IRC Update

Kevin B. Weiss, MD
ACGME Senior Vice President, Institutional Accreditation

Anne Down
ACGME Administrator, Institutional Review Committee
IRC Update

Disclosure
We have no conflicts of interest to report.
Learning Objectives

• Identify the impact that the New Accreditation System has had on institutions as they meet Institutional Requirements
• Recognize how institutional self-study reviews will substantially change the role of the institutional GME Office and the DIO
• Strategize as to the next steps as the New Accreditation System moves on to maturity
The IRC Hard at Work
State of the “Universe”

- Residents/Fellows: 120,108
  - Residents: 98,811
  - Fellows: 21,297
- Programs: 9,527
- Specialties and Sub-specialties: 139
- *Sponsoring Institutions: 693
  - Multiple Program Institutions: 377
  - Single (one) Program Institutions: 316
- Single Accreditation System: 8
  - *Intent to Apply: 63
## Core AOA Programs (2013)

*(Unknown: number to apply for pre-accreditation)*

<table>
<thead>
<tr>
<th>Program</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>13</td>
</tr>
<tr>
<td>Dermatology</td>
<td>26</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>45</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>200</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>105</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>11</td>
</tr>
<tr>
<td>Neurology</td>
<td>8</td>
</tr>
<tr>
<td>Obstetrics-Gynecology</td>
<td>31+9</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>15</td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
<td>38+1</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>19</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>18</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>6</td>
</tr>
<tr>
<td>PM&amp;R</td>
<td>5</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>14</td>
</tr>
<tr>
<td>Radiology (Diagnostic)</td>
<td>15</td>
</tr>
<tr>
<td>Surgery</td>
<td>47+8</td>
</tr>
<tr>
<td>Urology</td>
<td>10</td>
</tr>
<tr>
<td>Transitional</td>
<td>32</td>
</tr>
<tr>
<td><strong>Institutions</strong></td>
<td></td>
</tr>
</tbody>
</table>

© 2015 Accreditation Council for Graduate Medical Education (ACGME)
Learning Objectives

• Identify the impact that the New Accreditation System has had on institutions as they meet Institutional Requirements

• Recognize how CLER reviews and institutional self study reviews will substantially change the role of the institutional GME Office and the DIO

• Strategize as to the next steps as the New Accreditation System moves on to maturity
New Operational Definitions

- **Single program Sponsoring Institution (SPSI):** an institution that sponsors only one program
- **Multiple program Sponsoring Institution (MPSI):** an institution that sponsors two or more programs. (Prior to this change an SI that sponsored a core Internal Medicine program and three subspecialties of Internal Medicine was a SPSI; the same institution is now a MPSI)
...and these definitions are important because...
ACGME
Institutional Requirements

ACGME approved focused revision:
September 28, 2014; effective: July 1, 2015
Institutional Requirements

What has changed?

• Editorial Changes
  • Multiple (19) inserts of “each of” in front of “its” (Ex: The Sponsoring Institution and each of its ACGME-accredited programs).
  • Multiple inserts (4) of “patient” (Ex: quality improvement or patient safety officer or designee)
Institutional Requirements

What has changed?

• New Requirement, I.A.9

When a Sponsoring Institution’s or participating site’s license is denied, suspended, or revoked, or when a Sponsoring Institution or participating site is required to curtail activities, or is otherwise restricted, the Sponsoring Institution must notify and provide a plan for its response to the IRC within 30 days of such loss or restriction. Based on the particular circumstances, the IRC may request that the ACGME invoke its “Procedure for Alleged Egregious or Catastrophic Events” policy. (Core)
Institutional Requirements

What has changed for MPSIs?

• I.B.1.a) GMEC membership: A Sponsoring Institution with multiple ACGME-accredited programs must have a GMEC that includes at least the following voting members: (Core)
  • I.B.1.a).(2) A representative sample of program directors (minimum of two) (Core)
  • I.B.1.a).(3) A minimum of two peer-selected residents from among its ACGME accredited programs (Core)
  • I.B.1.a.(4) A quality improvement or patient safety officer or designee (Core)
Institutional Requirements

What has changed for SPSIs?

• I.B.1.b) GMEC Membership: A Sponsoring Institution with one program must have a GMEC that includes at least the following voting members: (Core)
  • I.B.1.b).(1) the DIO; (Core)
  • I.B.1.b).(2) the program director when the program director is not the DIO (Core)
  • I.B.1.b).(3) a minimum of two peer-selected residents/fellows from its ACGME-accredited program or the only resident/fellow if the program includes only one resident/fellow (Core);
Institutional Requirements

What has changed for SPSIs?

