Institutional Oversight of the GME Enterprise: Utilization of an Annual Institutional Report (AIR) - GME Report Card

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AIAMC Annual Meeting
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San Diego, CA
Disclosure/Conflict of Interest

- No disclosures
- Member ACGME Institutional Review Committee (IRC)
- Content of this presentation represents only my current institutional GME practices as DIO of Ochsner Health System
• Independent Academic Medical System

• 8 Hospitals/40 Community Health Centers

• 14,500 Employees/1,350 Employed Physicians

• OMC Primary GME Training Facility

• 23 Sponsored Programs (8 Core/15 Fellowships)

• 258 Ochsner Trainees

• 400+ Trainees Annually from LSU/Tulane
Outline of Presentation

• Importance of institutional oversight
• Contents/submission of an AIR-GME Report Card
• Face-to-face annual meetings with each PD
• Annual Report to OMS
• Institutional academic operations reporting
• AIR/APE as valuable data points in underperformers
• Q and A
Why Evaluate Programs/The Institution?

- Provides an opportunity to review accomplishments and identify challenges
- Provides an opportunity for institutional oversight by the GMEC
- PDSA model for planning program improvements
- Required by the ACGME
Importance of Institutional Oversight

- I.B.5 - Oversight of program accreditation in ALL ACGME programs
- I.B.5.a) – GMEC identifies institutional performance indicators:
  - I.B.5.a).(1) – Results of most recent institutional self-study
  - I.B.5.a).(2) – ACGME annual resident/faculty surveys
  - I.B.5.a).(3) – Programs’ accreditation status and self-study visits
- I.B.5.b) – AIR must include monitoring procedures for action plans resulting from review
- I.B.5.c) – DIO to submit written annual executive summary of AIR to governing body
What Has Changed in NAS?

• New Name = Annual Program Evaluation (APE)

• New Committee = Program Evaluation Committee (PEC)

• New Expectations = Continuous Program/Institutional Improvement
The New “Alphabet Soup” of GME

- **AIR** = Annual Institutional Review
- **APE** = Annual Program Evaluation
- **PEC** = Program Evaluation Committee
- **CCC** = Clinical Competency Committee
- **SSV** = Self-Study Visit
Data Collection in the Next Accreditation System
The Next Accreditation System

Continuous Observations

Assess Program Improvement(s)

Promote Innovation

Identify Opportunities for Improvement

Program Makes Improvement(s)

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The Next Accreditation System

- Instead of biopsies, annual data collection, that may include, but are not limited to:
  - Trends in annual data
  - Milestones, Resident, Fellow and Faculty Surveys
  - Scholarly activity template
  - Operative and Case Log Data
  - Board pass rates
- PIF replaced by Self-Study
- High-quality programs will be free to innovate: Requirements have been re-categorized (Core, Detail, Outcome)
HERE LIES
"PIF"
BORN: ?
DIED: 30 JUNE 2013
The Next Accreditation System: Data

- Continuous accreditation, with annual review of data
- RRC uses this information to determine compliance with the requirements

- Review based on aggregate data
- May suggest a need for a “focused” or “diagnostic” visit

- Site visit reports from diagnostic or focused visits
- Reviewed by RRC together with NAS annual data and updated ADS information
Decisions on Program Standing in the NAS

Application for New Program: 2-4%
Accreditation with Warning: 10-15%
Continued Accreditation: 75-80%
Withdrawal of Accreditation: <1%

1. NAS: No Cycle Length
2. All programs with 1-2y cycles in the old system – placed in Continued Accreditation with Warning Status
3. Percentages represent approximations based on accreditation status received by programs in the past

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NAS: What’s Different?

