

Corrective Action Plans

31st Annual ACOI Trainer's Congress

Orlando, FL

May 1, 2009



Goals and Objectives

- Review the Standards relating to corrective action plans and progress reports
- Discuss what a corrective action plan is and is not
- Share examples of corrective action plans
- Clarify CEE and PTRC handling of corrective action plans



Corrective Action Plans & Progress Reports

G. Progress Reports, Reconsiderations and Corrective Action Plans

3.4 The AOA approval letter with cited deficiencies shall be sent to the program, specialty college and OPTI within two weeks of the PTRC decision.

3.5 The program shall respond to its OPTI OGME Committee with a corrective action plan to address the deficient requirement(s) within forty-five (45) days of receipt of approval letter.



Corrective Action Plans & Progress Reports

G. Progress Reports, Reconsiderations and Corrective Action Plans

3.6 The OPTI will review the plan and submit it to the AOA Division of Postdoctoral Training and specialty college simultaneously within THIRTY (30) days of receipt of the corrective action plan.

3.7 If a corrective action plan is received by the AOA and it is not reviewed and signed by the OPTI the AOA will return the corrective action plan to the OPTI. The SPEC will review the plan within forty-five (45) days or at their next evaluating committee meeting, whichever is sooner, and forward to PTRC for plan action.



Corrective Action Plans & Progress Reports

G. Progress Reports, Reconsiderations and Corrective Action Plans

3.8 Failure by the program to supply the specialty college or IEC with adequate documentation of the implementation of their corrective action plan within six (6) months of acceptance of the plan by the specialty college, or repeated failure to supply an acceptable plan will constitute noncompliance.

3.9 The specialty college or IEC shall notify the PTRC of noncompliance with this process. The PTRC in conjunction with the Specialty College or IEC, shall recommend an immediate action from their evaluation committee to the PTRC.



Post Inspection Review Process

- Inspection February-April
 - CEE May
 - PTRC July/August
- Inspection May-August
 - CEE September
 - PTRC November
- Inspection September-January
 - CEE January/February
 - PTRC April



Corrective Action Example

- Inspection February-April
 - CEE May
 - PTRC July/August
 - Corrective action plan due to ACOI and OPTI in 45 days
 - Corrective action reviewed at September CEE
 - Corrective action November PTRC
 - Progress report for January/February CEE



What is the purpose?

- Elucidate plan to correct each citation
- Should be viewed as a quality improvement exercise
- Show the OPTI, CEE and PTRC that program understands the citations and is responsive



What isN'T the purpose

- Complain about the inspector
 - Inspector didn't look
 - Inspector didn't ask
 - Inspector misinterpreted
- Highlight weaknesses in the Basic Standards
- Attack the CEE or PTRC
- State the trainees are “misinformed”



Corrective action plan should...

- List each citation
 - Cite Standard number and name
- Clearly explain change that will be implemented to address each citation
- Include measurable outcomes



Progress reports should...

- List each citation
 - Cite Standard number and name
- Update the OPTI/CEE/PRTC on the progress of plan
- Include data regarding outcomes



Examples



Corrective Action Plan

Start to finish



At its July 31st, 2008 meeting, the Program and Trainee Review Council (PTRC) granted CONTINUING APPROVAL of the *Internal Medicine* training program with six (6) positions at [redacted] with re-inspection in four (4) years.

This approval remains in effect until the AOA completes its next scheduled program review and sends notification of continuing approval. The next regularly scheduled program review is due within thirty (30) days of July 31st, 2012.

Deficiencies:

- V, C Fewer than 80% of graduates on a three year average take the AOBIM certifying exam
- IV, G Program does not participate in the Clinical Assessment Program.

(Citations are from the *AOA/ACOI Basic Standards for Residency Training in Internal Medicine, Rev. 7/2008*)

the enclosed *Guidelines on Correction of Deficiencies* when filing your responses. The document cited in the deficiencies is posted to DO-Online – see Education/ Postdoctoral Training / Additional

PTRC Policy requires that programs file a response to the deficiencies noted above. Please refer to the enclosed *Guidelines on Correction of Deficiencies* when filing your responses. The document cited in the deficiencies is posted to DO-Online – see Education/ Postdoctoral Training / Additional Resources. The *AOA Accreditation Document for Osteopathic Postdoctoral Training Institutions (OPTI) and the Basic Document for Postdoctoral Training Programs* (Rev. 07/2008) is also posted.

below.



