

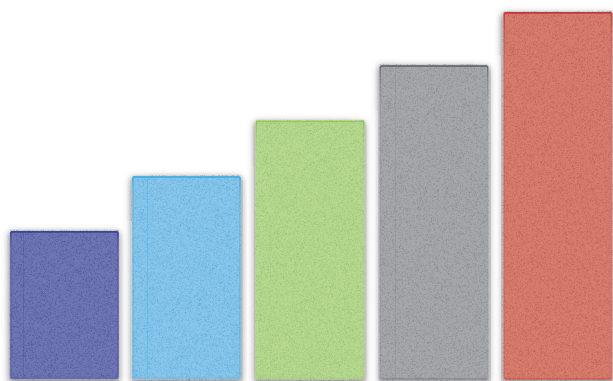
ACGME'S ACCREDITATION MODEL

Tackling Next-Generation Compliance Issues for GME Professionals

OVERVIEW

As requirements for ACGME's accreditation model grow in scale, institutions around the United States are trying to find a way to streamline their processes to ensure they keep track of required information.

We caught up with Linsey Greenwood, GME Operations Specialist at the University of Vermont Medical Center to discuss her role in medical education. We discussed how she uses New Innovations, and how one of our software modules is helping her manage oversight.



CHALLENGES

- Staying up to date with the constant evolution that GME has experienced over the past several years
- Taking the stress of administrative duties away from residents and other trainees so they can focus on patient care

RESULTS WITH NEW INNOVATIONS

- Administrators can review concerns or citations from the previous notification letters and follow up on existing action plans and progress notes
- Users have all the information they need to perform their duties; and GME has the required oversight it needs to comply with ACGME requirements



"It's hard for me to imagine what our institution did before New Innovations. That has become even truer as we experience changes with ACGME [...], as well as the constant evolution that GME has experienced over the past several years."

Linsey Greenwood
University of Vermont Medical Center

Hi Linsey! Tell us a little about yourself.

Linsey: I've been in healthcare for 12 years and have a bachelor's degree in education. My position as the GME Operations Specialist is actually what inspired me to go back to school to get my masters degree in healthcare administration. I will graduate in April of 2017.

Before I started my position with the GME office, I worked in the GI clinic as a Clinical Office Support Specialist. I loved the patient experience and the environment, but my background is in education so I knew I wanted a bit of both. When the opportunity to become the GI Fellowship Administrator was available, I knew it was a position I could excel in.

In addition to the administrator's responsibilities, I spent a lot of time working on special projects for the GME office, which then led to my current position. I believe this position provides me the perfect blend of education and healthcare.

Tell us a little bit about the University of Vermont Medical Center.

Linsey: It's an acute-care teaching hospital with 42 programs, 15 residency programs, and 27 fellowships with approximately 315 residents and fellows throughout the year. The University of Vermont Medical Center serves all of Vermont and the northern New York region and is a level 1 trauma center.

The University of Vermont Medical Center is a part of a larger health system, University of Vermont Health Network, with five hospitals and healthcare facilities.

What is the most rewarding aspect of your job?

Linsey: Several things. I enjoy taking on a project where the outcome might be known, but the solution and the path on how to get there are still unknown. It allows me to think creatively, test theories, make changes that will help the administrators, and help the institution move forward.

I also love teaching, so one of my favorite times of the year is resident orientation. It's a way for me to stay connected with the residents and fellows throughout the year because most of the time I'm at my desk working with different software programs. I enjoy knowing that each day is going to be different and brings new challenges.

What is the largest challenge that your institution faces?

Linsey: Speaking for GME, the largest challenge is effectively integrating us with the organization's strategic plan. Traditionally, the DIO has been missing "at the table" during senior leadership meetings and planning. A part of our strategic plan in GME is to incorporate the DIO at the table so our voice is heard throughout the hospital and community. We would also like to have residents included on all the institutional committees and actively participate in decisions that affect their education at UVMHC.

Describe a typical day in your role as an Operations Specialist in GME.

Linsey: Each day is different, that's why I love my job. I spend my days differently depending on the time of year. For example, during February and March I will be spending time on contracts (initial and renewal), and the checklists for our incoming residents and fellows.

In May and June, I'm onboarding residents. Onboarding typically involves importing and exporting a lot of data from the software to prepare for their arrival. Then July through September I am compiling data into the matrix for special reviews as the ACGME surveys come in and APEs are reviewed.

I also triage phone calls for New Innovations, work with program directors on various modules for New Innovations, facilitate workshops, assist administrators in using New Innovations and work towards streamlining existing and new processes.

Does New Innovations make it easier for you to manage your institution or GME office?

Linsey: Oh yes, it's hard for me to imagine what our institution did before New Innovations. That has become even truer as we experience changes with ACGME and the [ACGME's accreditation model], as well as the constant evolution that GME has experienced over the past several years.

New Innovations provides residents with access to everything and it really allows us to take the stress out of their day so that they can focus on patient care. It also enables the administrators to have all the information they need in order to provide the best training for our residents, as well as it provides GME the required oversight to comply with ACGME requirements.

We asked Linsey specifically how she uses our Resident Review Committee (RRC) module. This module is designed to help programs record and monitor Residency Review Committee visits from the ACGME. You can record a visit prior to the actual event, and then follow through when responses are due. You can also see when the next visit will occur, the status of your program, and other major milestones in the RRC cycle.

How often would you say that you use the RRC module?

Linsey: It's used throughout the year, but more heavily when the ACGME sends us our RRC notification letters in January, February, and March. We import all historical and current communications from ACGME into the site review module so that all documents are in one place.

Using this module provides GME the required oversight that is required by the ACGME. Program directors use it here and there as they're asked for things, and our DIO uses the module during his annual meetings with our program directors. The module helps them review any concerns or citations from the previous notification letter as well as allows for follow up on existing action plans and progress notes. We also intend to use this module to manage for our specific reviews, similar to how internal reviews were completed in the past.

What was the most challenging aspect of implementing the use of the RRC module in your institution?

Linsey: When we first started using the RRC module for notifications, we decided that this module would house all current and historical documents; however, we felt to utilize this system in the most robust way, this needed to be done. Now that the historical data is uploaded, the annual maintenance is pretty minimal.

Have you seen any specific results from using the module? If so, what are they?

Linsey: It was helpful not only for organizational purposes, but it allowed the GME office to track progress and then run reports to ensure compliance.

Do you have any recommendations for the direction of the RRC module?

Linsey: While the RRC module more than works for us, it works as well as it does because we have created workarounds for our specific situation. For example, the module was designed for internal reviews and site visits. I believe that if the fields in the RRC module were customizable, NI could corner the market and enable the input of RRC notifications, special reviews, focus and full reviews, and program inquiries.

Thank you to Linsey and the University of Vermont Medical Center! The discussion spurred some important items Linsey wanted to bring up to us, as well as some recommendations she had for the direction of the RRC module. We hope Linsey's insight and expertise help guide others making a decision on how to manage items relevant to the RRC!

ABOUT NEW INNOVATIONS

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