

**HACKENSACK MERIDIAN HEALTH  
OCEAN MEDICAL CENTER  
GRADUATE MEDICAL EDUCATION  
POLICIES AND PROCEDURES**

<b>Subject:</b> <b>Graduate Medical Education Committee Policy &amp; Procedure</b>	<b>Policy Number: 7.A</b>
<b>Revised and Approved GMEC:</b>	<b>Approved MEC:</b>

**1. PURPOSE**

To establish and maintain a Graduate Medical Education Committee (GMEC) that is in compliance with ACGME Institutional Requirements. The GMEC must:

- In collaboration with the Designated Institutional Official (DIO), have authority and responsibility for the oversight and administration of Jersey Shore University Medical Center’s (OMC) ACGME-accredited programs including those sponsored by Ocean Medical as well as those in which OMC is a participating institution.
- Ensure that OMC programs are in compliance with ACGME Institutional, Common and specialty-specific Program Requirements and other accrediting organizations.

The Committee shall not be responsible for the administrative management of individual residency programs but shall expect that the Committee’s and OMC policies be implemented by each residency’s Program Director and administrative staff.

**2. APPLICABLE REGULATIONS AND GUIDELINES**

ACGME Institutional Requirements I.B

**3. POLICY**

**A. Organization**

The Graduate Medical Education Committee is an administrative committee chaired by the Designated Institutional Official (DIO) or other member appointed to be Chair by the VPAA, CEO and/or DIO.

## **B. Membership**

The Graduate Medical Education Committee shall be composed of:

- OMC Designated Institutional Official (DIO), with vote,
- OMC Associate Designated Institutional Official (A-DIO), with vote,
- The Program Director for each program sponsored by Ocean Medical, with vote;
- A quality improvement or patient safety officer or designee, with vote;
- A minimum of two peer-selected residents from each of Ocean Medical ACGME-accredited programs, with vote, at least one of whom shall be present at each meeting;
- Other members as deemed appropriate by the chair of the committee.

## **C. Meetings**

The Committee shall meet a minimum of eight times during each academic year and at the call of the Chair.

## **D. Responsibilities of the Graduate Medical Education Committee 1.B.4**

### 1. Oversight of: 1.B.4.a)

- a. ACGME accreditation status of the Institution and the ACGME-accredited programs.
- b. The quality of the GME learning and working environment within OMC and its Programs and other participating sites.
- c. The quality of the educational experiences in each ACGME-accredited program that leads to measurable achievement of educational outcomes as identified by the ACGME.
- d. Common and specialty-specific Program Requirements.
- e. Annual program evaluation and improvement activities.
- f. All processes related to reductions and closures of individual ACGME-accredited programs, major participating sites and the Sponsoring Institution.

### 2. Review and Approval of: 1.B.4.b)

- a. Institutional GME policies and procedures
- b. Annual recommendations to OMC administration regarding resident salary and benefits
- c. Applications for ACGME accreditation for new programs;
- d. Requests for permanent changes in resident complement;
- e. Major changes in program structure or length of training;
- f. Additions and deletions of participating sites;
- g. Appointment of new Program Directors;
- h. Progress reports requested by a Review Committee;
- i. Responses to Clinical Learning Environment Review (CLER) reports
- j. Requests for exceptions of resident duty hours;
- k. Voluntary withdrawal of program accreditation;

1. Requests for an appeal of an adverse action by a Review Committee and appeal presentations to an ACGME Appeals Panel.
  
3. Annual Institutional Review: I.B.5
  - The GMEC must demonstrate effective oversight of OMC institutional accreditation through an Annual Institutional Review (AIR).
  - The GMEC must identify institutional performance indicators for the AIR which include:
    - a. Results of the most recent institutional self-study visit;
    - b. Results of ACGME surveys of residents and core faculty;
    - c. Notification of each ACGME-accredited program's accreditation status and self-study visits.
  - The AIR will include monitoring procedures for action plans resulting from the review.
  
4. Oversight of underperforming programs: I.B.6
  - The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process
  - The Special Review process must include criteria for identifying underperformance.
  - The Special Review process must result in a report that describes the quality improvement goals, corrective actions and the process for GMEC monitoring of outcomes.

The Committee shall also consider any other issues related to the quality of residency training submitted by residents, faculty, or staff of Ocean Medical.

**E. Communication**

The DIO must submit a written annual executive summary of the AIR to the Governing Body. The AIR executive summary shall be submitted to the Medical Executive Committee of Ocean Medical and then to the Board of Trustees, Hackensack Meridian Health.