22 April 2009

John Bulger, DO
Chair, ACOI Council on Education and Evaluation
3 Bethesda Metro Center
Suite 508
Bethesda, MD 20814

Dear Dr. Bulger,

I am in receipt of Brian Donadio's letter dated 8 April 2009 regarding my program's lack of a Corrective Action Plan for 2 deficiencies cited in our most recent inspection and subsequent four year continuing approval notice. I must apologize to the council for this oversight and request your review of the enclosed plan at your upcoming meeting on 30 April 2009.



Cited Deficiencies:

1. V, C Fewer than 80% of graduates on three year average take the AOBIM certifying exam.
2. IV, G Program does not participate in the Clinical Assessment Program.



Response and Plans:

1.
 - a. Since the inception of our AOA training program at [REDACTED], all Osteopathic graduates (100%) of our dual track program (100%) have passed either the AOBIM or the ABIM certifying exam in Internal Medicine. To the best of my knowledge, all passed their exams on the first attempt.
 - b. Although the Basic Standards require a minimum of 80% of graduates take the AOBIM exam as detailed above, we cannot compel graduates who have left our program to take a specific certifying exam. In the past, we have encouraged, recommended and requested that our graduates take the AOBIM exam. We offer financial support for board preparation.
 - c. Our Corrective Action Plan for this issue will be to continue to encourage our trainees to pursue Osteopathic IM certification either in place of, or in addition to ABIM certification. We will highlight our unique osteopathic identity in didactic education sessions, and will utilize our already robust OMM program to aid in this education process. I have discussed the difficulty in meeting this standard in dually approved programs at the annual ACOI Congress for Residency Trainers and remain open to any suggestions for meeting this standard.



2.

- a. Our program has been successfully registered with the AOA Clinical Assessment Program for Residencies and our residents will begin entering data within one week of this communication.
- b. Compliance updates will be sent on a quarterly basis to the ACOI Council on Education and Evaluation.



Corrective Action Plan

Constructive explanation



Deficiencies:

- III, Q Inspection materials not submitted in a timely fashion.
- IV, H, 9 Semi-annual clinic evaluations not completed.
- IV, E, 16, e Procedure logs not maintained in resident permanent files.
- IV, E, 16, f No credentialing method in place.



IV,E,16,f We have always required that our trainees complete procedures and turn them in at the end of the year prior to advancing on to the next year of training. Part of this method was developed because of the small numbers of residents we had and those who were at the senior level had come to us from other programs as we were a new program; thus the bulk of their credentialing had occurred during their first year of training.

We have modified our process in the following way. Residents AND interns now must turn in to the DME/Program Director a credentialing "log" every month so that a running total may be maintained, giving us a better handle on all credentialing. This was a weakness we had discovered as we prepared for the inspection and we self-identified this at the time of the inspection. The DME/Program Director now must sign off on the credential logs each month just as he does the procedure logs and evaluations. Trainees who do not comply with this requirement will be pulled from their rotation until they complete the mandatory paperwork. This modification in policy has also been included in the housestaff manual.



Corrective Action Plan

Insufficient and non-constructive
explanation



Deficiencies:

- IV, A, 7 Fellow research paper not submitted to the ACOI six months prior to program completion.
- V, B, 2 Program director has not attended required ACOI Trainer's Congress.
- V, C, 2 No integration of osteopathic principles as appropriate to gastroenterology.
- VI, B, 4 Monthly evaluations of service by fellow not completed.
- VII, A Monthly evaluations of fellows not completed.



Dear Dr. Donadio,

I am submitting my corrective action plan for the deficiencies in the Gastroenterology training program cited in the letter from the AOA dated August 12, 2008.

In response to the stated deficiencies:

- IV,A,7 Fellow Research Paper - All fellow in the department have been notified both verbally and in written form that research papers should be completed six months prior to completion of the program.
- V,B,2 The Program Director has registered to attend the ACOI training congress in May, 2009.
- V,C,2 The hospital has taken steps to integrate osteopathic principles for the GI training program through required training sessions with the OMM service director pertinent to GI fellowships. There are also monthly OMM lectures.



