Oversight of Underperforming Programs Through Special Reviews

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Who we are ....

- Washington University/Barnes-Jewish Hospital/St. Louis Children’s Hospital GME Consortium
- Sponsor of 85 ACGME Accredited Training Programs
- Employ ~ 1,069 residents and clinical fellows
- 20 non-ACGME accredited training programs
Our Campus
Goals for this session:

1. Going beyond Annual Program Reviews (APRs) to assure ongoing compliance

2. Identify useful data and other resources to determine deficiencies

3. Develop remediation plans, timelines to document improvements in the APEs/APRs/Self Study

4. Discuss the strengths and weaknesses of institutional dashboards when providing institutional oversight
This is one institution’s approach
Old Accreditation System

- Provided 3 -5 year accreditation cycles
- Accreditation Status remained consistent for the duration of the accreditation cycle
- Midpoint internal reviews allowed time for programs to make adjustments prior to the next site visit
- More time for institutional oversight
Old Accreditation System

The documentation of the Program Evaluation Committee (PEC) was retained within the training program

- Program documentation was varied
- Action plans were not required

- Annual RRC updates had no immediate impact on the program or institution
New Accreditation System (NAS)

• Continuous Accreditation System
  – 10 year self study process
  – Annual ACGME Updates
  – ACGME Surveys used to identify
    • New citations
    • Concerning Trends
    • Areas for Improvement (AFI)

• Program Citations
  – Reviewed annually
  – Concerning trends may become NEW citations
New Accreditation System

- Program Accreditation Status is updated annually
- Program statuses could change based on RRC annual review
  - Ex: Continued Accreditation to Continued Accreditation with Warning
    - Not appealable
    - Accreditation is viewable on the open ACGME website

- Other more ominous RRC actions include
  - Focused site visits
  - Formal adverse actions (probation, withdrawal, reduction in resident complement)
I.B.6. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. (Core)

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

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

- I.B.6.a).(2) results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes. (Core)
Our Prior Internal Review Process

Educational Monitoring Subcommittee (EMS)

- 7 Program Directors
  - 4 Residency PDs
  - 3 Fellowship PDs

- 1-2 Resident/Fellow members

- 5 Administrative members:
  - DIO -- Hospital Asst. Chief Medical Officer
  - 2 GME Managers -- Senior Dean Medical Education (non-voting member)
The Educational Monitoring Subcommittee (EMS)

- Maintains consistent GMEC oversight
- Ensures appropriate and consistent follow up on common citations and serious program concerns
- Allows for a candid discussion of institutional and program related concerns
- Provides an opportunity to develop long-term plans for programs with major concerns
The Educational Monitoring Subcommittee (EMS)

- Provides close oversight of programs with short accreditation cycles
  - Programs on Initial Accreditation/Initial Accreditation with warning

- Able to focus on common program citations
  - WebADS list of citations

- Programs with administrative oversight issues
  - Poor supervision
  - Lack faculty participation in education
  - Duty hour concerns
Our Prior Internal Review Process

What components were still useful:

- The Internal Review protocol could be retained as a guide for special reviews
  - Number/Type of participants on the Review Team
    - PD/House Staff from unrelated program
    - DIO/Staff Support
  - Required meetings with PD/faculty and House Staff
  - Program Documentation
    - Already provided as part of the Annual Program Review
Our Prior Internal Review Process

• Process to document the Special Review findings

  – Special Review Report Template
    • Documents all components of the special review
    • Provides a summary of findings
    • Outlines an action plan for next steps
      – Meeting with Chair, Division Directors or Hospital Administration
      – Expectations for documentation in the next APE
Our Prior Internal Review Process

Components that could no longer be used:

• There was no longer a midpoint in the accreditation cycle
  – Continuous accreditation system
  – All program data reviewed annually

• Progress Reports between APRs
  – Needed to complete 16 -20 programs each meeting
  – Significant concerns warranted a “Special Review”
Institutional Annual Program Reviews (APRs)

• Institutional Purpose
  – Provides oversight of sponsored programs
    • Reviews resolution of old program citations
    • Reviews the quality of program documentation
    • Identifies need for institutional support
      – PD/Coordinator
      – Educational Resources/Off-site rotations
      – Institutional Work Environment issues
    • Common program citations/concerning trends
289502 - WASHINGTON UNIVERSITY/B-JH/SLCH CONSORTIUM
8002800575 - St Louis MO

Back To Site Visits

ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

Institutional Review Questionnaire

Designated Institutional Official

Name of Sponsoring Institution: Washington University/B-JH/SLCH Consortium [289502] [8002800575]

Address:
Washington University School of Medicine
660 South Euclid Avenue, Campus Box 8033
St Louis, MO 63110-1039

Name of Designated Official Responsible for GME: Rebecca P. McAlister MD
Official Title: Associate Dean for GME/DIO

