Special Review Process
September 24, 2015

PARTNERS IN MEDICAL EDUCATION, INC.
Presented by:
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Introducing Your Presenter…

Christine Redovan, MBA
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• Seasoned Director of Medical Education and GME Operations

• Accreditation and Management success for both ACGME & AOA Programs

• ACGME-I Accreditation Expert

• Successful Continued Accreditation & New Start-Up Implementation

• Focused on continual readiness and offering timely and useful GME resources
Goals & Objectives

- Understand the purpose of the Special Review

- Identify criteria that the GMEC will use to indicate a program is underperforming

- Develop a policy and procedure specific to your institutional needs
I.B.6 The GMEC must demonstrate effective oversight of underperforming programs through a Special Review process.

I.B.6.a) The Special Review process must include a protocol that:

I.B.6.a).(1) establishes criteria for identifying underperformance; and,

I.B.6.a).(2) results in a report that describes the quality improvement goals, the corrective actions, and the process for the GMEC monitoring of outcomes.
What is a Special Review?

A tool/process that the GMEC will use for oversight of programs that are not performing at the level that the GMEC expects

- The GMEC will determine specific performance indicators for its programs

- The GMEC is responsible for monitoring programs to ensure that they are performing at the expected level.

- The GMEC is responsible for ensuring the review is conducted and a written report that describes quality improvement goals, corrective action, and a process for monitoring outcomes is developed.
Protocol

…that establishes criteria for identifying underperformance…

What criteria will YOU use?

Disclaimer: Examples provided are for illustrative purposes only. Your institution must decide on data and thresholds that will be utilized.
Sources for Criteria

ACGME “High Value” Data

- Citations/Responses
- Changes since last visit
- Rotation schedule/block
- Selected ADS data
- Resident/Faculty surveys
- Resident Files
- Goals & Objectives
- Resident QI & Patient Safety Projects

- Faculty/Program evaluations
- Use of data in decisions
- APE results and data use
- Duty hour compliance
- Policies (DH, supervision, patient transfer, etc.)
- Board data
- Graduate feedback
Sources for Criteria

- Additional data since 2014...
  - CLER report data
  - AIR report data
Criteria

Program Attrition

- Changes in PD or Faculty
  - Example: Multiple changes in PD over past X years
  - Example: Specific % change in Core Faculty over past 1 or 2 years in a row

- Resident Changes
  - Example: Specific % of residents transferring, dismissed or withdrawn
  - Family Medicine requirements spell it out…
Criteria

- Program Changes

- Changes in Major Participating Sites
  - Example: Two or more added or deleted in past year

- Resident Compliment
  - Example: Specific % of residents increased or decreased

- Major Structural Changes
  - Example: revamped schedules due to duty hours
Criteria

Education

- Scholarly Activity
  - Trends
  - Concentrated on 1 or 2
  - Residents AND faculty
  - Example: No scholarly activity; reduced scholarly activity. Identify threshold – use RRC guidelines if available
Criteria

- Education
  - Board Pass Rate
    - Trends; catch early
    - Example: Pass rate falls below X% over 3 or 5 yr. period. Use RC guidelines!
  - Case Logs/Clinical Data
    - Variability in range
    - Example: Inadequate cases or experiences. Use RC guidelines!
Criteria

Education

- Educational variability
  - Resident remediation trends
  - Example: multiple residents on remediation

- Faculty development
  - Time, availability, opportunities, attendance
  - Example: No faculty development opportunities; faculty not provided time to attend sessions
Criteria

- Surveys
  - ACGME Resident Survey / Faculty Survey
    - Outside national norm
    - Example: Downward trend in X categories
    - Example: Response less than X % compliance
    - Example: Completion rate less than expected
    - Example: Differences between resident and faculty survey
  - Other Surveys that may indicate an issue
    - Example: Internal surveys
Criteria

- Non-Compliance with responsibilities
  - Failure to submit milestone data
  - Resident compliance with administrative tasks (i.e. certifications)
  - Faculty compliance with administrative tasks (i.e. evaluations)
  - Failure to submit data to requesting organizations or GMEC (i.e. ADS data)
Criteria

- Inability to demonstrate success in the CLER focus areas
  - QI
    - Example: Resident are not integrated into programs
  - Patient Safety
    - Example: Residents are not integrated into programs
  - Supervision
    - Example: Program continually has supervision issues
Criteria

- Inability to demonstrate success in the CLER focus areas

  - Duty Hours
    - Example: Residents are not meeting or recording duty hours; too many requests to stay past limits

  - Professionalism
    - Example: Residents fail to report errors; residents/program fails to follow up on requests

  - Transitions in Care
    - Example: Residents repeatedly do not follow established protocol; no protocol exits
Criteria

- New programs

- Inability to meet established ACGME, ACGME Common and/or RC Specialty requirement

- Deviation from milestones and or competencies
Criteria

- Notification of complaints against program

- Notification of progress report, site visits or other actions by the ACGME resulting from annual data review or other actions

- At program request
Protocol

Who will do the review?
- Sub-committee
- DIO/GMEC chair
- Include a resident?

What information will they use?
- Interviews, surveys, WebAds data, policies, curriculum, reports, etc.
- Not everything, every time
Report

Must include:

- Quality improvement goals
  - List the goals and how the program will meet them

  Example: resident attrition – Adjust recruitment practices; aim for top X % of match list; review applicant requirements

- Corrective actions
  - List specific actions that the program must do in order to become compliant with your criteria

  Example: Resident attrition – program must review and update recruitment policy, present to GMEC by X, develop match list in conjunction with the DIO, survey residents who left, etc.
Report

- Must include:
  - GMEC monitoring process
    - List how you will monitor, what you will monitor and how often.

Example: Resident attrition – monitor the recruitment process, on-boarding process and graduation rate through match results, retention rates and end of residency survey results. The PD will present a report to the GMEC at the end of each academic year for two years to document improved resident retention.
Sample Report Outline

- Who – committee & participants
- Purpose – why a special review
- What – information used; conduct of review
- Findings – discussion of findings
- Goals – list of goals to be accomplished to improve area investigated for review
- Action Plan – expected actions on program and GMEC
Policy/Protocol

- Develop a policy or protocol
  - Required as of July 1, 2014
  - Lets all programs know what to expect and what will happen if they do not meet established criteria
  - Provides structure to your process
  - Meets one of the GMEC oversight responsibilities

- Sample policy
After the Review...

- Document everything in the GMEC minutes
- Provide resources to programs
- Hold programs accountable
- Share best practices
Using Special Review Information

- Use the data
- Special reviews part of AIR & APE
- Not punitive; for improvement purposes
- Open to requests from PD’s
- Findings “protected” from IRC; not used to generate citations
- Serves as documentation of GMEC oversight
Final Thoughts

- Beneficial to All
  - Opportunity for identifying problematic areas
    - Possibly before ACGME notices
    - Tends across programs?
  
  - Provides documentation and action by GMEC
    - Useful for any required responses by ACGME
  
  - Emphasis on continuous oversight; GMEC oversight responsibilities
  
  - Useful for CLER analysis
Upcoming Live Webinars

Keep Your Eyes on the Dashboard
Thursday, October 15, 2015
12:00pm – 1:30pm EST

Meet the Experts – Fall Freebie
Thursday, November 5, 2015
12:00pm – 1:00pm EST

Evaluations to Support Milestone Assessments
Thursday, November 19, 2015
12:00pm – 1:00pm EST

PC Series
Thursday, December 10, 2015
12:00pm – 1:00pm EST

On-Demand Webinars

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