

# Meaningful Data Tracking for Pediatric Programs, A Self Developed Methodology: Done Right and Done With Delight

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# Disclosures

The following speakers have no relevant financial relationships with commercial interests to disclose.

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# Objectives

1. Review data required for programs and residents
2. Describe processes of efficient and inefficient data collection, filing, and retrieval
3. Link data to program evaluation
4. Link data to Clinical Competency Committee decisions
5. Plan to improve current data tracking methods

# Objective 1

Review data required for programs and residents

# Start Right – Leads to Coordinator's Delight

- Avoid collecting data for the sake of collecting data
- Make valuable data easily accessible
- Understand data quantity is not the same as data quality
- Know the purpose for tracking data

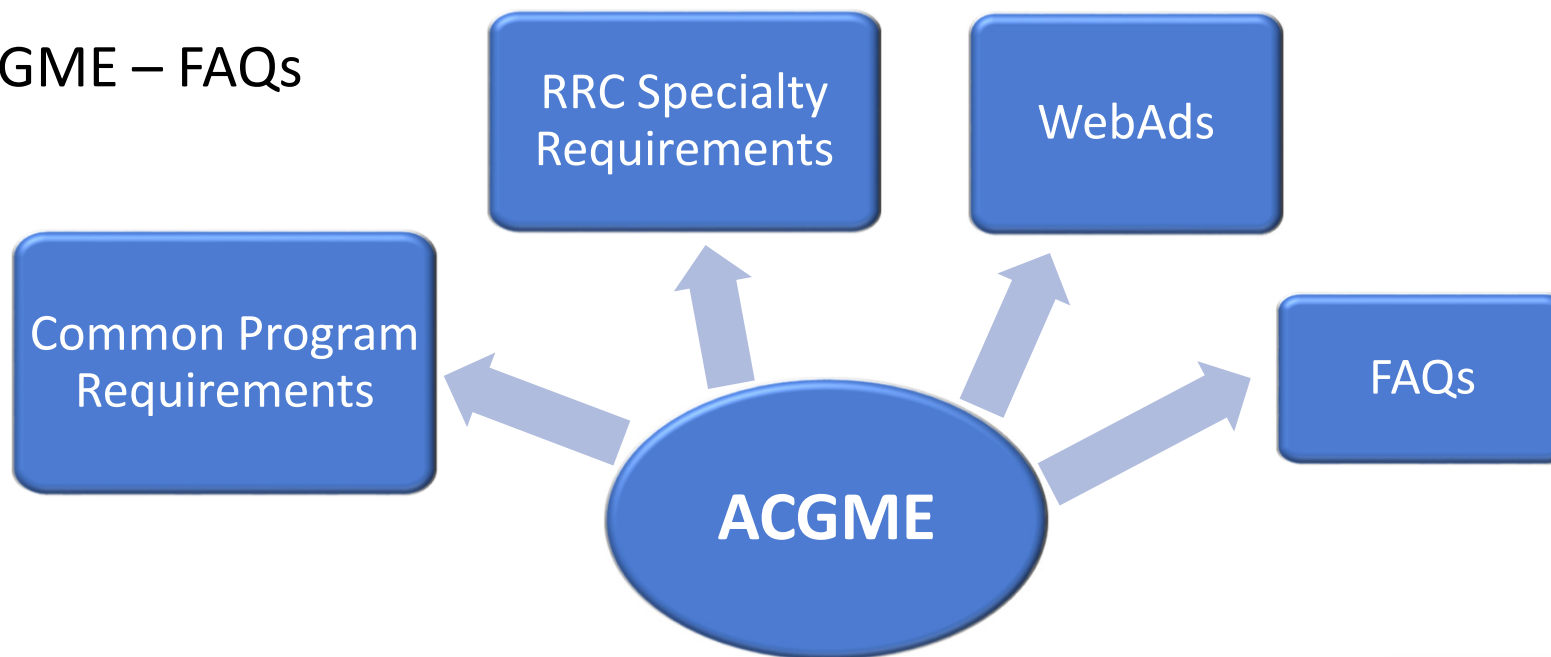


## Program and Trainee Data

Who?	• Requests data and needs access to it?
What?	• Data is needed?
When?	• Is data available?
Where?	• Is data?
Why?	• Is data needed?

