ACGME Clinical Learning Environment Review (CLER) Visit
Quick Facts for Answering CLER Questions

Note: Some UCH intranet links below may not work when accessing externally

A. Patient Safety
1. Safety event and near miss reporting options:
   - “Safety Intelligence Submit” link on UCH intranet (SI, formerly known as PSN)
   - Residents report to Chief Residents & Program Directors
   - Notify Professional Risk Management at 303-724-RISK
2. Root Cause Analysis occurs via M&M conferences & COPIC rotations
3. Residents do online Patient Safety & Quality Improvement educational modules via Institute for Healthcare Improvement (IHI) prior to orientation and in the PGY2 year
4. Residents participate in a “Room of Horrors” Patient Safety Simulation Experience at orientation
5. Fellows select from three options for QI/PS training as part of GME orientation
6. GMEC Housestaff Quality & Safety Council was formed in 2015

B. Health Care Quality, including Health Care Disparities
1. As of 2016 residents participate in Quality & Safety Bonus Program for hand hygiene & event reporting
2. 6 Resident/Fellow teams were awarded Clinical Effectiveness and Patient Safety Small (CEPS) Grants in 2016 to encourage innovation in QI/PS
3. Vice Chairs for Quality are appointed in each department
4. UCH supports the Institute for Healthcare Quality, Safety, & Efficiency (IHQSE)
5. Residents participate in departmental & clinical site-wide QI committees
6. Residents are involved in QI projects in every department
7. UCHealth and partner hospitals have demonstrated a strong commitment to care for the underserved

C. Care Transitions
1. All programs have a Transitions of Care (TOC) Policy
2. Transfers of patients between services and locations at the clinical site involve interprofessional staff members (e.g. nurses, residents & attendings in other disciplines)
3. UCH Epic contains an electronic, prepopulated sign-off sheet for TOC
4. UCH Epic also contains transfer summaries & note template order sets
5. All residents are taught TOC at orientation; programs assess via direct observation

D. Supervision
1. All programs’ Supervision policies/processes, including when Residents must communicate with the attending are on UCH Intranet - Medical Staff Office: Supervision Requirements by yr. and specialty
2. AMION provides 24/7 contact information for all caregivers on call

E. Duty Hours/Fatigue Management & Mitigation
1. All Residents/Fellows log duty hours using MedHub
2. Resident modules: Sleep Deprivation & Fatigue & Duty Hours. Faculty: Sleep Deprivation & Fatigue

F. Professionalism For resolution of professional issues:
1. Chain of Command Confidential Resources External to Your Program:
   - Chief Resident
   - Program Coordinator
   - Program Director
   - Division Chief/Chair
2. GME Associate Dean/DIO
3. Housestaff Association
4. Office of Professionalism