

Addressing the Most Common ACGME Citations

*CORD Academic Assembly 2017
New Program Leaders Fair*

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Goals

- Common Citations
- Writing strategy-The Art of Responding to Citations
- Web ADS strategies
 - Major Changes
 - Repeat aspects of your Answers to Citations
 - Be consistent throughout Web ADS/responses
- Resource
 - http://www.acgme.org/Portals/0/PDFs/FAQ/110_emergency_medicine_FAQs.pdf

The Good News

- Fewer citations are being given out
- Emphasis on Areas for Improvement
 - These do not require response

Common ACGME Citations

- Core Faculty Scholarly Activity
 - Annual scholarly activity participation
 - Peer-reviewed publications
- Key Index Procedures
 - Not meeting minimum
 - Too many simulated procedures
- Board Pass Rate
 - (5 year rolling average)
- Resident survey
 - (significant deviation from specialty mean)
- Attrition (mainly core faculty)

ACGME Webinar May 20, 2015
EM RRC Update, SAEM Annual
Meeting, 2016

Common ACGME Citations

- Faculty Certification/Credentials
 - Current ABEM certification/medical license
- Throughput Times
 - 4 hours (Discharged)
 - 8 hours (Admitted)
- Providing Inaccurate Information

ACGME Webinar May 20, 2015
EM RRC Update, SAEM Annual
Meeting, 2016

Core Faculty

- Know the requirements and make sure your CF meet them
- Emergency Medicine FAQs
- Pare down your list
- Pick them carefully
- 1 per 3 residents
- ≤ 28 clinical hours per week

Core Faculty

- Required: PD, Chair, Associate/Assistant PDs
- Should include CCC/PEC members
- ≥ 15 hours per week-resident education and administration
- CF will take ACGME Faculty Survey
- Attends at least 20% of didactics
- Clinically active
- Works with residents on Scholarly Activity
- Other faculty should not be entered in ADS

Core Faculty

- One piece of scholarly activity per year, averaged over 5 years
 - One peer-reviewed pub for every five CF per year
 - Averaged over 5 years
 - Co-authors: Pub Med ID numbers count only once
 - Can't just have 1-2 productive faculty
- Participate in faculty development programs
- ≤ 4 patients per hour

Faculty Certification

- Board certified by ABEM
- Core Faculty: appointment in the medical school

ACGME EM Program Requirements, January 2017

Throughput Times

- 4 hours
- 8 hours
- *Excludes Observation patients*

Key Index Procedures and Resuscitations

- Resident must maintain procedure log
- Web ADS reporting
- PD/coordinator must monitor this
- Discuss at Semi-Annual Reviews
- EM Procedure Guidelines
 - Make sure residents know these

Key Index Procedures and Resuscitations

- "No more than 30 percent of required logged procedures performed in simulated settings can count toward the requirements for procedure numbers, with the exception of rare procedures, namely pericardiocentesis, cardiac pacing, and cricothyrotomy. One hundred percent of these rare procedures may be performed in the lab."

– ACGME EM FAQs, January 2017

Other Possible Citations

- Critical Care Requirements
 - Step down unit does not count
 - ICUs in ED do not count
- Resident Scholarly Activity
 - Must be completed by end of residency
 - Review, Case Report
 - Active participation in research project
 - Formulation/implementation of original research project
 - QI Project

Resident Scholarly Activity What Counts?

- Peer review
- Non-Peer review
- Textbook Chapters
- Presentations
- Participation in Research

Other Possible Citations

- Block Diagram
 - Make sure it is consistent with other parts of Web ADS/Major Changes
 - Make sure you meet the requirements for Critical Care/Pediatrics/60% time in ED
- Web ADS inaccuracies
 - Publications
 - CV
 - Faculty certification/licensure
 - Patient census numbers

The Art of Responding to Citations

- ANSWER THE QUESTION
- DON'T MAKE EXCUSES
- DON'T ARGUE WITH THE ACGME
- BE REPETITIVE IN YOUR WEB ADS SECTIONS/MAJOR CHANGES
- BE CONSISTENT IN WEB ADS/OTHER WRITTEN RESPONSES



Next Accreditation system

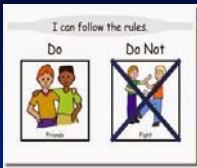
- Identify the 10% of programs who are struggling
- Citations (now really a pre-probation warning)
- Most Programs 90% are doing fine
- Areas of Focused Improvement (AFI)
 - These are the old "citations"
 - Don't require a written response
 - Still need to be addressed and corrected



Addressing citations

Rules:

- The RRC is not wrong.
- The rules are not stupid
- Don't argue with the RRC by telling them they are wrong and the rules are stupid.



