


Breakout Session for Medical Specialties

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Overview of NAS-I

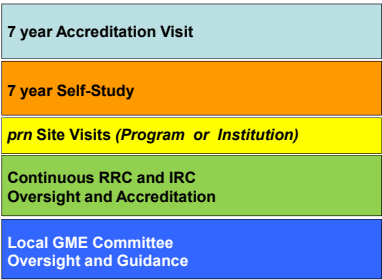
- To achieve promise of *outcomes-based accreditation*
- Annual review of programs to identify "problem programs" to help them improve
- Reduce burden of accreditation

Some key elements of NAS:


- Most data used in NAS already in place
- Annual ADS data entry continues as usual
- Self-study process every 7 years
- Site visited only when "issues" arise
- "Internal Reviews" no longer required
- Annual feedback (citations, areas for improvement)




Building Blocks of NAS-I



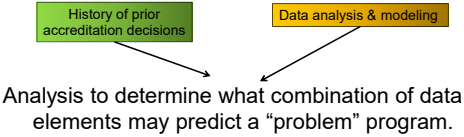
Annual Data Elements



- Resident Survey
- Clinical Experience
- Board Pass Rate (if available)
- Faculty Survey
- Scholarly Activity
- Attrition/Changes
- Subspecialty Performance (for cores)
- Omission of Data




How are data elements used?




Adequate sensitivity
Minimize false negative and positives
Importance of trends

Understand that this is an iterative process; new data elements will likely be developed over time.

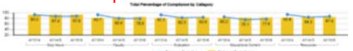


Data Elements: Resident Survey

- Duty hours
- Faculty
- Evaluation
- Educational content
- Resources
- Overall experience




Importance of Trends





Data Elements: Clinical Experience and Board Pass Rate

- Data elements and benchmarks *to be determined*
- In the United States
 - Aggregate pass rate data, most often 5-year averages and trends in pass rates, are carefully reviewed by the RC-I
 - Specialty-specific questions are provided to graduating residents regarding satisfaction with clinical experiences
- Whatever is decided, data needed from the program *will not change*



Data Elements: Faculty Survey

- General questions on engagement in program, observations related to program quality, scholarly activities


Data Elements: Scholarly Activity

- No change in expectations for scholarship in NAS
- As usual, ensure ADS entries are accurate and complete

Faculty Member	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. Last up to 4.	Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012	Number of other presentations given (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review Publications between 7/1/2011 and 6/30/2012	Number of chapters or textbooks published between 7/1/2011 and 6/30/2012	Number of grants which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2011 and 6/30/2012	Had an active leadership role (such as serving on committees or boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal between 7/1/2011 and 6/30/2012	Between xx and xx, held responsibility for seminars, conference series, or course coordination (such as arrangement of materials, organization and speakers, assessment of participants' performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.		
	Pub Med Ids	Pub Med Ids	Pub Med Ids	Conference Presentations	Other Presentations	Chapters / Textbooks	Grant Leadership	Leadership or Peer-Review Role	Teaching Formal Courses
John Smith	12345	6789	1011	3	1	1	2	Y	N



Data Elements: Attrition/Changes

- Composite variable related to the degree to which there are changes to faculty, trainees, leadership, or program structure
 - Examples: PD changes, loss of faculty, changes to participating sites
- These may have positive or negative implications on program





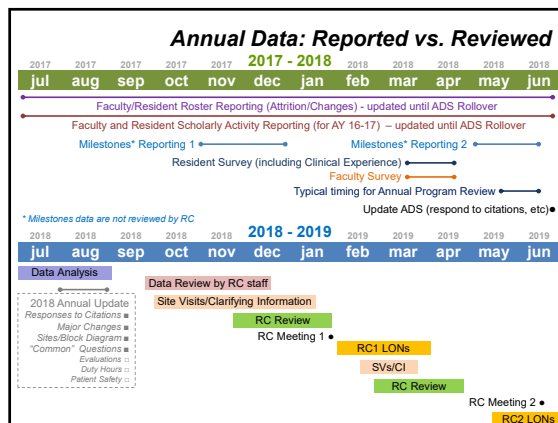
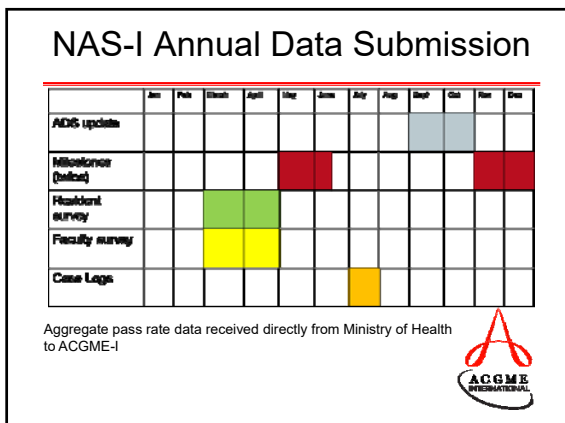
Core and Subs: Linked in NAS

