
 <p>Mercy MEDICAL CENTER DES MOINES <i>A member of Mercy Health Network</i></p>	GME Department Policy		Page 1 of 3
	SPECIAL PROGRAM REVIEWS		Effective Date: May, 2015 Reviewed:

POLICY:

The Graduate Medical Education Committee (GMEC) will establish criteria for identifying program underperformance, develop procedures to use for special reviews and provide reports that describe the goals and corrective actions that the program will use and the process that the GMEC will use to monitor the outcomes.

PROCEDURES:

1. The GMEC will identify underperformance through the following established criteria, which includes, but is not limited to, the following:
 - a. Program attrition
 - i. Change in program director more frequently than every 2 years.
 - ii. Greater than 1 resident/fellow per year resident attrition (withdrawal, transfer or dismissal) over a 2 year period.
 - b. Loss of major education necessities
 - i. Changes in major participating sites/groups
 - ii. Consistent incomplete resident complement
 - iii. Major program structural change
 - c. Recruitment performance
 - i. Unfilled positions over 3 years
 - d. Evidence of scholarly activity
 - i. Inadequate participation by faculty and residents
 - ii. Failure to meet any of the specific accreditation requirements
 - e. Board pass rate – falls below 80% over a 3 year period
 - f. Case logs/Clinical experience – below specialty-specific standards
 - g. ACGME surveys
 - i. Resident survey – resident overall dissatisfaction with the program including but not limited to egregious single year issues and issues that extend over more than one year. OR a drop of greater than 0.4 of a point in any one of the items surveyed by ACGME.
 - ii. Faculty survey – minimum of 60% completion rate OR a drop of greater than 0.4 of a point in any one of the items surveyed.
 - h. Non-compliance with responsibilities
 - i. Failure to submit milestones data to the ACGME and GMEC
 - ii. Failure to submit data to requesting organizations (ACGME/ABMS) or GMEC
 - i. Inability to demonstrate success in the CLER focus areas
 - i. Patient safety
 - ii. Health care quality
 - iii. Care transitions
 - iv. Supervision
 - v. Duty hours, fatigue management and mitigation
 - vi. Professionalism
 - j. Inability to meet established ACGME common and program specific requirements.

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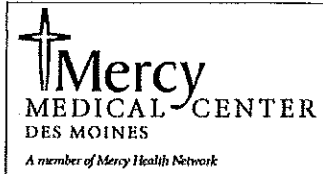
- k. Notifications from RRC requests for progress reports and site visits, unresolved citations or new citations or other actions by the ACGME resulting from annual data review or other actions

2. Special Review:

- a. A special review will occur when:
 - i. A program has met three or more of the criteria established to initiate the review (focused to full review).
 - ii. A severe and unusual deficiency in any one or more of the established criteria (focused to full review)
 - iii. There has been a significant complaint against the program (focused to full review)
 - iv. As determined by the DIO and/or Hospital Administration.
- b. A Special Review Panel will be appointed by the DIO in consultation with the Chair of the GMEC. Membership must be drawn from outside the program being reviewed. Minimum committee membership is three individuals, including at least one program director (or associate program director) and one resident/fellow. The committee may include non-physician administrator as deemed appropriate. An appropriate balance of faculty, residents or fellows, and any administrators must be maintained. External reviewers may also be included on the review committee as determined by the DIO.
- c. The members of the program to be interviewed may include, but are not limited to, the program director, key faculty members and peer selected residents/fellows.
- d. The Special Review Panel will determine materials and data to be used during the Special Review.
- e. The Special Review Panel will conduct the special review through review of materials, data and other information provided by the program and through interviews with identified individuals.
- f. The Special Review Panel will prepare a written report to be presented to the DIO & GMEC for review and approval. At a minimum, the report will contain:
 - i. A description of the review process and the findings of the panel
 - ii. A description of the goals and corrective actions to address identified concerns
 - iii. The process for the GMEC to monitor outcomes of corrective actions taken by the program. The GMEC may, at its discretion, choose to modify the Special Review Report before accepting a final version.

3. Monitoring of Outcomes

- a. The GMEC will monitor outcomes of the Special Review by documenting discussions and follow up in the GMEC minutes.



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Signature

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Title

Chief Physician Officer