Regions Hospital
Emergency Center

Emergency Medicine Residency Retreat

November 8, 2012

Regions Hospital℠

2012 EMERGENCY MEDICINE RESIDENCY RETREAT

From Hierarchies to Networks

November 8, 2012 – 7:00am – 12:00pm

St Paul Curling Club
470 Selby Ave
Saint Paul, MN 55102

7:00-7:45	***Breakfast at Bon Vie – 485 Selby Ave***
8:00-8:10	***Welcome –*** *Zabrina Evens, MD, Joe Walter, MD, Wendy Woster, MD*
8:10-8:30	***Department Head Update*** *– Kurt Isenberger, MD, Richelle Jader, BSN, MHA*
8:30-9:00	***Historical Perspective –*** *Felix Ankel, MD*
9:00-9:45	***Small Group Discussions (Part A)*** Open group discussions A. Joe Walter, MD, Rachel Dahms, MD, B. Zabrina Evens, Cullen Hegarty, MD C. Wendy Woster, MD, Stephanie Taft, MD
9:00-9:15	Strengths
9:15-9:30	Areas of focus
9:30-9:45	Action plans
9:45-10:00	***Break***
10:00-10:45	***Small Group Discussions (Part B)*** Preselected groups as indicated on your nametag A. Quality Curriculum – Kara Kim, MD, Joe Walter, MD, Stephanie Taft, MD B. Portfolios & Job Searching Strategies – *Zabrina Evens, MD, Cullen Hegarty, MD, Kurt Isenberger, MD* C. Innovations – Wendy Woster*, MD, Karen Quaday, MD, Rachel Dahms, MD*
10:00-10:15	Strengths
10:15-10:30	Areas of focus
10:30-10:45	Action Plans
10:45-12:00	***Large Group Discussion –*** *Felix Ankel, MD*

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Emergency Medicine Residency

CLASS of 2013


Amanda Carlson


Jodi Deleski


Zabrina Evens


Rebecca Gardner


Gary Mayeux


Sonali Meyer


Adetolu Oyewo


Darcy Rumberger


Joseph Walter


Wendy Woster

CLASS of 2014


Michael Bond


Ryan Bourdon


Kelsey Echols


Eric Ellingson


Marc Ellingson


Kyle Holloway


Jenna LeRoy


Brian Roach


Jason VanValkenburg


David Warren

CLASS of 2015


Aaron Ankeny


Sean Boley


Katerine Glasrud


Amanda Karlen


Samantha Kealey


Shaun Kennedy


Amanda Miller


Joshua Peltier


Amy Stoesz


Ashley Tekippe

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Emergency Medicine Senior Staff


Felix Ankel, MD


Kelly Barringer, MD


Emily Binstadt, MD


Aaron Burnett, MD


Mary Carr, MD


Won Chung, MD


Eric Dahl, MD


Rachel Dahms, MD


RJ Frascone, MD


Jason Gengerke, MD


Bradley Gordon, MD


Paul Haller, MD


Carson Harris, MD


Cullen Hegarty, MD


Keith Henry, MD


Brad Hernandez, MD


Joel Holger, MD


Kurt Isenberger, MD


Koren Kaye, MD


Kara Sellung Kim, MD


Kevin Kilgore, MD


Peter Kumasaka, MD


Rob LeFevere, MD


Matt Morgan, MD


Jessie Nelson, MD


Levon O'hAodha, MD


Brian Peterson, DO


Bjorn Peterson, MD


Karen Quaday, MD


Martin Richards, MD


Sam Stellpflug, MD


Stephanie Taft, MD


Bjorn Westgard, MD


Casey Woster, MD


Andrew Zinkel, MD


Michael Zwank, MD

Regions Hospital Medicine Providers


Roderick Adams, MD


Tanya Adelman, PA


Rich Albrecht, PA


Linda Amaikwu-Rushing, NP


Lindsay Bergstreser, PA


Gary Bowrey, PA


Rachel Burton, DO


Demeka Campbell, MD


Britta Carlson, PA


Rachel Darling, MD


Jason Davis, PA


John Degelau, MD


Matt Fitzpatrick, MD


Brian Flagstad, MD


Mary Fredrickson, MD


Shaun Frost, MD


Ashwin George, MD


Dan Goldblatt, MD


Mohamed HagiAden, MD


Brett Hendel-Paterson, MD


Rick Hilger, MD


Michael Holth, MD


Lyudmila Islyamova, MD


Megan Iverson, MD


Wally Jaranilla, MD


Rebecca Jones, MD


Robyn Kaiser, MD


Gautam Kale, MD


Burke Kealey, MD


Firas Khamis, MD


Stephanie Kim, MD


Julie Laidig, MD


Amy Larsen, MD


Tom Liester, PA


Rich Mahr, MD


Ankit Mehta, MD


Salma Mohsin, MD


Stacey Mollis, MD


Matt Mundy, MD


Karla Nockleby, MD

Regions Hospital Medicine Providers (cont.)


Pawan Patel, MD


Patrick Pederson, MD


Greg Poduska, MD


Rosemary Quirk, MD


Alex Ramirez, MD


Kreegan Reierson, MD


Dan Ries, MD


James Risser, MD


Jason Robertson, MD


Miguel Ruiz, MD


Manish Saha, MD


John Selickman, MD


Jerome Siy, MD


Sara Spilseth, MD


Sean Stoy, MD


Chrisanne Timpe-Dupuis, MD


Deepti Torri, MD


Melanie Troftgruben, PA


Colin Turner, MD


Khuong Vuong, MD


Jon White, MD


Karen Williams, MD


Meredith Wold, PA


Tom Yacovella, MD


Shone Zhao, MD


Christine Zwicky, PA

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2012 Charge RN Staff and ER Nursing Leadership

					
	Michelle Noltimier **Nurse Manager**	**Ryan Aga** **Day EC Supervisor**	**Jen Schiffler** **Evening EC Supervisor**	**Susan Walls** **Night EC Supervisor**	
					
Yvonne Anderson	**Laura Boyer**	**Connie Eide**	**Anthony Edwards**	**Rebecca Englund**	**Carissa Fauks**
					
Joy Ferasol	**Carol Franklin**	**Becky Hofmeister**	**Dede Koenekamp**	**Clarice Marsh**	**Tobi Sanetra**
					
		Heather Ternberg	**Rachel Zacher**		

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Emergency Medicine Staff RN's

Ryan Aga


Gayle Anderson


Laura Anderson

Yvonne Anderson


Nicole Anjere


Louie Arcenas


Kate Arendt


Hannah Arlich


Jason Arndt


Jan Baller


Megan Baustian


Pete Bennet


Pete Bilek


Dani Bishop


Meghan Bleyl

Laura Boyer


Kim Brawk


Don Brock


Jerrod Brown


Beth Bussiere


Carol Buttz


Kristina Buttz


Maurita Carrizales


Heidi Carter


Larry Cockran


Jeremy Coudron


Wendy Dahl


Andrew Edwards


Dominic Ehman

Connie Eide

Rebecca Englund


John Erdelyi

Carissa Fauks

Joy Ferasol


Laura Folsland

Megan Donley


Tracey Fossum

Carol Franklin


Bridget Gehrz


Anne Glendening


Jalynn Graff


Ben Groenewieg


Kevin Guenard


Naomi Hamann

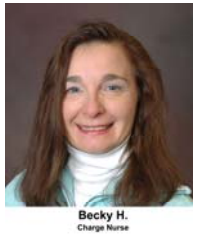

Delossie Hanscom


Lori Hansen


Mary Healy


Andrew Hebdon


Tamara Hill



Becky Hofmeister


Risa Hoge

Patty Houston


Rachel Jacobson


Maggie Jaunich


Deanna Jensen


Ellen Johnson


Matt Johnson


Jennifer Johnston


Mary Kasten


Alisha Kennedy

Dede Koenekamp

Nicole Koenig


Ginger Koppi


Barbara Kratt


Barb Lawrence


Annie Leaf

Rebecca Lietzow


Elizabeth Lombardo


Jamie Longtin


Patti Lunde


Karen Manor


Kemo Marong

Clarice Marsh


Margaret Menker

Michael Merritt


Chris Mikla


Frank Mitchell


Mai Monette


Carey Montez


Corey Moore

Sarah F Moore


Sarah K Moore


Amber Moorehouse


Libby Morris


Marilyn Neafus


Ann Nelson


Barry Nelson


Daisy Nelson


Heather Nelson


Michelle Noltimier


Kris Norman


Anglea Olson


Natalie Overmann


Amycar Pesante

Rachael Pickett-Theel


Sara Pikus


Autumn Platz


Janette Queen


Angella Rechtzigel


Kristi Rivers


Laura Rose


Barb Rude


Allyson Ryderg


Jessica Sandberg

Tobi Sanetra


Cristina Santos

Jen Schiffler


Sandy Schuck


Dan Sedlacek


Duke Seigars

Nate Selstad


Lisa Semlak


Liz Severence


Jeff Siewert


Cindy Smith


Manny Solis

Justin Steenberg


Cathy Stephenson


Candy Stover


Jill Stuart


Heather Ternberg


Cheryl Thompson


Sandy Thompson

Christina Tonkin

Carol Trembley

Diana VanWormer


Deb Venner


Lori Wagner

Susan Walls


Teresa Walz

Michele Westhuis


Bonnie Whipple


Wendy Young


Rachel Zacher


Lorene Zamzow

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updated 8/6/2012:jp

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Emergency Medicine Residency Retreat

November 8, 2012

Felix Ankel, MD

Macrotrends

- From hierarchies to networks
- From individual experts to wisdom of crowds
- From knowledge to competency
- From carrots to purpose
- From function to design
- From argument to story
- From epinephrine to oxytocin
- From rescue care to population health
- From accumulation to meaning

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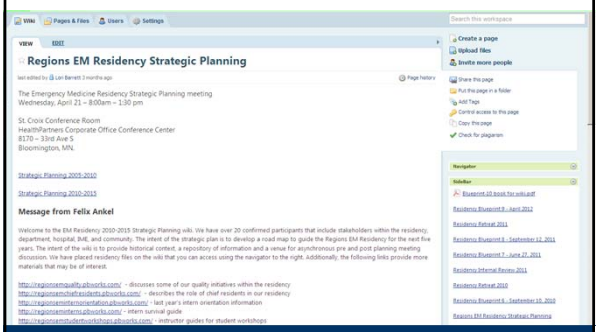

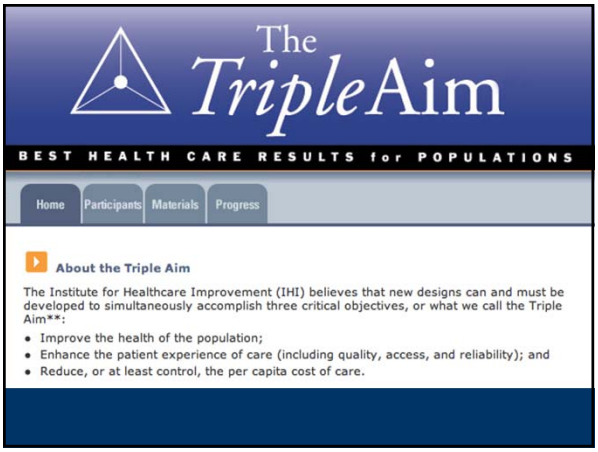

History

- Accreditation 1995, 1999, 2003, 2009
- 117 graduates 1999-present
- 148 residents 1996-present

Regions Hospital
Emergency Center

Mission:PAPEEMCE

Provide and promote excellence in emergency medicine care and education

- Patient centered
- Resident focused
- Team oriented
- Transparency
- Professionalism
- Knowledge
- Skills
- Attitudes
- Core competencies
- Contribution to specialty

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117 graduates 1999-present

- 78 Minnesota: 17 HealthPartners, 13 EPPA, 9 United, 6 Fairview-U, 8 North, 5 Abbott, 5 HealthEast, 5 Duluth, 2 Waconia, Shakopee, Rochester, New Ulm, Princeton, Park-Nicollet
- 39 out of state: 5 SD, 5 IA, 3 WA, 3 CA, 3 MT, 2 ND, 2 NE, 2 CO, 2 IN, 2 WI, UT, NH, NY, OR, VA, CT, PA, AK, TX
- 16 Academic: 14 Regions, Wishard, Mayo
- 14 Hybrid: 7 Fairview-U, 6 North, Mercy-Iowa City
- 80 Community
- 15 Fellows (4 toxicology, 2 critical care, 3 EMS, faculty development, simulation, informatics, ultrasound, international, quality & pt safety)

148 residents (1996 - present)
41 medical schools

- 48 U of M
- 9 UND
- 8 Iowa, Mayo
- 7 MCW, USD,
- 6 UW, Creighton
- 2 Nebraska, Loyola, Indiana, Kansas, Chicago Med School, Colorado, Loma Linda, SLU
- SUNY-Buffalo, Des Moines-COM, Nevada, Vermont, Penn, Hawaii, East Carolina, Arizona, Utah, Michigan State, SUNY-Syracuse, VA-COM, UCSF, Dartmouth, Yale, Tufts, Cincinnati, Morehouse, Florida, Nova-COM, Temple, LSU, UT-Houston, New York, Penn State

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29 Faculty (13 Different EM Residencies)

- Regions x 14
- Henry Ford x 2
- Harvard Affiliated x 2
- Illinois x 2
- HCMC
- Brooke Army
- St Vincent's
- Christ
- Indiana
- Boston Medical Center
- Grand Rapids
- Michigan
- Resurrection

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Residency Strategic Plan 2010-2015

4/21/010

- SWOT analysis
- Review of strategic plans of department, hospital, IME, and healthplan
- Outcomes (*quality)*
- Knowledge translation (*web 2.0* and work with librarians)
- Procedural competency
- Non-clinical training (*longitudinal admin*)
- Benchmarks and scorecards
- Resources (*wellness and resilience*)

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2011-2012

- Tox moves from PGY2 to PGY1
- Shift schedule moves to 9-hours
- Eliminate single EM resident/pod overnight.
- ROD checklist development
- Quality project refinement
- Patient satisfaction reports to residents
- Resident lounge renovation
- Methodist added as community site
- No overnight intern call on SICU or Ortho

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2011 retreat action plan

- Ultrasound
  - Review and make recommendations on new machines and education
- Scheduling
  - Work with R Dahms on block and ED schedules
- Ortho
  - Review ortho procedures and education
- Food
  - Meet with dietary for healthier options
- Residency paperwork
  - Look at non value added aspects of residency

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2012-2013

- Healthy food for eves/weekends
- 10 block schedules
- ED schedule a year in advance
- Employee fitness center
- New follow-up process
- New International fellow
- New EM PA residency
- Second year plastics rotation
- Hudson rotation for all third years

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Dreyfus model of skill acquisition

Novice-to-Expert scale (2)

	Knowledge	Standard of work	Autonomy	Coping with complexity	Perception of context
1. Novice	Minimal, or 'textbook' knowledge without connecting it to practice	Unlikely to be satisfactory unless closely supervised	Needs close supervision or instruction	Little or no conception of dealing with complexity	Tends to see actions in isolation
2. Beginner	Working knowledge of key aspects of practice	Straightforward tasks likely to be completed to an acceptable standard	Able to achieve some steps using own judgement, but supervision needed for overall task	Appreciates complex situations but only able to achieve partial resolution	Sees actions as a series of steps
3. Competent	Good working and background knowledge of area of practice	Fit for purpose, though may lack refinement	Able to achieve most tasks using own judgement	Copes with complex situations through deliberate analysis and planning	Sees actions at least partly in terms of longer-term goals
4. Proficient	Depth of understanding of discipline and area of practice	Fully acceptable standard achieved routinely	Able to take full responsibility for own work (and that of others when applicable)	Deals with complex situations holistically, decision-making more confident	Sees overall 'picture' and how individual actions fit within it
5. Expert	Authoritative knowledge of discipline and deep tacit understanding across area of practice	Excellence achieved with relative ease	Able to take responsibility for going beyond existing standards and creating own interpretations	Holistic grasp of complex situations, moves between intuitive and analytical approaches with ease	Sees overall 'picture' and alternative approaches; vision of what may be possible

From the professional standards for conservation, Institute of Conservation (London) 2003 based on the Dreyfus model of skill acquisition.

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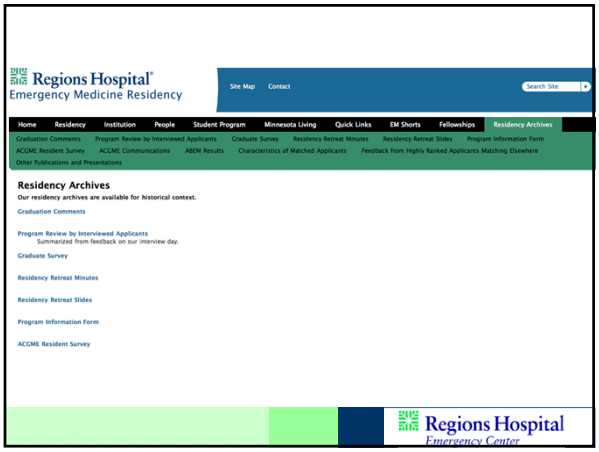

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Questions to consider

- Portfolio and job searching strategies
  - Discuss how to streamline portfolios and job searching strategies
- QI program design
  - Review, discuss progress and recommend improvement
- Innovation
  - Discuss how to pilot innovative processes

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Emergency Medicine Resident/Faculty Retreat

Como Park Zoo & Conservatory Auditorium
October 27, 2011
7:30-12:30

Residents				Support/Guests			
x	Peter Baggenstos, MD	x	Sonali Meyer,. MD	x	Pat Anderson	x	Erin Austad
x	Eric Dahl, MD	x	Tolu Oweyo, MD	x	Lori Barrett	x	Joseph Ekstrand
x	Tyler Ferrell, MD	x	Wendy Rangitsch, MD	x	Bruce Bennett	x	Kate Jacoby
x	Kate Katzung, MD		Darcy Rumberger, MD	x	Eugenia Canaan	x	David Joyce
x	Clint Hawthorne, MD	x	Joe Walter, MD	x	Marcella de la Torre	x	Caitlin Kennedy
x	Bjorn Peterson, MD	x	Mike Bond	x	Jennifer Feeken	x	Nick Kluesner
x	JR Walker, MD	x	Ryan Bourdon	x	Richelle Jader	x	Carin Martinson
x	Ben Watters, MD	x	Eric Ellingson	x	Gail Johnson	x	Cole Nick
x	Casey Woster, MD	x	Marc Ellingson	x	Amy Murphy	x	Jeff Reineke
x	Amanda Carlson, MD	x	Kyle Hollway	x	Beth Placzek	x	Amy Stoesz
x	Jodi Deleski, MD	x	Jenna LeRoy	x	Jodi Roehm	x	Tyler Verworn
x	Zabrina Evens, MD	x	Brian Roach	x	Mary Wittenbreer		
x	Becky Gardner, MD	x	Kelsey Shelton-Dodge	x	Paul Zenker		
x	Gary Mayeux, MD		Jason Van Valkenburg				
		x	David Warren				
Faculty							
x	Felix Ankel, MD		Jason Gengerke, MD		Kory Kaye, MD		Karen Quaday, MD
	Kelly Barringer, MD	x	Brad Gordon, MD		Kevin Kilgore, MD		Martin Richards, MD
	Emily Binstadt, MD		Paul Haller, MD		Peter Kumasaka, MD		Sam Stellpflug, MD
x	Aaron Burnett, MD		Carson Harris, MD		Richard Lamon, MD		Charis Thatcher, MD
	Mary Carr, MD	x	Cullen Hegarty, MD	x	Robert LeFevere, MD		Bjorn Westgard, MD
x	Won Chung, MD	x	Keith Henry, MD		Matt Morgan, MD	x	Stephanie Taft, MD
x	Rachel Dahms, MD		Brad Hernandez, MD	x	Jessie Nelson, MD	x	Michael Zwank, MD
	Kristen Engebretsen, PharmD	x	Joel Holger, MD		Levon O'hAodha, MD		Drew Zinkel, MD
x	RJ Frascone, MD	x	Kurt Isenberger, MD		Brian Peterson, DO		

Person	Agenda Item	Action Plan/Key Points
Ankel	Welcome and Historical Perspective	Dr. Ankel welcomed and acknowledged invited guests, and presented an historical perspective. The Emergency Medicine Program began in 1995 and has received the max number of reaccreditation years in 1999, 2003 and 2009. We have graduated 108 residents, and our graduates are practicing all across the country in academic and nonacademic roles. Highlights for 2010-11 include: • 10 interns • New procedural skills lab • EMS fellow, EM-peds sponsorship • Quality, international fellowship approval • ROD, MSOD – longitudinal admin experience • Night float block • Hudson selective pilot • Quality teams • Recruitment boom 2011-2012 • Plastics moves from PGY1 to PGY2 • Tox moves from PGY2 to PGY1 • Shift schedule moves to 9-hours • Eliminate single EM resident/pod overnight. • ROD checklist development • Quality project refinement • Patient satisfaction reports to residents

		• Resident lounge renovation • Methodist added as community site • No overnight intern call on SICU or Ortho Today's agenda will include small group discussions to identify, strengths, areas of focus and actions plan. Questions to consider: • Web 2.0 - Consolidate and optimize current on line interactive resources • Longitudinal admin experience - Determine strengths and areas to tweak • QI program design - Review, discuss progress and recommend improvement • Wellness and resilience - Develop plan to maintain and improve current wellness and resilience
Jader Isenberger	Department Head Update	Richelle spoke briefly on the lasting positive impact the residency program has on the department, and how fortunate we are to have the program located at Regions. Dr. Isenberger presentation included highlights of 2011 and what to look for in 2012 2011 Highlights included: • Patient surveys are at an all time high • More faculty attending critical case • PA residency program development • National and local awards to faculty • EBAN involvement • REST committee reactivated. • Remodeled residency room • Coding/Billing education for residents • 5Cs • 100% patient call back with feedback to providers • Over 15 publications, several from EMS, Tox, and Quality Looking ahead to 2012: • More attention to Pod G, behavioral health patients • Invested in looking at new LEAN triage model • Operational flow redesign • Continue to support research • Development of CCRC • Strong continuing fellowship programs, EMS, Tox, Quality, and new Internationals Fellowship • Recruitment of top students for residency. • Quality CMS measures • Web 2.0. Development of new hospital website • Shadowing program focusing on patient experience. • Residents at Hudson Hospital • ED critical decision unit.
Salzman	Critical Care Research	Critical Care Research group began in April 2011. The group consists of director, research project manager, and research assistant. The function of the group is to support research in the ED, EMS, SICU, Burn and Trauma. They provide administrative support for research process. Resident involvement in encouraged.