- No site visits (as we know them)
  but...
  - **Focused** site visits for an “issue”
  - **Full** site visit (no PIF)
  - **Self-Study** Visits every 10 years
Ten-Year Self-Study and Self-Study Visit

Annual Program Evaluation (PR-V.C.)
- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Ongoing Improvement

Yr 0 AE
Yr 1 AE
Yr 2 AE
Yr 3 AE
Yr 4 AE
Yr 5 AE
Yr 6 AE
Yr 7 AE
Yr 8 AE
Yr 9 AE
Yr 10 AE

AE: Annual Program Evaluation

Self-Study visit

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Submission of AIR/APE Report Card

- Self-study by PDs/Programs annually
- Sent out by GME Office May 1
- PD submissions by June 15
- Reviewed/scored by DIO in July
- DIO:PD meetings in September/October
- GMEC/PD meetings in November (transparent reporting)
- EOC/Hospital Board and OMS in December
Contents of AIR-GME Report Card

- See blank report card (handout)
- Attachments also include:
  - Annual resident survey data for program
  - Annual faculty survey data for program
  - Annual Program Evaluation (APE) summary
# Ochsner Clinic Foundation
Graduate Medical Education
Annual Institutional Review (AIR)  
AY - 2013

## I. Program - General Information

<table>
<thead>
<tr>
<th>Program</th>
<th>Program Director</th>
<th>Program Manager/Coordinator</th>
<th>Program Report Card – Date</th>
</tr>
</thead>
</table>

## II. Pre-Training Selection / Recruitment

<table>
<thead>
<tr>
<th>Program participates in Match?</th>
<th>NRMP</th>
<th>AUA</th>
<th>SI Match</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>No</td>
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</tbody>
</table>

House Staff beginning training at OCF in academic year → 2013

<table>
<thead>
<tr>
<th>Programs Percentage (%) of Positions Filled Nationally in Match</th>
<th>Total # of Positions Filled in Match</th>
<th>Positions Filled Outside of Match</th>
</tr>
</thead>
</table>

Number of ACGME-accredited positions approved?

<table>
<thead>
<tr>
<th>Total # Ranked Applicants</th>
<th>Lowest # applicant matched</th>
<th>Highest # applicant matched</th>
</tr>
</thead>
</table>

Number of Positions filled by IMG’s

Number filled by KSA applicants (Kingdom of Saudi Arabia)

Percent filled by IMG’s Nationally in Match

Number of matched applicants who are AOA

USMLE Step 1 average score of incoming

Mean:  High:  Low:

USMLE Step 2 average score of incoming

Mean:  High:  Low:

USMLE Step 3 average score of incoming (if fellowship)

Mean:  High:  Low:

## III. Components of the Educational Program

### A: ACGME Evaluation

<table>
<thead>
<tr>
<th>Date of most recent program Accreditation Letter of Notification</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of programs next RRC Site Visit or Self Study</td>
<td></td>
</tr>
<tr>
<td>ACGME Cycle of Continued Accreditation</td>
<td></td>
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<tr>
<td>Number of Citation/Concern in last Letter of Notification</td>
<td></td>
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<tr>
<td>Number of publications this academic year by key faculty of the program</td>
<td></td>
</tr>
<tr>
<td>Were any of these publications for PI/QI or Patient Safety projects?</td>
<td>Yes  No</td>
</tr>
</tbody>
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Ochsner Health System
Annual Program Evaluation (APE): Essential Measures of Program Quality

- Resident overall performance
- Faculty development
- Board certifying exams (3 – 5 year rolling average)
- Aggregate data review of Annual Resident/Faculty Surveys
- Semi-annual resident evaluations (Milestones Data)
- Residents confidential evaluation of program
- Faculty confidential evaluation of program
- Scholarly productivity
- Case log/key indicator case reviews
- PI/QI-Patient Safety aggregate activities
- Results of above to create performance improvement plan (SWOT analysis)

************************************************************************************

Keep detailed minutes of this meeting and subsequent department meetings where performance improvement plan discussed
Face-to-face Annual Meetings with PDs

- Completed for all programs in September/October
- Review of AIR/APE
- Discuss DIO evaluation of program with PD
- Review program academic strategic plan for current year
- Document findings/summarize plans (sign-off)
**OCHSNER CLINIC FOUNDATION**  
**GRADUATE MEDICAL EDUCATION**

**DIO Report Card Meeting Review Sheet**

<table>
<thead>
<tr>
<th>Program Name:</th>
<th></th>
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<tbody>
<tr>
<td>Meeting Review Date:</td>
<td></td>
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</tbody>
</table>