# For.....

- ACGME Common Program Requirements
- ACGME Review Committee Specialty Requirements
- ACGME WebAds
- ACGME – FAQs



# Found within Common Program Requirements

## *A sampling*



Accreditation Council for  
Graduate Medical Education

ACGME  
Common Program Requirements (Residency)

must be present at the primary clinical site]

I.B.2.

There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)

I.B.2.a)

The PLA must:

I.B.2.a).(1)

be renewed at least every 10 years; and, (Core)

I.B.2.a).(2)

be approved by the designated institutional official (DIO).  
(Core)



Accreditation Council for  
Graduate Medical Education

ACGME  
Common Program Requirements (Fellowship)

IV.B.1.b).(2)

Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)

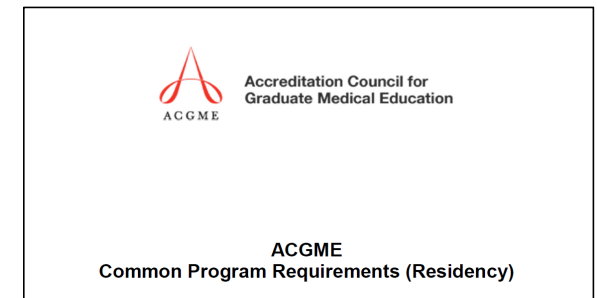
[The Review Committee may further specify]



# Found within Common Program Requirements

## *A sampling*

- I.B.2.a) The PLA must:
- I.B.2.a).(1) be renewed at least every 10 years;



# Found within Common Program Requirements

## *A sampling*

- II.B.2. The physician faculty must have current certification in the specialty by the American Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee.
- III.D.1. The program director must report the presence of other learners to the DIO and GMEC in accordance with sponsoring institution guidelines.

# Found within Common Program Requirements

## *A sampling*

- V.A.1.b).(1) The Clinical Competency Committee should:
- V.A.1.b).(1).(b) prepare and ensure the reporting of Milestones evaluations of each resident semi-annually to ACGME;
- V.C.2. The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation

# Found within Common Program Requirements

## *A sampling*

- V.C.3. The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed in section V.C.2., as well as delineate how they will be measured and monitored
- VI.A.1.b).(2) Quality Metrics
- VI.A.1.b).(2).(a) Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations
- VI.B.4.f) accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data

# Found within RRC Specialty Requirements

## *A sampling*



- II.B.7. Faculty Development
- II.B.7.a) Program leadership and core faculty members must participate in faculty or leadership development programs relevant to their roles in the program
- V.C.2.c).(1) At least 70 percent of a program's graduates from the preceding five years who take the American Board of Pediatrics certifying examination for the first time should pass.

# Found within RRC Specialty Requirements

## *A sampling*

- IV.A.5.a).(2).(a).(i) bag-mask ventilation; (Outcome)
- IV.A.5.a).(2).(a).(ii) bladder catheterization; (Outcome)
- IV.A.5.a).(2).(a).(iii) giving immunizations; (Outcome)
- IV.A.5.a).(2).(a).(iv) incision and drainage of abscess; (Outcome)
- IV.A.5.a).(2).(a).(v) lumbar puncture; (Outcome)
- IV.A.5.a).(2).(a).(vi) neonatal endotracheal intubation; (Outcome)
- IV.A.5.a).(2).(a).(vii) peripheral intravenous catheter placement; (Outcome)
- IV.A.5.a).(2).(a).(viii) reduction of simple dislocation; (Outcome)
- IV.A.5.a).(2).(a).(ix) simple laceration repair; (Outcome)
- IV.A.5.a).(2).(a).(x) simple removal of foreign body

# Found within WebAdS



4 FAQs W

Overview Program Faculty Residents Sites Surveys Milestones Case Logs Summary Reports

**3203821369 - CASE WESTERN RESERVE UNIVERSITY (METROHEALTH) PROGRAM**  
Pediatrics - Cleveland, OH

Annual Update Complete ^

Print Annual Update

Submit Annual Update

Milestone Evaluations 100% Complete v

Self-Study Uploads ^

# FAQs for specialty

## Pediatrics

The documents and resources housed within this section are provided by the Review Committee for Pediatrics and its staff at the ACGME to assist ACGME-accredited programs and those applying for accreditation in this specialty area and its applicable subspecialties.