	Small Group Discussions	Attendees divided into three small groups Part A: Open discussion identifying residency strengths, areas of focus, and action plan. Facilitators: Dahms/Peterson, Hegarty/Walker, Taft/Woster Part B: Group then divided into group to identify strengths, areas of focus and action plan for the following: Web 2.0 Facilitators: Peterson/Gordon/Taft Healthcare Delivery Curriculum Facilitators: Woster/Hegarty Wellness and Resilience. Facilitators: Walker/Dahms
	Large Groups	Small group discussions were summarized and attendees were then asked to identify their top 3 strengths, top 3 areas for focus and ways to integrate quality into EM residency. Part A: Listed below in order identified as participants top choices <u>Strength</u> **Faculty** (25) **SICU** (20) **Sim center** (18) **Ancillary staff** (13) **Procedural experience** (11) Scheduling changes (overlap) (9) Feedback cycle and self awareness (6) ED focused off-service (4) Meal cards (4) Residency Leadership (4) Residency Support Staff (4) Epic/Dragon skills (3) Quality projects (3) Library support (2) Critical case conference (2) EMS experience (1) Ultrasound (1) Peds/ED Fellowship (1) Comprehensive Education (1) Faculty variance in practice Evaluation push to residents <u>Focus area</u> **Ultrasound machines** (19) **Schedule** (18) **Procedures by other services ie ortho, hand** (16) **Healthier food in café at better price** (12) **Procedure logging/follow res paper work** (11) SICU scheduling (9) PICU (8) Quality project expectation – align with hospital (8) Patient information restrictions for education (6 Staff teaching time compromised with patient flow (6) Disaster preparedness training (6) More accessible on-line information (5). Communication from consultants (5) Peds/EM faculty at regions (5) Debriefing process (3) Urgent Care experience – more less acute care (3) Flow through ED Moonlighting opportunities Enlarging retreat forum – more departmental retreat Critical case presentation – historian presence, RN, consultant Conference – more interactive More consistent end of shift feedback OB number of deliveries by male residents

		Part B: Listed below in order identified as participants top choices <u>Strength:</u> : **Web 2.0** Content (4) Facebook integration **Healthcare delivery Curriculum** Knowing the language Opportunities/resources (admin, quality, teaching) **Wellness Resilience** Culture (5) Lounge (2) Reasonable hours (1) Staff approachability (1) ROD schedule (1) <u>Areas of Focus</u> **Web 2.0** Organization of website (16) **Healthcare Delivery Curriculum** Quality Projects, Facilitator (3) Residency Requirements (RRC vs residency) (2) ROD – List of opportunities, organize lists, faculty contact person, Key contacts for specific meetings **Wellness Resilience** Scheduling Food
	Large Group Action Plans	• Ultrasound group formed to review and make recommendations on new machines and education. Participants are: M Zwank, P Kumasaka, K Isenberger, K Katzung, M Ellingson, B Watters, C Hawthorne, J Walters • Scheduling group to work with R Dahms. Group includes JR Walker, B Gardner, J LeRoy, and M Bond. • Review increasing ortho procedures and education in the ED. Participants include C Hegarty, M Ellingson, Z Evans. • Food. Z Evens has met with representatives from dietary, IME, and hospital administration regarding healthier food choices at a more reasonable price. Also discussed was lack of availability of food available during the night hours. R St. Germain, dietary director will explore keeping the Overview Café open til 1 or 3 am. In the meantime resident rooms will be furnished with snacks for overnight shifts. Contact Z Evens with suggestions. • Resident paperwork LEAN team formed to look at more efficient ways to gather/complete necessary tracking and administrative items. Participants include: K Katzung, W Rangitsch, S Meyer, R Bourdon

Retreat 2011

SurveyMonkey

1. Did today's retreat meet your expectations?

		Response Percent	Response Count
Yes		100.0%	19
No		0.0%	0
		Comments	4
		answered question	19
		skipped question	0

2. What did you like about today's retreat?

	Response Count
	17
answered question	17
skipped question	2

3. What did you dislike?

	Response Count
	9
answered question	9
skipped question	10

4. What suggestions to you have for next year?

	Response Count
	12
answered question	**12**
skipped question	**7**

Q1. Did today's retreat meet your expectations?		
1	I did not know what to expect going in, but the retreat was well-organized and covered a lot of important topics.	Nov 6, 2011 4:31 PM
2	Enjoyed the location, interaction with attendees, topics and the updates.	Oct 31, 2011 11:03 AM
3	We always seem to run out of time for the large group discussion and action plans. Maybe we just have a mindset of using every available minute.	Oct 31, 2011 9:59 AM
4	.	Oct 31, 2011 9:39 AM

Q2. What did you like about today's retreat?		
1	choosing groups we wanted to be a part of. Using the dots to rank things at the end.	Nov 7, 2011 12:07 PM
2	There was an emphasis on what could be improved as well as what is done well. The residents and faculty was positive and upbeat throughout the morning.	Nov 6, 2011 4:31 PM
3	well organized, great location	Nov 4, 2011 3:18 PM
4	Discussion groups, topics, location	Nov 2, 2011 5:24 PM
5	chance to meet as a large group, cool venue	Nov 2, 2011 7:38 AM
6	- good overview of the program, both in strengths and weaknesses	Nov 1, 2011 12:33 PM
7	dots help get the energy points out from the people.	Nov 1, 2011 8:45 AM
8	Better about having an open forum for feedback than last year.	Nov 1, 2011 8:18 AM
9	The open group sessions identify areas of focus as well as the lack of assignments to a particular small group.	Oct 31, 2011 9:56 PM
10	chance for residents to voice concerns, issues	Oct 31, 2011 9:12 PM
11	very productive - identified resident's concerns about areas to improve upon and came up with good action plans, assigned a team of people to work upon those.	Oct 31, 2011 1:55 PM
12	Great participation by attendees, good location, very spacious and convenient.	Oct 31, 2011 11:14 AM
13	Interaction!	Oct 31, 2011 11:03 AM
14	I felt like I got a good picture of the residency and the goals behind it. It felt very collaborative and open.	Oct 31, 2011 10:25 AM
15	Location - loved the room and ease of getting there. Engagement of the attendees	Oct 31, 2011 9:59 AM
16	Staffing discussion	Oct 31, 2011 9:55 AM
17	Very beneficial from a students perspective, learning about the program, what the residents think are the strengths and weaknesses of the program	Oct 31, 2011 9:39 AM

Q3. What did you dislike?		
1	the opening presentations by top leadership was too long.	Nov 7, 2011 12:07 PM
2	The three groups we split into seemed too large. It was difficult to hear, so smaller groups might have worked better.	Nov 6, 2011 4:31 PM
3	always seem to not have enough time at the end but much better than previous years	Nov 4, 2011 3:18 PM
4	The groups were a little too big to make any real headway. Not as much real action plan as last year - we need to find a happy medium somehow.	Nov 1, 2011 8:18 AM
5	limiting issues to top 3 vote getters	Oct 31, 2011 9:12 PM
6	updates still seemed a bit long, i kind of tuned out for that part. most of the people at the retreat are residents, so we already know all the updates - we live them.	Oct 31, 2011 1:55 PM
7	It was difficult to hear during some of the small group discussion.	Oct 31, 2011 11:03 AM
8	Room got a little noisy during breakouts. Suggest moving one group out of the room. Four breakouts would have been much too loud in that room. Ending after 12:30 was problematic from a logistical standpoint.	Oct 31, 2011 9:59 AM
9	Touchy feely stuff QA discussions	Oct 31, 2011 9:55 AM

Q4. What suggestions to you have for next year?		
1	keep retreat for residents separate from PA because we have different needs	Nov 7, 2011 12:07 PM
2	like the dots	Nov 4, 2011 3:18 PM
3	mid-morning snack?	Nov 2, 2011 5:24 PM
4	new cool place to meet in St. Paul	Nov 2, 2011 7:38 AM
5	- It was difficult to hear being in a large room with 3 different groups speaking	Nov 1, 2011 12:33 PM
6	take last year's items (both highly voted dots and the major topics from the small group) and discuss the progress on those topics at the beginning of the retreat.	Nov 1, 2011 8:45 AM
7	Less time about strengths and more time about areas of focus and focusing on action plans.	Oct 31, 2011 9:56 PM
8	brief answers on anything over, say, 5 votes -- possible to change, impossible, current rationale, whatever	Oct 31, 2011 9:12 PM
9	i was a fan of this more open format	Oct 31, 2011 1:55 PM
10	Have a more substantial breakfast if we're going to keep people until 12:30 or serve some kind of snack midway through the morning. Have lunch delivered to the afternoon location so people don't have to wait until 1:30 to eat lunch.	Oct 31, 2011 9:59 AM
11	Outlook for Medicine in 2 years	Oct 31, 2011 9:55 AM
12	different activity other than ice skating.	Oct 31, 2011 9:39 AM

Residency Planning Meeting
August 7, 2012

✓	Felix Ankel, MD	✓	Zabrina Evens, MD	✓	Debi Ryan
✓	Pat Anderson	✓	Cullen Hegarty, MD		Stephanie Taft, MD
✓	Lori Barrett	✓	Brad Hernandez, MD	✓	Joe Walter, MD
✓	Rachel Dahms, MD	✓	Kurt Isenberger, MD		Wendy Woster, MD
✓	Christie Eck	✓	Kristi Lamb		

Item	Key Points/Action Plan
Agenda	Felix reviewed agenda and minutes from previous Blueprint meetings.
Program Review And Residency Retreat	Lori will contact the St. Paul Curling Club for rental availability on November 8
Schedules	Discussion regarding G3 schedule. Discussed weekly clinical hour range targets for residents (40-45 hrs/wk), Include Jfac shifts in clinical hours. Schedule suggestions included: • Looking at utility of double ROD days on Mon & Tue.. • Looking at flex shifts and make them a combination of Jr Fac, E, C or D year round • Consider piloting scribes on selected flex shifts.
ROD Retool	Discussed clarifying the hierarchy of meeting importance for residents. Morning reports are happening, but posting on ROD page is not being used consistently. Will work on more guidance with ROD. Resident feedback regarding billing meetings with Eric Peterson and the billers has been positive.
Residency Lean Project	Discussed automating procedure logs using EPIC.
IHI School	Joe Walter and Kara Kim will be presenting at the IHI School Midwest Event on August 23. Event is focused on quality improvement and patient safety. http://www.healthpartners.com/ime/continuing-education/CNTRB_033189
Quality Retool	Will work with new EMD Quality Director on integrating departmental and residency QI projects. Focus on integrating residents into existing QI teams. Will work on clear residency policy for quality. Discussed IHI Open School. Current interns are doing some of the on-line courses. Discussed whether a goal of the residency should be to obtain a certificate of completion for all graduates. http://www.ihi.org/offerings/IHIOpenSchool/Courses/Pages/default.aspx
IJ Workshop	Felix & Mike Zwank have taught the ultrasound-guided IJ workshop on Tuesdays. Discussed engagement of faculty, residents and other providers in the process.
PA Residency	So far, feedback on PA Residency has been positive. Discussed recruitment for next year and ideal size of residency.
Competency Committee	Discussed ACGME Outcomes Project and Milestones. Discussed piloting competency committee where residents would present their portfolio.
Recruitment	Deans letters will be out October 1st. Discussed implication on interviews and recruitment.

Residency Blueprint – 9
Monday, April 9, 2012

✓	Felix Ankel, MD	✓	Zabrina Evens	✓	Wendy Woster
✓	Rachel Dahms, MD		Bjorn Peterson, MD	✓	Joe Walter
✓	Cullen Hegarty, MD	✓	JR Walker, MD	✓	Pat Anderson
✓	Stephanie Taft, MD	✓	Casey Woster, MD	✓	Lori Barrett
✓	Drew Zinkel, MD				

Item	Key Points/Action Plan
Program Review and Residency Retreat10/27	Chief residents were asked for suggestions on upcoming fall retreat. If curling is desired, retreat will have to be moved to November.
WebAds	Not discussed.
ROD Retool	Discussed more direction/structure for ROD • List of order of importance • Redesign the Meeting Hygeine Checklist • Pearls on Facebook or on a ROD blog • Uncouple Wed ROD from Thurs conference. Schedule conference presenter for earlier ROD shift. • ROD will attend MN-ACEP BOD meetings Lori and Drew will work together to develop a more user friendly calendar.
Quality Retool	Discussed how to introduce G1s to quality projects Options discussed included assigning or G1s chosing, requiring IHI open school independent course work. Drew, Kurt, Felix and Joe will meet to compile a list of current projects and possible projects that will align with department goals. New residents will be encouraged to join existing projects. Drew and Joe will draft a policy with a completion due date of May 15.
Residency LEAN	Not discussed.
Web 2.0 and Education	Critical case selection has been good. Suggestion for 2012/13 include: • During the first six month consider one case that is more basic to benefit G1s and as a review for others. • Integrate nursing into conference occasionally, ie skills

	day. WebEx trial conference on 5/19. If all goes well would like to do 10-12 for the year. New ultrasound IJ workshop on Tuesdays beginning July 1 for residents, faculty, and advanced students.
Chief Resident Transition	Current chiefs discussed their role and offered advice for the new chiefs. Chief residents set the tone. Chief resident job descriptions are accurate. Discussed delegating when appropriate.
Schedules	Moving to a ten block schedule. Rachel will update the scheduling guidelines. Zabrina plans to have the schedule out for the entire before the start of the new year. Minneapolis Childrens, Toxicology and Hudson have been notified their rotation will be 3 weeks in length and all are agreeable to this. All G3s will do a rotation at Hudson. Rachel will notify community rotations sites that each system (EPPA, Allina, HealthEast) will have a minimum of 1 resident scheduled each year. Plastics: Rotation summary will be revised to clarification expectations. Steph will schedule a meeting with Dr. Fletcher or Dr. Schubert to discuss. SICU: Rachel will meet with Dr. Bennett to discuss change in resident schedule including moving away from 24 hour shifts before our 4/19 res/fac meeting which Dr. Bennett will be attending. Rachel, Felix and Joe will meet to develop guidelines for calling MICU and SICU staff.
Next Accreditation System/Milestones	Discussed whether residents would go to website for information on team leading. Direct feedback from faculty is requested following team leads.
Competency Committee	Not discussed
Portfolios	Not discussed
Recruitment	Dean letters will be out October 1 this year. Discussed starting interviews 2 weeks earlier and finishing 2 weeks earlier. Consider decreasing interview days to 10 and interview fewer per day. Interview days will be chosen soon to allow staff to request days off.

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	Success	**What drives our success?**	**How will we make success happen?**	**Dept/Division:** **How will we make success happen?**
People	***A highly skilled, engaged and committed workforce as measured by:*** • Improved employee well-being • Increased workforce diversity • Alignment with our mission and values across HealthPartners	Strengthen our culture of **partnership** • Involved, engaged and empowered • Encourage transparent, two way dialogue • Accountability for excellence (go above and beyond)	• Everyone is involved and engaged to improve all we do • Be unmistakably clear about expectations and priorities • Build accountability through open, two way dialogue • Encourage honesty and courage in feedback and decision making • Continue momentum with organized labor to achieve our market objectives	• Set clear expectations and priorities for every employee, actively manage underperformers • Implementing key strategies/structures (huddles/unit practice councils) that address accountability/ownership • Support clarity of leadership expectations through use of employee forums, Ownership Within Leaders (OWL), Performance Improvement Plans, and the new leader performance evaluation tools • Continuing to re-tool and fully implement new Healthy Work Place model to support respect • Improve All Employee Survey engagement results, respect results - "the people I work with treat each other with respect regardless of race, religion, age, gender…" - "I am involved in making changes that improve care, service, and efficiency"
		Support and encourage employee **well-being and resiliency** • Career • Health • Appreciation • FUN	• Promote individual professional development • Help people link what they do to the organization mission, vision, values • Employees use HealthPartners tools and resources to achieve personal health goals • Value each others' gifts and contributions	• Provide regular feedback and valuable, timely annual performance reviews • Focus leadership development efforts on involvement, engagement and our leadership characteristics • Leverage workforce efficiency and effectiveness, and workforce planning • Support mental health staff through new building transition • Provide well-balanced health and wellness strategy and programs - increase involvement of employees & significant others in assessment - increase completion to complete programs - Provide opportunities for employees to contribute to community well-being
		Expand **diversity and inclusion** work within the organization	• Recruit, retain and develop a diverse workforce • Implement initiatives that foster an inclusive environment • Improve the cultural competence of our workforce	• Improve the cultural competence of our employees through equitable care work, EBAN and fellows program • Assess job & education requirements to broaden a professional pool of candidates • Target recruitment and retention of diverse candidates
		Foster simple, clear and concise **communication**	• Share our direction, successes and challenges openly • Connect the dots on steps we're taking to reach our business goals and results • Assume good intent in all interactions • Align planning, communications and strategy development across the HealthPartners family of organizations	• Clear, concise communication delivered through employee forums, huddles and e-messaging to staff • Seek out communication strategies to say more with less
Health	***Improved health for our patients, members and community as measured by:*** • Better well-being, more satisfied and healthy lives • The best local and national health outcomes and the best performing health care costs in the region	Patients and members…	***Achieve 2012 results necessary to accomplish our 2014 goals to:***	
		• Receive care that is based on **individual needs** and **what we know works**	• Double the percent of patients and members who achieve optimal health as measured by improved healthy lifestyle behaviors • Be in the top 10 percent nationally in preventive services • Achieve the best performance in measures of children's health • Achieve the best performance in publicly reported measures for every care area and specialty • Reduce hospital readmissions by 15%	• Monitor, manage and achieve excellence in clinical quality care as measured by top publicly reported results - Leapfrog performance - AHRQ performance - HealthGrades performance - State of MN/National Measures • Achieve readmission targets • Improve patient safety by implementing sepsis best practices
		• Get the **tools, support and information** needed to make effective health care decisions throughout life	• Reduce the rates of chronic disease among our patients and members • Improve support of patient and family decision making	• Continue support of Palliative Care Personal Decision Support work
		• Receive **equitable care and service**	Reduce racial and financial class disparities in clinical care outcomes by 75%	• Equitable care work, including EBAN projects to decrease readmissions and time to analgesic in ED long bone fractures in our diverse patients. Support late 2012 EBAN 3-D project.
		• Are **safe** in our care	Accelerate safety work to achieve industry leading results	• Reduce adverse events • Administer a hospital-wide broad-based culture of patient safety survey • Reduce the number of hospital-acquired infections • Move to a more proactive culture of quality and patient safety through improved unexpected event, RCA, and 'near miss' reporting to include trending, appropriate feedback and follow up • Implement concepts of 'Just Culture' • Implement delirium prevention protocol to reduce incidence of delirium during hospitalizations
		• Experience **care and support that is coordinated** among providers, including linking oral health and overall health	• Smooth transitions of care by providing seamless coordination across sites of care and amongst providers of care • Improve end of life care	• Improve hand over communication and discharge information provided internally and externally • Improve coordination of care for mental health patients through addressing mental health and medical needs. • Recognize fallibility with distractions during transitions and minimize • Continued development of Palliative Care and End of Life care as patient preference care • Interventions focused on improved patient care transitions and reduced readmissions • Reduce ED visits through better coordinated care, especially with our Medicaid insured population
		HealthPartners plays a partnership role with others in the community to **reduce socioeconomic and physical environmental barriers** to better health	Narrow the gaps in socioeconomic and physical environmental health determinants	• Collaboration with other organizations in anticipation of ACO final ruling

