



Clinical Safety & Effectiveness Cohort # 9

Improving the Process of ACCME Documentation to fulfill the CME Mission



Educating for Quality Improvement & Patient Safety

Financial Disclosure

Peggy J. McNabb has no relevant financial relationships with commercial interests to disclose.

The Team

- Office of Continuing Medical Education
 - Peg McNabb - **CSE Participant**
 - Leticia Bresnahan, MBA
 - Amruta Parekh, MD, MPH
- Sponsor Department
 - Jan Patterson, MD, MS – Associate Dean, Quality & Lifelong Learning

What We Are Trying to Accomplish?

OUR AIM STATEMENT

The aim of this project is to improve the process of monitoring six activities identified by ACCME done at the HSC office of CME by 20% by February 2012.

This is important to ensure alignment with the CME Mission.

Project Milestones

- Team Created September 2011
- AIM statement created September 2011
- Weekly Team Meetings September 22, 2011 – 2/22/12
- Background Data, Brainstorm Sessions October 21 – 11/8/11
- Workflow and Fishbone Analyses
- Interventions Implemented December 1, 2011
- Data Analysis December 1 2011 – January 31, 2012
- CS&E Presentation February 24, 2012

Background

- **Context** - During our most recent reaccreditation it was discovered that several of our activities had areas that were not in compliance with the ACCME criteria. The Office of CME acquired the services of an independent consultant who reviewed these same activities and identified the deficiencies.
- **Rationale** - To be in compliance with ACCME criteria, the activities must be adequately documented thus measuring the baseline of the activities with deficiencies reported in Self Study for Reaccreditation 2011 vs Self Study for Reaccreditation 2015.

Quality and Lifelong Learning Mission

We develop, evaluate, and disseminate educational programs for health care professionals that foster quality health care. We strive to increase knowledge of evidence-based medicine and the implementation of clinical safety and effectiveness in an environment supportive of interprofessional education. This allows us to provide the highest level of safe care to our patients while optimizing the collaboration of our health care professionals.

How Will We Know That a Change is an Improvement?

- We compared the pre-intervention and post-intervention data using the new activity checklist.
- We also updated our filing system to mirror the new activity checklist to make it more efficient.

What Changes Can We Make That Will Result in an Improvement?

- The previous Activity File Documentation **Checklist was modified** to include documentation required for the new ACCME criteria.
- **Activity Auditor** was identified who will be responsible for reviewing CME activity files 90 days post activity for compliance.

Selected Process Analysis Tools

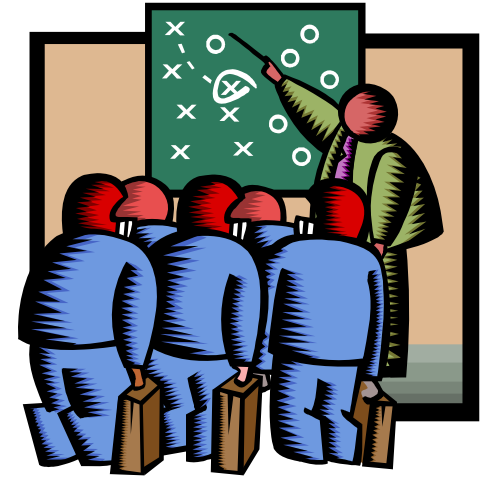
- Brainstorming
- Flowchart
- Fishbone
- Check sheet