[Overview](#)[0](#)[Program Requirements and FAQs and Applications](#)[»](#)[Milestones](#)[»](#)



# FAQs for specialty

What specialty qualifications are acceptable to the Review Committee if a member of the physician faculty does not have current certification in pediatrics by the ABP?

*[Program Requirement: II.B.2]*

For a faculty member who has not achieved certification in pediatrics from the ABP, the Review Committee will consider the following criteria in determining whether alternate qualifications are acceptable:

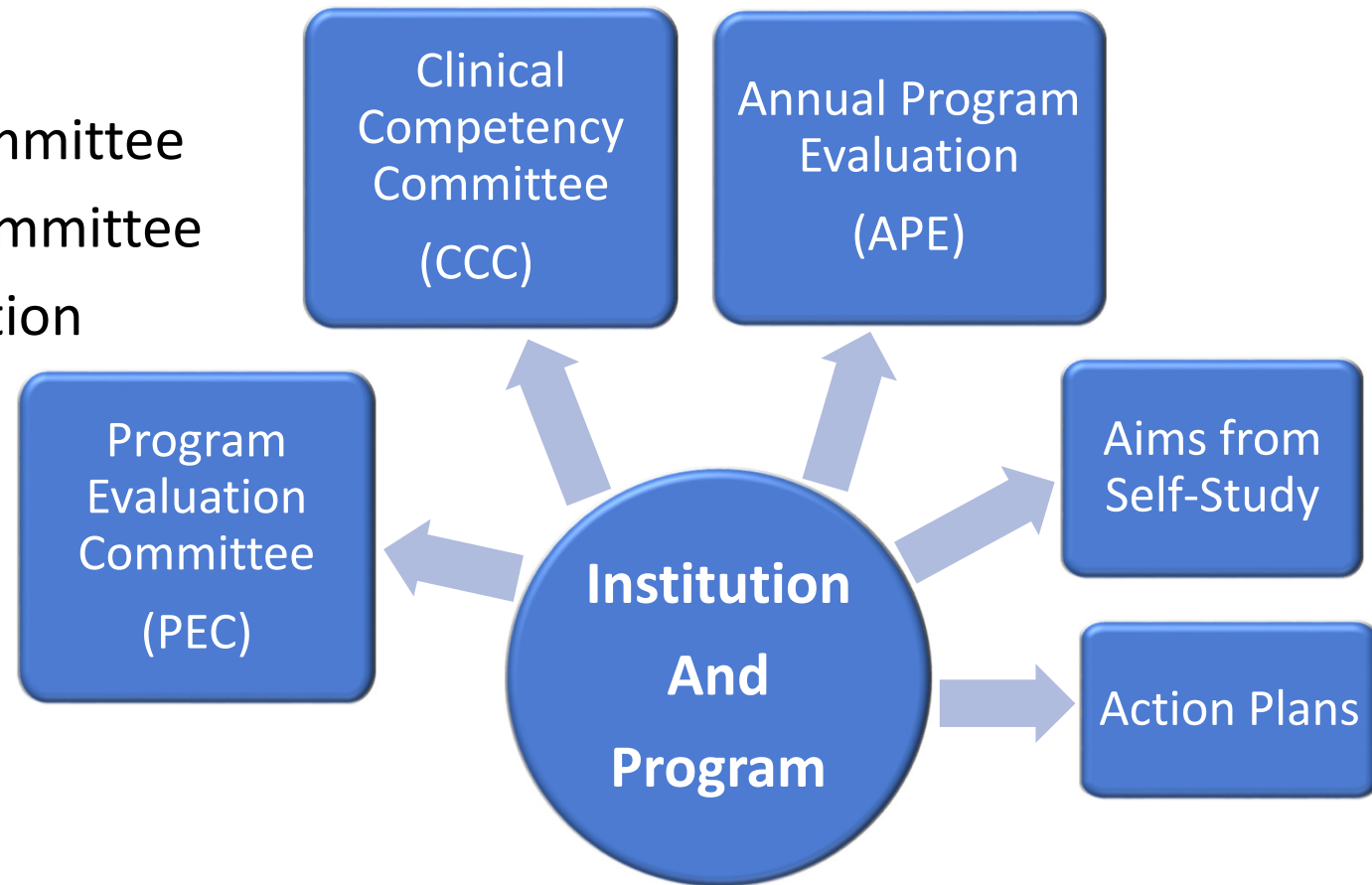
- completion of a pediatrics residency program
- leadership in the field of pediatrics
- scholarship within the field of pediatrics
- involvement in pediatrics organizations