• I.B.1.b) GMEC Membership (continued)
  • I.B.1.b).(4) the individual or designee responsible for monitoring quality improvement or patient safety if this individual is not the DIO or program director (Core);
  • I.B.1.b).(5) one or more individuals from a different department than that of the program specialty (and other than the quality improvement or patient safety member), within or from outside the Sponsoring Institution, at least one of whom is actively involved in graduate medical education.
Institutional Requirements

What has changed for MPSIs?

- II.C. Resident Forum
  - II.C.3 Residents/fellows must have the option to present concerns that arise from discussions at the forum to the DIO and GMEC. (Core)
Institutional Requirements

What has changed for SPSIs?

• II.C. Resident Forum “The Sponsoring Institution with more than one program must ensure availability…”
  
  (no forum required)
Timeline for Implementation: IRC Accreditation Review

- **2014-2015**: Institutions receive notice of accreditation status
- **2015-2016**: IRC conducts *first* IRC annual data review;
- **2016-2017**: Institutional annual data reviews continued…
- **2017-2018**: Institutional self-study and 10-year accreditation site visits begin
Timeline for Implementation: *IRC Accreditation Review*

- **2014-2015:** Institutions receive notice of accreditation status
- **2015-2016:** IRC conducts first IRC annual data review;
- **2016-2017:** Institutional annual data reviews continued…
- **2017-2018:** Institutional self-study and 10-year accreditation site visits begin
Timeline for Implementation: 
**IRC Accreditation Review**

- **2014-2015:** Institutions receive notice of accreditation status
  - Accreditation letter announcing confirmation of current existing status
  - Existing citations extended
  - Notice of revised approximate 10-year institutional accreditation site visit date; site visit(s) for any institution on probationary accreditation

© 2015 Accreditation Council for Graduate Medical Education (ACGME)
Timeline for Implementation: IRC Accreditation Review

- **2014-2015**: Institutions receive notice of accreditation status
- **2015-2016**: IRC conducts first IRC annual data review;
- **2016-2017**: Institutional annual data reviews continued…
- **2017-2018**: Institutional self-study and 10-year accreditation site visits begin
Transitional Model: Screening Elements *(in progress)*

- Institutional Oversight/Policy and Procedure Components
  - Changes in leadership
  - Possible unresolved complaints (administrative integrity, e.g., grievance procedures; contract issues)
- Resident/Fellow Learning and Working Environment Components
  - Survey data
  - Possible unresolved complaints
- Accreditation Components
  - Probationary accreditation
  - Continued Accreditation with Warning
  - Screening process for program accreditation statuses TBD
Learning Objectives

• Identify the impact that the New Accreditation System has had on institutions as they meet Institutional Requirements

• Recognize how institutional self-study reviews will substantially change the role of the institutional GME Office and the DIO

• Strategize as to the next steps as the New Accreditation System moves on to maturity
I.B.5 AIR: Oversight of Institutional Accreditation

• Annual Institutional Review (AIR) is a “core” requirement and associated with identified performance indicators that are detail requirements
  • Results of institutional self-study (Detail)
  • Results of ACGME surveys (Detail)
  • Notification of programs’ accreditation statuses and self-study visits (Detail)
Evidence of AIR Oversight

- AIR must have monitoring procedures for action plans (Core)
  - Monitoring should be documented in the GME minutes
- Written executive summary of AIR submitted to governing body each year (Core)
I.B.6 GMEC Special Review: Focus on Improvement

• Effective oversight of underperforming programs (Core)
  • Special Review Protocol (Core)
    • Establishes criteria for underperformance (Core)
    • Results in report describing quality improvement goals, corrective actions, process for GMEC monitoring of outcomes (Core)
Evidence of Effective Oversight through a Special Review

- GMEC establishes approved Special Review (SR) protocol
- GMEC minutes serve as a source that documents:
  - Need for SR based on protocol criteria
  - SR completed, reviewed and approved by GMEC
  - Monitoring of program quality improvement goals/corrective actions
Special Review Report: “Protected” Information

• Content of Special Review Report (SRR) “protected” during IRC accreditation review.
  • The IRC will not generate citations or opportunities for improvement based on specific findings in the SRR.
  • The SRR serves as documentation of effective oversight of programs that warrant such a review as per protocol.
Timeline for Implementation: *IRC Accreditation Review*

- **2014-2015:** Institutions receive notice of accreditation status
- **2015-2016:** IRC conducts *first* IRC annual data review;
- **2016-2017:** Institutional annual data reviews continued…
- **2017-2018:** Institutional self-study and 10-year accreditation site visits begin
Self-Study and 10-Year Accreditation Visit