VI,B,4

Monthly evaluations of the service by the fellows has been discussed and GI fellows and other housestaff are required to complete evaluations of their service through New Innovations.

VII,V

Monthly evaluations by the fellow: I am still under the impression that monthly evaluations are for internal medicine residents rotating through various monthly disciplines. For any sub-specialty program, a quarterly evaluation should suffice. This has been discussed at various levels of OPTI and I have not received any comments.



Corrective Action Plan

Details...



Deficiencies

III, R

No Affiliation Agreement on file between



Corrective Action Plan

We have submitted an affiliation agreement to [REDACTED] for the Renal Transplant Rotation. This agreement is in the process of getting signed and we will send you a copy when we have received it back from [REDACTED]. We appreciate your patience in this regard. We just received a prior agreement with [REDACTED] Hospital for another program that took 11 months to execute and receive.



Sincerely,



Elizabeth Freeman, EdS
Manager, Program and Inspection Services
Secretary, Program and Trainee Review Council

Joyce L. Obradovic
Director, Division of Postdoctoral Training
Secretary, Council on Postdoctoral Training
American Osteopathic Association
142 E. Ontario St.
Chicago, IL 60611-2864



Progress Report



In response to the PTRC letter dated May 8, 2008 granting Continuing Approval for our program, please accept the following **Evidence of Implementation** to our Correction Action Plan:

Deficiency IV, H. 9: Semi-annual evaluations not consistently completed.

Evidence of Implementation: COMPLETED. With the addition of the position of Assistant Director of the Internal Medicine Program, [REDACTED] D.O., the semi-annual evaluations will be consistently completed. In addition, the program has recently instituted quarterly reviews. Attached is a table demonstrating consistent reviews of our Internal Medicine and Combined Internal Medicine/Emergency Medicine Residents.

We feel that we have addressed this issue and will continue to monitor and ensure that we are meeting the standards set forth by the AOA and ACOI. If you should have any questions or require additional information, please do not hesitate to contact me at [REDACTED].

semi-annual evaluations will be consistently completed
. Attached is a table demonstrating consistent reviews
gency Medicine Residents.



St. John West Shore Hospital
Record of Internal Medicine Quarterly Evaluations
January - December 2008

	Winter Qtr 2008	Spring Qtr 2008	Summer Qtr 2008	Fall Qtr 2008
Internal Medicine				
[REDACTED]	1/30/2008	LOA	6/10/2008	11/3/2008
[REDACTED]	[REDACTED]			11/3/2008
[REDACTED]	1/10/2008	3/19/2008	6/16/2008	11/3/2008
[REDACTED]	[REDACTED]			11/20/2008
[REDACTED]	Transfer from EM	4/14/2008	6/4/2008	11/20/2008
IM/EM				
[REDACTED]	[REDACTED]			11/4/2008
[REDACTED]	[REDACTED]			10/20/2008
[REDACTED]	Off cycle-late start	3/18/2008	6/3/2008	11/6/2008
[REDACTED]	1/10/2008	[REDACTED]	6/5/2008	11/16/2008
[REDACTED]	1/1/2008	4/14/2008	6/5/2008	11/25/2008
[REDACTED]	1/10/2008	5/7/2008	7/10/2008	10/22/2008
[REDACTED]	1/19/2008	5/7/2008	6/4/2008	11/20/2008
[REDACTED]	12/11/2007	5/7/2008	6/3/2008	1/20/2009
[REDACTED]	1/10/2008	4/14/2008	6/16/2008	11/4/2008





TRADITION

JUST BECAUSE YOU'VE ALWAYS DONE IT THAT WAY
DOESN'T MEAN IT'S NOT INCREDIBLY STUPID.