**Program Assessment Tools used:**
- [ ] ACGME Resident Survey (OCF & National Results)
- [ ] Annual Report Card Document
- [ ] Faculty Anonymous Evaluation of Program
- [ ] Resident Anonymous Evaluation of Program
- [ ] DIO Subjective Review
- [ ] Alumni Resident Survey – most recent year
- [ ]

**Comments/Action Items Based on Meeting w/Program Director:**

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Ronald G. Amedee, MD  
Designated Institutional Official

Program Director
Annual Report to Organized Medical Staff/Governing Body

• EOC/Hospital Board presentation in December
• I.B.5.c) – DIO to submit written annual executive summary of AIR to governing body also in December
Annual Report to OMS

• See “stop light” completed document (handout)
• Also includes institutional summary of annual resident/faculty surveys from ACGME
• Summary of all metrics collected annually (GMEC membership, recruitment of residents, excellence in continued accreditation, CLER visit results/opportunities, first time board pass rates, local impact, overall resident satisfaction, resident supervision, resident responsibility/evaluation/engagement, duty hours compliance, resident participation in PS/QI programs)
Institutional Academic Operations Reporting

- AIR-GME Report Card contents always reviewed in conjunction with program requests for increase in compliment
- New subspecialty fellowship requests result in immediate review of core program’s most recent report card
- Any requests for additional institutional capital/resources
Ten-Year Self-Study and Self-Study Visit

Annual Program Evaluation (PR-V.C.)
- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Ongoing Improvement

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Yr 1 AE
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AE: Annual Program Evaluation

Self-Study visit

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The Next Accreditation System

Promote Innovation

- Continuous Observations
- Identify Opportunities for Improvement
- Program Makes Improvement(s)
- Assess Program Improvement(s)

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Responsibilities of the PEC

- Overseas APE data collection
- Oversight of educational activities
- Continuous improvement of competency-based goals and objectives
- Address areas of noncompliance within the program
- At least an annual review of the program to effect improvements
Requirements of the APE

• Defined criteria of evaluation includes:
  – Program Quality
  – Resident Performance
  – Faculty Development
  – Graduate Performance

• Performance Improvement Initiative(s) in one or more of the above four areas

• Specialty requirements
Program Quality as a Metric

- Citations
- Recruitment numbers
- Quality of candidates recruited
- Resident and faculty attrition rates
- Resident transfer rate
- Residents overall evaluation of program
- Faculty overall evaluation of program

Basham and Engel
2014 ACGME Annual Educational Meeting
Program Quality as a Metric (cont’d)

• Program requirements
  – CCC appointed and meeting
  – PEC appointed and meeting
  – Milestone evaluations implemented
  – Policies reviewed (supervision and transition of care)
  – ACGME Annual Resident and Faculty Surveys
  – Duty Hour Compliance
  – Program Letters of Agreement (PLA)

Basham and Engel
2014 ACGME Annual Educational Meeting
Resident Performance as a Metric

- In-training exam scores
- Scholarly activities
- Case/Procedure/Operative Log Data
- PI/QI/Patient Safety Activities

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Faculty Development as a Metric

- Core faculty scholarly activities
- Faculty development initiatives
- Academic/Scholarly productivity
- Resident evaluations of faculty

Basham and Engel
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Graduate Performance as a Metric

- On-time graduation rates
- Graduates entering fellowships
- First time Board pass rates
- Graduate survey results

Basham and Engel
2014 ACGME Annual Educational Meeting
Documentation of Improvement Plans

• Review previous year’s action plan(s)
• Review current year’s action plan(s)
• Action plans need to produce positive results (i.e. leads to program/institutional improvement)
• Action plans need to be monitored and measurable

*****************************************************************************

Document the above for all four previously mentioned metrics
AIR/APE: Identifying Underperformers

• 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 GMEC monitoring of outcomes.
AIR/APE: Identifying Underperformers

• See policy and protocol currently used at Ochsner (handout).
FINAL THOUGHTS…

“The way ahead is difficult, but not impossible.”
Thomas Nasca, M.D.

“It is always the right time to do the right thing.”
Martin Luther King, Jr.
Summary/Q and A

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