Special Review Process
September 24, 2015

PARTNERS IN MEDICAL EDUCATION, INC.

Presented by:

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Introducing Your Presenter…

Christine Redovan, MBA
GME Consultant

- 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

The Requirement
(all are core)

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 it's 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
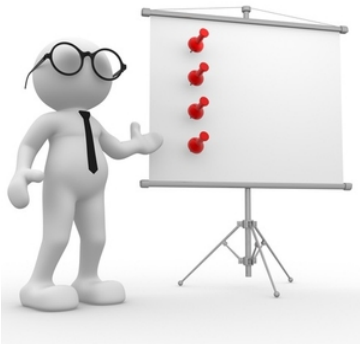
  - ☐ ## Resident Changes

    - 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

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