• The process for the institutional self-study and 10-year accreditation site visit has not been developed
• The IRC has been involved in the evolution of the institutional self-study model and will also be involved in developing the institutional 10-year site visit
• SIs will be notified when to begin self-studies
### Revised Estimated Timeline for Institutional 10-year Visits for MPSIs

<table>
<thead>
<tr>
<th>Year</th>
<th>MPSI</th>
<th>Year</th>
<th>MPSI</th>
<th>Year</th>
<th>MPSI</th>
<th>Year</th>
<th>MPSI</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>12</td>
<td>2020</td>
<td>57</td>
<td>2006</td>
<td>15</td>
<td>2026</td>
<td>15</td>
</tr>
<tr>
<td>2016</td>
<td>15</td>
<td>2021</td>
<td>50</td>
<td>2007</td>
<td>31</td>
<td>2027</td>
<td>28</td>
</tr>
<tr>
<td>2017</td>
<td>28</td>
<td>2022</td>
<td>57</td>
<td>2008</td>
<td>46</td>
<td>2028</td>
<td>47</td>
</tr>
<tr>
<td>2018</td>
<td>47</td>
<td>2023</td>
<td>50</td>
<td>2009</td>
<td>28</td>
<td>2029</td>
<td>43</td>
</tr>
<tr>
<td>2019</td>
<td>43</td>
<td>2024</td>
<td>39</td>
<td>2010</td>
<td>15</td>
<td>2030</td>
<td>57</td>
</tr>
<tr>
<td>2020</td>
<td>57</td>
<td>2025</td>
<td>32</td>
<td>2011</td>
<td>57</td>
<td>2031</td>
<td>47</td>
</tr>
<tr>
<td>2021</td>
<td>50</td>
<td>2026</td>
<td>46</td>
<td>2012</td>
<td>50</td>
<td>2032</td>
<td>50</td>
</tr>
<tr>
<td>2022</td>
<td>39</td>
<td>2027</td>
<td>50</td>
<td>2013</td>
<td>31</td>
<td>2033</td>
<td>46</td>
</tr>
<tr>
<td>2023</td>
<td>46</td>
<td>2028</td>
<td>39</td>
<td>2014</td>
<td>31</td>
<td>2034</td>
<td>31</td>
</tr>
<tr>
<td>2024</td>
<td>31</td>
<td>2029</td>
<td>39</td>
<td>2015</td>
<td>32</td>
<td>2035</td>
<td>tbd</td>
</tr>
<tr>
<td>2025</td>
<td>32</td>
<td>2030</td>
<td>46</td>
<td>2016</td>
<td>46</td>
<td>2036</td>
<td>tbd</td>
</tr>
</tbody>
</table>

© 2015 Accreditation Council for Graduate Medical Education (ACGME)
Institutional Requirements

- 2014 Institutional Requirements currently in effect for all sponsoring institutions
- 2014 Institutional Requirement Checklist with 2007 References
- 2015 Institutional Requirements focused revision effective July 1, 2015 for all sponsoring institutions
- 2015 Institutional Requirements focused revision effective July 1, 2015 for all sponsoring institutions (tracked changes copy)
- 2007 Institutional Requirements (No longer in effect)

Institutional Review Documents

- New Institutional Accreditation
- Continued Institutional Accreditation
- Institutional Review Questionnaire (IRQ)
Institutional Review Questionnaire (IRQ)

- Eliminate separate document
- Locate in ADS
- Think:
  - Just a few questions
  - Attachments
  - Checklist of Institutional Requirements (*not for submission* )

© 2015 Accreditation Council for Graduate Medical Education (ACGME)
058116 - UNIVERSITY OF SOUTHERN CALIFORNIA/LAC+USC MEDICAL CENTER

8000500023 - Los Angeles, CA

Approximate Date of Next Site Visit: No Information Currently Present

Institutional Review Questionnaire (IRQ)

- The link(s) below are electronic form(s) and documentation that need to be filled out prior to your site visit.
  
  View Institutional Review Questionnaire  Print PDF

Institutional Review Questionnaire (IRQ) Uploads

- Use the button below to access the IRQ uploads page. Upload all required documents for an upcoming site visit.
  
