk),:
 - (1) The [Quality Management](#) or [Risk Management](#) departments refer the matter to the Department Head where incident occurred;
 - (2) Department Head and QM/RM personnel will conduct a review or investigation of why event occurred;
 - (3) Feedback on cases initiated by a house officer is forwarded to [Dr. Michelle Zembo](#) in the Medical Staff Office;
 - (4) [Dr. Zembo](#) sends feedback from the case, as well as any action plans for improvement, to the house officer's training program (i.e. Program Director). The training program is responsible for transmitting this feedback to the resident.
 - A house officer can also contact the [Risk Management](#) department for feedback.

What/how are plans to prevent recurrence of errors derived?

- Root Cause Analyses and/or Peer Reviews are conducted for each sentinel event, as defined by the Joint Commission.
 - During RCAs, action plans are developed to address errors and prevent their recurrence.
- Rapid Fire Projects: developed by unit staff to address gaps in performance and/or errors or near misses.
- How are plans to prevent recurrence of errors disseminated?
 - Educational materials developed for staff members.
 - Addressed at unit meetings.
 - Discussed at CQM meetings with hospital-wide leadership.

How are residents/faculty/staff reminded and educated about Serious Safety Events?

- Medical Staff Information Guide contains information on serious safety events. Guide is distributed to all staff members, including residents at orientation.
- Electronic bulletin boards found in OR and physician and resident lounges show, where appropriate:
 - Quality metrics
 - Patient safety information
 - Medical staff announcements
 - Joint Commission alerts
 - Hospital policies
- [‘MCL Shortcuts’ Drive](#) – on desktops at ILH and available off-site through Citrix
 - [Hospital policies and procedures](#)

- [RiskplusW](#) – Incident, error and safety reporting tool (user name: risk; password: risk)
- [Quantifi](#) – medication variance reporting tool for ILH staff.
 - House officers should use the [Adverse Event Reporting](#) link under the “[Resources](#)” tab in Pelican to complete a brief questionnaire on medication variances. Pharmacy staff will then enter these reports into [Quantifi](#).
- [CLIQ](#) – adverse drug event reporting tool
- [Needlestick Injury Protocol](#)
- [Infection Control Protocol](#)

What are the methods to report safety incidents or problems?

- Reported by calling 903-SAFE (7233), emailing [ILH SAFE](#), or through [RiskplusW](#), which is available on hospital drives and through Pelican HER system (user name: risk; password: risk).
- Medication variances reported through [Quantifi](#) system.
 - House officers should use the [Adverse Event Reporting](#) link under the “[Resources](#)” tab in Pelican to complete a brief questionnaire on medication variances. Pharmacy staff will then enter these reports into [Quantifi](#).
- Adverse drug events are reported by physician staff and house staff through [CLIQ](#).
- Do residents get feedback on reported errors? Yes. When a house officer enters a report into [RiskplusW](#) (user name: risk; password: risk), the following process will be used to provide feedback:
 - (1) [Quality Management](#) or [Risk Management](#) departments refer matter to Department Head where incident occurred;
 - (2) Department Head and QM/RM personnel will conduct a review or investigation of why event occurred;
 - (3) Feedback is given by Department Head to the person reporting the incident, in the case of staff physicians or non-physician personnel. For incidents reported by house officers, [Dr. Michelle Zembo](#) will provide feedback to the house officer’s training program (i.e. Program Director). Feedback should include results of investigation(s), if applicable, and action plans for improvement.
 - A house officer can also contact the [Risk Management](#) department for feedback.

What are the opportunities to report unsafe conditions and near misses?

- Incidents, medical error, and non-clinical safety hazards: reported by calling 903-SAFE (7233), emailing [ILH SAFE](#) or through [RiskplusW](#) (user name: risk; password: risk), which is available on hospital drives and through Pelican EHR system.
- Medication variances: reported through [Quantifi](#) system.
 - House officers should use the [Adverse Event Reporting](#) link under the “[Resources](#)” tab in Pelican to complete a brief questionnaire on medication variances. Pharmacy staff will then enter these reports into [Quantifi](#).
- Adverse drug events: reported through [CLIQ](#).
- Disruptive behavior by staff: reported to Medical Staff Office ([Dr. Michelle Zembo](#)) or Interim Chief Medical Officer ([Dr. Peter DeBlieux](#)).
- How is feedback assured?
 - Incident, error, and non-clinical reports:

- (1) [Quality Management](#) or [Risk Management](#) departments refer matter to department head of floor/department where incident occurred;
 - (2) Department chair and QM/RM personnel will conduct a review or investigation of why event occurred;
 - (3) Feedback is given by Department Head to the person reporting the incident, in the case of non-physician personnel and attending physicians, and by [Dr. Michelle Zembo](#) to house officers' training programs (i.e. Program Directors). Feedback should include results of investigation(s), if applicable, and action plans for improvement.
 - A house officer can also contact the [Risk Management](#) department for feedback.
- Medication-related reports:
- (1) [Risk Management](#) department refers matter to Department Head of floor/department where medication variance occurred;
 - (2) Department Head and QM/RM personnel will conduct a review or investigation of why variance occurred;
 - (3) Feedback is given by Department Head to the person reporting the incident, in the case of non-physician personnel and attending physicians, and by [Dr. Michelle Zembo](#) to house officers' training programs (i.e. Program Directors). Feedback should include results of investigation(s), if applicable, and action plans for improvement.
 - A house officer can also contact the [Risk Management](#) department for feedback.