**4. PROCEDURES: I.B.3**

1. The Committee will meet at least 8 times during the academic year.
2. Thirty percent of voting members shall be considered a quorum.
3. Personnel who wish to refer issues for Committee consideration shall formulate those issues, in writing, and submit them to the Committee Chair.
4. Minutes will be maintained which document execution of all required GMEC responsibilities.
5. The Chair may appoint such subcommittees as are necessary to address GMEC responsibilities. Subcommittees must include a peer-selected resident.
6. Subcommittee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC.
7. The Chair shall establish such procedures as are necessary to pursue its work efficiently.
8. Members are expected to attend at least 50% of scheduled meetings.

# HACKENSACK MERIDIAN *HEALTH* *OCEAN MEDICAL CENTER* GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

<b>Subject:</b> <b>GMEC Special Review Panel (SRP)</b>	<b>Policy Number:</b> <b>7.B</b>
<b>Revised and Approved GMEC: February 3, 2016</b>	<b>Approved MEC: June 7, 2018</b>

## 1. PURPOSE

To ensure effective oversight of underperforming Graduate Medical Education Programs by the sponsoring Institution via the Designated Institutional Official and the Graduate Medical Education Committee. Specifically, this policy will (1) establish criteria for identifying underperformance and (2) address the procedure to be utilized when a residency/fellowship program undergoes a Special Review.

### **Criteria for Identifying Underperformance:**

Underperformance by a program can be identified through a wide range of mechanisms. These may include, but are not limited to:

- Deviations from expected results in standard performance indicators
- Program Attrition
- Program Leadership Changes
- Scholarly Activity
- Board Pass Rate
- Clinical Experience
- Resident or Faculty Survey
- Milestones
- Competencies
- Communications about or complaints against a program indicating potential egregious or substantive noncompliance with the ACGME Common, specialty/subspecialty-specific Program, and/or Institutional Requirements; or noncompliance with institutional policy;
- A program's inability to demonstrate success in any of the following focus areas:
- Integration of residents/fellows into institution's Patient Safety Programs;
- Integration of residents/fellows into institution's Quality Improvement Programs and efforts to reduce Disparities in Health Care Delivery;
- Establishment and implementation of Supervision policies;
- Transitions in Care;
- Duty hours policy and/or fatigue management and mitigation; and
- Education and monitoring of Professionalism
- Self-report by a Program Director or Department Chair.

## 2. PROCEDURE

### A. Designation

When a residency/fellowship program is deemed to have met the established criteria for designation as an underperforming program, the DIO/Chair of the GMEC shall schedule a Special Review. Special Reviews shall occur within 60 days of a program's designation as 'underperforming.'

### B. Special Review Panel

A Special Review shall be conducted by the DIO and Department Chair. At the DIO's discretion, other individuals (Program Director, residents, Performance Improvement staff, etc.) will be included in the panel. The DIO will summarize the concerns for the GMEC and report back on recommendations within 60 days of identification of the issue(s).

### C. The Special Review: Materials and data to be used in the review process shall include

- the ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements in effect at the time of the review;
- accreditation letters of notification from the most recent ACGME reviews and progress reports sent to the respective RRC;
- reports from previous internal reviews of the program (if applicable);
- previous annual program evaluations;
- results from internal or external resident surveys, if available;
- any additional materials the Special Review panel considers necessary and appropriate.

The Special Review panel will conduct interviews with the Program Director, key faculty members, at least one resident from each level of training in the program, and other individuals deemed appropriate by the committee.

### D. Special Review Report

The Special Review panel shall submit a written report to the GMEC that includes, at a minimum, a description of the review process and the findings and recommendations of the panel. These shall include any corrective actions designed to address the identified concerns, and the process for GMEC monitoring of outcomes. The GMEC may, at its discretion, choose to modify the Special Review Report before accepting a final version.

### E. Monitoring of Outcomes

- The GMEC shall monitor outcomes of the Special Review process, including actions taken by the program and/or by the institution with special attention to areas of GMEC oversight, including:
- the ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited programs
- the quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites;
- the quality of educational experiences in each ACGME accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements;

- the ACGME-accredited programs' annual evaluation and improvement activities; and, all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution.

# HACKENSACK MERIDIAN HEALTH *OCEAN MEDICAL CENTER* GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

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<b>Subject:</b> <b>ANNUAL INSTITUTIONAL REVIEW</b>	<b>Policy Number: 7C</b>
<b>Approved by GMEC: February 3, 2016</b> <b>Reviewed by GMEC: March 14, 2018</b>	<b>Approved by MEC: June 7, 2018</b>

## **1. INTRODUCTION AND PURPOSE:**

In accordance with ACGME Institutional Requirements (I.B.5), the GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).

The ACGME encourages institutions to be innovative and has given the GMEC/DIO the charge of identifying institutional performance indicators for review and performing the review using whatever method or means the GMEC/DIO chooses.

