

SECTION FOUR – INSTITUTIONAL RESPONSIBILITIES

POLICY NO: 4.9

SUBJECT: **Annual Institutional Review (AIR) Performance Indicators**

I. PURPOSE:

To establish a process by which the Graduate Medical Education Committee (GMEC) must demonstrate effective oversight of the Sponsoring Institution's Accreditation through an Annual Institutional Review (AIR) I.B.5)

II. RESPONSIBILITIES/REQUIREMENTS

Indicators include:

1. Results of the most recent institutional self-study visit including:
 - a. Review of all institutional policies to ensure that they are up to date, address issues and needs within the residency programs, align with hospital policies. Compliance with up to date signed institutional agreements, Affiliation Agreements, Program Letters of Agreement (PLA) and Results of Annual Program Evaluations (APE)
 - b. Action plan(s) intended to address citations or needs identified through the self-study process
 - c. Review of results of most recent CLER visit and action plan(s) resulting from findings
2. Results of annual ACGME survey of residents and core faculty, which will include:
 - a. Review of all prior surveys, institutional action plans, and outcomes for resident and core faculty surveys for comparison with most recent survey
 - b. Comparison of current findings to national benchmarks for each program
 - c. Comparison of current findings to any internal surveys, program evaluations, or other institutional assessments, which support or do not align with the ACGME survey as a means of understanding and addressing "best practice" indicators as well as those areas needing improvement
 - d. Formulation of an action plan for any area determined non-compliant, below national benchmarks, or decrease by one or more standard deviation from the prior survey result with a clearly stated monitoring plan and expected outcomes
3. Review and report of accreditation status for the institution and for each ACGME-accredited program
 - a. Review of all correspondence to and from ACGME regarding the institution and/or program to include reports, citations, progress reports, and accreditation status
 - b. Review of the annual institutional and program evaluations, including findings, action plans, monitoring plan, and outcomes
 - c. Review of the program "Score Cards" based on the metrics entered into the Accreditation Data System (ADS) under the Next Accreditation System (NAS)

- d. Compliance with all six areas of the Clinical Learning Environment Review (CLER) as evidenced by institutional and program policy, program evaluations, and program reports to GMEC

III. Monitoring

The GMEC will monitor all actions resulting from AIR. A monitoring and reporting plan will be developed demonstrating progress and outcomes consistent with the ACGME requirements and with the recommendations/requirements set forth by the GMEC. Monitoring of these plans will be designated as a standing GMEC agenda item and will be documented in the GMEC minutes.

The DIO, after review and approval of the GMEC, will submit an executive summary of the AIR to the governing body of the institution.