Alternate qualifications will not be accepted for individuals who have completed ACGME-accredited residency education within the United States and are not eligible for certification by the ABP, who have failed the ABP certification exam, or who have chosen not to take the ABP certification exam.

Years of practice are not an equivalent to specialty board certification, and neither the ABP nor the Review Committee accepts the phrase "board eligible."

# For.....

- Institution and Program
- Program Evaluation Committee
- Clinical Competency Committee
- Annual Program Evaluation
- AIMS from Self-Study
- Action Plans



# Program Evaluation Committee (PEC)

- Educational Activities
- Goals and objectives
- Areas of non compliance
- Faculty and Resident evaluations of program
- Program, faculty, and resident performance tracked over time
- Follow up from previous Action Plan\*



Evaluate the Program

# Clinical Competency Committee (CCC)

- Review all resident performance bi-annually
- Determine Milestone progression
- Advise Program Director:
  - Progression, remediation, dismissal



Evaluate the Resident

# APE: Annual Program Evaluation Parameter 1: Resident/Fellow Performance

## Evaluation Parameter 1: Resident/Fellow Performance (PR

**V.C.2.a)-** *Provide a description of the performance outcomes for parameters used to assess Resident/Fellow performance. Programs may use parameters appropriate to the discipline from the examples below or develop their own list.*

Parameter
Faculty Evaluations of Residents/Fellows
CCC Evaluations of Residents/Fellows
In-Service Exams
Procedure Logs
Patient Volume Logs
Evidence Based Medicine Activities
MOCK Codes
Simulation

# APE: Annual Program Evaluation Parameter 2:

## Evaluation Parameter 2: Faculty Development (PR V.C.2.b)- *Provide a*

*description of the performance outcomes for parameters used to assess Faculty Development. Programs may use parameters appropriate to the discipline from the examples below or develop their own list.*

Parameter
Educational Faculty Development Sessions- Department
Educational Faculty Development Sessions- Institution
Educational Faculty Development Sessions- School of Medicine
Educational Faculty Development Sessions- Other
Peer Teaching Assessment

# APE: Annual Program Evaluation Parameter 3:

## Evaluation Parameter 3: Graduate Performance

**(PR V.C.2.c)**- *Programs may develop a rolling average of 3-5 years depending on the duration and criteria used by their RRC.*

<b>Board Results</b>
<b>4 year rolling average</b>
Residents took the boards
Residents passed on the 1st attempt
Residents passed total
<b>Graduate Placement</b>
Fellowship
Private Practice
Academic Setting
<b>Surveys of Graduates (Give a brief description of feedback)</b>

# APE: Annual Program Evaluation Parameter 4:

## Evaluation Parameter 4: Program Quality

**(PR V.C.2.d)**- *Provide a description of the performance outcomes for parameters used to judge program quality. Programs may use parameters appropriate to the discipline from the examples below or develop their own list.*