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Values: **Passion Integrity Teamwork Respect**

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Success	What drives our success?	How will we make success happen?	Dept/Division: How will we make success happen?
Experience ***Deliver an exceptional experience that customers want and deserve at an affordable cost as measured by:*** • Improved customer experience • Enhanced respect and trust by patients and members • Customer recognition of the value of our care and services • Engaged and informed patients and members	**Anticipate** the needs of our patients/members • Be pro-active in supporting patient/member care needs; be an advocate • Reduce surprises	• Deliver on our Promises to patients, members and families e.g., quarterly training on ideal experience • Provide smooth transitions/handovers across the continuum of care and services • Effectively guide patients and members in meeting their overall health care needs, including cost information • Improve pain management results	• Re-engage/re-educate staff around rationale for BCBE best practices: o Promises (respectful communication) o AIDET (manage expectations/explain things in a way that patients can understand and repeat back) o Intentional rounding (Increase staff responsiveness to patients) o Leader Rounding (enhance accountability of best practices) o Service Recovery • Create Last Impression that rivals our warm welcome • Implement call-light "no pass zone" to engage all staff to be more engaged in their responsive to patients as measured by "responsiveness by hospital staff" • Continued focus on managing patients' pain
	Communicate more effectively with our patients and members providing a **targeted** customer experience	• Deliver on our targeted customer experience work e.g., Call, Click or Come In and One Pharmacy • Implement Customer Preference Database • Establish additional routine health plan services feedback with our members • Expand and fully integrate health literacy efforts	• Continue rollout of MD shadow program; expand to routine resident training • Create exceptional experience for our mental health population in conjunction with the new MH facility (capitalize on expansion 2009 learnings). • Involve staff with patient and family advisory council by having council members attend department meetings (UPC, Staff meetings, etc) • Achieve ED Experience Goals using Patient Call Back System • Improve/Decrease Patient Wait time by improving performance on all CMS ED Core Measure Flow Goals
	• Be amazingly **easy to use: simplify** • Improve effectiveness of our self-help and health improvement services	• Provide patient-directed options for accessing care and services • Increase decision-support services to guide customers to the best value choice • Increase convenient care and service options e.g., virtuwell • Create new lower cost options for employers and purchasers	• Cross functional Discharge Process LEAN improvement project • Minimize Regions Direct diverts by: - Increasing Regions bed capacity - Increasing early discharges - Utilizing partner (Lakeview) capacity • OR Smoothing AND ED to IP LEAN improvement projects • Improvement of Regions Direct service – one phone call to admit
	• Offer more **customized** personal care and services • Hire and support employees and caregivers to create a positive **emotional connection**	• Design care and services that best meet individual needs and specific populations • Reduce disparities in member and patient overall experience • Broaden access to health coaching services in our delivery system e.g., Well@Work	• Instill Best Care Best Experience in all we do: Treat patients the way they want to be treated and WOW patients by treating them the way they did not even know they wanted to be treated. • Achieve top 10% in experience scores through personalized care. Treat patients and families as you would your own loved-one. • Reduce disparities through equitable care work with emphasis on EBAN projects • Hire for attitude and self-awareness
Stewardship ***Deliver greater value, growth, and financial results as measured by:*** • Growth in members and patients • More affordable care and coverage • Leadership integrity • State and federal reform that furthers our mission • Fiscal strength	**Grow** • Increase medical and dental membership • Increase patients in our clinics, hospitals and other care delivery venues • Increase our health and wellness customers	• Execute on marketing and sales strategies for members, patients and wellness participants • Focus on member and patient retention strategies, e.g. group practice building including pharmacy • Develop approaches to secure market share in health care exchanges and competitive bidding • Seek extension of Medicare cost product and develop new Medicare products • Expand our care delivery footprint in targeted locations • Optimize care coordination by HPMG, Regions and the rest of our family of care • Continue to evaluate merger and affiliation options	• Open the mental health facility on time and on budget • Finish the 11th floor and expand bed capacity • Execute marketing plan • Continue group practice building • Participate in the strategic planning regarding St. Croix Vally • Execute outreach business plan • Provide leadership and support in Western Wisconsin
	Improve **affordability** of healthcare • Reduce cost trends • Implement contracted network payment to reward affordability • Maintain low administrative costs • Reduce the cost of care in our own care delivery system	• Deploy Total Cost of Care approaches to align incentives and support development of Accountable Care Organizations (ACO) • Differentiate ourselves through medical management and contracting approaches • Strengthen our provider partnerships in Greater Minnesota, N. Dakota, S. Dakota and Wisconsin • Expand use of Lean and other tools to improve efficiency • Increase rigor in process redesign and innovation in our own care system • Advocate and demonstrate green business practices	• Deploy LEAN where appropriate to improve operations • Reduce travel time and fuel usage by increasing telephone and video conferencing • Continue to implement strategies that reduce readmissions • Continue to improve accessibility to time and attendance data to make it easier for leaders to manage staffing costs • Successfully implement Epic ADT and billing • Continue to deliver savings in supply costs
	Foster a culture of **ethics and compliance**	• Systematic training and reinforcement on ethical business practices, compliance and privacy • Regularly assess risk and undertake meaningful mitigation strategies • Demonstrate community benefit across the HealthPartners family of organizations	• Participate in Enterprise Risk Management • Conduct a Community Health Needs Assessment and develop an action plan • Continue to improve community benefit reporting • 100% compliance training • Hard wire contract management process • Embed a culture of patient safety and privacy
	Be a leader on **health reform** and public policy	• Influence health care reform to achieve the triple aim • Engage stakeholders, including employees, in our reform efforts • Translate our triple aim results in care and coverage to policy makers	• Participate in enterprise ACO initiatives at State and Federal level, as appropriate • Continue legislative efforts and relationship building

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	Department/Division: How will we make success happen?	ED Projects (Tactics)
People	• **Promote the ED vision to be a center of excellence for high quality emergency care, education and research.** • Set clear expectations and priorities for every employee, actively manage underperformers • Implementing key strategies/structures (huddles/unit practice councils) that address accountability/ownership • Support clarity of leadership expectations through use of employee forums, Ownership Within Leaders (OWL), Performance Improvement Plans, and the new leader performance evaluation tools • Continuing to re-tool and fully implement new Healthy Work Place model to support respect • Improve All Employee Survey engagement results, respect results - "the people I work with treat each other with respect regardless of race, religion, age, gender…" - "I am involved in making changes that improve care, service, and efficiency"	• All Employee Survey • Ongoing Professional Practice Evaluation/Focused Professional Practice Evaluation
	• **Provide regular feedback and valuable, timely annual performance reviews** • **Focus leadership development efforts on involvement, engagement and our leadership characteristics** • **Leverage workforce efficiency and effectiveness, and workforce planning** • **Support mental health staff through new building transition** • **Provide well-balanced health and wellness strategy and programs** - **increase involvement of employees & significant others in assessment** - **increase completion to complete programs** - **Provide opportunities for employees to contribute to community well-being**	360 interdisciplinary feedback • Staff safety and workplace violence • EPT committee (Social Committee) spring/summer event Annual Performance Review Inver Hills EMT/EMS academy and nurse passport program
	• **Improve the cultural competence of our employees through equitable care work, EBAN and fellows program** • **Assess job & education requirements to broaden a professional pool of candidates** • **Target recruitment and retention of diverse candidates**	• Enroll all EMD staff into Cultural Roots email • Multidisciplinary ED EBAN projects. Time to pain modification in long bone fractures **TITLE** • Microsoft office training
	• **Clear, concise communication delivered through employee forums, huddles and e-messaging to staff** • **Seek out communication strategies to say more with less**	• Home email access for staff • ED Specific web development for communication • Establish pod cast/web access for everyone in the ED especially when outside speakers attend residency conferences.
Health	• **Monitor, manage and achieve excellence in clinical quality care as measured by top publicly reported results** - **Leapfrog performance** - **AHRQ performance** - **HealthGrades performance** - **State of MN/National Measures** • **Achieve readmission targets** • **Improve patient safety by implementing sepsis best practices**	• Create a metrics-focused orientation manual for quality and operations. • CHF readmissions group • Make InterQual criteria guidelines specific for Emergency Medicine • EPIC SIRS alert and Sepsis order • Leverage EPIC tool to identify and treat septic patients in affiliated Emergency Departments. • Maintain ED quality scorecard • Develop and Implement Departmnent approach SBIRT
	• **Continue support of Palliative Care Personal Decision Support work**	N/A
	• **Equitable care work, including EBAN projects to decrease readmissions and time to analgesic in ED long bone fractures in our diverse patients. Support late 2012 EBAN 3-D project.**	• Monitor on the scorecard and continue to work with EBAN.
	• **Reduce adverse events**	• Review the process for incident and adverse events in the ED and formalize.

	• **Administer a hospital-wide broad-based culture of patient safety survey** • **Reduce the number of hospital-acquired infections** • **Move to a more proactive culture of quality and patient safety through improved unexpected event, RCA, and 'near miss' reporting to include trending, appropriate feedback and follow up** • **Implement concepts of 'Just Culture'** • **Implement delirium prevention protocol to reduce incidence of delirium during hospitalizations**	• Develop a listserv **for what ? -KI edit**
	• **Improve hand over communication and discharge information provided internally and externally** • **Improve coordination of care for mental health patients through addressing mental health and medical needs.** • **Recognize fallibility with distractions during transitions and minimize** • **Continued development of Palliative Care and End of Life care as patient preference care** • **Interventions focused on improved patient care transitions and reduced readmissions**	• Investigate the number of assignment changes for nurses during a shift • Improve communication around patient legal status through admission and discharge • Emergency preparedness • Implement the recommendations from the disaster committee • Focused ED simulation on high risk events. • Investigate ways to improve efficiency and patient safety during ED Epic downtime
	• **Collaboration with other organizations in anticipation of ACO final ruling**	
Experience	• **Re-engage/re-educate staff around rationale for BCBE best practices:** o **Promises (respectful communication)** o **AIDET (manage expectations/explain things in a way that patients can understand and repeat back)** o **Intentional rounding (Increase staff responsiveness to patients)** o **Leader Rounding (enhance accountability of best practices)** o o **Service Recovery** • **Create Last Impression that rivals our warm welcome** • **Implement call-light "no pass zone" to engage all staff to be more engaged in their responsive to patients as measured by "responsiveness by hospital staff"** • **Continued focus on managing patients' pain**	• Investigate call light to Vocera – Trial in a Pod with the nurses. • Distribute RN EMEX call back reports • Care board • Bedside report • Intentional rounding • Reassess pain with vital sign • The ED will work with the hospital group to develop a policy for pain • Create a MH scorecard • Continue Discharge Call Back system
	• **Continue rollout of MD shadow program; expand to routine resident training** • **Create exceptional experience for our mental health population in conjunction with the new MH facility (capitalize on expansion 2009 learnings).** • **Involve staff with patient and family advisory council by having council members attend department meetings (UPC, Staff meetings, etc)** • **Achieve ED Experience Goals using Patient Call Back System** • **Improve/Decrease Patient Wait time by improving performance on all CMS ED Core Measure Flow Goals**	• MD shadow program • Investigate PA shadow program • Explore Hospital-wide critical census response • Door to Room Lean project ▪ 4-day LEAN work done in 2011 – 5 Teams established • Q1: Simulate and trial LEAN principles • Q1: Educate and implement final process • Q3: Process will be hard wired • ED/Access and Flow work Phase I • Care of MH patient in the ED • Q1-2: Multi-disciplinary/department planning • Q1: De-escalation education ED and security staff • Q3-4: Implement/educate new care model • Epic project planning • ED track board development
	• **Cross functional Discharge Process LEAN improvement project** • **Minimize Regions Direct diverts by:** - **Increasing Regions bed capacity** - **Increasing early discharges** - **Utilizing partner (Lakeview) capacity** • **OR Smoothing AND ED to IP LEAN improvement projects**	• Regions Direct Lakeview Transfer Protocol

	• **Improvement of Regions Direct service – one phone call to admit**	
	• **Instill Best Care Best Experience in all we do: Treat patients the way they want to be treated and WOW patients by treating them the way they did not even know they wanted to be treated.** • **Achieve top 10% in experience scores through personalized care. Treat patients and families as you would your own loved-one.** • **Reduce disparities through equitable care work with emphasis on EBAN projects** • **Hire for attitude and self-awareness**	• People answers investigate rollout beyond nursing • Patient experience council • ED volunteers - reorganization/retraining
Stewardship	• **Open the mental health facility on time and on budget** • **Finish the 11th floor and expand bed capacity** • **Execute marketing plan** • **Continue group practice building** • **Participate in the strategic planning regarding St. Croix Valley** • **Execute outreach business plan** • **Provide leadership and support in Western Wisconsin**	• Internal ED VAT team • Pod B operational pre-planning • Grow the Valley Emergency Services Business Plan to include scorecard measurements, • Investigate the feasibility of tele-Emergency Medicine • Support the Anderson Foundation Grant for training ED physicians in the St. Croix Valley
	• **Deploy LEAN where appropriate to improve operations** • **Reduce travel time and fuel usage by increasing telephone and video conferencing** • **Continue to implement strategies that reduce readmissions** • **Continue to improve accessibility to time and attendance data to make it easier for leaders to manage staffing costs** • **Successfully implement Epic ADT and billing** • **Continue to deliver savings in supply costs**	• Durable medical equipment review • Investigate an organizational approach to online conferencing ex –skype vs facetime
	• **Participate in Enterprise Risk Management** • **Conduct a Community Health Needs Assessment and develop an action plan** • **Continue to improve community benefit reporting** • **100% compliance training** • **Hard wire contract management process** • **Embed a culture of patient safety and privacy**	• Review current Peer Review process to promote safety and privacy by all providers
	• **Participate in enterprise ACO initiatives at State and Federal level, as appropriate** • **Continue legislative efforts and relationship building**	
Our mission: **Our mission is to improve the health of our patients and community by providing high quality health care which meets the needs of all people.**		***Values:*** **Passion Integrity Teamwork Respect**

Updated 04/20/11

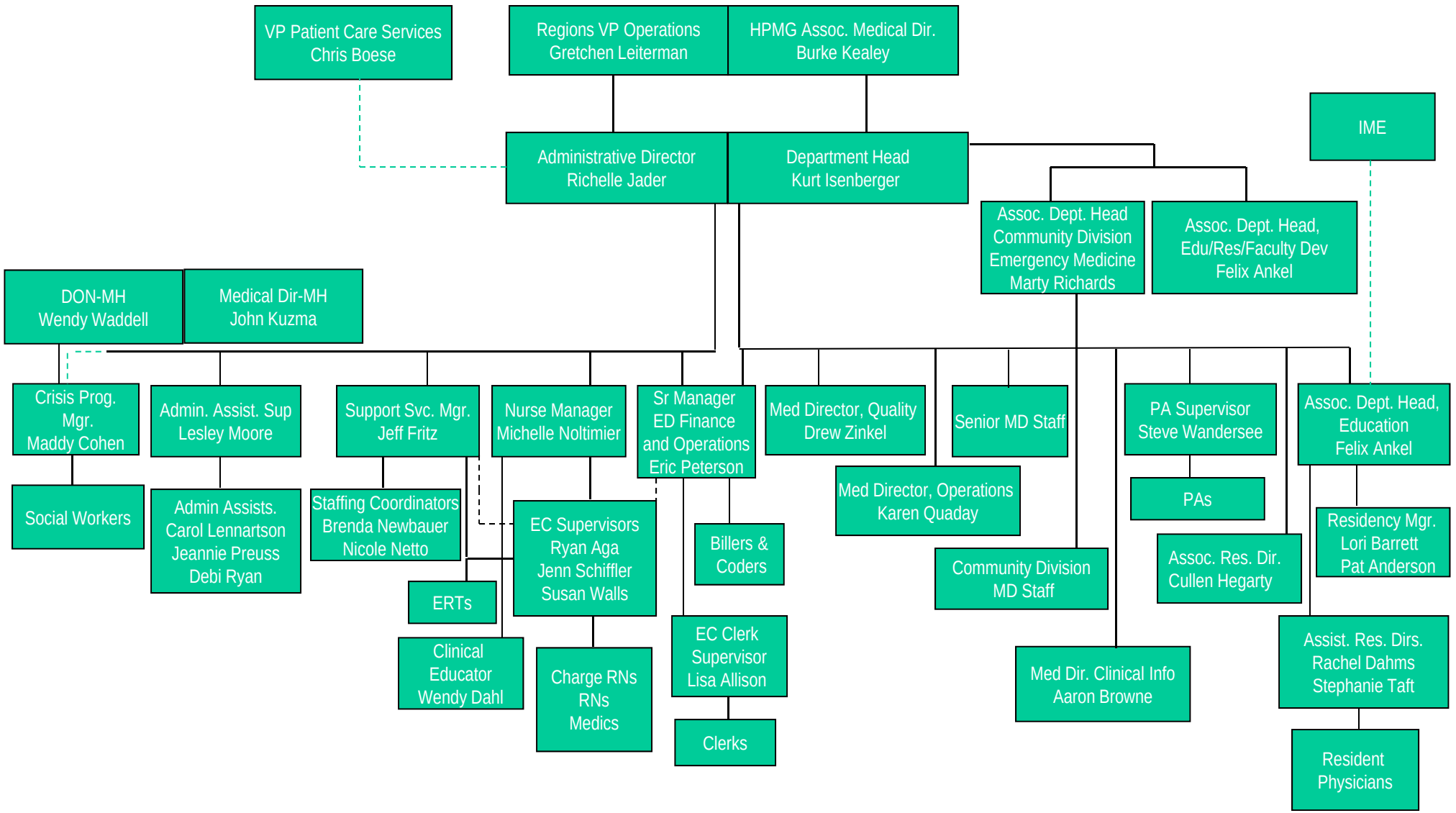
2012 Annual Plan - DRAFT
Hospital Based Specialties
Health Dimension

DRAFT

Outcome	Drivers	Department	HPMG Projects (Tactics)	Current 4Q 11	11 Goal	12 Goal	Measures	Owner
Achieve improvement for Health and Affordability Measures; -Continued improvement on identified health measures (top 10% performance on all publicly-reported measures with an emphasis on the 2010 Measures) -Improve total cost of care relative performance from .96 to .94 & favorable tier placements (HG2010 – 2b)	Effective implementation of standard workflows and processes to improve health outcomes (CMP)		Sepsis ➢ ABx w/in 3 hours ➢ ED length of stay	50% (data incomplete) No data	N/A N/A	60% <5 hr	1. % Antibiotics selected in 3 hours. 2. ED length of stay	
			STEMI ➢ Initial contact to EKG ➢ EKG to STEMI page ➢ Initial contact to vessel open	6 m 9.5 m 53 m	10 m 10 m 90 m	10 m 10 m 60 m	1. ASA upon arrival 2. Initial contact to vessel open <60 m	
			STROKE ➢ Door to tPA w/in 60 m ➢ Symptom onset to tPA w/in 180 m ➢ Door to CT head complete w/in 25 m	0 pts 0 pts	50% 80% N/A	50% 80% 70%	1. Door to tPA w/in 60 m 2. Symptom onset to tPA w/in 180 m 3. Door to CT head completed w/in 25 m	
			CAP ➢ PN6 ABx Selection ➢ Blook Cx before Abx	100% 92%	100% 100%	100% 100%	1. Appropriate abx selection 2. Blood cultures before abx	
			CHF readmissions					
			Transition of care (OP-19)			100%	1. Completion of transition record with specified element s received by discharge patients in accordance with CMS OP-19.	
	Focus on Standardizing Care to Best Practice		Low back pain-ED care model	Maribet collecting		TBD	1. Hospital supported pain guideline. 2. Percent patients discharged with	

