ACGME Update

2017 APDVS Spring Meeting
Chicago, IL
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Disclosures

No financial conflicts to disclose
Objectives

- Common Program Requirements
  - Section VI
  - Section I-V
- Self-Study
- 10-yr Accreditation Site Visit
"At the heart of the new requirements is the philosophy that residency education must occur in a learning and working environment that fosters excellence in the safety and quality of care delivered to patients both today and in the future.”

– Dr. Nasca

https://www.acgmecommon.org/2017_requirements
Learning and Working Environment

- Attention to patient safety and resident/faculty well-being
- Commitment to the well-being of residents, faculty members, students, and all members of the health care team
- Supporting the development of professionalism
- Eliminating burdensome documentation requirements
- Use of appropriate flexibility as a shared responsibility of the program and residents
**CPR Section VI**

**Patient Safety (new)**

**Culture:** must participate in patient safety systems and contribute to a culture of safety (Core) (VI.A.1.a).(1).(a))

**Education:** formal educational activities that promote patient safety-related goals, tools, and techniques(Core) (VI.A.1.a).(2))

**Events:** reporting patient safety events, including near misses, and be provided with summary information of their institution’s patient safety reports (VI.A.1.a).(3).(a)-VI.A.1.a).(3).(a).(iii))

**Training:** participate in real or simulated interprofessional activities (VI.A.1.a).(3).(b))
Education: training and experience in quality improvement processes, including an understanding of health care disparities (Core) (VI.A.1.b).(1).(a))

Quality Metrics: data on quality metrics and benchmarks related to their patient populations (Core) (VI.A.1.b).(2).(a))

Engagement: participate in interprofessional quality improvement activities (Core) (VI.A.1.b).(3).(a))

include activities aimed at reducing health care disparities (Detail) (VI.A.1.b).(3).(a).(i))
CPR Section VI
Supervision

Addition of italicized language providing the underlying philosophy for the supervision requirements

Changes include:

Minor changes in the Program Requirements to clarify intent – no major changes related to supervision
CPR Section VI
Professionalism

Manageable patient care responsibilities (Core) (VI.B.2.c)

- varies by specialty and PGY level
- assess how assignments can affect work compression, esp. PGY-1

Personal role of residents and faculty:

- report unsafe conditions and adverse events (Outcome) (VI.B.4.b.)
- fitness for work (Outcome) (VI.B.4.c)

Learning Environment: professional, respectful, and civil environment (Core) (VI.B.6.)
Focus: Work intensity and compression
Safety
Residents and faculty
Time to attend to personal and medical care
Monitor for burnout, depression, and substance abuse

The ACGME is leveraging resources in four key areas in support of attention on well-being: education, influence, research, and collaboration

http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being
80 hours averaged over 4 weeks (must)

clinical work from home counts toward total (new)

8 hours off between...work periods (should)

flexibility for residents to make decisions that prioritize their patients

14 hours free after 24-hours in house call (must)

1 day free in 7 (must)
Changed:

Removed 16-hour limit for PGY-1’s

PGY-1s to function as members of the team and must be supervised in compliance with the requirements

Eliminated limit on consecutive nights of night float

At-home patient care activities (call, MR) counts toward 80-hours

Eliminated documentation for a resident, on their own initiative, electing to remain/return to the clinical site (VI.F.4.a)
Common Program Requirements

Sections I – V
Being revised now

Watch for public comment period within the next few months
Objective, comprehensive evaluation of the program, with the aim of improvement

Guide and materials available on the ACGME website

http://www.acgme.org/What-We-Do/Accreditation/Self-Study
Self-Study – Four Elements

1. Program Aims

2. SVOT/SLOT Analysis:
   - Internal: Strengths
     Areas for improvement/vulnerabilities/ limitations
   - External: Opportunities
     Threats

3. 5-year “look back” on changes, improvements

4. 5-year “look forward” on plans for the future
   “What will take this program to the next level”
Self-Study – Once Completed

- ACGME Template with sections for “Key Self-Study dimensions”
  - Program Aims
  - Program Strengths, Opportunities, and Threats
  - Five-year - look-back and look-forward
  - Self-study process (participants, data collected and interpreted)

Omitted by design: areas for improvement/vulnerabilities/limitations
10-yr Accreditation Visit

- 12- to 18-months after the self-study to allow programs implement improvements (90-days notice)

Site Visit

- Full accreditation site visit w/ review of all applicable requirements
- Submit “Summary of Achievements” detailing improvements made as a result of the self-study
- No information collected on areas not (yet) improved
- Field Staff will assess maturity of program improvement effort using updated self-study
10-yr Review Committee Review

- Review Committee provides Letter of Notification
  - Citations and areas for improvement

- Formative feedback (no accreditation impact) for the RC assessment of the self-study (*no information collected on areas not yet improved)

Focus will be on the on “improvement process,” not the priorities the program has selected
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Thank you!