Parameter
Evaluation of program by Residents/Fellows
Evaluation of program by Faculty
Evaluation of rotations by Residents/Fellows
Evaluation of Faculty by Residents/Fellows
Reports of Clinical and Educational Work per week
Recruitment
Mechanism for transition of care
Didactics
Grand Rounds
Patient Safety Initiatives that Residents/Fellows participate in
Curriculum, Goals and Objectives –
How distributed and discussed with trainees?
When last reviewed/revised?
Have all required policies been reviewed and revised by the PEC at least every 2-3 years?
When last reviewed?
List Wellness programs and monitoring strategies
Does program provide Clinical Quality metrics for Residents/Fellows (Data about practice habits)
Evaluation of Program Director by Residents/Fellows*
Evaluation of Program Coordinator by Residents/Fellows*



# APE: Annual Program Evaluation Parameter 5:

**ACGME Resident/Fellow/Faculty Survey- Please address concerns from the survey if any and how they were addressed.**

ACGME Resident/Fellow/Faculty Survey- Please address concerns from the survey if any and how they were addressed.

# Data for Program Aims from Self-Study



Data

- Develop a strong primary care foundation for practicing in resource limited setting Integrated peds behavioral training
- Acute illness management, managing code
- Prepare pediatricians who are ready to manage children with behavioral and mental health problems
- Train pediatricians who can care for children from diverse health care backgrounds and provide culturally competent health care.
- Develop pediatricians who able to practice evidence-based medicine and find answers to clinical questions and critique literature.
- Develop pediatricians who are comfortable in stabilizing acutely ill children and able to provide preliminary care for sub specialty disease processes.
- Train pediatric physicians who can identify patient safety vulnerabilities and use experiential learning to identify causes and institute sustainable system changes.

# Data for Action Plans from APE and Self-Study

Program Action Plan							
YEAR	AREA OF IMPROVEMENT	INTERVENTION/INITIATIVE	RESPONSIBLE INDIVIDUAL(S) AND RESOURCES	SOURCE OF MEASUREMENT	FOLLOW UP/REASSESSMENT METHOD	FOLLOW UP DATE	
2019	Patient Safety/Quality/Wellness	Include patient safety reporting in regularly-scheduled didactics	Associate Program Director	Number of patient safety incidents filed with Division of Quality	Track number of incidents	August, 2019	
2019	Faculty Development	Host retreat on topic of bedside evaluation	Program Director	Scheduled and Completed	Survey of faculty and residents attitudes towards bedside evaluation	December, 2019	

# Objective 2

Describe processes of efficient and inefficient data collection, filing, and retrieval

**Go to the data;  
the data won't  
find you.**

- Electronic Health Records
- Residency Data Management Systems (evaluations, logs)
- Request reports from Information Service (patient volumes)
- ERAS (Electronic Residency Application Service)
- Export from ACGME (surveys; milestones, WebAds reports)
- Pedialink (Individual Learning Plan, Prep Questions)
- American Board of Pediatric (ITE Scores, Board Results)

# Inefficient gathering and filing

- Using paper when electronic formats are available
- Filing duplicates in multiple places
- Hoarding too much data
- Lack of organization
- Same info located in multiple areas/folders



# Accessibility

- Does the PD or APD know where to find the info?
  - Do they know where to find the data
- Is the coordinator available 24/7 to provide the info?



# Frustration





Efficient Data Filing  
and Retrieval  
is  
Data Tracking Done Right  
and  
Done with Delight

# Data Filing and Retrieval – Done Right

- One electronic master location for all data – ***“Master Data Tracking”***
- Correctly labeled
- Sustainable and accessible to designees
- This process is budget friendly
- Related documents filed together
- Customized - every program is unique!