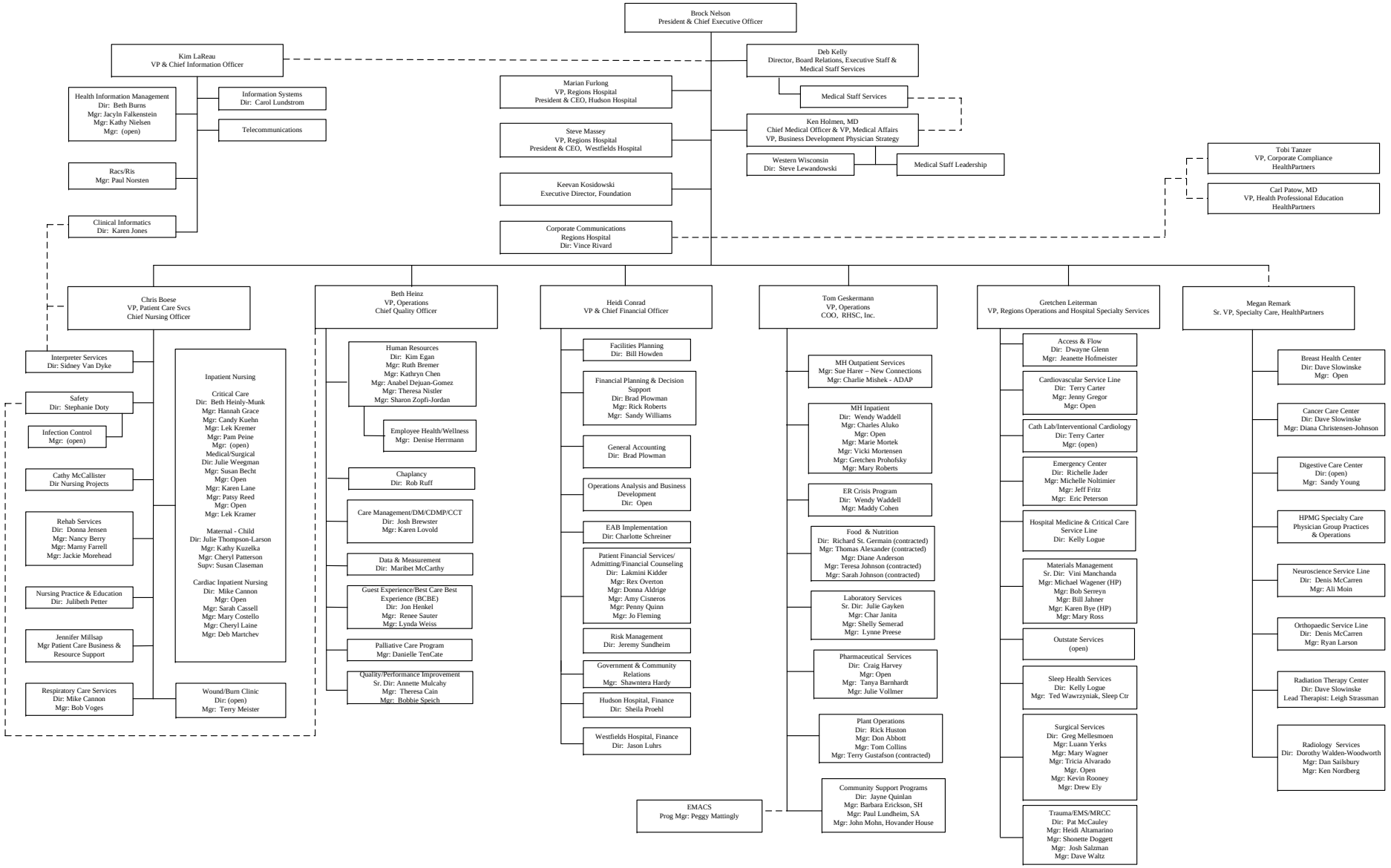
Outcome	Drivers	Department	HPMG Projects (Tactics)	Current 4Q 11	11 Goal	12 Goal	Measures	Owner
	(Affordability)			data			narcotic prescription with chief complaint low back pain. 3. MRI utilization. 4. PT/Medical spine referral.	
			ED Visit Reduction work	11%	10%		1. Decrease ED utilization by 10% for PMAP/MA.	
			Restrictive Care Plan management	30+ Care plans created			1. Patients at high risk for readmission, repeat ED visits, and non-compliance to treatment plan will have a care plan in Epic.	
	Engage Patients in Their Health and Care		Identify patients at risk for suicide	50% 4Q implementation	50%	75% 100% with MH c/o	1. Suicide risk assessment completed on all patients 5 and older.	
	Reduce Disparities in Care & Service		EBAN time to analgesia in long bone fracture.			TBD	1. Median time from emergency department arrival to time of initial oral or parenteral pain medication administration for emergency department patients with a principal diagnosis of long bone fracture (LBF).	

EMD Org. Chart



April 2012

Regions Hospital
Organizational Chart
VP-Director
February 2012



RGHP-Emergency Medicine Residency

Anonymous EM Program Evaluation by Residents - Revised

7/1/2011 - 6/30/2012

Included Status Types: RL1,RL2,RL3

Show All Comments

Question:	Answers:		%	Total

Q1.
List the three most important aspects of this program for you.

- People Hospital Location
- 1. Balance between clinical and evidence-based decision making. 2. Persistent drive toward improving the residency. 3. Balance between well-being and clinical competence.
- The people, the availability of procedures, critical care time
- 1. Family Friendly - having a child in residency was not viewed as a negative and the residency was willing to work with me and schedule conflicts. 2. Critical Care Time - I am confident in my procedural skills and dealing with critically ill patients because of this. 3. Resident Camradarie
- Autonomy, progressive responsibility, early procedures, autonomy in ICU
- Patient mix, supportive environment, adequate resources to learn and succeed.
- faculty, support staff, high quality training
- emphasis on wellness quality education in and out of the department caring faulty and staff
- People Patients Location
- emphasis on patient care resident learning work/life balance
- patient population procedures quality of staff
- people, ed and icu time, high volume/sick patients
- teaching and the overall experience off-service rotations/experience focus on wellness and the comraderie
- Comradarie -- Feeling like an actual colleague and friend to your staff Great education Good networking with alumi and throughout twin cities
- Humanity - residents are treated as people, not worker bees Humility - faculty do not keep themselves on a pedestal, they are willing to learn with us Flexibility - always receptive to new ideas and resident-led changes
- Procedure exposure, ICU experience, resident priority for codes in department
- Opportunities to evaluate patients autonomously Great nursing and ancillary staff Opportunities to improve the residency
- 1. Positive work environment with excellent staff, ancillary support, and pt population. 2. A healthy residency
- wellness people teaching
- Cordial colleagues Supportive residents. Adequate exposure to diverse patient population and medical conditions
- Supportive faculty and residents Patient contacts and diversity/ICU experience Location near family
- Staff/People within the program, great opportunities to be involved in the care of "sick" patients from day one, emphasis on wellness
- Opportunity to affect change if desired (resident input is always taken into consideration). Off-service rotations are very high yield. Faculty are amazing - friendly, fun, and dedicated to teaching.

Q2.
List the strengths of the residency program

- People Hospital Location
- Attendings Strong RN staff Variable patient population Strong off service teaching
- The people, the availability of procedures, critical care time, leadership
- 1. Critical Care Time 2. Staff - both clinical staff and residency PDs and admin. They are all approachable and fun to work with. 3. Rapport w/other services in the hospital.
- critical care, procedures, access to critically ill patients early
- Program director, departmental support, hospital support, ancillary staff.
- faculty residents support staff facilities
- faculty who enjoy teaching and working with residents Felix's unique vision on residency education
- Felix, Cullen, Rachel, Stephanie Great patient variation Offservice rotations allow easier collaborations with specialists
- patient encounters independence to evaluate patient on own prior to staff
- all of the ablove
- icu time, sick ed patients, global hospital system makes getting people in/upstairs easy so that resident can concentrate on seeing more patients vs managing people for prolonged periods
- critical care simulation teaching opportunities
- Most things that are done have a purpose High patient volume Good sense of independence
- Atmosphere - collegial, friendly, non-competitive Flexible - each resident can focus on their own priorities and really tailor their experience should they so choose Understanding - interest in resident wellness, team atmosphere so people support each other's home lives and professional goals
- Residency director, SICU experience, flexibility of residents to choose any thing for their project requirement. Patients of different pathology trauma, psych, medical. Advocacy Day
- Staff (docs, nurses, other staff) SICU experience Graduated and progressive responsibilities (PGY1 to PGY3)
- 1. Flexible and responsive to resident feedback. 2. Excellent conferences 3. Staff
- people teaching
- The people are what make the program. My co-residents and faculty as well as the support staff throughout the department, are people I would choose to be around outside of the ED, and makes it fun to work together in the department. Everyone treats others with respect.
- Lots of procedural time starting early. Lots of ICU time. Focus on wellness.
- The people, the program director, the transparency, the willingness to involve the residents in decisions
- Residents Coordinators Faculty Off-service rotations Ancillary staff Overall great atmosphere

Q3.
List areas of focus for the residency program.

- Some staff are consult heavy. Need to allow ER residents to do practice as doctors and not triage nurses for other doctors (I.e. fracture reduction). Calling consultants (i.e. neuro) to ask a question we know the answer too (get the mri)- even if we don't desire the answer
- team leadership simulation/content conversation with faculty over traditional didactic lecture
- quality projects still somewhat unclear, ROD expectations

- 1. Minimize admin stuff that we can fall behind on because of other (more important in my eyes) clinical duties. 2. Ultrasound - it's come a long way in my 3 years, but can always be improved on. 3. Making conference more interactive and less rote lecture - again this has improved immensely in the last year.
- continue developing ultrasound
- Streamline processes - less documentation and surveys, more clinically relevant time.
- better procedural documentation/tracking reduce admin burden as possible
- pediatric medical critical care (SIM is a strength in this area of focus)
- Peds EM - not a ton of sick kids at SPC but not much can be done to change this
- ultrasound - we need better machines and more clinical time especially 3rd year dedicated to this, core content - still soft at conference, ortho - ed resident should manage more primarily and needs staff support/backing, ultrasound
- ultrasound
- I am not sure
- Trying to actually FOSTER resident wellness instead of just talking about it more and more.
- Quality projects. Initially class of 2013 were told we only had to complete one project our entire residency and it was mandatory and then we got mandated to do another quality project in 2nd year. However, the 2nd year there were too many projects so less residents on a team to spread the work around. Also, the 2nd year there was less structure like 1st year to help get projects done.
- Anesthesia rotation is subpar 24 hour shifts will need to go at some point
- Career development Physician roles outside of an EM practice. Radiology . . . is too in depth and detail oriented. Need more big picture approach. Get new ultrasound machines.
- neonatal simulation/resuscitation ultrasound
- The plastic surgery rotation is better but still has room for improvement.
- As the department goes through so many changes I think a major focus should be the impact of these projects/improvements on the residency
- Gamma Pod duty clarifications

Q4.
What should the residency CONTINUE DOING to improve?

- Be on the forefront of ER residency training. always enhancing the residents education.
- Listening to resident feedback.
- further define ROD responsibilities
- #2 and #3 as above.
- continue developing rod, more billing and coding in the rod curriculum
- Stay on the leading edge of education, be open to new ideas.
- continue to be a resident-focused residency Continue the quirky and innovative things that make this residency unique: retreats at the train station and zoo, commissioning a play at the Guthrie, emphasis on wellness and resiliency, etc
- stay open to new ideas
- continue to be flexible, change/grow with residents needs
- focus on wellness and integrating resident feedback focus on portfolios and marketability
- Almost everything that is happening

- sending out blue cards within days so residents can see feedback right away. Small group sessions and sim sessions of conference Incorporation of expert consultants in conference funding residents to go to SAEM and other conferences like CORD, ACEP.
- Always trying to improve the resident experience Allowing appropriate opportunity
- 1. Ultrasound days with Zwank. Please continue to make his and Kumasaka's time available to us. Even more would be better.
- continue with focus on wellness
- Very self-reflective program, open and responsive to resident input rather than direction from top down
- Continue re-assessing the curriculum yearly.
- Continue to be proactive and dynamic
- continue soliciting ideas from residents and evaluating areas needing improvement on continual basis - which is done currently

Q5.
What should the residency STOP DOING to improve the residency?

- make policy/program changes on isolated events. No gross negligence has occured with SICU 24 hour shifts and the residents generally like it yet there is such a push against it. Allow the residents to moonlight- a new environment of low acuity is only a benefit for learning.
- If adding more responsibilities, others should be dropped to balance work/life load (several additions last year or two without any give: quality projects, teaching points/rod presentations, etc).
- none
- Stop sending out 40 surveys at once!
- less surveys/evals, we're overwhelmed with these
- winter event is nice but it seems to be on the coldest days in winter when its below zero wh
- 24 hour shifts in SICU
- 1. Less feedback? I spend a lot of time on new innovations.
- Have heard interesting talks in the past regarding quality improvement. Certainly, its vital for an emergency department to improve and continually evaluate the quality of its services. Just so long as the individuals involved in the quality improvement feel that it is something that needs to be changed.
- n/a

Q6.
What should the residency START DOING to improve the residency?

- allow an elective catologue with automatic approval vs telling us "We can do anything" and then say that the paperwork is difficult...
- none
- Nothing
- shorter OB rotation - if able to get 10 deliveries in 2 weeks this would be ideal
- there has to be a way to push critical care/procedures from epic to new innov.
- Getting evals from off service rotations to residents on time. better lunch at conference
- Can't think of anything right now
- 1. Eliminate redundancy and inefficiency - duty hour and procedure logs - import from amion? 2. Formalized chart biopsy with focus on documentation efficiency and billing.

- Keep doing what its doing
- n/a

Q7.
List any specific rotation comments.

- none
- St. Paul kids - strength - bread and butter peds EM, excellent learning site.
- Still haven't got my eval from MICU or SICU rotations that I completed 6 months ago.
- Ortho in hind site was probably the lowest yield of all the off service rotations. There was a lot of scut work and competition for procedures. Management of orthopedic injuries at Regions seems to be different than at other institutions.
- get rid of hand surgery/plastics
- I think toxicology is one of the most useful rotations in intern year. I had this rotation very early on my intern year, and would probably benefit from an additional 2 week block somewhere in 3rd year as a refresher.
- The learning opportunities on the Orthopedics rotation are very independently driven, there is shocking little to no contact with Staff and Faculty within the Orthopedics department (aside from the 2nd year residents)
- none

Q8.
Other comments

- Great effort by Z Evens to get food into resident room, but it's a partial solution to a hospital wide issue: this is a 24/7/365 facility that does not have a functioning cafeteria for night shift teams (or families). Even limited options would be great.
- none
- I would definitely rank here number 1 if re-applying for residency
- Awesome program, wouldn't have picked any other over Regions

RGHP-Emergency Medicine Residency

Anonymous Emergency Medicine Program Evaluation by Faculty - Revised

7/1/2011 - 6/30/2012

Included Status Types: Faculty,Program Director

Show All Comments

Question:	Answers:		%	Total

Q1.
List the three most important aspects of this program.

- Supportive Health Care System/IME Well organized didactic and clinical experience Open and approachable academic environment
- Diversity of teaching approaches Experience with systems and improvement Resident patient volume
- People, mission, contribution
- Leadership (Departmental and Residency), Residents, Faculty (bedside teaching, commitment to the program)
- diverse and involved faculty diverse patient population with many opportunities for complex patients and procedures
- Quality education Amazing pathology presenting to department Support of IME
- People Passion dedicated support staff
- Constantly adapting and responsive produce quality emergency physicians that we can trust taking care of patients
- Skills, attitude, reasoning
- Education of residents for clinical, leadership and advocacy roles Support of residents' well-being Early identification of problems and effective remediation
- Diversity in patients, accountability and transparency towards residents' strengths/weaknesses, integration of clinical and didactic teaching environments.

Q2.
List the strengths of the residency program.

- Great Faculty Excellent Residents Awesome Leadership
- Same and Simulation
- residents, faculty, nurses
- Leadership (Departmental and Residency), Residents, Faculty (bedside teaching, commitment to the program)
- good conferences on other educational opportunities diverse faculty diverse patient population with many opportunities for complex patients and procedures above allow the program to bring in cream of the crop residents and the residents are also a strength of the program
- Quality of residents Progressive nature of resident autonomy Resident participation in program
- people passion dedicated support staff
- Lori and Pat do a great job keeping the ship running.
- Felix and Cullen!!!
- Critical care, self-directed confident residents
- Commitment to residents and education. Strong recruitment. Faculty Keeping residents engaged in their own education Response to feedback
- Comraderie of residents/staff, presence and input of other services within the hospital, didactic structure/conferences

Q3.
List the areas of focus for the residency program.

- As a result of a massive physical plant and varied staffing models, the department seems ever more fragmented over the past several years; both with respect to group cohesiveness and resident ownership of the department. This seems, at times, to isolate staff and residents (in a given pod) into "islands" cut off from the greater continent of the functioning department. I feel that this may place residents and the program at a disadvantage. An area of consideration may include staffing C, D, and Triage with a senior level resident at the areas busiest times (evenings), providing residents the opportunity to pick up all ENT, Optho, Peds, and procedure cases and providing the opportunity to hone their organizational and efficiency skills as this area of the department tends to expedite care faster based on the assigned acuity.
- Same and Experiences with systems and improvement in them
- linking education to patient outcomes, clinical presence in the ED, stream lining non value added aspects of resident training
- Keeping the strong momentum we have going heading into the transition of milestones/ACGME changes, keep recruiting strong residents
- wellness better easier ways to do documentation -- as this seems to be a detractor for the residents
- Physical diagnosis with directed technical evaluation
- Teaching senior staff innovative ways to teach without powerpoint
- I think we could use more focus on the basics of emergency medicine - less resiliency/quality/advocacy/etc. Maybe focus on time/life mgmt stuff a bit but they need to learn the basics of EM.
- Feeling ownership and being the ultimate decision maker for what happens to patient in ED, regardless of what consultant or hospitalist says (especially when consultant is intern, PA, or has not seen patient. Residents lack skills and system support to advocate for their patients in these situations.
- Written feedback from staff to try to identify early any residents who may be having problems. QI program/project
- Continued SIM lab/procedure training, off-site rotations to show diversity of environments other than Regions

Q4.
What should the residency CONTINUING DOING to improve the residency?

- Outstanding leadership with emphasis on flexibility to meet the needs of the resident learners while carefully balancing the needs ot the department.
- See above
- open shared vision, encouragement of innovation, transparent communication
- Continue to do more than the minimum required to train residents--I think we do a good job of making sure the educational experience for the residents is both strong as well as well/humanistic.
- Conferences - critical case might include a kicker (normal) once in a while
- sim center, small group conference
- listen to residents listen to faculty listen to staff
- Keeping residents involved in almost all aspects of decision-making and administration of the residents
- Accountability towards residents, honest/un-biased feedback towards residents regarding areas of improvement, continuing bedside teaching in the clinical setting.

Q5.
What should the residency STOP DOING to improve the residency?

- Not sure
- overreacting to outside challenges to ED
- Stop having the residents document their procedures in the current format--try to automate it if possible.
- Inordinate number of evaluations that are sent (need ?)
- Sometimes I feel there is too much focus on the needs of the residency balanced against the needs of the residents (some may interpret this as advocacy for the residents). I fear this can lead to resentment on the parts of other groups in the department.
- Not sure if I'm the only one bothered by how informal Thurs AM conference has become - I see residents in flip-flops, torn jeans, etc and in my opinion, it reflects poorly on the program, especially when we have visitors.
- Nothing.