Selected Decision Making Tools

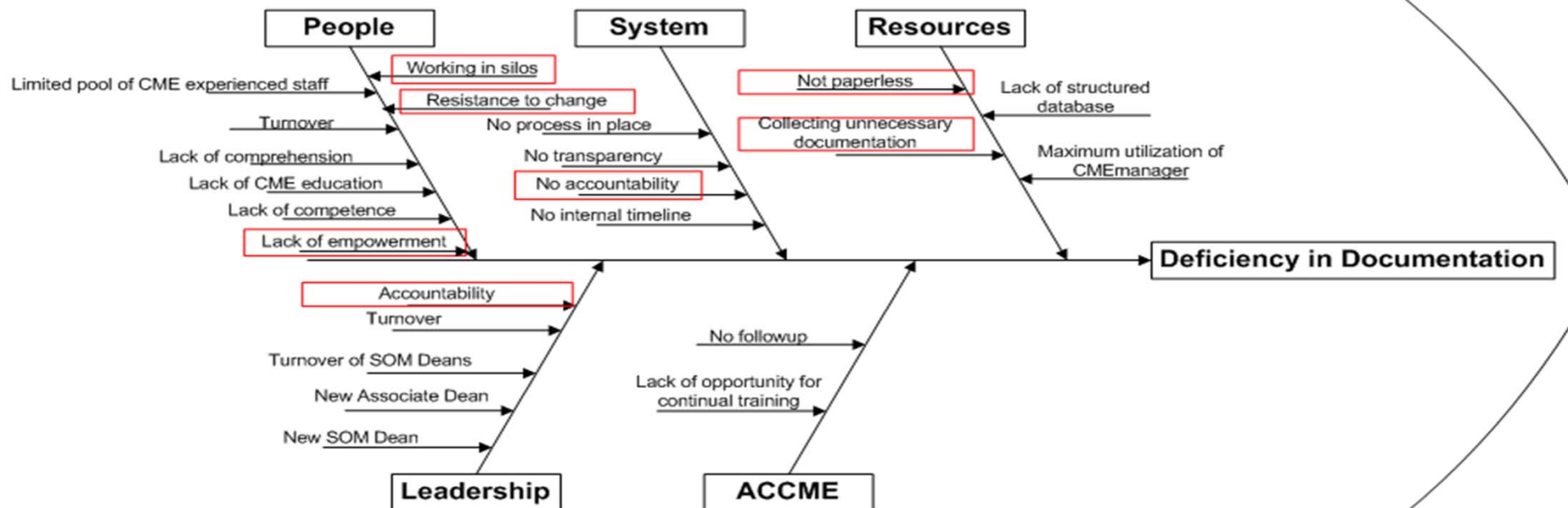
- **Fishbone** – depicts areas causing the greatest and most significant problems
- **Flowchart** – provided visual in mapping the process
- **Statistical Process Control Charts** – provided visualization of the problem

Intervention Plan

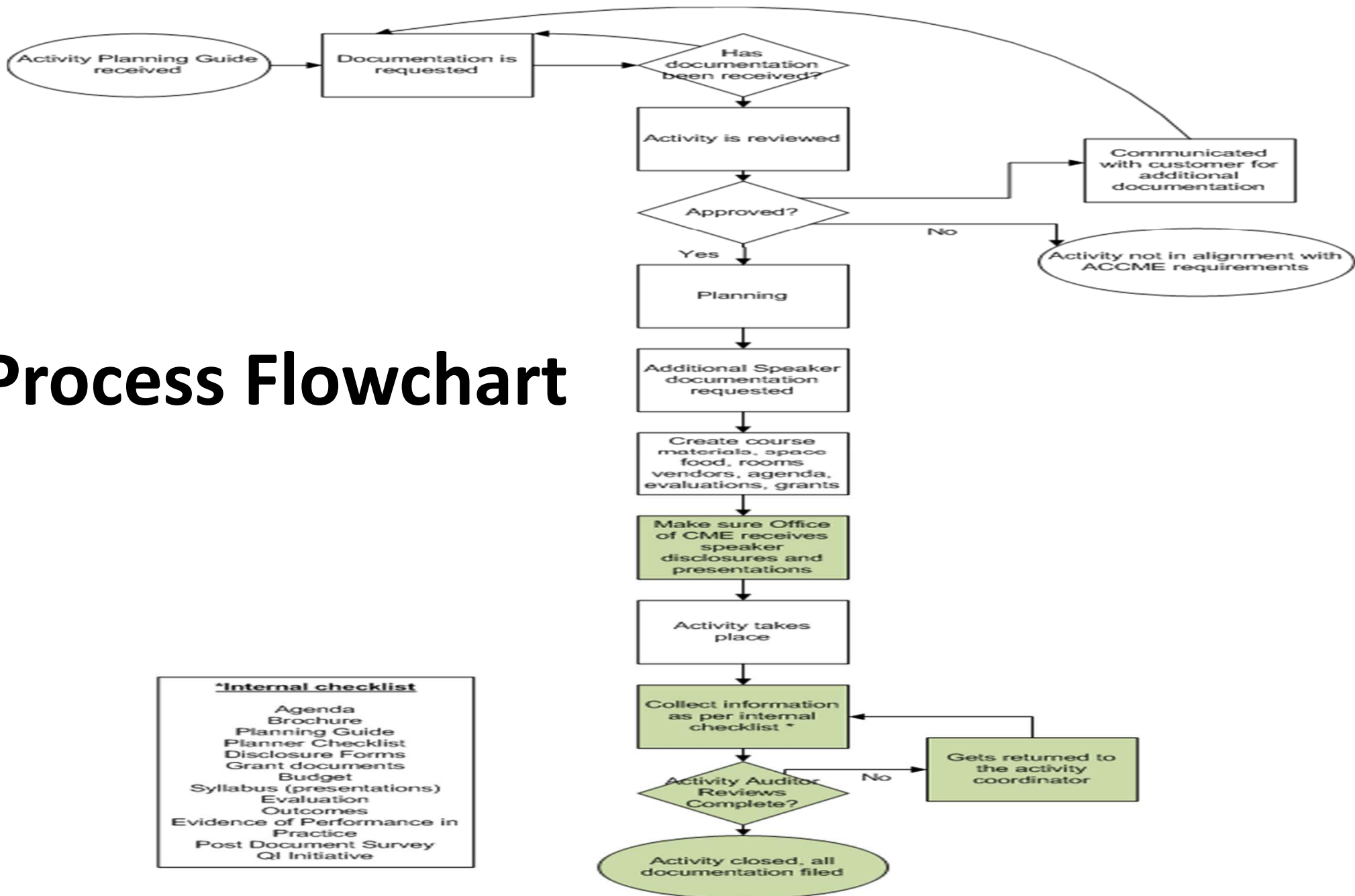
- Met as a team to brainstorm
 - Develop cause and effect diagram
 - Develop process flowchart
 - Collect Data
 - Create tool used to collect documentation before/during/after activity
 - Identify Activity Auditor