- There is a link between the core residency and its fellowships: resources, faculty, quality improvement, etc
- Factors that effect the quality of the residency may also effect a fellowship (and vice versa)
- Thus, in annual data reviews, the RC will review data from core and subs together

The Annual "Rhythm of NAS"








Good practice for annual ADS update...

- Proactively use the "major changes/updates" field in ADS
 - If you see high non-compliance rates on survey and you start implementing corrections, inform the RC via "major changes"
 - Provides RC context if program is flagged
 - Reminder: RC reviews data from previous AY


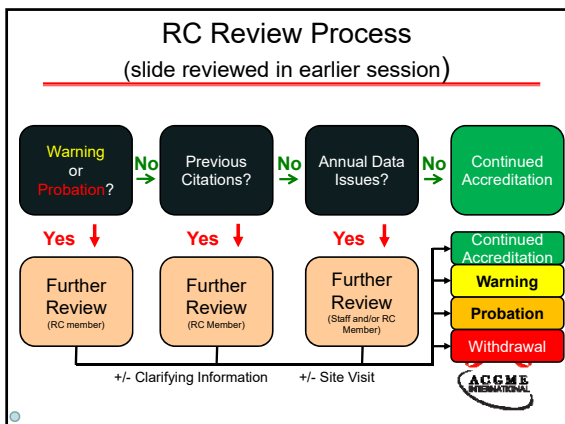
Best Practice:
 Review ADS at end of academic year
 Update as needed
 Program changes after APE
 Changes planned based on AFI's
 Confirm citation responses



ADS: Pay Attention to Detail



"Your resume says you pay attention to detail, which I'd have an easier time buying if your fly wasn't unzipped."


Annual Data Issues → Further Review

QUESTION #1: Are flags real?


- Which data elements were flagged? (Not all data elements have same weight/importance)
- How many elements were flagged?
- Are there trends?
 - Has RC cited program for this issue in the past?
 - Are other data elements corroborating?

If reviewer believes the signal is real...

QUESTION #2: Is more information (clarifying information or site visit) necessary?



Accreditation Decision Must Be Made Annually!





Accreditation Decision Must Be Made Annually!

<p>AREAS NOT IN COMPLIANCE (Citations) The Review Committee cited the following areas as not in substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements.</p> <p>EXTENDED CITATIONS Citation description (based on citation code)/Since (date citation was originally issued)/Status: Extended (Citation and supporting text will be pulled into the LON - no need to reenter) Continued non-compliance: (Date citation was extended will be entered)</p> <p>NEW CITATIONS Citation description (based on citation code)/Since (date citation was originally issued)/Status: New *Balance in progress report (if applicable) - THIS WILL APPEAR IN THE LON ONLY WHEN THE CITATION IS LINKED TO A PROGRESS REPORT WHEN POST-RESOLUTION ACTIONS ARE ENTERED Type of Response for Progress Report (if applicable)</p> <p>RESOLVED CITATIONS The Review Committee determined that the following citations have been resolved. Citation description (based on citation code)/Since (date citation was originally issued)/Status: Resolved</p> <p>OPPORTUNITIES FOR PROGRAM IMPROVEMENT CONCERNING TRENDS (if applicable) The Review Committee identified the following opportunities for program improvement and/or concerning trends.</p>	<p>Letter of notification will include accreditation status and feedback from RC</p> 
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What's the point of the feedback?



- Citation
 - Clear area of noncompliance that RC wants you to fix
- Extended citation
 - RC may provide feedback as to whether we are seeing improvement or not, but still expects this to be addressed
- Area for Improvement (AFI)
 - RC has some concern in a particular area, but it's probable that it is easily fixable and you are already tending to it
- Resolved citations
 - Good job!



What will most likely happen at most good programs?