Q6.
What should the residency START DOING to improve the residency?

- More calculated imaging decision making Attention to post ACA changes in healthcare landscape
- continue doing what you are
- Start moving ahead with the milestones to be a leader in this area.
- Consider a way to show true learning pre/post conference.
- back to basics of EM
- Not applicable.

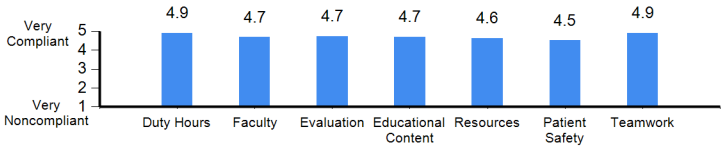
Q7.
Other Comments.

- great residency
- The program is in great shape--strong leadership, great residents, faculty that are excellent teachers that are committed to the program, outstanding departmental leadership and support, and a growing hospital that can support this strong program.
- I know residents all feel that they are getting enough procedures. I remain concerned that either they aren't or that we are supervising them inadequately. The other day, a senior resident was ready to put a chest tube in waaay too low - would have been under the diaphragm - their response was 'that is where i've always been told to go'. Meanwhile, it is a common situation where a resident 'can't get' an LP and I need to help. In any case, I have found new energy to more carefully observe procedures by residents.

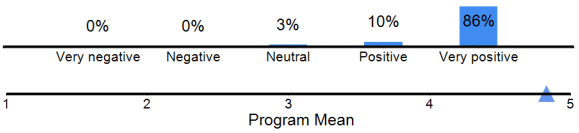
1102621144 HealthPartners Institute for Medical Education Program - Emergency medicine

Residents Surveyed 29
Residents Responded 29
Response Rate 100%

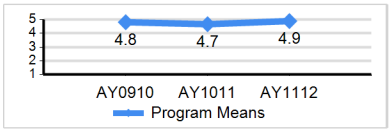
Program Means at-a-glance



Residents' overall evaluation of the program



Duty Hours

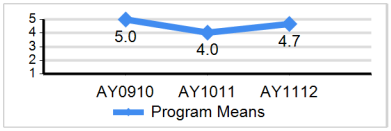


	% Compliant	Mean
80 hours	100%	5.0
1 day free in 7	97%	4.9
In-house call every 3rd night	97%	4.9
Night float no more than 6 nights	100%	5.0
8 hours between duty periods (*differs by level of training*)	100%	4.7
Continuous hours scheduled (*differs by level of training*)	100%	4.9

Reasons for exceeding duty hours:

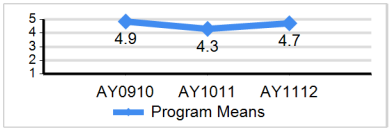
Patient needs	3%	Cover other's work	0%
Paperwork	7%	Night float	0%
Ed. Experience	0%	Schedule conflict	7%
		Other	0%

Faculty



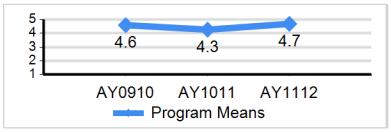
	% Compliant	Mean
Sufficient supervision	100%	4.6
Appropriate supervision	100%	4.9
Sufficient instruction	100%	4.7
Faculty and staff interested	97%	4.6
Faculty and staff create environment of inquiry	93%	4.7

Evaluation



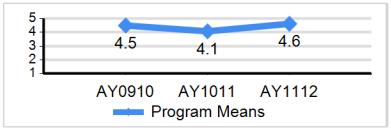
	% Compliant	Mean
Access evaluations	100%	5.0
Evaluate faculty	100%	5.0
Evaluations of faculty confidential	97%	4.7
Evaluate program	100%	5.0
Evaluations of program confidential	93%	4.7
Program uses evaluations to improve	93%	4.6
Satisfied with feedback after assignments	83%	4.1

Educational Content



	% Compliant	Mean
Provided goals and objectives for assignments	100%	5.0
Instructed to manage fatigue	97%	4.9
Satisfied with scholarly activities	90%	4.4
Appropriate balance for education	93%	4.6
Education (not) compromised by service	90%	4.3
Supervisors delegate appropriately	90%	4.5
Given data to show personal clinical effectiveness	100%	5.0
Variety of patients	97%	4.9

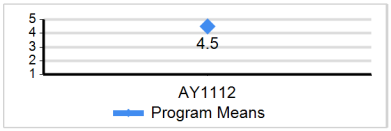
Resources



	% Compliant / % Yes*	Mean
Access to reference materials	100%	5.0
Electronic medical record in hospital*	100%	5.0
Electronic medical record in ambulatory*	100%	5.0
Electronic medical records integrated*	100%	5.0
Electronic medical record effective in daily clinical work	100%	4.8
Way to transition care when fatigued	83%	4.3
Satisfied with process to deal with problems and concerns	93%	4.6
Education (not) compromised by other trainees	86%	4.3
Residents can raise concerns without fear	93%	4.8

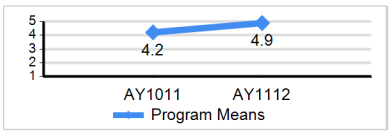
**Responses options are Yes or No. These responses are not included in the Program Means and are not considered non-compliant responses.*

Patient Safety



	% Compliant	Mean
Tell patients of respective role of residents	97%	4.4
Culture reinforces patient safety responsibility	100%	4.7
Participated in quality improvement	100%	5.0
Information (not) lost during shift changes	100%	4.0

Teamwork



	% Compliant	Mean
Work in interprofessional teams	100%	4.9
Effectively work in interprofessional teams	100%	4.9

Residents Surveyed 29
Residents Responded 29
Response Rate 100%

	None	Few	Some	Most	All
How many faculty attend and meaningfully participate in scheduled weekly conferences?	0.0%	3.4%	58.6%	37.9%	0.0%

	No, not this year	Once this year	2-3 times this year	4 or more times this year
Has your program director (or designee) met with you and conducted a formal review of your overall progress and performance in the program?	0.0%	44.8%	55.2%	0.0%

	No	Yes
Does your program provide you the opportunity to perform an appropriate number of procedures to be competent?	0.0%	100.0%
Does your program provide you the opportunity to direct an appropriate number of major resuscitations to be competent?	0.0%	100.0%
Does your program provide you the opportunity to become a competent Emergency Medicine physician?	0.0%	100.0%

Percentages may not add to 100% due to rounding.

All Employee Survey 2012						Emergency Medicine Overall	HPMG Emergency Medicine Physicians	Emergency Department Residents	Emergency Department PA's	ED RN's	ED Medics	ED ER Tech's	ED Clerks	ED Office Staff (coders, admins, etc)	
Category	**Question**	**Year**	**HP Overall**	**Norm**	**Responses:**	220	24	25	17	73	12	35	22	12	
	Engagement Index	AE-10	84%	74%											
		AE-11	84%	74%		80%	89%	84%	66%						
		AE-12	**85%**	85%		**84%**	**92%**	**95%**	**79%**	**84%**	**81%**	**81%**	**67%**	**88%**	0.836136364
Engagement: Commitment	I would recommend my company to others as a good place to work.	AE-10	84%	73%											
		AE-11	87%	76%		81%	91%	89%	64%						
		AE-12	**88%**	84%		**88%**	**100%**	**100%**	**71%**	**89%**	**92%**	**89%**	**68%**	**92%**	0.882863636
	I would prefer to remain with my company even if a comparable job were available in another company.	AE-10	80%	70%											
		AE-11	82%	67%		77%	100%	89%	43%						
		AE-12	**82%**	80%		**81%**	**96%**	**92%**	**71%**	**86%**	**75%**	**74%**	**57%**	**83%**	0.810409091
	Overall, I am satisfied with my company as my employer.	AE-10	86%	68%											
		AE-11	88%	70%		91%	100%	100%	71%						
		AE-12	**88%**	84%		**89%**	**100%**	**96%**	**82%**	**93%**	**100%**	**86%**	**59%**	**92%**	0.890681818
Engagement: Line of Sight	I have a good understanding of how my job contributes to HealthPartners achieving its mission.	AE-10	94%	83%											
		AE-11	95%	82%		91%	100%	95%	79%						
		AE-12	**94%**	90%		**91%**	**100%**	**100%**	**88%**	**90%**	**83%**	**89%**	**82%**	**100%**	
	My company does a good job providing information on how well the company is performing against our goals.	AE-10	84%	78%											
		AE-11	85%	81%		74%	73%	72%	79%						
		AE-12	**86%**	91%		**86%**	**83%**	**96%**	**88%**	**89%**	**83%**	**79%**	**81%**	**75%**	
	I have a good understanding of the steps we are taking to reach my company's business goals.	AE-10	73%	73%											
		AE-11	71%	70%		63%	70%	61%	62%						
		AE-12	**72%**	82%		**66%**	**73%**	**83%**	**73%**	**57%**	**50%**	**71%**	**57%**	**83%**	
Enablement: Work Environment & Team	I have the resources necessary for me to work effectively (technology, hardware, tools, equipment, supplies, etc).	AE-10	74%	69%											
		AE-11	77%	71%		84%	91%	95%	64%						
		AE-12	**77%**	78%		**76%**	**83%**	**92%**	**94%**	**75%**	**75%**	**69%**	**50%**	**83%**	
	Adequate measures are taken at my location to ensure employee safety.	AE-10	87%	84%											
		AE-11	89%	79%		91%	91%	89%	93%						
		AE-12	**89%**	95%		**63%**	**96%**	**96%**	**100%**	**42%**	**42%**	**43%**	**59%**	**92%**	
	My work group works effectively as a team to achieve success.	AE-10	74%	72%											
		AE-11	77%	74%		89%	91%	95%	79%						
		AE-12	**78%**	86%		**75%**	**92%**	**100%**	**88%**	**75%**	**92%**	**69%**	**18%**	**83%**	
	At my company, there is generally good teamwork between departments/work groups	AE-10	69%	60%											
		AE-11	73%	59%		77%	82%	95%	50%						
		AE-12	**75%**	79%		**75%**	**79%**	**96%**	**65%**	**79%**	**75%**	**63%**	**59%**	**83%**	
Enablement: Training & Development	I have access to the training and development I need to be productive in my current position.	AE-10	76%	66%											
		AE-11	79%	65%		89%	91%	95%	79%						
		AE-12	**79%**	77%		**83%**	**83%**	**100%**	**88%**	**86%**	**67%**	**83%**	**59%**	**83%**	
	I feel informed about where my company is going.	AE-10	77%	77%											
		AE-11	78%	77%		77%	91%	74%	71%						
		AE-12	**80%**	80%		**85%**	**92%**	**100%**	**88%**	**88%**	**75%**	**74%**	**73%**	**83%**	

Communication	My immediate supervisor keeps me informed about leadership decisions.	AE-10	73%	62%										
		AE-11	75%	60%		84%	91%	100%	57%					
		AE-12	**76%**	69%		**74%**	**96%**	**96%**	**82%**	**70%**	**83%**	**66%**	**48%**	**67%**
	Leadership does a good job of explaining the reasons behind major decisions.	AE-10	63%	51%										
		AE-11	65%	49%		73%	91%	79%	50%					
		AE-12	**67%**	68%		**64%**	**91%**	**92%**	**47%**	**60%**	**58%**	**56%**	**41%**	**75%**
Trust and Ethics	I would feel comfortable raising an ethical concern to my immediate supervisor or someone else in leadership.	AE-10	79%	78%										
		AE-11	82%	72%		86%	91%	89%	79%					
		AE-12	**84%**	85%		**84%**	**100%**	**96%**	**88%**	**88%**	**100%**	**69%**	**52%**	**75%**
	I have confidence in the job being done by my company's leadership.	AE-10	73%	61%										
		AE-11	75%	63%		77%	82%	89%	57%					
		AE-12	**76%**	78%		**78%**	**100%**	**100%**	**76%**	**77%**	**67%**	**63%**	**64%**	**83%**
	I would feel comfortable speaking up if I saw something that may negatively affect patient safety	**AE-12**	**91%**	91%		**91%**	**100%**	**96%**	**94%**	**96%**	**92%**	**89%**	**64%**	**92%**
Performance Management	My immediate supervisor recognizes me when I do a good job.	AE-10	74%	66%										
		AE-11	77%	63%		86%	100%	100%	57%					
		AE-12	**78%**	75%		**67%**	**88%**	**96%**	**71%**	**58%**	**83%**	**54%**	**38%**	**83%**
	People are held accountable for their performance at my company.	AE-10	55%	56%										
		AE-11	60%	55%		79%	82%	89%	62%					
		AE-12	**64%**	75%		**56%**	**88%**	**100%**	**86%**	**47%**	**67%**	**29%**	**5%**	**83%**
	People are held accountable for their performance in my work group.	AE-10	63%	63%										
		AE-11	67%	66%		79%	73%	95%	62%					
		AE-12	**69%**	69%		**61%**	**92%**	**96%**	**88%**	**55%**	**50%**	**46%**	**9%**	**75%**
	My immediate supervisor sets clear expectations for work performance.	AE-10	76%	76%										
		AE-11	80%	79%		82%	91%	95%	57%					
		AE-12	**80%**	80%		**79%**	**92%**	**100%**	**82%**	**82%**	**75%**	**63%**	**52%**	**75%**
	My immediate supervisor is effective at giving regular coaching and feedback on my performance	**AE-12**	**75%**	63%		**68%**	**83%**	**100%**	**71%**	**64%**	**45%**	**54%**	**43%**	**92%**
Quality & Customer Service	I understand how the work I do contributes to a positive customer, patient, and member experience	**AE-12**	**96%**	75%		**95%**	**96%**	**100%**	**94%**	**97%**	**83%**	**94%**	**86%**	**100%**
	I would recommend my company to my friends and family as a place to receive care and service.	AE-10	88%	88%										
		AE-11	91%	90%		88%	100%	94%	71%					
		AE-12	**92%**	85%		**93%**	**100%**	**96%**	**100%**	**92%**	**92%**	**97%**	**68%**	**100%**
Process Improvement/ Innovation	I am involved in making changes that improve care, service and efficiency.	AE-10	62%	62%										
		AE-11	66%	65%		75%	82%	89%	50%					
		AE-12	**68%**	68%		**61%**	**88%**	**96%**	**65%**	**56%**	**18%**	**46%**	**50%**	**67%**
	In my work group, we are encouraged to suggest better ways for getting our work done.	**AE-12**	**79%**	88%		**74%**	**92%**	**100%**	**82%**	**78%**	**75%**	**54%**	**36%**	**83%**
	The work processes in my work group are efficient.	AE-10	68%	64%										
		AE-11	70%	67%		77%	64%	95%	64%					
		AE-12	**70%**	71%		**66%**	**88%**	**100%**	**65%**	**62%**	**58%**	**69%**	**23%**	**58%**

Diversity/Inclusion	I voice my opinions openly in my work group.	AE-10	72%	72%										
		AE-11	75%	67%		77%	82%	84%	64%					
		AE-12	**76%**	73%		**75%**	**88%**	**96%**	**65%**	**75%**	**75%**	**65%**	**55%**	**83%**
	The people with whom I work treat each other with respect.	AE-10	74%	74%										
		AE-11	77%	76%		86%	91%	95%	71%					
		AE-12	**79%**	79%		**80%**	**100%**	**96%**	**94%**	**81%**	**92%**	**66%**	**32%**	**92%**
	The people with whom I work treat each other with respect regardless of race, religion, age, gender, ethnicity, disability or sexual orientation.	AE-10	86%	80%										
		AE-11	89%	76%		93%	100%	95%	86%					
		AE-12	**89%**	95%		**90%**	**100%**	**96%**	**100%**	**92%**	**100%**	**83%**	**59%**	**92%**
	I feel valued as an individual at my company.	AE-10	70%	63%										
		AE-11	74%	63%		73%	73%	89%	50%					
		AE-12	**76%**	79%		**74%**	**96%**	**100%**	**65%**	**74%**	**58%**	**66%**	**45%**	**83%**
	My immediate supervisor treats me with respect.	AE-10	82%	80%										
		AE-11	85%	74%		89%	91%	95%	79%					
		AE-12	**86%**	93%		**87%**	**96%**	**100%**	**100%**	**84%**	**92%**	**80%**	**71%**	**83%**
Employee Health & Wellness	I am aware of sustainability (green) initiatives my company has implemented.	**AE-12**	**65%**	65%		**35%**	**30%**	**50%**	**35%**	**32%**	**25%**	**40%**	**27%**	**50%**
	My company provides good tools and resources to help me manage my health and wellbeing	AE-10	86%	64%										
		AE-11	89%	71%		77%	82%	79%	71%					
		AE-12	**86%**	86%		**78%**	**92%**	**96%**	**76%**	**76%**	**83%**	**60%**	**64%**	**100%**

ACT Now to Resolve - Below Norm, Low Favorable
Continue to Improve - Below Norm, High Favorable
Accelerate Changes - Above Norm, Low Favorable
Capitalize on Successes
No norm available

Residency Interview Day Feedback

1. Start time

	Response Percent	Response Count
Too Early	1.5%	1
Good Time	**98.5%**	**66**
Too Late	0.0%	0
No Opinon	0.0%	0
answered question		**67**
skipped question		**0**

2. Overview Video

	Response Percent	Response Count
Informative	**76.1%**	**51**
Fair	16.4%	11
Not Helpful	6.0%	4
No Opinion	1.5%	1
answered question		**67**
skipped question		**0**

3. Faculty Interviews

	Response Percent	Response Count
Informative	**91.0%**	**61**
Fair	9.0%	6
Not Helpful	0.0%	0
No Opinion	0.0%	0
	answered question	**67**
	skipped question	**0**

4. Resident Interivew/ED and Hospital Tour

	Response Percent	Response Count
Informative	**89.6%**	**60**
Fair	10.4%	7
Not Helpful	0.0%	0
No Opinion	0.0%	0
	answered question	**67**
	skipped question	**0**

5. Benefit Meeting with Coordinator

	Response Percent	Response Count
Informative	**58.2%**	**39**
Fair	31.3%	21
Not helpful	7.5%	5
No Opinion	3.0%	2
answered question		**67**
skipped question		**0**

6. What did you feel were our strengths?

	Response Count
	60
answered question	**60**
skipped question	**7**

7. What were our weaknesses?

	Response Count
	39
answered question	**39**
skipped question	**28**

8. What did you dislike?

	Response Count
	37
answered question	37
skipped question	30

9. Video Comments:

	Response Count
	39
answered question	39
skipped question	28

10. General Comments

	Response Count
	37
answered question	37
skipped question	30

Q6. What did you feel were our strengths?		
1	strong and integrated curriculum	Feb 8, 2012 11:58 PM
2	I felt that the interview day was very well planned. It was great to have the pre-interview dinner at a resident's apartment; this provides for a much more laid back atmosphere than a restaurant and provides a much better environment for conversations. It is also nice to see an example of where your residents live. The start time was appropriate. One-on-one tour with a resident was wonderful. I felt that you offered applicants more face-time with your residents than probably anywhere else I interviewed at, which is a definite strength. I felt that your faculty were very friendly and informative. I absolutely loved the fact that you had time allotted during the day for us to shadow in the ED if we wanted to.	Feb 1, 2012 10:25 PM
3	Vision, resident feedback, resident cohesiveness, fun/enthusiastic staff	Jan 26, 2012 2:03 PM
4	All of my questions were answered even before my interview, amazed at you openness about strengths and weakness	Jan 26, 2012 12:31 PM
5	EM running the SICU.	Jan 20, 2012 4:08 PM
6	I really liked the one on one tour with the resident, as well as the lunch. I liked eating from your cafeteria! The food was good and it was nice to see what eating here would be like!	Jan 18, 2012 10:48 PM
7	Critical care, ultrasound. I really liked the one-on-one tour/interview with the chief resident.	Jan 18, 2012 8:33 PM
8	Everyone was very personable Great Hospitality Information Clarity and volume	Jan 13, 2012 3:31 PM
9	Dr. Ankel went out of his way to address my career interests and how they could be pursued at Regions. The one-on-one tour of the hospital with a resident allowed for more questions to be asked. I also greatly appreciated the opportunity to observe in the ED for a full hour without having to extend the length of my interview day. The facilities were beautiful. Playing x-box kinects with the residents the night before was a bonus.	Jan 13, 2012 11:40 AM
10	Excellent patient population mix, management of SICU as a resident, intubations from Day 1, administration sincerely concerned and proactive about quality of resident well-being, education, and opinions; great place to live.	Jan 12, 2012 8:09 PM
11	Friendly, personalized	Jan 12, 2012 5:16 PM
12	It was nice that we got to meet with both Dr. Hegarty and Dr. Ankel. All the necessary information was given without wasted time.	Jan 11, 2012 10:55 PM
13	-answered every question I could possibly come up with throughout the day.	Jan 10, 2012 10:19 PM
14	interacting with the residents, program director	Jan 9, 2012 6:14 PM
15	The faculty, the facility, the residents, the focus on the residents.	Jan 8, 2012 11:36 AM
16	Meeting with ther residents one-on-one for the hospital tour was a great experience and a wonderful way to learn more about the program.	Dec 29, 2011 11:04 PM
17	Love the private interview/tour with a resident, I think this is a great idea and	Dec 29, 2011 10:12 PM