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Quality Improvement and Patient Safety (QI/PS)

Is there a curriculum in patient safety?

- GME core curriculum contains modules on patient safety, teamwork, handoffs and errors.
- Online [EQUIP](#) modules include topics of service excellence and QI methodologies.

List the education residents get in QI/PS.

- GME core curriculum on medical error, patient safety, risk management and quality assurance, as well as three EQUIP modules that include topics of service excellence and methodologies of quality improvement.
- MCLNO orientation presentations on hospital-wide reporting of incidents, adverse events, error, sentinel events, patient safety events and core measures.
- Residents and fellows participate in QI/PS efforts through attendance on quality committees and participation in unit- and department-based QI projects.

Are LSU house officers integrated in QI/PS efforts at ILH?

Yes.

- How?
 - Residents and fellows are assigned to quality improvement, patient safety, and performance improvement committees at ILH. Some of these include the Pharmacy & Therapeutics, Patient Safety, and Infection Control committees.
 - Residents and fellows from training programs around LSUHSC design and carry out QI,

- Recent sample projects at ILH: Concurrent data tracking and QI for CODE MI door-to-balloon time (Cardiology); Debriefing after trauma activation to improve future performance (Emergency Medicine); Understanding primary care and subspecialty referrals to ensure appropriate patient follow-up (Emergency Medicine); Evaluating adherence to supportive care guidelines for patients admitted to ILH with neutropenic fever (Hem/Onc).

How have and will we use our projects to coordinate house officer efforts with the hospital?

The [EQuIP](#) office and the Research Review Committee have coordinated efforts to screen projects for relevance, feasibility, and IRB review compliance. New projects will be referred to the relevant hospital committee with oversight of the affected area or to hospital personnel with oversight of the area affected by the project.

How do we effectively disseminate information and education to residents about PS/QI?

- Hospital policies and procedures added to digital bulletin boards in staff and resident lounges and in the OR.
- All LSUHSC residents and fellows required to complete GME core modules, including [EQuIP](#) modules specifically concerning QI/PS.
- ILH staff orientation includes topics on hospital patient safety goals, error and incident reporting, and core measures.
- [‘MCL Shortcuts’ Drive](#) – found on hospital desktops or through Citrix (off-site) – contains information on and links to the following:
 - [Hospital policies and procedures](#)
 - Call 903-SAFE (7233), email [ILH SAFE](#), or [RiskplusW](#) – Incident, error and safety reporting tool (user name: risk; password: risk).
 - [Quantifi](#) – medication variance reporting tool
 - House officers should use the [Adverse Event Reporting](#) link under the “[Resources](#)” tab in Pelican to complete a brief questionnaire on medication variances. Pharmacy staff will then enter these reports into [Quantifi](#).
 - [CLIQ](#) – adverse drug event reporting tool
 - [Needlestick Injury Protocol](#)
 - [Infection Control Protocol](#)

Are LSU faculty members integrated into resident QI/PS efforts at ILH? Yes.

- All EQuIP projects should have a faculty advisor.
- All rapid-fire projects at ILH should have an attending or staff physician lead.
- All hospital committees have a physician champion/lead or staff champion/lead. These leads supervise residents assigned to the committees.

Do all of our projects have stated objectives, outcomes, measures?

- House officers are encouraged to identify specific outcomes measured in their project.
- Some initial projects have the objective of measuring current practice to determine if a gap exists or further intervention is needed.

Does ILH offer simulation exercises in QI/PS? Yes.

- ‘Mock Code Blue’ simulations through Education Department
- Patient Safety Week patient safety simulations – yearly simulation stations to create awareness of patient safety concerns.

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Common Program Requirements

[Institutional Policies & Procedures to Comply with Common Program Requirements](#)

[ACGME Common Program Requirements: Impact on Faculty](#)

Transitions of Care

How are hand-offs and sign-outs monitored?

- Monitored by individual departments and training programs – check your program’s policies and procedures.
- Faculty members evaluate residents and fellows on the effectiveness of their transitions of care.

How do we handle hand-offs and sign-outs as an institution?

- Individual departments and training programs use different methods – all ensure that (1) patient information is kept in a secure location and (2) minimum standards are met for transition to be effective.
 - How do we know the info is delivered?
 - Training program staff monitors transitions of care, as per LSUHSC-GME policies.
 - How do we know it is received?
 - Faculty members evaluate residents and fellows on their clinical performance and attest that they have witnessed transitions/hand-offs and that the transitions comply with institutional standards.

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Duty Hours

How are we monitoring duty hours?