Cause and Effect Diagram



Process Flowchart



Implementing the Change

Do

- Educated staff on new checklist
 - Use checklist items to create electronic folders that mirror the hard copy folders
- Implemented the process
- Empowered staff
- Emphasized the importance of the checklist

Internal Checklist used for evaluating completeness of activities

1. Agenda
2. Brochure
3. Planning Guide
4. Disclosure Forms
5. Grant documents
6. Presentations
7. Evaluations

CME Activity File Organization
(a/o 9/1/11)

Tab 1 – C2-C6 - General Planning (common files/electronic files & hard copy file)

- ☐ Agenda
- ☐ Brochure
- ☐ Planning Guide

Tab 2 – SCS - C7-C10 (common files/electronic files & hard copy file)

- ☐ Content Review
- ☐ Faculty Letter
- ☐ Faculty Planner Checklist
- ☐ Financial Relationships Reporting
- ☐ Grants
- ☐ Income-Expense Statement (Budget)
- ☐ Syllabus
 - ☐ Presentations
 - ☐ Do not print the entire presentation
 - ☐ Print 1st page and cover page only
 - ☐ Print List of speaker disclosures
 - ☐ Print List of commercial support

Tab 3 – C11 – C15 - Evaluation – Outcomes (common files/electronic files & hard copy file)

- ☐ Evaluation
- ☐ Outcomes
 - ☐ Measurement Mechanism and analysis
- ☐ Identification/planning/implementation of needed/desired change (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) in overall program that are required to improve provider's ability to meet the CME mission
- ☐ Demonstrates that identified program changes or improvements are underway or completed that are required to improve on the provider's ability to meet the CME mission.
- ☐ Demonstrates that the impacts of program improvements are measured that are required to improve on the provider's ability to meet the CME mission.

Tab 4 – C16-C22 – Engagement – Environment (common files/electronic files & hard copy file)

- ☐ C16 – Evidence of Performance in Practice
- ☐ C17 – Ancillary Handout (flyer, ex. Am Acad of Peds/check for updates to discipline
- ☐ C18-C19 – Post Document Survey
- ☐ C20 – Collaborator Documentation
- ☐ C21 – QI Initiative

Tab 5 – Miscellaneous (this tab will only exist in the common files/electronic files – no hard copies in the activity file folder)

<input type="checkbox"/> Audio Visual	<input type="checkbox"/> Email
<input type="checkbox"/> Exhibitors	<input type="checkbox"/> Hotel
<input type="checkbox"/> Invoices	<input type="checkbox"/> Service Agreement
<input type="checkbox"/> Web Site	
<input type="checkbox"/> Records of Attendance	
<input type="checkbox"/> Certificate template	<input type="checkbox"/> Roster template