Q6. What did you feel were our strengths?		
	unique as compared with many programs I have interviewed.	
18	residents are all really fun/interesting, very very transparent program administration, supportive environment, pediatrics experience	Dec 28, 2011 4:38 PM
19	Interview with resident was the tour. This is an absolutely fantastic way to do it. Another strength was Dr. Hegarty's explanation of some of the anonymous feedback.	Dec 28, 2011 12:06 PM
20	Faculty interviewers were engaging and friendly. They had clearly read my application. Excellent ED, both the facility and ancillary staff Large number of ICU months. Off-service rotations seemed high yield. Faculty experience with quality improvement, including the new fellowship program	Dec 27, 2011 7:29 PM
21	patient population, running the sicu.	Dec 27, 2011 5:37 PM
22	The individual interview was greatly helpful. As far as general strength the kindness and sincerity of all associated with the program.	Dec 21, 2011 9:05 PM
23	Faculty are intelligent and dedicated to resident education. Patient population is diverse. Good ancillary services. Good critical care rotations.	Dec 21, 2011 9:14 AM
24	Openness, great people, nice facility	Dec 20, 2011 1:00 PM
25	Faculty and program leadership; cohesiveness of residents; facilities; early exposure to procedures	Dec 19, 2011 12:48 AM
26	Wonderful location and enthusiastic staff	Dec 18, 2011 4:38 PM
27	People. Really amazing.	Dec 17, 2011 6:02 PM
28	Transparency- the most open, frank, honest information on your program, strengths, etc.	Dec 16, 2011 9:24 AM
29	Location, facility, teaching, people	Dec 16, 2011 12:17 AM
30	Open, honest program. Happy residents. Excellent facilities. Well organized and well ran.	Dec 15, 2011 11:32 PM
31	Time management in the interview was great. There were no long downtimes, I liked being able to go down to the ED for a few minutes to observe, liked the personal tour (felt like I got all of my questions answered).	Dec 15, 2011 5:07 PM
32	Simulation lab tour, showing the ED after the discussion as to how it functioned	Dec 15, 2011 11:41 AM
33	Lots of information	Dec 15, 2011 11:39 AM
34	nice packets; friendly people!	Dec 11, 2011 10:23 PM
35	-Video: clever way to give feel for program/department/twin cities -Tour: all of us applicants felt the individualized tours (and schedules) were a great way to show how much staff and residents care for the program. -Residents: Were all very proud of program and happy to provide any information needed -Transparency: Were very cognizant and forward with weaknesses of program and had plans on	Dec 4, 2011 12:01 PM

Q6. What did you feel were our strengths?		
	how to fix them	
36	Fun and friendly group of faculty and residents, individual tours for each applicant	Dec 4, 2011 9:10 AM
37	Very informative and organized interview day. The staff has been very helpful in regards to answering any questions even before the interview day. I like that the program is very forthcoming and open with their program and the information.	Dec 3, 2011 4:53 PM
38	Supportive, nurturing environment. I really liked PD.	Dec 2, 2011 12:17 AM
39	All of the information was available prior to the interview and on the web-site. I enjoyed having the resident interview/tour occur at the same time.	Dec 1, 2011 4:52 PM
40	People, SICU experience	Dec 1, 2011 3:20 PM
41	The late start option takes away the stress of getting to the hospital on time and waking up with just a phone alarm.	Dec 1, 2011 11:22 AM
42	The walk with the resident and allowance for one on one time.	Dec 1, 2011 11:02 AM
43	Regions does a good job of showing a welcoming, community-oriented program.	Nov 28, 2011 5:09 PM
44	Very informative and low-stress interview day. Enjoyed the opportunity to observe in the ED for a short time. Nice to have the resident interview and have residents around during the day to chat with.	Nov 28, 2011 2:49 PM
45	Very open and receptive. Enthusiastic staff and residents. Strong EMS and research.	Nov 28, 2011 12:46 PM
46	critical care experience transparency/ response to resident feedback in resolving issues	Nov 28, 2011 12:30 PM
47	facility, curriculum, resident friendliness	Nov 28, 2011 11:22 AM
48	--The transparency of the program was unparalleled by any that I've seen thus far --Interviewers were friendly, gave an impression that they were passionate about teaching --Dr. Ankel was very supportive of student research ideas	Nov 28, 2011 10:14 AM
49	I liked the amount of time residents spend in the SICU. The facilities and faculty I met are great and seem to foster a good learning environment.	Nov 28, 2011 9:54 AM
50	Toxicology, Dr. Ankel, Dr. Dahms	Nov 28, 2011 9:36 AM
51	Residents, resident dinner showed this well. Facilities are great so the tour is great. relaxed atmosphere.	Nov 28, 2011 12:40 AM
52	friendliness of people, facilities; the "ultrathesia" days intermixed in the curriculum throughout the year	Nov 13, 2011 12:27 PM
53	Welcoming, organized	Nov 12, 2011 3:09 PM
54	The faculty and residents were pleasant and appeared to be focused on providing a quality residency education. There is excellent critical care	Nov 11, 2011 2:57 PM

Q6. What did you feel were our strengths?		
	exposure, good post-residency opportunities, and nice new facilities.	
55	Very quality oriented program. Made the interviewee feel like you really were interested in us.	Nov 9, 2011 2:32 PM
56	Critical care experience, residents, openness of the program, program leadership, facilities, fellowships.	Nov 8, 2011 9:40 PM
57	The residents were all very nice and helpful. It was good that so many came to the dinner the night before as well as during lunch.	Nov 7, 2011 6:11 PM
58	resident/education focused; friendly and hospitable people; critical care and advanced EM training (tox, QI, etc)	Nov 7, 2011 5:42 PM
59	Very organized day. Very informative. Everyone was welcoming and friendly.	Nov 7, 2011 1:42 PM
60	-You guys really put all your information out there. Your website is up to date and has all your information. -Interview day was very well-organized even though it was the first one -Friendly Faculty -Offering a.m/p.m options or interviews -Meeting with the residency director was good although it felt a little rushed since we all had to meet with him.	Nov 7, 2011 12:56 PM

Q7. What were our weaknesses?		
1	none	Feb 8, 2012 11:58 PM
2	I felt that the benefits meeting could have been a little longer. I did not have any dedicated meetings about benefits packages at any of my other interviews, however, so this was still a strength.	Feb 1, 2012 10:25 PM
3	Residents seemed like didn't want to get to know me, no asking me of questions, but we're very knowledgable and friendly.	Jan 26, 2012 12:31 PM
4	I think the video should be refined just a little bit. Otherwise it was good!	Jan 18, 2012 10:48 PM
5	Video was not helpful	Jan 18, 2012 3:14 PM
6	Nothing comes to mind.	Jan 13, 2012 3:31 PM
7	I did not get to see the sim center.	Jan 13, 2012 11:40 AM
8	Lack of in-hospital gym, although I heard there is talk of building on in the future.	Jan 12, 2012 8:09 PM
9	It would be nice to have more residents at the lunch	Jan 12, 2012 5:16 PM
10	Try to spend a little more time getting to know the applicant vs. answering applicant questions.	Jan 11, 2012 10:55 PM
11	-nothing stand out as a weakness	Jan 10, 2012 10:19 PM
12	The video to start was not very personable and could really have been something we looked at on the web before we came	Jan 8, 2012 11:36 AM
13	None, very good interview process! Moved smoothly and efficiently!	Dec 29, 2011 10:12 PM
14	younger residency, not much community experience	Dec 28, 2011 4:38 PM
15	Benefits meeting was fine, but probably not necessary.	Dec 28, 2011 12:06 PM
16	Content of the video was helpful, but the quality of the filming was not as high as some other programs	Dec 27, 2011 7:29 PM
17	limited EMS experience, no air.	Dec 27, 2011 5:37 PM
18	Only one month of elective.	Dec 21, 2011 9:14 AM
19	Not sure	Dec 19, 2011 12:48 AM
20	Legitimately having difficulty coming up with many. Maybe getting to spend a little bit more time with the program director and associate/assistant directors?	Dec 17, 2011 6:02 PM
21	can't think of any	Dec 16, 2011 12:17 AM
22	Shuffled between 'home base' rooms 3 different times during day. Lunch period a little long	Dec 15, 2011 11:41 AM
23	a little confusing parking and getting there	Dec 11, 2011 10:23 PM

Q7. What were our weaknesses?

24	-papers: all were useful, but amount of papers in the packet were a little overwhelming to a nervous applicant. May be some utility to putting non-program papers in another folder.	Dec 4, 2011 12:01 PM
25	The lunch felt a little disjointed; applicants waited in lines for varying amounts of time, so some of us were finished with our lunch as others were just returning.	Dec 4, 2011 9:10 AM
26	The interview dinner could have been at a better location. There were too many people crammed into one space. A restaurant may be a better choice.	Dec 3, 2011 4:53 PM
27	My walking tour person was a bit strange and didn't ask me any questions. Also, seemed like he could have taken more control of the situation.	Dec 2, 2011 12:17 AM
28	Lunch maybe could have been combined with the benefits meeting.	Dec 1, 2011 4:52 PM
29	You did not discuss EMS at all, I wasn't sure how the flight program fit in or any EMS ride alongs.	Dec 1, 2011 11:02 AM
30	A bit too much time sitting around between/before interviews.	Nov 28, 2011 2:49 PM
31	Lots of off-service time in 2nd and 3rd years	Nov 28, 2011 12:46 PM
32	no noticable	Nov 28, 2011 11:22 AM
33	--Would have liked to know more about the patient population being served by Regions --Benefits talk ended the day on a slow note --Other programs I've visited emphasize their relationship with consultants and residents more than Regions does, leaving a greater impression of a teamwork atmosphere	Nov 28, 2011 10:14 AM
34	I did not see any weaknesses.	Nov 28, 2011 9:54 AM
35	I am surprised there is no requirement to work the urgent care area, just because it is not the residents' first choice. It seems like that is more of day to day EM than the exciting stuff...	Nov 28, 2011 9:36 AM
36	None really, seems like a good set up for an interview day.	Nov 28, 2011 12:40 AM
37	Being separate from the U Minn campus does remove teaching faculty resources from other departments, although I do not know if that impacts training. Also, I was told that there are some on-line electronic resources available, but that we wouldn't have the same access that U Minn students have. Again, I am not sure if or how this may affect training.	Nov 11, 2011 2:57 PM
38	Nothing	Nov 7, 2011 1:42 PM
39	-Can't really think of any. -	Nov 7, 2011 12:56 PM

Q8. What did you dislike?		
1	none	Feb 8, 2012 11:58 PM
2	The program director should talk to the applicants at the beginning of the day instead of having a video. It felt very distant not being able to talk to him except during the interview.	Feb 6, 2012 7:33 PM
3	I cannot think of anything at this time.	Feb 1, 2012 10:25 PM
4	Nothing	Jan 26, 2012 12:31 PM
5	Nothing	Jan 18, 2012 10:48 PM
6	Nothing comes to mind.	Jan 13, 2012 3:31 PM
7	Nothing.	Jan 13, 2012 11:40 AM
8	Heavy night-load for intern year, although this is also a great learning opportunity.	Jan 12, 2012 8:09 PM
9	Nothing	Jan 12, 2012 5:16 PM
10	Though it was nice to have the benefit meeting with the coordinator, I feel the paperwork is fairly self explanatory so it is not necessarily necessary.	Dec 29, 2011 10:12 PM
11	Can't think of anything	Dec 28, 2011 4:38 PM
12	Not interviewing with Dr. Hegarty.	Dec 28, 2011 12:06 PM
13	I did not feel the benefit meeting was necessary.	Dec 27, 2011 7:29 PM
14	Nothing	Dec 19, 2011 12:48 AM
15	Nothing.	Dec 17, 2011 6:02 PM
16	Really nothing except that it was cold outside.	Dec 16, 2011 12:17 AM
17	Nothing	Dec 15, 2011 11:32 PM
18	Not a huge fan of going to the cafeteria for lunch, I like it better when the food is in a separate room for the applicants and the residents (hard to navigate a new cafeteria, felt like it wastes time you could be spending speaking with residents).	Dec 15, 2011 5:07 PM
19	None	Dec 15, 2011 11:41 AM
20	The entire process went smooth and as planned, no problems from this end.	Dec 4, 2011 12:01 PM
21	Nothing	Dec 4, 2011 9:10 AM
22	The interview dinner	Dec 3, 2011 4:53 PM
23	More/better snacks.	Dec 2, 2011 12:17 AM
24	The breaks were a bit long; ending late in the day when some of the people you are interviewing with leave over an hour before you is tough, especially when	Dec 1, 2011 11:22 AM

Q8. What did you dislike?		
	you have a long drive ahead of you.	
25	The cafeteria food :) It may have been cheaper and nicer to have something delivered	Dec 1, 2011 11:02 AM
26	Lunch could have been better than simply cafeteria food.	Nov 28, 2011 2:49 PM
27	n/a	Nov 28, 2011 12:46 PM
28	having resident dinner at someone's apartment. It was really crowded, and not enough residents to go around to be able to really ask any questions. I ended up just visiting with other students the whole time.	Nov 28, 2011 12:30 PM
29	N/A	Nov 28, 2011 9:54 AM
30	I felt pressure to defend why I was interested in the area and the program	Nov 28, 2011 9:36 AM
31	None.	Nov 28, 2011 12:40 AM
32	An interview leading off with "Do you have any questions?"	Nov 13, 2011 12:27 PM
33	I didn't find any part of the residency, residents, faculty or facilities unlikable.	Nov 11, 2011 2:57 PM
34	There was an interview that was just based on any questions that I had. I found this to be a little overkill as there was ample time to ask any questions before and after.	Nov 7, 2011 6:11 PM
35	overall, the people seemed over-eager; almost too enthusiastic	Nov 7, 2011 5:42 PM
36	Nothing	Nov 7, 2011 1:42 PM
37	-It was a little unclear as to whether the resident interview/tour was an interview or a tour. -Might have liked a tiny bit more experiential interviewing. Sitting in on a lecture, or a simulation.	Nov 7, 2011 12:56 PM

Q9. Video Comments:		
1	none	Feb 8, 2012 11:58 PM
2	Informative, easy to watch.	Feb 1, 2012 10:25 PM
3	See above...it just needs to be refined. I think the idea of a video in general is good!	Jan 18, 2012 10:48 PM
4	I thought the video was a nice overview of the program, and took us through many aspects of the program.	Jan 18, 2012 8:33 PM
5	Great overview and general information about the program	Jan 13, 2012 3:31 PM
6	Honestly can't remember anything from it.	Jan 13, 2012 11:40 AM
7	I liked it in combination with Dr. Hegerty following up with it, referring to specific comments made in it, and then going through page by page the resident handbook. If it were just the video alone, I think it would have been insufficient, but together with Dr. Hegerty's talk it was perfect.	Jan 12, 2012 8:09 PM
8	Needs some editing	Jan 12, 2012 5:16 PM
9	-The video was pretty cool and very informative, but I think a talk from the PD/assistant PD/Assoc PD about the content the video covers would have a more personal feel rather than just leaving the applicants in a room alone to watch the video.	Jan 10, 2012 10:19 PM
10	There were some transitions areas in the middle near the peds ICU discussion that I think may have been spliced improperly as the logic flow is slightly broken and comments do not follow an ordered train of thought.	Dec 29, 2011 10:12 PM
11	Very informative, nice and engaging way to get the basics out of the way.	Dec 28, 2011 4:38 PM
12	Helpful, but slightly disorganized.	Dec 28, 2011 12:06 PM
13	Content of the video was helpful, but the quality of the filming was not as high as some other programs (e.g. the dialogue on outdoor scenes was hard to hear due to wind noise).	Dec 27, 2011 7:29 PM
14	Well put together. Good information delivery. However, it seems less personal than a presentation.	Dec 21, 2011 9:05 PM
15	nice overview	Dec 20, 2011 1:00 PM
16	Reasonable intro to the program, although at times a little hard to hear (volume fluctuations)	Dec 19, 2011 12:48 AM
17	Video is an efficient way of introducing the program, faculty and staff. I think it is very informative, and should be included in future interviews.	Dec 16, 2011 12:17 AM
18	Great!	Dec 15, 2011 11:32 PM
19	Really liked it, very informative.	Dec 15, 2011 5:07 PM
20	Keep it, very helpful to set stage for how day will go, and how people feel about	Dec 15, 2011 11:41 AM

Q9. Video Comments:		
	program	
21	Original way to give an overview and served as a symbol to show how much program cares about the residency program. Great idea.	Dec 4, 2011 12:01 PM
22	Great video. Everybody in the program is very enthusiastic and it's displayed well on the video.	Dec 3, 2011 4:53 PM
23	Very good, but would have liked to hear from PD in person.	Dec 2, 2011 12:17 AM
24	Very informative.	Dec 1, 2011 4:52 PM
25	Video was good - can't think of anything different I'd have liked to see in the movie.	Dec 1, 2011 3:20 PM
26	A bit long, but very informative.	Dec 1, 2011 11:22 AM
27	Good information but too long.	Dec 1, 2011 11:02 AM
28	Some of the text that scrolled at the bottom and at the top of the screen was off of the frame of view.	Nov 28, 2011 5:09 PM
29	Well-made video with good information.	Nov 28, 2011 2:49 PM
30	Informative, but may be a bit long	Nov 28, 2011 12:46 PM
31	--I liked the video very much, though I would add that it might make more sense to play the video through the desktop computer in the conference room since it's equipped with speakers and the sound clarity would be improved	Nov 28, 2011 10:14 AM
32	Very informative.	Nov 28, 2011 9:54 AM
33	It was great!	Nov 28, 2011 9:36 AM
34	none, I was told a new one would be coming soon.	Nov 28, 2011 12:40 AM
35	It provided a useful, quick overview of major aspects of your program. I would continue to update and use the video presentation.	Nov 11, 2011 2:57 PM
36	Video was very informative. Length and content were perfect. Looking forward to seeing updated version.	Nov 8, 2011 9:40 PM
37	Very helpful video, although it made answering "so what questions do you have?" very tough.	Nov 7, 2011 5:42 PM
38	I plan to watch the new one online when it is available, but otherwise well done.	Nov 7, 2011 1:42 PM
39	It was a bit long. I think you cover almost all the information when going over the information packet. The resident's comments about procedures, off service rotations, etc and Dr. Ankel's comments during the video were useful.	Nov 7, 2011 12:56 PM

