

The Accreditor



Illinois
State
Medical
Society

A publication for the ISMS accredited CME providers.

January 2011

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The Accreditor is a *MUST* read! Important information is communicated here and it is anticipated that the accredited providers will read and, if necessary, apply the information communicated.

The Accreditor editor: Rita LePard, ISMS Education Staff Specialist; send comments or questions to her at ritalepard@isms.org.



*You have been inundated with e-mails from ISMS over the last few months: surveys, reminders to attend the planners workshop, the updates on the AMA PRA system, webinar notices, sources of funding for some of your activities, reminders to enter all 2010 activities in the ISMS online database, Annual Report notices, interesting news articles that articulate practice gaps, etc., etc., etc. **The Accreditor** is now back on schedule! Whenever possible, we will try to put all e-mails in here so you have them in one place.*

Welcome, Katie Gilfillan! At the ISMS provider's meeting at the fall workshop, Katie Gilfillan, MSW was introduced to you. Katie is the new Director of Education and Health Policy for the Illinois State Medical Society. She has been with the organization since 2004, in the departments of Health Policy and Advocacy and Risk Management, where she had responsibilities for developing continuing medical education activities in these areas. In her new role, Katie looks forward to assisting ISMS in continuing to provide quality CME throughout Illinois. Katie can be reached at 312-580-2459 or katiegilfillan@isms.org.

QUICK QUESTION: "Is it *REALLY* true that ISMS is going to start telling us what activity files to pull for a Site Survey just like the ACCME does?"

We are not sure who dropped this one into the rumor mill but several of you have contacted ISMS for verification of its accuracy or to dispel the myth. As of November 2010 the Committee on CME Accreditation has neither discussed nor changed the policy that allows providers to select the activity files to be reviewed! If this policy changes, you will all know it!

REMINDER: A **Tender Spot** is an area that is sensitive, inflamed and sore to the touch. In each edition of **The Accreditor** information will be provided to heal some of the recurring **Tender Spots** identified by site surveyors. These are sensitive areas because they can lead to a finding of non-compliance, they are inflamed because something is not working well and they are sore to the touch when surveyors examine the spot.

This month two **Tender Spots** are in the spotlight: labeling and responding to the survey questions for Criteria 16-22.

Throughout the accreditation application providers are directed to label or highlight various things: numbering of each page, the five parts of the Mission Statement, the specific content of the attachments included with application, etc. These requests are made thoughtfully with no intent to waste provider's time!

The numbering of pages enables the surveyors to quickly refer to a specific page when communicating with each other and the provider during the Site Survey. For example, we all know the challenge of having a group of people turn to the chart that is about two-thirds from the end of a report. Directing everyone to a chart on page 62 is more efficient.

Criterion 1 states that providers must have a Mission Statement "that includes all the basic components (CME purpose, content areas, target audience, types of activities, expected results)"; however, exactly how the Mission Statement is formatted is up to the provider. While many have a mission that clearly identifies the five areas, some have a narrative mission without clearly delineating the basic components. Please color code the five components on the mission included in the application.

When you include an attachment with the application, label the material. If the attachment is documentation of the Board's approval of the Mission Statement, label it as such. If the attachment supports a professional practice gap, place a label on it that says what it is and for what activity. Minutes documenting overall program evaluation should be labeled.

Why is this so important? Labeling and highlighting are important so that the surveyors can efficiently and accurately capture the data needed to complete the Surveyors Report and present the best possible picture of the program to the Committee on CME Accreditation.

The *really good news* is that hospitals are in a great position to earn Accreditation with Commendation; hospitals large and small have achieved this recognition in Illinois. In the Accreditation Application providers are directed to describe their engagement practices by answering the questions for Criteria 16 -22 **whether or not they are seeking Accreditation with Commendation**. Thoughtful answers to the questions are **required** and often prove to be beneficial to the provider.

Coming next month: Highlights from the 36th Annual Conference of the Alliance for CME held in San Francisco January 26-29, 2011.

Best Practices Recognized by the ISMS Committee on CME Accreditation

The committee recognized two best practices at **Kishwaukee Medical Center**: the use of supplemental educational strategies in the form of pocket-sized reminders of treatment protocols and the use of data from one-question surveys sent to inpatients regarding pain management with immediate feedback to the pain management team.



The committee also recognized the guidelines on *How to Write Clear Learning Objectives* prepared by **St. Mary's Good Samaritan** as a best practice.

The **Illinois Heart and Lung Foundation** was recognized for documenting how each CME activity supports the overall program mission.

The 2009 Outcome Measurements for Cancer Conference at **Delnor Hospital** were recognized as a best practice.

Lastly, **Vista Health Center East** clearly documents resolution of conflict of interest, which was recognized as a best practice.

Please network with your colleagues to learn more about their Best Practices!

New...

Last fall each provider was e-mailed *The Physician's Recognition Award and credit system* booklet, 2010 revision. Along with the 2006 ACCME Criteria for Compliance adopted by ISMS, this document includes information vital to every ISMS accredited provider.

Just as a reminder: the AMA is the owner of the credit system - hence, *AMA PRA Category 1 CME Credit*[™] – and the Accreditation Council for Continuing Medical Education (ACCME®) develops and promotes the standards for quality continuing medical education.

In the 2010 update of the booklet the AMA announced **TWO** changes all CME providers must make to the credit designation statement. 1.) The accreditation statement must now include one of the AMA approved **learning formats** (live activity, enduring material, journal-based CME activity, test-item writing activity, manuscript review activity, PI CME activity or Internet point-of-care activity); and 2.) An editorial change was made to the placement of the word *only*. These are easy changes! The overwhelming majority of activities ISMS providers certify for credit are live activities and the correct accreditation statement is:

The (provider's name) designates this live activity for a maximum of (number of credits) AMA PRA Category 1 CME Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Again, if the activity is certified for one credit, don't include the (s). Please read page 7 of the booklet; if you need another or more copies of the booklet, it is available at www.ama-assn.org. Make the changes **NOW!**

Reminders

100% disclosure to learners of the relevant financial relationships of faculty and planners before each and every activity! As we indicated at the 2010 CME Planners Workshop, this is an issue that continues to be a problem. If you don't understand the Standards for Commercial Support, need help with forms or resolution of conflict of interest or wording of disclosure statements, please send Rita LePard an e-mail to ritalepard@isms.org or call her at 312-580-2463.

Are all of your 2010 CME activities entered into the **ISMS online system**? Did you forget your password or do you need a password? If anyone is having a problem with the system or how to enter data, please contact Evelyn Calhoun at evelyncalhoun@isms.org or 312-583-4746. So we can get our reports to ACCME on time, all of your entries must be in **by February 14, 2011**.

Annual Report and Annual Accreditation Fees are due by Monday, February 14, 2011. Remember: program operates without revenue/income. If all of the funds for the CME program are provided by the hospital/organization, which is an "internal allocation".



On the calendar

Friday, May 20, 2011

IACME Spring Conference
Metropolis Theater, 111 W Campbell St., Arlington Heights
Circle your calendar and watch for details!

Friday, October 14, 2011 (Note that this date is one week later than usual.)

IACME/ISMS CME Planners Workshop
Oak Brook Hills Marriott Resort, 3500 Midwest Road, Oak Brook