  Institutional Review Uploads
**Designated Institutional Official**

**Name of Sponsoring Institution:** University of Southern California/LAC+USC Medical Center [058116] [8000500023]

**Address:**
1200 North State Street  
Clinic Tower, 7th Floor, Suite A7D  
Los Angeles, CA 90033

**Name of Designated Official Responsible for GME:** Lawrence M Opas MD  
**Official Title:** Director, Graduate Medical Education and DIO  
**Address:**  
Los Angeles County-USC Medical Center  
Office of Graduate Medical Education  
1100 North State Street, Clinic Tower, 7th Floor, Suite A7D  
Los Angeles, CA 90033

**Phone:** (323) 409-6931  
**Fax:** (323) 441-8185  
**Email:** opas@usc.edu

| Describe how the Sponsoring Institution has ultimate authority for and oversight of GME: |
| Describe the operating structure of the GMEC: |
| Describe the DIO's professional development activities applicable to his or her responsibilities as an educational leader: |
Response To Previous Institutional Citations

Citation: Meeting Date: 10/21/2010
Last Updated By DIO: 10/21/2010

Institutional Organization and Responsibilities, Resources: The Sponsoring Institution must provide sufficient institutional resources to ensure the effective implementation and support of its programs in compliance with the Institutional, Common, and specialty/subspecialty-specific Program Requirements. (Institutional Requirements, I.B.5) The Institutional Review Committee (IRC) noted that approximately 30 percent of the Sponsoring Institution's ACGME-accredited programs have been cited for inadequate procedures in their respective specialties. The IRC recognizes that the Graduate Medical Education Committee (GMEC) and Designated Institutional Official (DIO) are carefully monitoring this area of noncompliance for improvement. However, it is also incumbent upon the Sponsoring Institution at all governance levels to ensure effective implementation and support of its programs, particularly in providing adequate clinical experience for residents and fellows. (Institutional Review Document, Attachment 2)

DIO Response:

In response to this citation, the DIO and GMEC reviewed the process in each program for assuring compliance with procedural experience. The program directors were required to review case logs at least quarterly and more often in programs that were cited for procedural experience. A major institutional issue was successfully implemented to increase the efficiency of the operating room by ensuring that the first case was started on time and that turnover time for each OR was reduced. In addition, residents were held more accountable with regards to meeting their professional responsibility for timely and accurate recording of their case logs. Any program that is cited for procedural experience is subject to a Special Review based on the criteria for underperformance of programs established by the GMEC effective July 1, 2014. At the time of updating this response, there are 11 citations listed among 6 programs on Attachment 1. Given that the Sponsoring Institution has 59 programs, the percent of programs with citations for procedural experience is 10%. Of these, two programs had citations from 2007 and 2009 that were given prior to the last site visit in 2010. Case logs from these two programs are currently in compliance with standards, but the programs
058116 - UNIVERSITY OF SOUTHERN CALIFORNIA/LAC+USC MEDICAL CENTER

8000500023 - Los Angeles, CA

Approximate Date of Next Site Visit: No Information Currently Present

Institutional Review Questionnaire (IRQ)

The link(s) below are electronic form(s) and documentation that need to be filled out prior to your site visit.

View Institutional Review Questionnaire  Print PDF

Institutional Review Questionnaire (IRQ) - Uploads

Use the button below to access the IRQ uploads page. Upload all required documents for an upcoming site visit.

Institutional Review Uploads
Sponsor Application Uploads Instructions

Click the “Choose File” button to select the file from your computer you are trying to upload to that section. After you have chosen the file, click the “Upload” button to upload it to the database.

Uploaded files must be in PDF format and be no larger than 10MB. Other file formats, or files larger than 10MB, will not be accepted.

References to Institution Requirements (IR) for each requested attachment are indicated within brackets.

Attachment: Organizational Chart 1, Position of GMEC
Include an organizational chart that identifies the position of the Graduate Medical Education Committee (GMEC) in the Sponsoring Institution’s reporting structure, including its relationship to the Sponsoring Institution’s Governing Body. [I.A.5.a)-b]]

Uploaded File:

Attachment: Organizational Chart 2, Position of DIO
Include an organizational chart that identifies the position of the Designated Institutional Official (DIO), the position to which the DIO reports, and the positions that report to the DIO, including program director(s). (Note: Do not list each program director.) [I.A.5.a)-b]]

Uploaded File:

Attachment: Statement of Commitment
Attachments

• Organizational Chart 1, Position of GMEC
• Organizational Chart 2, Position of DIO
• Statement of Commitment
• GMEC Membership
• GMEC Minutes
• Annual Institutional Review Summaries
• GMEC Special Review Protocol
• Special Review Reports (if available)
* ACGME Business Associate Agreement
Summary

• No major changes to Institutional Requirements for 2015-2016
• Your current accreditation status will not change except for the following:
  • SIs making the transition from Initial Accreditation
  • Focused or full site visits for significant issues
  • Possible action based on progress reports due
• Your self-study and 10-year accreditation site visit study date has been pushed back (at least) 2 years
Learning Objectives

• Identify the impact that the New Accreditation System has had on institutions as they meet Institutional Requirements

• Recognize how CLER reviews and institutional self study reviews will substantially change the role of the institutional GME Office and the DIO

• Strategize as to the next steps as the New Accreditation System moves on to maturity
The Future
NEXT EXIT