Q10. General Comments		
1	none	Feb 8, 2012 11:58 PM
2	Overall, I loved my interview day at Regions. The benefits meeting, one-on-one tours with the residents, time allotted for shadowing in the ED, the pre-interview dinner at a resident's apartment, and the friendly people at your program helped your interview day stand out among all of the other interviews I have been to.	Feb 1, 2012 10:25 PM
3	Great program,really think you all have a lot of extras that other programs don't even come close to. Also appreciated that you had female faculty to interview.	Jan 26, 2012 12:31 PM
4	I had a great interview day overall!	Jan 18, 2012 10:48 PM
5	Thank you!	Jan 18, 2012 8:33 PM
6	Had a great time. Everyone was welcoming. I had lots of good information to make an informed decision. Overall awesome interview day.	Jan 13, 2012 3:31 PM
7	Great work. Consider eliminating the video. Also consider giving all residents a list of places to go on the tour so that nothing is accidentally missed.	Jan 13, 2012 11:40 AM
8	Thank you for a very smooth and enjoyable interview day!	Jan 12, 2012 8:09 PM
9	Overall very pleasant experience. I enjoyed my time there, learned quite a bit about the program, and was impressed with both faculty and residents as well as the EM program overall.	Jan 9, 2012 6:14 PM
10	Great interview day, very transparent with all issues and very informative. Love that interviews were n to intense or intimidating!	Dec 29, 2011 10:12 PM
11	Loved the program. Rotated here but still managed to learn a great deal about the program. The "money" talk from the coordinator was a welcome addition to the normal residency interview day. I also thought the individual tour was nice because it allowed me to talk to a resident in a more candid setting but also let me personalize the tour a bit more. Thanks!	Dec 28, 2011 4:38 PM
12	Favorite interview yet. You all did a fantastic job!	Dec 28, 2011 12:06 PM
13	Left interview day with very favorable impression.	Dec 27, 2011 7:29 PM
14	Enjoyed my interview day, and really appreciated the transparency of the program (i.e. documentation on website and in packet material stating resident "likes and dislikes"). Very refreshing!	Dec 19, 2011 12:48 AM
15	I really liked regions	Dec 18, 2011 4:38 PM
16	Interview day was informative. I'm impressed with the program overall. Residents are nice and happy.	Dec 16, 2011 12:17 AM
17	You guys did a good job of really putting everything on the table. I didn't feel like anyone is holding anything back, no skeletons in the closet about the program. I feel really comfortable walking away knowing all my questions were answered and completely comfortable emailing if any others come up.	Dec 15, 2011 5:07 PM
18	Awesome interview day, loved it!	Dec 15, 2011 11:41 AM

Q10. General Comments		
19	1 on 1 tours were unique and more informative than a group	Dec 11, 2011 10:23 PM
20	Great experience overall, keep up the good work.	Dec 4, 2011 12:01 PM
21	The program coordinators were very helpful with making sure everyone was comfortable and where they needed to be.	Dec 4, 2011 9:10 AM
22	I was very impressed by the fact that everybody has been very helpful during the application and interview process from day 1. I was also impressed by the open door policy this program has. Regions is one of the few programs to go out of its way to contact applicants and answer their questions before the interview day. I was pleasantly surprised with what the program has to offer and will consider ranking it highly.	Dec 3, 2011 4:53 PM
23	Thank you.	Dec 2, 2011 12:17 AM
24	I really enjoyed my interview day.	Dec 1, 2011 4:52 PM
25	Overall a good day. Also really appreciated your use of Interview Broker--all programs should be using this! It's great for applicants!	Nov 28, 2011 2:49 PM
26	I very much enjoyed my day at Regions! The program seems strong and very driven by the residents. It has great exposure to toxicology, pediatrics and EMS. In general, I would very much enjoy coming back to MN and training at Regions!	Nov 28, 2011 12:46 PM
27	--Overall an impressive day, Regions compares well with the two programs I've looked at thus far (Iowa and Mayo) and is memorable for its transparency, emphasis on innovation, enthusiasm for teaching, and friendly approach	Nov 28, 2011 10:14 AM
28	You do a very good job "selling" your residency program by providing lots of information and being open about any shortcomings and outlining a plan to fix them. I was very impressed with the program.	Nov 28, 2011 9:54 AM
29	Seems like a warm, supportive program that provides excellent training!	Nov 28, 2011 9:36 AM
30	thanks for having me. nice set up, thanks for breaking it up into 2 groups as a lot of people were interviewing the day I visited.	Nov 28, 2011 12:40 AM
31	I would have like to have seen what resources are available to residents, as I worry that the program may not have all the access to online resources (journals, etc) of a university affiliated program	Nov 12, 2011 3:09 PM
32	Very good program. Effective, efficient interview day.	Nov 11, 2011 2:57 PM
33	Extremely impressed throughout interview. Left interview day excited. Could definitely see myself as a resident at Regions.	Nov 8, 2011 9:40 PM
34	Overall the day was good and flowed smoothly.	Nov 7, 2011 6:11 PM
35	Clearly a solid program that lives up to its growing reputation for resident education, energy, and quality improvement.	Nov 7, 2011 5:42 PM
36	Great interview. Really enjoyed the visit.	Nov 7, 2011 1:42 PM

Q10. General Comments		
37	-Overall I really enjoyed interview day. I am now doubly eager to match into the residency program after visiting.	Nov 7, 2011 12:56 PM

Highly Ranked 2012

1. What did you feel were our strengths?

	Response Count
	16
answered question	16
skipped question	0

2. What were our weaknesses?

	Response Count
	14
answered question	14
skipped question	2

3. What did you like about the interview process?

	Response Count
	16
answered question	16
skipped question	0

4. What did you dislike?

	Response Count
	12
answered question	**12**
skipped question	**4**

5. What was one thing that we could have offered that would have increased your likelihood of choosing Regions?

	Response Count
	12
answered question	**12**
skipped question	**4**

6. Did you get a copy of our 2011 Annual Report via email or surface mail?

		Response Percent	Response Count
Yes		**100.0%**	**16**
No		0.0%	0
Don't Remember		0.0%	0
answered question			**16**
skipped question			**0**

7. If you received our Annual Report, did it make a difference in your rank list (did we move up or down)?

	Response Percent	Response Count
Yes	6.3%	1
No	**93.8%**	**15**
	Please explain	4
	answered question	**16**
	skipped question	**0**

8. Name (optional):

	Response Count
	6
	answered question	**6**
	skipped question	**10**

9. Program matched to (optional):

	Response Count
	7
	answered question	**7**
	skipped question	**9**

10. Additional comments:

	Response Count
	7

answered question	**7**
skipped question	**9**

Q1. What did you feel were our strengths?		
1	Fantastic program- I rotated here and loved the attendings, the other residents, the facilities were top notch, it was family oriented, gave opportunity to be the best possible EM doctor in whatever field I wanted to pursue, and had some of the best teaching I have seen.	Mar 30, 2012 9:15 AM
2	The people are incredibly welcoming, excited, and great to work with. Your system of program quality improvements is second to none.	Mar 26, 2012 11:09 AM
3	Program director and staff were outstanding. I liked the residents too. I also thought the focus on critical care was great.	Mar 25, 2012 9:01 AM
4	Great residents and faculty. Well established program. Lots of responsibility given to residents.	Mar 22, 2012 4:05 PM
5	Good mix of academic and community. Friendly faculty and residents. Strong PD.	Mar 22, 2012 2:01 PM
6	Program history, faculty, curriculum in terms of rotations, time spent in ED during intern year	Mar 21, 2012 6:41 PM
7	Strong ER department, community program, good MICU program, cadaver lab, great city, very friendly residents.	Mar 20, 2012 9:49 PM
8	Faculty, leadership, vision for resident run program. Importance of building community not just within the residency but in the hospital/city. Resident well being.	Mar 20, 2012 9:17 PM
9	-The people were honestly great. I felt like I would have fit in nicely and had a comfortable yet professional relationship with everyone involved in the program. Obviously a top notch education.	Mar 20, 2012 8:24 PM
10	the people, the program overall, ultrasound	Mar 20, 2012 5:24 PM
11	Great curriculum. Excellent program leadership.	Mar 20, 2012 5:01 PM
12	Great sense of family and ownership of the ED. Strength and leadership within the hospital.	Mar 20, 2012 4:51 PM
13	critical care experiences; equal opportunities for procedures in all 3 years; friendly faculty and residents; lots of teaching opportunities	Mar 20, 2012 11:54 AM
14	Very transparent, provided all the info i could have asked for anymore. Residents seemed happy, hospital system appeared very supportive of residents	Mar 20, 2012 11:25 AM
15	The residents were a big positive for me, they were one of my biggest draws to ranking the program highly although not my #1. The facility is fantastic including the simulation. Very family/resident friendly. Supportive program director and I really enjoyed many of the faculty. Charting system. Patient population, good mix of trauma and medical chief complaints. Residents schedule.	Mar 20, 2012 10:57 AM
16	I thought the people were great. Specifically Cullen H. made a great impression. There were many great opportunities such as sport/event coverage	Mar 20, 2012 10:11 AM

Q2. What were our weaknesses?

1	Really not much- I really liked it. The cold winters and not as close to where I eventually wanted to practice were the only reasons it wasn't number 1.	Mar 30, 2012 9:15 AM
2	Nothing comes to mind!	Mar 26, 2012 11:09 AM
3	none.	Mar 25, 2012 9:01 AM
4	none really. Maybe no flight opportunities.	Mar 22, 2012 4:05 PM
5	The resident dinner was a bit underwhelming.	Mar 22, 2012 2:01 PM
6	No significant weaknesses	Mar 21, 2012 6:41 PM
7	Since this was a community program it had less trauma than other Emergency programs. Since it wasn't a major academic center there was also less exposure to "zebra" cases.	Mar 20, 2012 9:49 PM
8	? Nothing stands out in my mind	Mar 20, 2012 9:17 PM
9	-Its hardly a "weakness", but one of the main deterrents for me was the Twin Cities. Personally, I was just looking for a smaller city.	Mar 20, 2012 8:24 PM
10	pediatrics	Mar 20, 2012 5:24 PM
11	Limited research. Limited academic opportunities. Few other residents at the hospital.	Mar 20, 2012 4:51 PM
12	not a lot of research going on (but seems to be available to those who are interested)	Mar 20, 2012 11:54 AM
13	nothing specific I could think of	Mar 20, 2012 11:25 AM
14	I think the acuity of illness of the patients may have been a bit less than the program I did match at.	Mar 20, 2012 10:11 AM

Q3. What did you like about the interview process?

1	Great people, good chance to get to know everyone, very friendly and non-threatening. And I like my t-shirt!	Mar 30, 2012 9:15 AM
2	The interviewers seemed genuinely interested in me and my interests - they seemed the most prepared out of any program to get to know me.	Mar 26, 2012 11:09 AM
3	Good, thorough overview. Individual interviewers were very well prepared. I appreciated the transparency of the program - I felt there would be no surprises. I liked getting the annual report, etc.	Mar 25, 2012 9:01 AM
4	Enjoyed taking a tour one-on-one with a resident. Faculty were very nice and not intimidating	Mar 22, 2012 4:05 PM
5	Had a chance to interview with many of the faculty involved in residency leadership.	Mar 22, 2012 2:01 PM
6	really appreciated the detailed overview of things, it was great for allowing me to answer my questions	Mar 21, 2012 6:41 PM
7	Great tour of the facility, good interaction with residents during the day, friendly interviewing staff, good lunch.	Mar 20, 2012 9:49 PM
8	Very organized day, just the right amount of time for interviews. I liked the one on one tour.	Mar 20, 2012 9:17 PM
9	The length was good. The number of interviews was fine. Did a good job of presenting the place as a whole.	Mar 20, 2012 8:24 PM
10	it was a great day, everyone was very nice and welcoming	Mar 20, 2012 5:24 PM
11	Flexibility	Mar 20, 2012 5:01 PM
12	Very welcoming.	Mar 20, 2012 4:51 PM
13	the individual tours with a resident; faculty interviews	Mar 20, 2012 11:54 AM
14	Pre interview dinner at resident's home, good amount of time, tour with one resident	Mar 20, 2012 11:25 AM
15	Relaxed, split up into 2 groups, start time made it easy for being an out of town applicant. Personable interviews.	Mar 20, 2012 10:57 AM
16	I liked having a bit of extra time that I could go hang out with one of the residents in the ED.	Mar 20, 2012 10:11 AM

Q4. What did you dislike?		
1	Can't think of much	Mar 30, 2012 9:15 AM
2	Because Regions is so thorough with its communication and transparency, it was most difficult to manage the "any questions for us" inquiries.	Mar 26, 2012 11:09 AM
3	-	Mar 25, 2012 9:01 AM
4	I would have preferred a live presentation about the residency rather than watching the video.	Mar 22, 2012 2:01 PM
5	Nothing	Mar 21, 2012 6:41 PM
6	I had a lot of downtime during my interview day. It would have been nice to do more of my interviews back-to-back.	Mar 20, 2012 9:49 PM
7	?	Mar 20, 2012 9:17 PM
8	- Nothing in particular.	Mar 20, 2012 8:24 PM
9	Nothing	Mar 20, 2012 5:01 PM
10	n/a	Mar 20, 2012 11:25 AM
11	Interview day/process was fine! No complaints!	Mar 20, 2012 10:57 AM
12	At the resident dinner I think I became under the impression that residents may not be completely "my people"	Mar 20, 2012 10:11 AM

Q5. What was one thing that we could have offered that would have increased your likelihood of choosing Regions?

1	A sure job in XXXXXX at graduation	Mar 30, 2012 9:15 AM
2	nothing - the only reason I didn't rank Regions higher was location	Mar 25, 2012 9:01 AM
3	nothing. I couples matched and we were looking for a place that would be great for both of us. Minneapolis/St.Paul was not the best option for my partner.	Mar 22, 2012 4:05 PM
4	In the end, my deciding factor for ranking my number one program was primarily location based. Other than violating the laws of physics by somehow being able to live in XXXX and work in Minnesota, there wasn't a whole lot that could have been done to change things	Mar 21, 2012 6:41 PM
5	The program was great; for me it came down to where my family was and my wife's job opportunities in St. Paul.	Mar 20, 2012 9:49 PM
6	Nothing, I ranked it in the top 2 on my list. I would be completely happy if I had matched here.	Mar 20, 2012 9:17 PM
7	I'm not sure how I felt about the first years doing mainly night and evening shifts.	Mar 20, 2012 8:24 PM
8	nothing	Mar 20, 2012 5:24 PM
9	Regions is an outstanding program. But I was looking for a more academic institution.	Mar 20, 2012 5:01 PM
10	I absolutely loved your program at Regions, but in the end I decided that after living in the Twin Cities my whole life, I wanted to experience a new part of the country.	Mar 20, 2012 11:54 AM
11	Nothing really. I really liked Regions, I just didn't get the feeling that it offered me anything more than my home program would that I already knew was a good fit for me.	Mar 20, 2012 11:25 AM
12	Increased autonomy for the residents.	Mar 20, 2012 10:57 AM

Q7. If you received our Annual Report, did it make a difference in your rank list (did we move up or down)?

1	It was already high, but moved it up	Mar 30, 2012 9:15 AM
2	I think I had a pretty good sense of the program prior to receiving the mailing, in the end it really didn't change my perspective one way or the other	Mar 21, 2012 6:41 PM
3	At that point I had essentially made my decisions and the content of the report probably wouldn't have moved the program either up or down.	Mar 20, 2012 8:24 PM
4	I didn't not receive this from any other program. However, honestly it had no influence on my ranking/feelings of the residency program.	Mar 20, 2012 10:57 AM

Q10. Additional comments:		
1	Tell Dr. Henry hello and that I wish we could work together again. I really appreciate all his help!	Mar 30, 2012 9:15 AM
2	Thank you for giving me the opportunity to interview with your program!	Mar 21, 2012 6:41 PM
3	I really liked the Regions program and my wife and I both loved the city. We spent a lot of time going back and forth between which program to rank first - Iowa or Regions. I thank you for the opportunity to interview and I wish your program the best of luck!	Mar 20, 2012 9:49 PM
4	I would have been extremely happy to have matched at Regions, however, you can only match at one place.	Mar 20, 2012 8:24 PM
5	My choice was for location reasons alone. If I had wanted to stay in MN, Regions would have been my first choice.	Mar 20, 2012 5:24 PM
6	I really did enjoy Regions for numerous reasons. I thought very highly of the program and the people especially the some of the young energetic faculty and residents. What kept Region's from my #1 program was that fact that most residents have stayed in the area to practice, I realize this is likely by the choice of graduates however I'm unsure where I will end up practicing eventually. Thus the lack of alumni around the country/job placement throughout the country was my biggest concern.	Mar 20, 2012 10:57 AM
7	I ended up matching at my home program, which was more of a interpersonal based decision, than one based on any negatives of your program. I did still rank your program in my top 3 and am very interested in possibly coming to your program for a fellowship, but it just wasn't the right fit for me right now.	Mar 20, 2012 10:11 AM

1. Emergency Stabilization (PC1)

Prioritizes critical initial stabilization action and mobilizes hospital support services in the resuscitation of a critically ill or injured patient and reassesses after stabilizing intervention.				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes abnormal vital signs	Recognizes when a patient is unstable requiring immediate intervention Performs a primary assessment on a critically ill or injured patient Discerns relevant data to formulate a diagnostic impression and plan	Manages and prioritizes critically ill or injured patients Prioritizes critical initial stabilization actions in the resuscitation of a critically ill or injured patient Reassesses after implementing a stabilizing intervention Evaluates the validity of a DNR order	Recognizes in a timely fashion when further clinical intervention is futile Integrates hospital support services into a management strategy for a problematic stabilization situation	Develops policies and protocols for the management and/or transfer of critically ill or injured patients
○	○	○	○	○	○	○	○	○
Comments:				

Suggested Evaluation Methods: SDOT, observed resuscitations, simulation, checklist, videotape review

2. Performance of Focused History and Physical Exam (PC2)

Abstracts current findings in a patient with multiple chronic medical problems and, when appropriate, compares with a prior medical record and identifies significant differences between the current presentation and past presentations				
Level 1	Level 2	Level 3	Level 4	Level 5
Performs and communicates a reliable, comprehensive history and physical exam	Performs and communicates a focused history and physical exam which effectively addresses the chief complaint and urgent patient issues	Prioritizes essential components of a history given a limited or dynamic circumstance Prioritizes essential components of a physical examination given a limited or dynamic circumstance	Synthesizes essential data necessary for the correct management of patients using all potential sources of data	Identifies obscure, occult or rare patient conditions based solely on historical and physical exam findings
○	○	○	○	○	○	○	○	○
Comments:				

Suggested Evaluation Methods: Global ratings of live performance, checklist assessments of live performance , SDOT, oral boards, simulation

3. Diagnostic Studies (PC3)

Applies the results of diagnostic testing based on the probability of disease and the likelihood of test results altering management.				
Level 1	Level 2	Level 3	Level 4	Level 5
Determines the necessity of diagnostic studies	Orders appropriate diagnostic studies Performs appropriate bedside diagnostic studies and procedures	Prioritizes essential testing Interprets results of a diagnostic study, recognizing limitations and risks, seeking interpretive assistance when appropriate Reviews risks, benefits, contraindications, and alternatives to a diagnostic study or procedure	Uses diagnostic testing based on the pre-test probability of disease and the likelihood of test results altering management Practices cost effective ordering of diagnostic studies Understands the implications of false positives and negatives for post-test probability	Discriminates between subtle and/or conflicting diagnostic results in the context of the patient presentation
○	○	○	○	○	○	○	○	○
Comments:				

Suggested Evaluation Methods: SDOT, oral boards, standardized exams, chart review, simulation

4. Diagnosis (PC4)

Based on all of the available data, narrows and prioritizes the list of weighted differential diagnoses to determine appropriate management				
Level 1	Level 2	Level 3	Level 4	Level 5
Constructs a list of potential diagnoses based on chief complaint and initial assessment	Constructs a list of potential diagnoses, based on the greatest likelihood of occurrence Constructs a list of potential diagnoses with the greatest potential for morbidity or mortality	Uses all available medical information to develop a list of ranked differential diagnoses including those with the greatest potential for morbidity or mortality Correctly identifies "sick versus not sick" patients Revises a differential diagnosis in response to changes in a patient's course over time	Synthesizes all of the available data and narrows and prioritizes the list of weighted differential diagnoses to determine appropriate management	Uses pattern recognition to identify discriminating features between similar patients and avoids premature closure
○	○	○	○	○	○	○	○	○
Comments:				

Suggested Evaluation Methods: SDOT as baseline, global ratings, simulation, oral boards, chart review

5. Pharmacotherapy (PC5)

Selects and prescribes, appropriate pharmaceutical agents based upon relevant considerations such as mechanism of action, intended effect, financial considerations, possible adverse effects, patient preferences, allergies, potential drug-food and drug-drug interactions, institutional policies, and clinical guidelines; and effectively combines agents and monitors and intervenes in the advent of adverse effects in the ED				
Level 1	Level 2	Level 3	Level 4	Level 5
Knows the different classifications of pharmacologic agents and their mechanism of action. Consistently asks patient for drug allergies	Applies medical knowledge for selection of appropriate agent for therapeutic intervention Considers potential adverse effects of pharmacotherapy	Considers array of drug therapy for treatment. Selects appropriate agent based on mechanism of action, intended effect, and anticipates potential adverse side effects Considers and recognizes potential drug to drug interactions	Selects the appropriate agent based on mechanism of action, intended effect, possible adverse effects, patient preferences, allergies, potential drug-food and drug-drug interactions, financial considerations, institutional policies, and clinical guidelines, including patient's age, weight, and other modifying factors	Participates in developing institutional policies on pharmacy and therapeutics
○	○	○	○	○	○	○	○	○
Comments:				