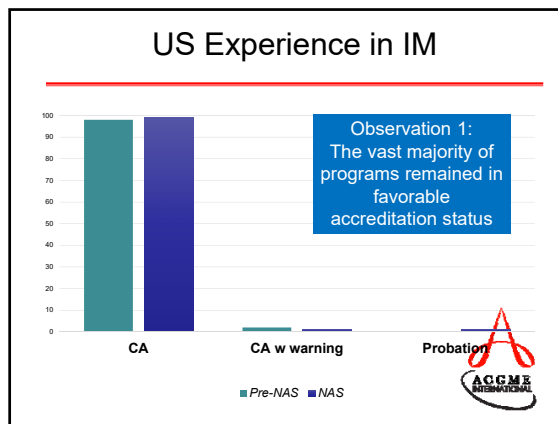
AFI's → Never become citations

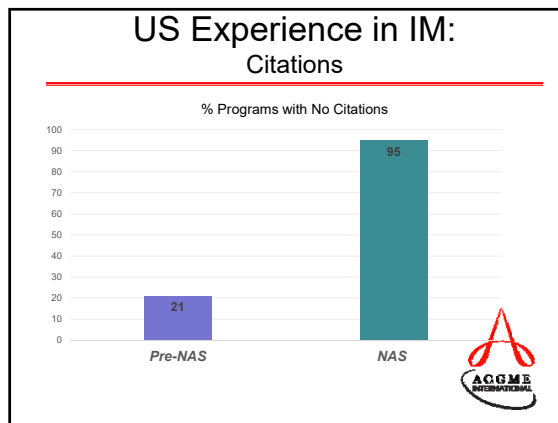
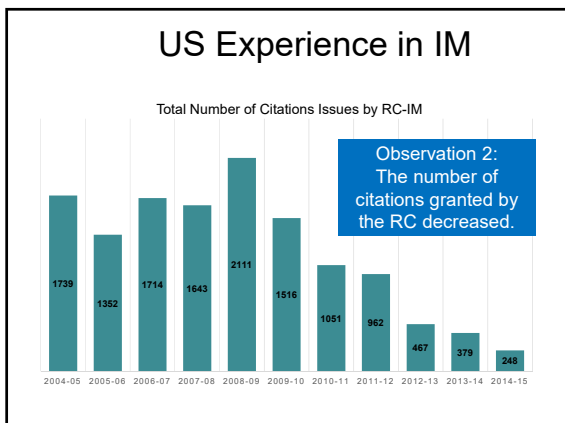
Citations → Resolve in 1-2 years

What happened in the US?

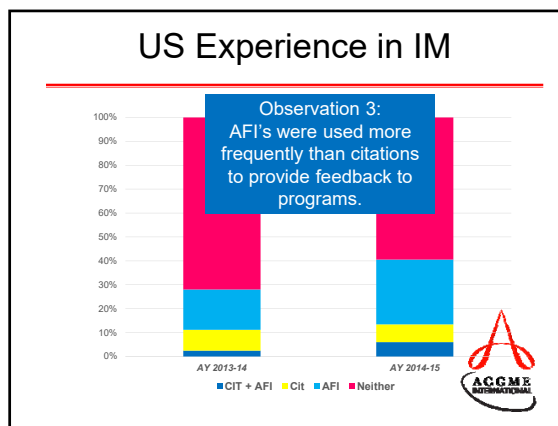
Data shown will be for internal medicine, but the experiences of the RC's in pediatrics, family medicine, and psychiatry were similar



Areas For Improvement

- **AFI = concerning area on review of annual data or site visit.**
 - Why AFI? No trend, lesser "magnitude" signal
 - Unlike citations, AFIs do not require specific response in ADS.
- The RC assumes the program and institution has been and will be addressing such concerns, and they will only draw scrutiny if the trend continues
 - *i.e., if they are again indicated as potential areas of noncompliance during the following year's annual review.*



US Experience in IM

Observation 4:
Site visits were used judiciously to investigate potential issues.

Site Visit Scenario #1

- In NAS YR2, program was flagged for...
 1. RS: 5 areas poor
 2. Clinical Experience
 3. BPR downtrending
- Identified as having DH in 2011.
- In NAS YR1, program received AFIs.

Site Visit Scenario #2

- In NAS YR2, program was flagged for...

RS: precipitous drop in DH and workload metrics (did not make sense).
- In NAS YR1, program was OK.

US Experience in IM

Observation 5:
Most programs with major issues fixed themselves within a year.