Address:
Washington University/B-JH/SLCH GME Consortium
Washington University School of Medicine
Annual Program Reviews (APRs)

- Institutional Purpose

  Used to identify under-performing programs

  Closer evaluation with Special Review
Going Beyond the APR

Special Program Review Process
Special Review Criteria

Anonymous Institutional Survey or ACGME Resident Survey Compliance

- < 80% compliance on any duty hour question in the institutional and/or ACGME Resident Surveys
- < 70% compliance on work environment issues
  - Faculty Supervision
  - Service over Education
  - Lack of Resources
- < 60% compliance in any area
Special Review Criteria

• Concerns regarding Board performance for graduates

• Significant complaints/grievances by house staff

• Failure to submit required information for APE
Special Review Criteria

• Other areas that may warrant a Special Review
  – Grievances and complaints regarding the training program
  – Insufficient resident participation in PSQI projects
  – Insufficient scholarly activity by faculty and house staff
Special Reviews vs. Monitoring Reviews

• Inactive Programs accepting new house staff member(s)
  – Assures program is prepared for incoming house staff
  – Review of goals/objectives
  – Review of current program policies
  – Resolution of prior citations
  – Faculty to house staff ratio

• Programs on Initial Accreditation
  – A full review much like our prior internal reviews
  – Collection of documents
Useful Data for SPRs

• Depends heavily on the issues identified during the APR
  – Institutional Anonymous survey
  – ACMGE anonymous surveys of faculty and residents
  – Case logs for recent and upcoming graduates
  – Most recent APR by the RRC
Key Elements of Special Reviews

The Special Review team members are provided:

• A copy of the Institutional APR letter detailing areas of concern

• Most recent ACGME and Institutional Anonymous Surveys

• Any other relevant documentation identified during the recent APR
Other Documentation for Special Reviews

Depends on items noted during the Institutional APR

- Procedural data
- Policies
- Low board scores
- Minimal faculty or house staff scholarly activity

- Most recent raw duty hour data
  - Quarterly duty hour violation logs
  - Raw duty hour

- Program attrition
  - Loss of ABMS faculty
  - Number of house staff leaving program
Preliminary Meeting with Team Members

Purpose: Discuss the role of the faculty and house staff member during the review

– Who will lead the review
– Discuss the necessary time commitment to ensure they attend the entire review
– Expectations for reviewing preliminary data
– Providing input during the review, and in the final report
– Additional follow up (if necessary) following the program review
The Benefits of Special Reviews

Program Under Review:

• Helps to open lines of communication between the Program Director, coordinator, faculty and house staff

• Assures program has taken steps to correct concerns

• Helps to educate Teaching Faculty and House Staff on current RRC expectations

• Determine whether the program can document compliance with requirements
Remediation Plans for Programs

Documentation of findings is shared with the EMS/GMEC at the next regularly scheduled meetings

– Significant areas of concern
  • Follow up meetings
    – Chair/Division Director, PD, Core PD and coordinator

– Outlines expectations for future documentation in the next APE
Remediation Plans

Significant issues may warrant a follow up meeting with:

– Chair
– Division Director
– PD
– Core PD
– Coordinator
– Hospital and/or University Administrative leaders
APR/SPR Documentation

The EMS Database is our primary tool for documentation
  • Used to collect all program documents
  • Tracks dates of APRs, Special Reviews and other updates

A copy of the Special Report is retained in the database
  • Subcommittee members are able to access all updated information throughout the year
  • Database notifies EMS members of any new RRC updates prior to EMS meetings

• Master Annual Review Schedule allows EMS and GME Office to watch program timelines
EMS Database

Pros:

• All recent ACGME and EMS updates are housed in one system

• EMS Members have ongoing access to data at all times
### Our EMS Database/Dashboard

![EMS Database/Dashboard](image)

#### Program Information

<table>
<thead>
<tr>
<th>Program Name</th>
<th>EMS Review Date</th>
<th>Primary Reviewer</th>
<th>Secondary Reviewer</th>
<th>Administrative Reviewers</th>
<th>APR Status</th>
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In Conclusion

• Maintain as much consistency as possible in your Special Review process
  • Following your policy is extremely important
  • Use databases or other tracking methods to watch timelines
  • Assure your Special Review criteria are well publicized to programs

• Remember the self-study process is continuing to evolve
  • Watch for updates from you RRC and the IRC
    – Self-study template from ACGME
    – Assure your action plans are well documented
    – Review RRC FAQs and other ACGME communication emails
In Conclusion

Keep in mind:

• Special Reviews should be seen as opportunities to improve, not a punitive action by your GME Office

• The goal is to have well structured programs and clear documentation of your efforts

• Your GME Office is there to help you navigate this new system
Results