Suggested Evaluation Methods: SDOT, portfolio, simulation, oral boards, global ratings, medical knowledge examinations

6. Observation and Reassessment (PC6)

Re-evaluates patients undergoing ED observation (and monitoring) and using appropriate data and resources, determines the differential diagnosis and, treatment plan, and displosition.				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes the need for patient re-evaluation	Monitors that necessary therapeutic interventions are performed during a patient's ED stay	Identifies which patients will require observation in the ED Evaluates effectiveness of therapies and treatments provided during observation Monitors a patients' clinical status at timely intervals during their stay in the ED	Considers additional diagnoses and therapies for a patient who is under observation and changes treatment plan accordingly Identifies and complies with federal and other regulatory requirements, including billing, which must be met for a patient who is under observation	Develops protocols to avoid potential complications of interventions and therapies
○	○	○	○	○	○	○	○	○
Comments:				

Suggested Evaluation Methods: SDOT, multi-source feedback, oral boards, simulation

7. Disposition (PC7)

Establishes and implements a comprehensive disposition plan that uses appropriate consultation resources; patient education regarding diagnosis; treatment plan; medications; and time and location specific disposition instructions.				
Level 1	Level 2	Level 3	Level 4	Level 5
Describesbasic resources available for care of the emergency department patient	Formulates a specific follow-up plan for common ED complaints with appropriate resource utilization	Formulates and provides patient education regarding diagnosis, treatment plan, medication review and PCP/consultant appointments for complicated patients Involves appropriate resources (e.g. PCP,consultants, social work, PT/OT, financial aid, care coordinators) in a timely manner Makes correct decision regarding admission or discharge of patients Correctly assigns admitted patients to an appropriate level of care (ICU/Telemetry/Floor/ Observation Unit)	Formulates sufficient admission plans or discharge instructions including future diagnostic/therapeutic interventions for ED patients Engages patient or surrogate to effectively implement a discharge plan	Works within the institution to develop hospital systems that enhance safe patient disposition and maximizes resource utilization
○	○	○	○	○
Comments:				

Suggested Evaluation Methods: SDOT, shift evaluations, simulation cases / Objective Structure Clinical Exam (OSCE)**,** multi-source feedback, chart review

8. Multi-tasking (Task-switching) (PC8)

Employs task switching in an efficient and timely manner in order to manage the ED				
Level 1	Level 2	Level 3	Level 4	Level 5
Manages a single patient amidst distractions	Task switches between different patients	Employs task switching in an efficient and timely manner in order to manage multiple patients	Employs task switching in an efficient and timely manner in order to manage the ED	Employs task switching in an efficient and timely manner in order to manage the ED under high volume or surge situations
○	○	○	○	○	○	○	○	○
Comments:				

Suggested Evaluation Methods: Simulation, SDOT, mock oral examination, multi-source feedback

9. General Approach to Procedures (PC9)

Performs the indicated procedure on all appropriate patients (including those who are uncooperative, at the extremes of age, hemodynamically unstable and those who have multiple co-morbidities, poorly defined anatomy, high risk for pain or procedural complications, sedation requirement), takes steps to avoid potential complications, and recognizes the outcome and/ or complications resulting from the procedure				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies pertinent anatomy and physiology for a specific procedure Uses appropriate Universal Precautions	Performs patient assessment, obtains informed consent and ensures monitoring equipment is in place in accordance with patient safety standards Knows indications, contraindications, anatomic landmarks, equipment, anesthetic and procedural technique, and potential complications for common ED procedures Performs the indicated common procedure on a patient with moderate urgency who has identifiable landmarks and a low-moderate risk for complications Performs post-procedural assessment and identifies any potential complications	Determines a backup strategy if initial attempts to perform a procedure are unsuccessful Correctly interprets the results of a diagnostic procedure	Performs indicated procedures on any patients with challenging features (e.g. poorly identifiable landmarks, at extremes of age or with co-morbid conditions) Performs the indicated procedure, takes steps to avoid potential complications, and recognizes the outcome and/or complications resulting from the procedure	Teaches procedural competency and corrects mistakes
○	○	○	○	○	○	○	○	○
Comments:				

Suggested Evaluation Methods: Procedural competency forms, checklist assessment of procedure and simulation lab performance, global ratings

10. Airway Management (PC10)

Performs airway management on all appropriate patients (including those who are uncooperative, at the extremes of age, hemodynamically unstable and those who have multiple co-morbidities, poorly defined anatomy, high risk for pain or procedural complications, sedation requirement), takes steps to avoid potential complications, and recognize the outcome and/ or complications resulting from the procedure				
Level 1	Level 2	Level 3	Level 4	Level 5
Describes upper airway anatomy Performs basic airway maneuvers or adjuncts (jaw thrust / chin lift / oral airway / nasopharyngeal airway) and ventilates/oxygenates patient using BVM	Describes elements of airway assessment and indications impacting the airway management Describes the pharmacology of agents used for rapid sequence intubation including specific indications and contraindications Performs rapid sequence intubation in patients without adjuncts Confirms proper endotracheal tube placement using multiple modalities	Uses airway algorithms in decision making for complicated patients employing airway adjuncts as indicated Performs rapid sequence intubation in patients using airway adjuncts Implements post-intubation management Employs appropriate methods of mechanical ventilation based on specific patient physiology	Performs airway management in any circumstance taking steps to avoid potential complications, and recognizes the outcome and/or complications resulting from the procedure Performs a minimum of 35 intubations Demonstrates the ability to perform a cricothyrotomy Uses advanced airway modalities in complicated patients	Teaches airway management skills to health care providers
○	○	○	○	○	○	○	○	○
Comments:				

Suggested Evaluation Methods: Airway Management Competency Assessment Tool (CORD), Airway Management Assessment Cards, SDOT, checklist, procedure log, and simulation

11. Anesthesia and Acute Pain Management (PC11)

Provides safe acute pain management, anesthesia, and procedural sedation to patients of all ages regardless of the clinical situation				
Level 1	Level 2	Level 3	Level 4	Level 5
Discusses with the patient indications, contraindications and possible complications of local anesthesia Performs local anesthesia using appropriate doses of local anesthetic and appropriate technique to provide skin to sub-dermal anesthesia for procedures	Knows the indications, contraindications, potential complications and appropriate doses of analgesic / sedative medications Knows the anatomic landmarks, indications, contraindications, potential complications and appropriate doses of local anesthetics used for regional anesthesia	Knows the indications, contraindications, potential complications and appropriate doses of medications used for procedural sedation Performs patient assessment and discusses with the patient the most appropriate analgesic/sedative medication and administers in the most appropriate dose and route Performs pre-sedation assessment, obtains informed consent and orders appropriate choice and dose of medications for procedural sedation Obtains informed consent and correctly performs regional anesthesia Ensures appropriate monitoring of patients during procedural sedation	Performs procedural sedation providing effective sedation with the least risk of complications and minimal recovery time through selective dosing, route and choice of medications	Develops pain management protocols/care plans
○	○	○	○	○	○	○	○	○
Comments:				

Suggested Evaluation Methods: Procedural competency forms, checklist assessment of procedure and simulation lab performance, global ratings, patient survey, chart review

12. Other Diagnostic and Therapeutic Procedures: Goal-directed Focused Ultrasound (Diagnostic / Procedural) (PC12)

Uses goal-directed focused Ultrasound for the bedside diagnostic evaluation of emergency medical conditions and diagnoses, resuscitation of the acutely ill or injured patient, and procedural guidance				
Level 1	Level 2	Level 3	Level 4	Level 5
Describes the indications for emergency ultrasound	Explains how to optimize ultrasound images and Identifies the proper probe for each of the focused ultrasound applications Performs an eFAST	Performs goal-directed focused ultrasound exams Correctly interprets acquired images	Performs a minimum of 150 focused ultrasound examinations	Expands ultrasonography skills to include: advanced echo, TEE, bowel, adnexal and testicular pathology, and transcranial Doppler
○	○	○	○	○	○	○	○	○
Comments:				

Suggested Evaluation Methods: OSCE, SDOT**,** videotape review**,** written examination, checklist

13. Other Diagnostic and Therapeutic Procedures: Wound Management (PC13)

Assesses and appropriately manages wounds in patients of all ages regardless of the clinical situation				
Level 1	Level 2	Level 3	Level 4	Level 5
Prepares a simple wound for suturing (identify appropriate suture material, anesthetize wound and irrigate) Demonstrates sterile technique Places a simple interrupted suture	Uses medical terminology to clearly describe/classify a wound (e.g. stellate, abrasion, avulsion, laceration, deep vs superficial) Classifies burns with respect to depth and body surface area Compares and contrasts modes of wound management (adhesives, steri-strips, hair apposition, staples) Identifies wounds that require antibiotics or tetanus prophylaxis Educates patients on appropriate outpatient management of their wound	Performs complex wound repairs (deep sutures, layered repair, corner stitch) Manages a severe burn Determines which wounds should not be closed primarily Demonstrates appropriate use of consultants Identifies wounds that may be high risk and require more extensive evaluation (example: x-ray, ultrasound, and/or exploration)	Achieves hemostasis in a bleeding wound using advanced techniques such as: cautery, ligation, deep suture, injection, topical hemostatic agents, and tourniquet Repairs wounds that are high risk for cosmetic complications (such as eyelid margin, nose, ear) Describes the indications for and steps to perform an escharotomy	Performs advanced wound repairs, such as tendon repairs and skin flaps
○	○	○	○	○	○	○	○	○
Comments:				

Suggested Evaluation Methods: Direct observation, procedure checklist, medical knowledge quiz, portfolio , global ratings, procedure log

14. Other Diagnostic and Therapeutic Procedures: Vascular Access (PC14)

Successfully obtains vascular access in patients of all ages regardless of the clinical situation				
Level 1	Level 2	Level 3	Level 4	Level 5
Performs a venipuncture Places a peripheral intravenous line Performs an arterial puncture	Describes the indications, contraindications, anticipated undesirable outcomes and complications for the various vascular access modalities Inserts an arterial catheter Assesses the indications in conjunction with the patient anatomy/pathophysiology and select the optimal site for a central venous catheter Inserts a central venous catheter using ultrasound and universal precautions Confirms appropriate placement of central venous catheter Performs intraosseous access	Inserts a central venous catheter without ultrasound when appropriate Places an ultrasound guided deep vein catheter (e.g. basilic, brachial, and cephalic veins)	Successfully performs 20 central venous lines Routinely gains venous access in patients with difficult vascular access	Teaches advanced vascular access techniques
○	○	○	○	○	○	○	○	○
Comments:				

Suggested Evaluation Methods: Knowledge assessment using MCQ, checklist driven task analysis, procedure log

15. Medical Knowledge (MK)

Demonstrates appropriate medical knowledge in the care of emergency medicine patients				
Level 1	Level 2	Level 3	Level 4	Level 5
Passes initial national licensing examinations, e.g. USMLE Step 1 and Step2 or COMLEX Level 1 and Level 2	Resident develops and completes a self-assessment plan based on the in-training examination results. Completes objective residency training program examinations and/or assessments at an acceptable score for specific rotations	Demonstrates improvement of the percentage correct on the in-training examination or maintain an acceptable percentile ranking	Obtains a score on the annual in-training examination that indicates a high likelihood of passing the national qualifying examinations Successfully completes all objective residency training program examinations and/or assessments Passes final national licensing examination (e.g. USMLE Step3 or COMLEX Level 3)	Passes ABEM certifying examinations Meets all the requirements for the ABEM Maintenance of Certification program set forth by national certifying agency
○	○	○	○	○	○	○	○	○
Comments:				

Suggested Evaluation Methods: National licensing examinations (USMLE, COMLEX), national in-training examination (developed by ABEM & AOA), CORD Question & Answer Bank tests, MedChallenger, local residency examinations

16. Professional values (PROF1)

Demonstrates compassion, integrity, and respect for others as well as adherence to the ethical principles relevant to the practice of medicine				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates behavior that conveys caring, honesty, genuine interest and tolerance when interacting with a diverse population of patients and families	Demonstrates an understanding of the importance of compassion, integrity, respect, sensitivity and responsiveness and exhibits these attitudes consistently in common / uncomplicated situations and with diverse populations	Recognizes how own personal beliefs and values impact medical care; consistently manages own values and beliefs to optimize relationships and medical care Develops alternate care plans when patients' personal decisions/beliefs preclude the use of commonly accepted practices	Develops and applies a consistent and appropriate approach to evaluating appropriate care, possible barriers and strategies to intervene that consistently prioritizes the patient's best interest in all relationships and situations Effectively analyzes and manages ethical issues in complicated and challenging clinical situations	Develops institutional and organizational strategies to protect and maintain professional and bioethical principles
○	○	○	○	○	○	○	○	○
Comments:				

Suggested Evaluation Methods: Direct observation, SDOT, portfolio, simulation, oral board, multi-source feedback, global ratings

17. Accountability (PROF2)

Demonstrates accountability to patients, society, profession and self				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates basic professional responsibilities such as timely reporting for duty, appropriate dress/ grooming, rested and ready to work, delivery of patient care as a functional physician Maintains patient confidentially Uses social media ethically and responsibly Adheres to professional responsibilities, such as conference attendance, timely chart completion, duty hour reporting, procedure reporting	Identifies basic principles of physician wellness, including sleep hygiene Consistently recognizes limits of knowledge in common and frequent clinical situations and asks for assistance Demonstrates knowledge of alertness management and fatigue mitigation principles	Consistently recognizes limits of knowledge in uncommon and complicated clinical situations; develops and implements plans for the best possible patient care Recognizes and avoids inappropriate influences of marketing and advertizing	Can form a plan to address impairment in one's self or a colleague, in a professional and confidential manner Manages medical errors according to principles of responsibility and accountability in accordance with institutional policy	Develops institutional and organizational strategies to improve physician insight into and management of professional responsibilities Trains physicians and educators regarding responsibility, wellness, fatigue, and physician impairment
○	○	○	○	○	○	○	○	○
Comments:				

Suggested Evaluation Methods: Direct observation, SDOT, portfolio, simulation, oral boards, multi-source feedback, global ratings

18. Patient Centered Communication (ICS1)

Demonstrates interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.				
Level 1	Level 2	Level 3	Level 4	Level 5
Establishes rapport with and demonstrate empathy toward patients and their families Listens effectively to patients and their families	Elicits patients' reasons for seeking health care and expectations from the ED visit Negotiates and manages simple patient/family-related conflicts	Manages the expectations of those who receive care in the ED and uses communication methods that minimize the potential for stress, conflict, and misunderstanding Effectively communicates with vulnerable populations,including both patients at risk and their families	Uses flexible communication strategies and adjusts them based on the clinical situation to resolve specific ED challenges, such as drug seeking behavior, delivering bad news, unexpected outcomes, medical errors, and high risk refusal-of-care patients	Teaches communication and conflict management skills Participates in review and counsel of colleagues with communication deficiencies
○	○	○	○	○	○	○	○	○
Comments:				

Suggested Evaluation Methods: Direct observation, SDOT, simulation, multi-source feedback, OSCE, global ratings, oral boards

19. Team Management (ICS2)

Leads patient-centered care teams, ensuring effective communication and mutual respect among members of the team.				
Level 1	Level 2	Level 3	Level 4	Level 5
Participates as a member of a patient care team	Communicates pertinent information to emergency physicians and other healthcare colleagues	Develops working relationships across specialties and with ancillary staff Ensures transitions of care are accurately and efficiently communicated Ensures clear communication and respect among team members	Recommends changes in team performance as necessary for optimal efficiency Uses flexible communication strategies to resolve specific ED challenges such as difficulties with consultants and other health care providers Communicates with out-of-hospital and nonmedical personnel, such as police, media, hospital administrators	Participates in and leads interdepartmental groups in the patient setting and in collaborative meetings outside of the patient care setting Designs patient care teams and evaluates their performance Seeks leadership opportunities within professional organizations
○	○	○	○	○	○	○	○	○
Comments:				

Suggested Evaluation Methods: Direct observation, SDOT, simulation, multi-source feedback, OSCE, global ratings, oral boards

20. Practice-based Performance Improvement (PBLI)

Participates in performance improvement to optimize ED function, self-learning, and patient care				
Level 1	Level 2	Level 3	Level 4	Level 5
Describes basic principles of evidence-based medicine	Performs patient follow-up	Performs self-assessment to identify areas for continued self-improvement and implements learning plans Continually assesses performance by evaluating feedback and assessment Demonstrates the ability to critically appraise scientific literature and apply evidence-based medicine to improve one's individual performance	Applies performance improvement methodologies Demonstrates evidenced-based clinical practice and information retrieval mastery Participates in a process improvement plan to optimize ED practice	Independently teaches evidenced-based medicine and information mastery techniques
○	○	○	○	○	○	○	○	○
Comments:				

Suggested Evaluation Methods: SDOT, simulation, global ratings, checklist or ratings of portfolio work products, including a literature review, Vanderbilt matrix evaluation of a clinical issue, critical appraisal

21. Patient Safety (SBP1)

Participates in performance improvement to optimize patient safety.				
Level 1	Level 2	Level 3	Level 4	Level 5
Adheres to standards for maintenance of a safe working environment Describes medical errors and adverse events	Routinely uses basic patient safety practices, such as time-outs and 'calls for help'	Describes patient safety concepts Employs processes (e.g. checklists, SBAR), personnel, and technologies that optimizes patient safety *SBAR = Situation – Background – Assessment - Recommendation Appropriately uses system resources to improve both patient care and medical knowledge	Participates in an institutional process improvement plan to optimize ED practice and patient safety Leads team reflection such as code debriefings, root cause analysis, or M&M to improve ED performance Identifies situations when the breakdown in teamwork or communication may contribute to medical error	Uses analytical tools to assess healthcare quality and safety and reassess quality improvement programs for effectiveness for patients and for populations Develops and evaluates measures of professional performance and process improvement and implements them to improve departmental practice
○	○	○	○	○	○	○	○	○
Comments:				

Suggested Evaluation Methods: SDOT, simulation, global ratings, multi-source feedback, portfolio work products, including a QI project

22. Systems-based Management (SBP2)

Participates in strategies to improve healthcare delivery and flow. Demonstrates an awareness of and responsiveness to the larger context and system of health care.				
Level 1	Level 2	Level 3	Level 4	Level 5
Describes members of ED team (e.g. nurses, technicians, security)	Mobilizes institutional resources to assist in patient care Participates in patient satisfaction initiatives	Practices cost-effective care Demonstrates the ability to call effectively on other resources in the system to provide optimal health care	Participates in processes and logistics to improve patient flow and decrease turnaround times (e.g., rapid triage, bedside registration, Fast Tracks, bedside testing, rapid treatment units, standard protocols, and observation units) Recommends strategies by which patients' access to care can be improved Coordinates system resources to optimize a patient's care for complicated medical situations	Creates departmental flow metric from benchmarks, best practices, and dash boards Develops internal and external departmental solutions to process and operational problems Addresses the differing customer needs of patients, hospital medical staff, EMS, and the community
s ○	○	○	○	○ ○ ○ ○ ○
Comments:				

Suggested Evaluation Methods: Direct observation-SDOT, chart review, global ratings, billing records, simulation, multi-source feedback, and outcome data including throughput numbers and patients per hour

23. Technology (SBP3)

Uses technology to accomplish and document safe healthcare delivery				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Uses the Electronic Health Record (EHR) to order tests, medications and document notes, and respond to alerts Reviews medications for patients	Ensures that medical records are complete, with attention to preventing confusion and error Effectively and ethically uses technology for patient care, medical communication and learning	Recognizes the risk of computer shortcuts and reliance upon computer information on accurate patient care and documentation	Uses decision support systems in EHR (as applicable in institution)	Recommends systems re-design for improved computerized processes
○	○	○	○	○
Comments:				

Suggested Evaluation Methods: Direct observation-SDOT, chart review, global ratings, billing records, simulation, multi-source feedback