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Duty Hours and Work

- IOM Report
- Issue of service caps
- Given in ACGME IM programs for years
- In 2009 these numbers will decrease



“New” ACGME Standards

- First-year resident must not be assigned more than five new patients per admitting day; an additional two patients may be assigned if they are in-house transfers from the medical services;
- A first-year resident must not be assigned more than eight new patients in a 48-hour period;
- A first-year resident must not be responsible for the ongoing care of more than 10 patients;



“New” ACGME Standards

- When supervising more than one first-year resident, the supervising resident must not be responsible for the supervision or admission of more than 10 new patients and four transfer patients per admitting day or more than 16 new patients in a 48-hour period;
- when supervising one first-year resident, the supervising resident must not be responsible for the ongoing care of more than 14 patients;
- when supervising more than one first-year resident, the supervising resident must not be responsible for the ongoing care of more than 20 patients;



Advanced Placement

- Trainee issue, not programmatic issue
- Can be emotional
- Standards, but done on a case by case basis
- Efforts to be consistent and transparent



Advanced Placement

- From ACGME IM program, month for month credit



Advanced Placement

- One-month of credit may be awarded for each month of training in internal medicine or a medical subspecialty taken under the supervision of an internist during an AOA rotating internship in an institution with an AOA or ACGME approved internal medicine residency. A maximum of one (1) month of credit may be granted for each month of postgraduate training satisfactorily completed in the following disciplines in an institution with an AOA or ACGME approved internal medicine residency: surgery (general surgery; perioperative medicine; surgical ICU), women's health, emergency medicine, or a program selective(s) that is currently required by the accepting program as defined by Section IV.I.d.



Advanced Placement

- If trainee has done IM clinic and if there are IM didactics there is no maximum
- If not, maximum of 6 months credit



Advanced Placement

- Must do 108 weeks of clinic in training
- Cannot do more than 2 half days a week



Advanced Placement

- All other rules apply
 - 30 IM months
 - Last 12 months in graduating program
 - Etc



Advanced Placement

- Only the ACOI's Council on Education and Evaluation grants Advanced Standing



Preparing for a Site Visit



Pre-inspection: Scheduling

- The ACOI (Christy) will assist in scheduling the inspection
 - You will be contacted by email and asked to supply 2-3 dates
 - The ACOI will schedule the dates and confirm with the program and the AOA.
 - The AOA will send confirmation letters to the PD, DME, OPTI, inspectors and ACOI.
- This will be done 90 to 120 days prior to the inspection date



Pre-inspection: Workbook

- You should send the Inspection Workbook to the inspector no later than 30 days prior to the inspection
 - Failure to receive this in the proper time will be cited



Pre-inspection: Documents

- Institutional Demographics and Statistical Report
- A current and complete program description
 - Do not ask for a copy of the residency manual; this will be reviewed on site.
- Completed Core Competency Program Review



Pre-inspection: Documents

- Current curriculum vitae for the Program Director
- Current curriculum vitae for the Director of Medical Education
- Current list of department members noting certification status
 - Do not ask curricula vitae for full faculty; these will be reviewed on site as needed.
- A list of all outside rotations.
 - Affiliation Agreements will be verified on site. Do not include copies of the agreements with pre-inspection materials.



Pre-inspection: Documents

- Residency manual



Inspection Day: Document Review

- Departmental/divisional minutes for the current and previous years, with resident
- attendance logs
- Departmental bylaws
- Affiliation Agreements for outside rotations
- Residency Manual
- Resident Work Hours policy and evidence of notification to residents



Inspection Day: Document Review

- A list of journals and books available in the hospital library for the specialty
- Patient charts indicating resident involvement in patient care from the Medical Records Department
 - Inpatient and outpatient
 - Ask the program to have at least 30 of each available – you may guide this process
 - Review at least 20 of each (note number)



Inspection Day: Document Review

- Lecture schedule for current and previous years, with resident attendance logs
 - Journal club
 - Board Review
 - Book Club
- Faculty lists with credentials
- Resident's manual
- Program curriculum with Goals & Objectives



Inspection Day: Document Review

- Resident Files
 - Residency logs
 - Annual reports
 - Scientific papers
 - Evaluations
 - Resident Patient Exams (where applicable)
 - Completion of Residency (for fellows)



Pre-inspection: Schedule

- 8-8:30 AM: Welcome with PD, DME
- 8:30-9 AM: Meet with PD
- 9-11 AM: Document review
- 11-12 PM: Meet with faculty
- 12-1PM: Meet with residents
- 1-2 PM: Wrap-up and review
- 2 PM: Conclusion



Pre-inspection: Schedule

- Meet with
 - PD
 - DME
 - Administration
 - OPTI
 - Faculty
 - Residents
 - Coordinators



It is a matter of perspective



衆瞽
摸象之圖





Questions?

