

April, 2010



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Friday, May 21, 2010

Doubletree Airport Hotel in Rosemont, IL

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IACME would like all members to note that the new official
e-mail address for the IACME is now ilalliance@aol.com. Please direct all
future communications to our new e-mail, and we will be sure respond to all
inquiries. Should you need to reach IACME directly, you can always call 630-
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A CME Case Study: Implementing ACCME's Criteria 2 and 3 in the Hospital Environment.

The IACME is proud to present the next in our ongoing series of articles
addressing the implementation of the ACCME's Updated Criteria for
Accreditation. The following case addresses Criteria 2 and 3, which state:

2. The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.
3. The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

“Developing an activity that is based on educational need that underlies a professional practice gap and is designed to change physician competence and patient outcomes: A Community Hospital Perspective” (Addressing Criteria 2 & 3)

Problem

A community hospital Anesthesia Department Chair observed an unusual volume of requests for anesthesiologists to assist specialists with moderate sedation. Concerned with physician competence and patient safety, the department chair brought the issue up to the Director of Medical Affairs. In their discussion, both the Anesthesia Department Chair and Director of Medical Affairs referred to Joint Commission (JC) requirement for hospitals to have clear policies for administering moderate sedation, and for staff to have appropriate credentials to manage whatever level of sedation occurs. Further, the Anesthesia Department Chair indicated that sedation issues are prevalent nationwide. According to the University Health System Consortium data, presented at a recent meeting, there may be 1,690 incidents a year related to sedation—ranging from an overdose of drugs to a procedure that is started before a patient is adequately sedated. Both the Director of Medical Affairs and Anesthesia Department Chair concluded that requirements for physicians requesting moderate sedation privileges need to be reviewed and revised. Several meetings followed in attempt to determine what the updated requirements would be, and the proposal had to go through appropriate channels, before it would become official.

Solution

The Director of Medical Affairs and the Anesthesia Department Chair consulted a CME Coordinator, in order to determine, whether there was an opportunity to address the issue through education. The idea was to mandate that physicians requesting moderate sedation privileges complete appropriate education and training.

The CME Coordinator solicited back up data from the department of Quality Resource Management, as additional means grounding the development and implementation of an educational activity on Moderate Sedation. The QRM department confirmed that they followed moderate sedation occurrences and gladly shared the occurrence summary report. Seeing a legitimate educational need that underlined a professional practice gap, the CME Coordinator set out to help the Anesthesia Department Chair develop a CME activity proposal.

Conclusion

Activity planning sessions followed, and eventually, hospital CME Committee reviewed and approved the proposal, an online Moderate Sedation lesson. The lesson featured a post activity test, and a minimum grade of 90% as criteria for successful lesson completion. In addition, hands-on Airway Management demonstration/training was required to ensure that specialists were able to apply in practice what they've learned online. The Anesthesia Department Chair gladly volunteered to supervise the training. The QRM department continued following moderate sedation occurrences and periodically shared reports with the CME Coordinator.

While successful completion of the post test and hands on training were indicative of change in physician competence, the occurrence reports served as means of assessing change in patient outcomes.

How is your organization addressing Criteria 2 and 3?

What you are doing may help your colleagues, or spark questions that will help you!

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