HUMILITY here is essential



Addressing Citations

Format:

- First Sentence: "We strongly agree with this rule."
- Second sentence: "Here's why we think this rule is important."
- Next sentences: "Here's what we're doing to meet this rule."



Why are there rules?

- Duty hours are for patient and resident safety
- Scholarship requirements are to advance the knowledge base of the specialty
- Faculty certification/recert years are to assure practice and teaching of current EBM for patient safety and role modeling of life-long learning
- etc



Addressing citations

If you are following the rule, but failed to demonstrate it:

- Own that (it wasn't the site surveyor's fault)
- Show how you're in compliance with thorough documentation

If you are not in compliance:

- You need to change your program and then document what you are doing now
- Don't try to convince the RRC to change the rule
- Don't just write "this citation has been corrected." Document details



Our citations and responses



Citation 1

Faculty Qualifications/Current Specialty Certification [II.B.2.a)] All core physician program faculty and other attending staff who provide supervision for emergency medicine residents must have current certification in the specialty by the American Board of Emergency Medicine, or possess qualifications acceptable to the Review Committee.

Based upon information provided in the PIF, Dr. Fxxxx is not currently certified in Pediatrics or Pediatric Emergency Medicine. In addition, Dr. Sxxxx is currently certified only in Pediatrics. In order to supervise emergency medicine residents while on emergency medicine rotations, American Board of Pediatrics certified faculty members must also be certified in pediatrics emergency medicine.

Response 1

We strongly agree that the qualifications of our faculty are very important. Our trainees need to be learning from appropriately trained and qualified faculty. Our residents' ED rotations are only in facilities that have 100% ABEM board certified or board prepared physicians. All of our faculty are board certified or board prepared (residency and/or fellowship recently completed, board status pending) in either Emergency Medicine or Pediatric Emergency Medicine. The two faculty members in question had completed their Pediatric Emergency Medicine fellowships and their Pediatric Emergency Medicine Boards were in progress at the time of the site visit. Since then, Dr. Sxxxx has passed her boards on 3/28/12 (ABP#xxxx) and Dr. Fxxxx passed on 4/9/13 (ABP#xxxx), having completed their fellowships June 2011.

Citation 2

Faculty Responsibilities/Core Faculty Scholarly Activity [II.B.5.e)] All core faculty must be involved in continuing scholarly activity.

Of the eleven core faculty members listed in the PIF, Drs. Bxxxx, Kxxxx, Wxxxx and Wxxxx do not have any peer-reviewed scholarly activities. In addition, Dr. Wxxxx's information does not list any scholarly activities of any type. The Committee notes that scholarship and research will be included in faculty development plans.

Response 2

We also agree that our scholarly mission is very important. The advancement and dissemination of new knowledge in Emergency Medicine must be anchored at academic centers throughout the country. We have a robust faculty development plan in place to enhance our maturation as an academic department. This includes:

[detailed faculty development plan listed here]

The following list of scholarly work has already been accepted for publication since our initial application for accreditation (PIF) was submitted in 2011. There are many new projects are in currently progress:

[past year's faculty bibliography listed here]

Faculty scholarship and "pifsmanship"

List only the required number of faculty ($PD + \frac{RESIDENTS}{3}$)

- Listing more only dilutes your scholarship numbers (increases the denominator)
- List your top publishers
 - Must be ≤ 28 hrs/wk (and ≥ 15 hrs) clinical
 - Must attend $\geq 20\%$ conferences
 - Must include chief of service, APD



Most common citations*



Resident scholarly output

- No set minimum numbers: Should be on par with other EM programs

Response to citations

- Don't just write, "this citation has been corrected."

Faculty roster updates

- Double check state license and board exp dates

ACGME annual surveys below minimum response rates

- 60% for faculty, 70% for residents

*Source: RRC update 2015