- Monitored through New Innovations by individual training programs for compliance.
- Violations and incorrect data entry monitored by GME office, which alerts training program that changes are needed.
 - How are we reporting and following up on this?
 - GME office monitors New Innovations for violations or incorrect data entry and alerts training program that changes are needed.

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Fatigue Management and Mitigation

Does ILH provide safe, quiet and clean sleeping quarters for residents and fellows?

- [27 On-call rooms](#) in the annex building
- Back-up sleeping quarters for fatigued residents and fellows in 4East and 4West.
 - Call the Medical Staff Office (903-4441) to request access.

What do I do if I am too tired to drive home?

- There are [27 On-Call rooms](#) in the annex building. There are 4 semi-private back-up rooms on 4West, and also 6 private back-up sleeping rooms available on 4East for any residents who feel they should rest before going home. Call the Medical Staff Office (903-4441) to request access to the back-up sleeping rooms.
- If needed, ILH also has a contract with a cab company to drive tired residents home. Contact the House Supervisor (579-3429) to arrange pick-up.

Who should I contact if I have a complaint with the on-call or sleeping rooms?

- Immediately contact:
 - House Supervisor 579-3429.
 - Housekeeping 655-8960.
 - For security issues, contact ILH Police at 903-4500 (emergencies) or 903-6337 (non-emergencies)
- Notify the [Medical Staff Office](#) the next day for any unresolved issues.

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Supervision

How can a nurse or other staff member at ILH determine the level of supervision required for each resident on any given procedure?

- The nurse can: (1) Contact the program staff, including the attending on call or training program director; or, (2) contact the [Medical Staff Office](#) for clarification.

Professionalism

What are the institutional and hospital educational materials dealing with professionalism, including disruptive behavior?

- [LSU GME Core Curriculum](#) includes the following modules:
 - Two-part series on Professionalism whose topics include:
 - Humanistic qualities consistent with professionalism
 - Core elements of professionalism: Altruism, Accountability, Excellence, Duty, Honor and Integrity, and Respect for others.
 - Challenges to professionalism, including: Abuses of Power, Arrogance, Greed, Misrepresentation, Impairment, Lack of Conscientiousness, and Conflicts of interest.
 - AMA ethical principles related to gifts from industry representatives.
 - The need for faculty and resident role-modeling of professional behavior.
 - Physician impairment module discusses why disruptive behavior is often a symptom of chemical dependency or personality disorder.
 - Referral to [Campus Assistance Program \(CAP\)](#).
- Orientation presentations at ILH address several issues of professionalism.
 - Professional standards at ILH
 - OR rules, guidelines, and etiquette

What is ILH's policy on disruptive behavior?

ILH has a zero-tolerance policy on disruptive behavior by physicians or staff.

- What does that mean? Any and all disruptive behavior should be reported to department center directors, the [Medical Staff Office](#) and/or the [Chief Medical Officer](#) immediately.
- Reporting method?

- Instances of disruptive behavior are reported to [Dr. Peter DeBlieux](#) and/or [Dr. Michelle Zembo](#). All cases are referred to Dr. Zembo as the director of ILH's GME office. She will meet to follow up with all concerned parties, including the staff member, and discuss any corrective measures that need to be taken.
 - How is the loop closed? All cases of disruptive behavior are referred to Dr. Zembo as the director of ILH's GME office. She will meet to follow up with all concerned parties, including the staff member, and discuss any corrective measures that need to be taken (Examples available upon request).

How is team-based care promoted at ILH? Are there any professional development activities in team-based care?

- The Department of Hospital Training and Development develops and maintains activities to encourage team-based care, including WILMA modules and tutorials.
- Nursing tool in PELICAN for multidisciplinary aspects of patient care is available to residents and attending staff for reference.

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Institutional Leadership

Who is the Designated Institutional Official (DIO) at LSUHSC-NO?

- [Dr. Charles Hilton](#), Associate Dean for Academic Affairs.
 - What role does the DIO fulfill?
 - The DIO is "the individual in a sponsoring institution who has the authority and responsibility for all of the ACGME-accredited GME programs." ([ACGME, "Glossary of Terms," 28 June 2011](#))

What is the GME mission of the Interim LSU Hospital?

To provide quality service to meet the healthcare needs of all people through: medical care, education and research; Centers of Excellence; and leadership without limitations.

What role does Dr. Hilton, the LSUHSC-NO Designated Institutional Official, fulfill at ILH?

[Dr. Hilton](#) is a liaison between the LSU School of Medicine and the Interim Chief Medical Officer at ILH, [Dr. Peter DeBlieux](#).

There should be continuous communication between the hospital and the LSUHSC GME office. How is this done?

- [Dr. Hilton](#), the LSUHSC-NO DIO, attends ILH Medical Staff meetings.
- [Cindy Nuesslein](#), CEO of ILH meets regularly with CMO and other LSU School of Medicine faculty leadership at ILH.
- [Dr. DeBlieux](#), the interim medical director at ILH, meets regularly with a core group of quality and safety liaisons and GME staff from the [EQuIP office](#).

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