

**LANCASTER GENERAL HOSPITAL
ACGME POLICIES**

In Reference to ACGME Institutional Requirements – Effective July 1, 2022

I.B.6.a) The Special Review process must include a protocol that: (Core)

I.B.6.a).(1) establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies; and, (Core)

I.B.6.a).(2) results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines. (Core)

Process Name:	Graduate Medical Education Committee (GMEC) Special Review Protocol
Effective Date:	11/19/2021
Who is the policy's expert(s):	Designated Institutional Official
To Whom does the policy apply:	Lancaster General Hospital as an ACGME Sponsoring Institution, GMEC Members, GMEC Subcommittee Members
Process:	A GMEC Special Review Sub-Committee will meet on an as-needed basis. <i>*There has been no recent need for a GMEC Special Review Sub-Committee meeting.</i>

POLICY

This policy establishes the procedures for conducting LGH GME program Special Reviews and for the identification and remediation of underperforming ACGME and similarly accredited Graduate Medical Education residency and fellowship programs of Lancaster General Hospital (LGH) in accordance with Accreditation Council for Graduate Medical Education (ACGME) Institutional, Common, specialty/subspecialty-specific program requirements.

PURPOSE

To establish the procedures for conducting LGH GME program Special Reviews, the criteria for identification of underperforming GME residency and fellowship programs, and the procedures for remediation and improvement of such programs. Information obtained through this assessment process will be made available to all Program Directors, Department Chairs, and if applicable, Division Chiefs, for the purpose of improving the performance of all programs.

SCOPE

This policy applies to all LGH sponsored ACGME and similarly accredited training programs.

IMPLEMENTATION

The implementation of this policy is the responsibility of the Program Directors, Designated Institutional Official (DIO), Graduate Medical Education Committee (GMEC) and the Office of

**LANCASTER GENERAL HOSPITAL
ACGME POLICIES**

In Reference to ACGME Institutional Requirements – Effective July 1, 2022

Academic Affairs. As explained below, the program director is responsible for establishing and implementing an appropriate Action Plan in response to notification that their program is underperforming based upon reports to be generated by the Office of Academic Affairs using criteria approved by the LGH GMEC.

PROCEDURE

A. PERIODIC EVALUATIONS

Using criteria approved by the LGH GMEC, which may be revised periodically as appropriate by the GME Office with GMEC approval, the Office of Academic Affairs will identify programs as underperforming based on assessments from the LGH Surveys, ACGME Resident Survey, Board pass rates when applicable, evaluation by the DIO or designee of program compliance with and response to duty hour requirements, adherence to GME-related deadlines (NRMP, ACGME, GME Office, etc.), response to Annual Program Evaluation (APE) action plans, ACGME citations/areas of concern, and issues raised by Office of Academic Affairs staff. The DIO will report findings of these evaluations and the programs identified as being underperforming to the GMEC.

B. CRITERIA FOR IDENTIFICATION OF UNDERPERFORMING GME PROGRAMS

Underperforming programs will be identified based on review of resident/fellow responses on the:

1. LGH Surveys relating to:
 - a. Program Leadership
 - b. Program
 - c. Faculty

2. ACGME resident survey:
 - a. Resident's overall evaluation of the program
 - b. Domains related to duty hours, faculty supervision and instruction, service/education balance, resources (problems/concerns)

3. Board Exam pass rates

Additional assessments will be made by the DIO and Office of Academic Affairs regarding:

4. Frequency of and response to duty hour violations
5. Implementation of Annual Program Evaluation action plans, and response to ACGME citations/areas for concern
6. Adherence to deadlines (NRMP, ACGME, GME, etc.)

**LANCASTER GENERAL HOSPITAL
ACGME POLICIES**

In Reference to ACGME Institutional Requirements – Effective July 1, 2022

Specific criteria to be established and assessed in an iterative manner by the Office of Academic Affairs.

C. ACTION PLAN IN RESPONSE TO IDENTIFICATION OF UNDERPERFORMING PROGRAMS

Upon identification as an underperforming program, the Program Director and if applicable Associate/Chief Medical Officer will be so notified by the Office of Academic Affairs.

Program Directors of programs identified as underperforming must submit a detailed action plan addressing each specific area of underperformance to the Office of Academic Affairs within 60 days for review by the GMEC. Progress reports must be provided to GMEC at a frequency to be determined by the DIO and GMEC until the GMEC has determined that all deficiencies have been adequately addressed.

The GME Office may, at the discretion of the DIO or if recommended by the GMEC, meet with program residents/fellows, faculty, program coordinators, and others as part of its further assessment of underperforming programs.

D. FAILURE TO ADEQUATELY CORRECT IDENTIFIED PROGRAM AREAS OF CONCERN

Program response to identified areas of concern requiring corrective action will be monitored on a regular basis by the DIO and GMEC. Should it be determined that the Program Director and program faculty have not corrected identified areas of concern, appropriate action shall be taken by the DIO and GMEC which may include but is not limited to required change in Program Director, appointment of Associate Program Director(s), reduction in trainee complement, suspension of recruiting, or closure of the program.

E. SPECIAL REVIEWS

In addition to conducting reviews of underperforming programs, the LGH DIO may identify programs for Special Reviews which are conducted in a manner similar to that described above. These are not “for cause” reviews but rather are intended to provide the DIO and Office of Academic Affairs an opportunity to identify program strengths and areas for improvement through discussions with program residents/fellows, teaching faculty, and program leadership with the aim of program improvement as a complement to the Annual Program Evaluation (APE) process. A written report will be provided to the Program Director following completion of the special review and submitted for GMEC review.