CommonFiles/Forms Directory/Activity File organization

Rev. 10/15/11

Results/Impact

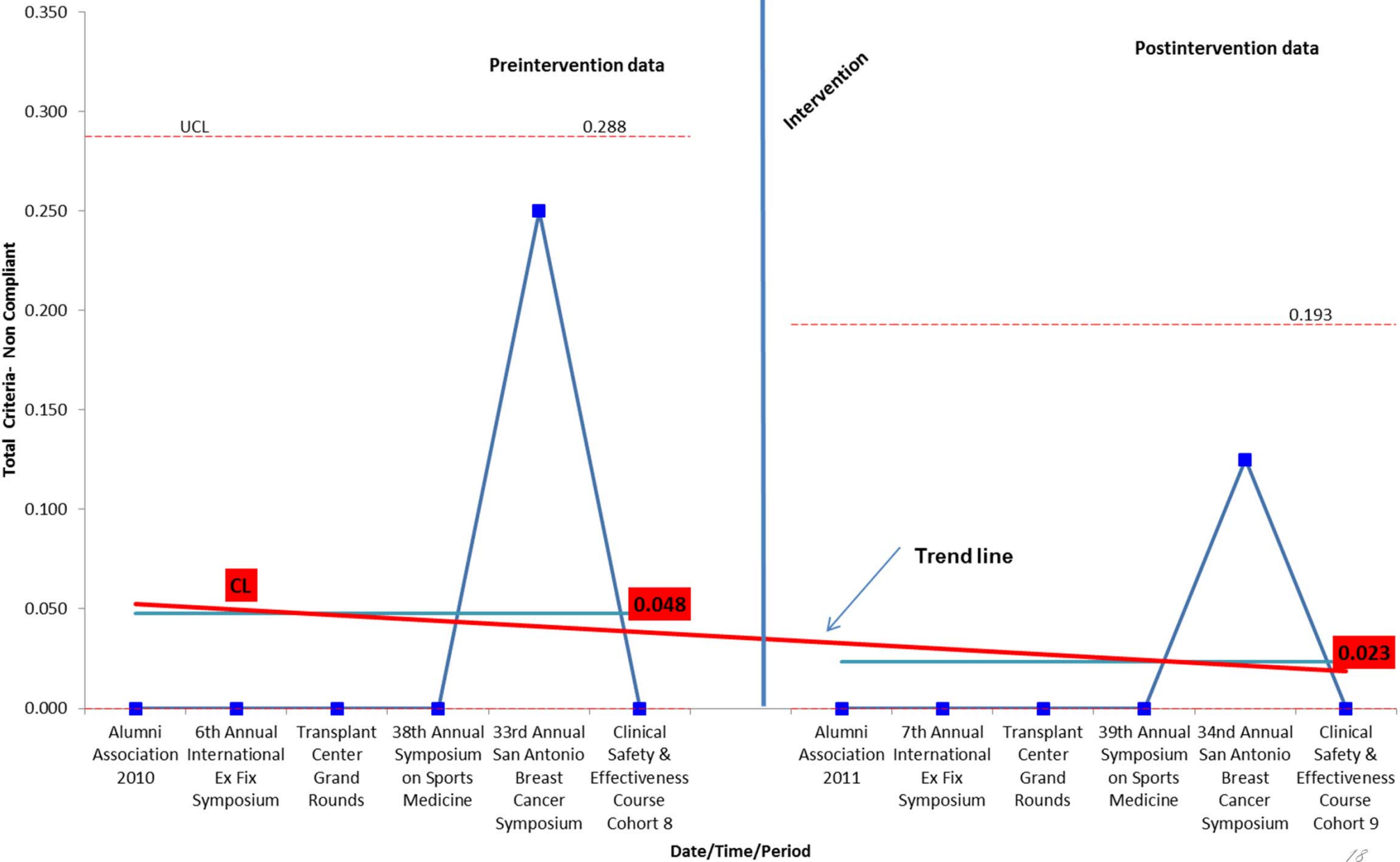
Check



- Reviewed data for six activities based on the ACCME reaccreditation self study
- Checked for compliance with ACCME criteria by developing the checklist

Metric used: Number of ACCME criteria non-compliant per activity

Total Criteria- Non Compliant



Expansion of Our Implementation

Act

Monitoring of CME activity files (both electronic and hard copy) 90 days post activity by the CME Activity Auditor.

Return on Investment

Determine the Return on Investment (ROI) for your project.

- Improved efficiency significantly by reducing unnecessary paperwork documentation
- Initially saved in 8-tab folder at a cost of \$ 702 over 3 years

Vs.

- Simple manila folder at a cost of \$8 for 1 year
- Project labor cost = time commitment for course and time commitment for training = \$ 5,829/yr.
- Potential Increased Revenue = 12 additional Joint Sponsored Activities/yr. @ average estimated charge of \$2000 per activity = \$ 24,000/yr.
- **NET INTERNAL RATE OF RETURN = 135 %**
- **Intangible Benefit:** Anticipated timely closure of CME activities that will increase receipt of revenues in a timely manner. Work environment that encourages change and fosters team-work.

Conclusion/What's Next

Development of the new CME Activity File Organization Checklist has been beneficial as it more specifically identifies ACCME criteria that our office needs to track per CME activity.

- As the ACCME only selects 15 activities over a four year period to review, staff continue to save all required documentation electronically but only print minimally
 - One example is in the past staff have printed entire presentations for each activity. We now only print the title page of the presentation for the hard copy activity folder.
 - » Staff time, paper and copier toner \$\$ saved by not printing entire presentations just for filing in the hard copy activity folder

For the period of time we've been using the new checklist we've also been able to identify areas to add and improve both on how and what we are collecting for non-ACCME related tasks.

In most cases, staff are empowered to identify/discuss/implement changes related to their tasks without having the delays of waiting for past CME senior management to decide if the change was warranted or not.

Thank you!