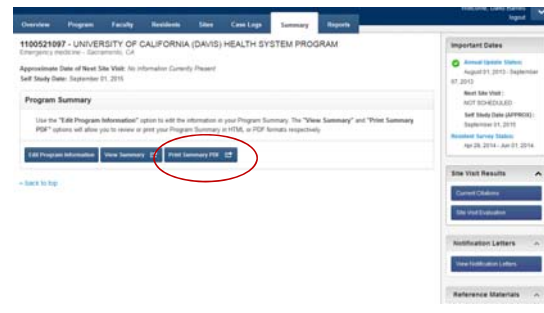
- **NAS Year 1 → NAS Year 2**
 - 60% of programs on **probation** moved to **continued accreditation**
Note: Site visit required
 - 66% of programs on **warning** moved to **continued accreditation**
Note: Site visit was not always necessary

A couple of tips...

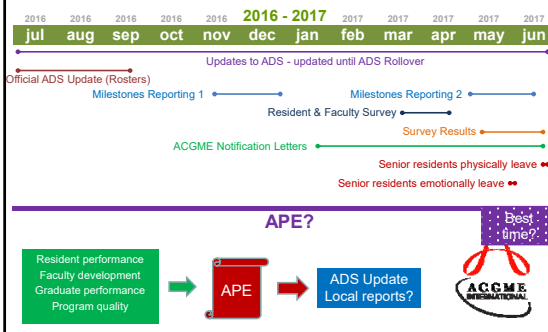
1. Review and enter missing faculty and resident scholarly activity, as well as new certifications, before June 30
2. PD must review all data before hitting the "submit" button
3. DIO should also review before submission
4. Inaccurate information could result in a clarifying report or further follow-up by the RRC
5. **Watch out** for common data errors/omissions:
 - Faculty credentials (degree, certification, re-certification)
 - Incomplete scholarly activity
 - Updated response to citation(s)



Save all updates as PDF so you have a copy for your records



Timing APE Relative to ADS



APE to Self Study Tracking Action Plans Longitudinally



Suggested Annual Program Evaluation Action Plan and Follow-up Template

Use this template for tracking areas for improvement from the Annual Program Evaluations across multiple years. The intent is to create a summary of improvements achieved, and a working list of areas that are still in need of attention. The template is suggested and you may adapt it in any way you find useful to facilitate program improvement. You also may use attachments or appendices if additional detail is relevant to tracking a given issue. (Note: This form should NOT be shared with the Review Committee or with ACGME site visitors during accreditation site visits.)

Area for Improvement (A1 2014-15)	Intervention	Line Institutional responsible	Expected Resolution (outcome measures and date)	Status (resolved, partially resolved and date, not resolved and date)
1				
2				
3				
...				
Area for Improvement (A1 2015-16)	Intervention	Line Institutional responsible	Expected Resolution (outcome measures and date)	Status (resolved, partially resolved and date, not resolved and date)
1				

APE to Self Study Tracking Action Plans Longitudinally

Year	Goal	Plan	What was accomplished?	Aligns with Which Aim?
AY15	Improve procedure skills	We will encourage the fellows to document all procedures, and monitor every 6 months to be sure they are meeting goals.	Procedure logs reviewed at semi-annual meetings; need to establish goals	Aim 1: Procedures
AY15	Get more evaluation data	Will send evaluations after each service month. Will also develop plan for collection of 360 evals.	Sending evals after each month; no 360 yet	Aim 1: Evaluation
AY15	Develop OCC	We will establish the Clinical Competence Committee for the Fellowship. We will have faculty complete the evaluations this fall in anticipation of the report to the ACGME that is due in January.	OCC established	Aim 5: Program Administration
AY15	Support fellow research	We will continue to support research of the fellows through regular meetings of the Scholarly Oversight Committees.	Doing this	Aim 2: Mentoring, Scholarly Activities
AY15	Improve board pass rate	Continue to support fellow attendance at the Res/REP course.	Division has agreed to fund for current residents	Aim 3: Board Pass Rate
AY15	Improve board pass rate	Ensure review of all core topics throughout fellowship, using the current specifications as a guide.	Not implemented formally	Aim 1: Board Pass Rate
AY15	Cover ADBs Scholarly Activities content	Ensure adequate review of Scholarly Activities topics by means of the monthly departmental Fellow Conference.	John and Caroline are ensuring that the core topics are covered	Aim 2: Scholarly Activities
AY15	Provide clinical support for fellows	Appoint clinical mentors for each fellow.	Discussed but not implemented	Aim 1: Mentoring
AY15	Appoint AFD from neurology	Over this next year, identify someone to serve as associate fellowship director.	Lydia appointed as AFD	Aim 5: Program Administration
AY15	Clarify roles for fellows	Develop policies and procedures for the roles of the fellows, particularly at deliveries, with non-emergent and emergency capture for	Discussed	Aim 3: Curriculum

Don't be afraid!

To contact ACGME-I staff with questions

Thank you!