# *Master Data Tracking (MDT)*

Develop *Master Data Tracking (MDT)* using Excel

- Electronically accessible; easily updated, password protected, available to others
- Align with graduate medical education annual calendar

Use *Master Data Tracking (MDT)* for

- All trainee data
- Program data: reports, lists, calendars
- Retrieval of often-needed information
- Assistance with comparing and interpreting data

# *Master Data Tracking (MDT)*

**MDT** for Graduate Medical Education

If criteria is reached-show a visual change - change to green

If criteria is not reached-show a visual change - a change to red

Use “Conditional Formatting” within excel

Create links to documents

# Objective 3:

Link data to program evaluation

***Master Data Tracking*** shows program performance  
or lack of it!

Set criteria for program assessment a prior

# Objective 4.

Link data to Clinical Competency Committee decisions

# Data Tracking for CCC

Pediatric Resident	<a href="#">ITE</a>	Improved from ITE 2017 to 2018?	<a href="#">PREP</a>	Contiunity Clinic	<a href="#">Procedures Updated</a>	CEX	IPASS	<a href="#">ILP</a>	<a href="#">Duty Hours</a>	<a href="#">Curriculum Summary</a>	Flexiable Curriculum	Core Electives Completed	<a href="#">QI Project</a>	EBM	BLS	NRP	PALS	<a href="#">Burn Out Survey</a>	<a href="#">Research Project on Track</a>	<a href="#">IHI QI Modules</a>
PGY 3 - A	183	Yes	Yes	18	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	2.4.19	No	No	No	Yes	Yes	Yes
PGY 3 - B	181	Yes	No	18	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	1.24.19	Yes	Yes	Yes	Yes	Yes	No
PGY 3 - C	189	No	No	16	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	4.23.19	Yes	Yes	Yes	Yes	No	Yes
PGY 3 - D	155	Yes	No	18	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	10.28.18	Yes	No	No	Yes	Yes	No
PGY 3 - E	143	Yes	No	18	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10.29.18	Yes	Yes	Yes	Yes	Yes	Yes
PGY 3 - F	166	Yes	No	18	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	9.7.18	No	No	No	Yes	Yes	Yes
PGY 3 - G	180	Yes	No	17	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	2.13.19	Yes	Yes	Yes	Yes	Yes	Yes
PGY 3 - H	186	Yes	No	17	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	4.10.19	Yes	No	Yes	No	No	Yes
PGY 2 - AA	183	Yes	Yes	18	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	No	No	No	Yes
PGY 2 - BB	181	Yes	Yes	18	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	No	Yes	Yes	Yes
PGY 2 - CC	189	Yes	Yes	19	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	No	Yes	No	No



# Objective 5.

Plan to improve current data tracking methods

# Data tracking for tracking improvement



Ask yourself:

- “What do my Program Director and other program leaders ask for or request?”
- “How often am I asked for the data?”
- “Where is data currently located?”
- “When is the data most needed and useful?”
- “What do I waste time searching for?”

# Data tracking for tracking improvement

Item (examples of data)	Who is asking?	What is requested?	How often am I asked?	Where is it filed? Or when should it be filed?	Why is it important?	Quantify my inefficiency: Time wasted; money spent; professionalism sacrificed, etc.
Spouses' first names						
Call room codes						
Faculty Scholarly Activity						
Procedures						
QI projects						
End of rotation evaluations						

# *Master Data Tracking* gives:



## Improvements:

- Increase others' access and ability to retrieve
- Expand access to data
- Improve file locations
- Update more often
- Improve labeling

## Results:

- Accessibility
- Consistency
- Reliability

# 5 Steps for Data Tracking Done Right



1. Prepare a customized list of data required
2. Gather data
3. Use the *Master Data Tracking* method to file and retrieve
4. Use links
5. Keep the data current

Know what to file, where, sustain,  
and retrieve.  
Oh what Delight!

Scenario -- Program Director walks to your office. Data is needed!

Q: How many residents have had a bi-annual evaluation?

Q: What is our procedure average for current PGY 3?

Q: Which competencies are completed?

Q: Can you send me a current quality project list now?

# A Coordinator's Delight: Future Opportunities

## *With Master Data Tracking*

- Showcase your product, promotable, GME leader
- Correctly present data to program leaders
- Increase your engagement and commitment to program
- Gain time; decrease frustrations



~~impossible~~



# Acknowledgements

Graduate Medical Education, MetroHealth Medical Center

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