

September 2011



*“Education,
Collaboration,
Fellowship,
Networking.”*

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A WORD FROM THE IACME PRESIDENT

Michelle Adams

As the world of CME changes, we must adjust to keep up with those changes. Our goal is to further increase the value of your membership by doing just that. We want to continue to expand and bring people and ideas together. One way of doing this is to increase the number of members and expand the diversity of our membership. Behind the scenes, the board is working to encourage our existing members to get more involved and reach out to new individuals who will benefit from being members.

Another way we deal with change is communication. It is always satisfying to see people from the same field come together to discuss challenges, similarities, and differences faced daily and work to find solutions. Being able to share ideas and tools with colleagues who are right in your own backyard is one of our biggest strengths. We are getting better at doing this by setting up our LinkedIn group and starting networking opportunities. In addition, we'd like to increase educational offerings and provide you with more tools.

Of course we face challenges. Adding additional opportunities requires time, effort, and resources. Most of all, it takes volunteers. I hope each of you will share the workload by submitting material for the newsletter and website, speaking at our conferences, volunteering for a committee, discussing ideas on LinkedIn, and supporting our educational efforts. By putting our knowledge and enthusiasm together we can make a difference.

IACME FALL CONFERENCE

IACME and ISMS Collaborative Conference

Friday, October 14, 2011

Oakbrook Hills Marriot Resort

Keynote Speakers:

Dave Davis, M.D.

Senior Director, Continuing Education and Performance Improvement
Association of American Medical Colleges

Wes Cleveland, J.D.

Attorney, Private Sector Advocacy Group, American Medical Association

Visit www.iacmeonline.org for registration information!

IACME on LinkedIn

Did you know that half of the IACME membership is part of the IACME LinkedIn group? If you aren't yet a member, join now (email ilalliance@aol.org if you need instructions)! If you are a member, we encourage you to utilize this forum to interact with your colleagues in the

area and receive email alerts when colleagues are posting messages to the group!

The Reaccreditation Process: A Hospital's Perspective

Linda DuPont
Supervisor, Continuing Professional Development Office
Aurora Health Care

CONTEXT: Aurora is an integrated not-for-profit health system providing health care services in more than 90 communities throughout eastern Wisconsin and Illinois. The Aurora system includes:

- 16 hospitals
- 155 physician clinics
- 1500 employed physicians
- 82 pharmacies
- 30,000 caregivers
- 92,000 inpatient discharges
- 2.2 million outpatient visits
- 3.6 million ambulatory care visits
- Numerous ambulatory diagnostic and treatment centers, home health care, and social services agencies.

The Continuing Professional Development (CPD) office has a Medical Director (part time), a supervisor, and a staff of four.

What steps did you take internally, prior to starting the self-study/reaccreditation process, in order to help your organization prepare for the reaccreditation process?

Our process, actually, started right after our last reaccreditation survey when we created a spreadsheet to track changes and improvements we would make to our program in the next four years. The spreadsheet was organized by a tab for each ACCME criteria. The spreadsheet was very useful when the time came for writing the self study.

The other item that we discussed directly after our last survey and specifically targeted was the decision that our office would make it a focus to achieve accreditation with accommodation. This meant reviewing and educating the office staff on what criteria 16-22 meant and creating a plan to achieve it.

The "official" process started about 14-16 months prior to turning in our self study. One of our first steps was to create an outline of what process we would follow to prepare the self study. The outline stated who was responsible for self study and specific tasks. Some of the tasks were:

- Review all policies – some needed no changes, others needed a complete overhaul. This also led us to set up a process that all policies are reviewed on a rotation schedule
- Review all forms – it was a great learning experience for a new staff member
- Research other institutions for best practices in specific

area, i.e. commercial support, peer review, content validation, etc.

Staff also identified specific areas that they felt we could improve and processes that needed to be implemented.

If you have done a self study prior to this one, what are some of the major differences that you found in this self study? If this is your first self study, describe your impressions and thoughts on the process.

Both the Medical Director and I have been through a self study process previously, but none of the other staff have. Although this self study was very different in that it involved updated criteria... For previous self studies, we gathered the information and wrote it down. This time, the main difference was that it was not just a short term process; we have been keeping the "accreditation" in our discussions. It was ingrained in how we looked at issues and processes of our office. Having discussed, planned and worked for the last four years towards reaccreditation, we were prepared to complete the self study and for the site visit too, especially, criteria 16-22.

What were some of the key challenges that you encountered in completing the self study and/or reaccreditation process. How did you deal with them? Lessons learned? Recommendations?

I think the greatest challenge for us was figuring out what to put into the self study. We are a huge program. We do: RSS's, live courses, enduring materials on internet, point of care, and PI CME. We are limited in space, so how do we describe our program in just one example? This was where the spreadsheet was helpful. We would reference what we had documented in each tab and discuss what would present as the best example, keeping in mind the question, "how would a site reviewer look at this?"

Recommendations: 1) Start planning right after your last survey, i.e. documenting your changes and improvements. Don't try to rely on your memory. 2) If you don't understand what the self study question is asking for, don't guess; ask for clarification from your accrediting body. 3) If you are not sure you described it well, add an example. 4) Don't sell yourself short, this is your chance to shine; brag about what you are doing well!

Did anyone outside of your staff review your self-study? If so, what value (if any) did this add?

We did have individuals outside of our office review sections of the self study. Our compliance office reviewed examples and policies that we included. We had individuals who are familiar with accreditation review select sections. Using someone who was somewhat familiar with your office, but looking at it with a different set of eyes was helpful. Their comments were valuable in ensuring our study was written well, clearly defined, and understandable.

If you achieved accreditation with commendation, what do you think made you successful?

Accreditation with commendation is not as difficult as people think, but does take time and effort. A hospital has many opportunities within criteria 16-22. We have access to tons of data and many departments

we can collaborate with. That gives us multiple opportunities build bridges within our institutions. It did take our CPD office time to establish these relations, that's why we consciously made a plan to focus on accreditation with accommodation. My best advice is not to give up on establishing relationships; it took several years for our data people to trust us with their information.

For the submission of activity files, did you utilize hard copy or go green and submit by PDF on a CD or flash drive? What was your experience with this format? Preferred?

Our state still uses hard copies. Although we are now scanning in our files, cutting down on paper and saving space.

How is your organization addressing the ACCME Criteria?

What you are doing may help your colleagues, or spark questions that will help you! **Add to the conversation on the IACME LinkedIn Discussion Group! Go to:**

http://www.linkedin.com/groups?gid=1903150&trk=myg_ugrp_ovr

You must be a member of the IACME to join.