The specific requirement is as follows:

## **2. APPLICABLE REGULATIONS AND GUIDELINES:**

- ACGME Institutional Requirements I.B.5., IB.5.a) (1-3), Effective July 1, 2018
- The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). (Outcome)

I.B.5.a) The GMEC must identify institutional performance indicators for the AIR which include:  
(Core)

I.B.5.a).(1) results of the most recent institutional self-study visit; (Detail)

I.B.5.a).(2) results of ACGME surveys of residents/fellows and core faculty; and,(Detail)

I.B.5.a).(3) notification of ACGME-accredited programs 'accreditation statuses and self-study visits.(Detail)

I.B.5.b) The AIR must include monitoring procedures for action plans resulting from the review.  
(Core)

I.B.5.c) The DIO must submit a written annual executive summary of the AIR to the Governing Body. (Core)

### 3. PROCEDURE:

Completion of the AIR is the responsibility of the GMEC/DIO, must be completed annually and must follow the ACGME institutional requirements.

1. The GMEC will identify institutional performance indicators that will form the basis of the review, including the three required areas per the institutional requirement. A *SMART* analysis (Specific, Measure, Achievability, Relevance, Time frame) will be performed for each of the selected areas and used to formulate corrective action plans.

a. Required Indicators

- Results of the most recent institutional self-study visit
- Results of the ACGME surveys of residents, fellows
- Results of core faculty ACGME surveys
- Notification of ACGME-accredited programs' accreditation statuses and self-study visit

b. The AIR report may include review and discussion of:

- GMEC responsibilities (from Institutional Requirements)
- Last ACGME accreditation letter
- CLER report (when available)
- Last annual report to Governing Body
- In-house program survey results
- Use of data in decisions
- APR results and data use
- Duty hour compliance
- Policies (specifically Duty Hours, Supervision, Transfer of Care, etc)
- Percent of Graduates that take Certify Exams
- Board passage rate data
- Graduate feedback (when available)
- Program Goals & Objectives
- Resident QI and Patient Safety Projects
- Selected ADS data
- Rotation schedule/block
- Changes since last CLER or self-study visit
- ACGME Citations/Responses
- Residency alignment with Institutional mission
- Resident Attrition
- Faculty Attrition
- Program Director Tenure
- Unfilled Match Positions
- Faculty Scholarly Activity
- Resident Scholarly Activity
- Faculty Development
- Compliance with PLA's



- Faculty to Resident Ratio
  - In-training Exam Percentiles
  - Timeless of Faculty Evaluations of Residents
  - Compliance with the Program Milestones
  - Completion rate of programs evaluations
- c. The final report will include a discussion of the 6 CLER areas.
2. The GMEC will conduct the review in whatever manner and method agreed upon.
3. A report and action plan will be prepared as a result of the review. The progress of action plans will be monitored/reported at GMEC meetings.
4. The DIO will submit a written executive summary of the results of the AIR to the governing body.

#### 5. Method of Review

Representative personnel from the GMEC, GME Office, residents, and others as deemed necessary, will be organized as an Annual Institutional Review (AIR) sub-committee to review the Institutions effective oversight of its accreditation.

1. The GMEC will review data from the ACGME required areas and select additional institutional indicators from the list under 1.b. Procedure section. Required in selected institutional performance indicators the AIR process will include review of the 6 CLER areas.
2. The AIR will be conducted on, or about, October of each year. The report will cover the previous academic year.
3. The committee shall receive the following documents in order to prepare for the meeting:
  - Results of latest institutional self-study visit
  - Program letters of notification of accreditation status
  - Results of program self-study visit
  - Resident program and institutional ACGME survey report
  - Faculty program and institutional ACGME survey report
  - Reports/data specific to GMEC identified institutional performance indicators
  - Prior year AIR action plans and results
  - Current ACGME Institutional Requirements
  - GMEC responsibility grid
  - GMEC policy manual
  - Select program policies
  - Duty hour reports/data
  - Risk Management reports/data
  - Scholarly activity reports/data
  - Other ACGME provided data
  - Other reports as available or requested

4. The committee shall review all documents and information noting areas for improvement and areas of excellence paying particular attention to the GMEC identified institutional performance indicators and required areas for review.
5. As a result of the information considered and subsequent discussion, the Committee will:
  - Identify any deficiencies in the institution in meeting the identified institutional performance indicators and required areas and make suggestions for addressing them.
  - Develop recommendations for improving institutional oversight.
  - Identify strengths and best practices of the institution.
6. The committee will develop an action plan with monitoring procedures to present to the GMEC.
7. The DIO will submit, annually, a written executive summary of the AIR to the governing body.