REPORT OF THE ACCREDITATION REVIEW COMMITTEE

A-2016

Subject:       Annual Report

Presented by:  Timothy Holder, MD, Chair

INTRODUCTION:
The OSMA Accreditation Review Committee (ARC) on Continuing Medical Education (CME) studies
and makes recommendations related to all matters of maintaining or improving the level of medical
competency in Oklahoma, including, but not limited to, maintaining a liaison with other emerging
health professionals or occupations and accrediting 16 continuing medical education providers in
Oklahoma. The ARC also monitors CME standards, policies and accreditation requirements as they
may be required by the Accreditation Council for Continuing Medical Education.
The Accreditation Review Committee oversees 16 CME Providers throughout the state of Oklahoma.
The business of the ARC is contained in this report and includes an account of their activities.
The OSMA CME Providers that came up for Reaccreditation in 2015 includes: Mercy, OKC; Mercy
delayed their Reaccreditation till March of 2016; Oklahoma Foundation For Medical Quality, OKC; St.
Francis Hospital, Tulsa, OK; St. Johns Hospital, Tulsa, OK; Oklahoma Heart Hospital, OKC; St.
Mary’s, Enid, OK, declined to renew their accreditation. St. Francis Hospital, Tulsa, OK and Oklahoma
Foundation For Medical Quality, OKC both received Accreditation with Commendation in 2015.
Oklahoma Foundation for Medical Quality did a Voluntary Progress Report to receive Accreditation
with Commendation. We also reviewed two Progress Reports from Stillwater Medical Center,
Stillwater, OK and Eastar Health Center, Muskogee, OK.
In December 2015 Timothy Holder, MD was re-elected Co-Chair of the ACCME Accreditation Review
Committee. Sandy Deeba, OSMA CME Manager, served her final meeting at the ACCME
Accreditation Review Committee. She was presented with a plaque for her service on the ACCME
ARC for six years.
The Accreditation Review Committee reviewed and approved the following business on June 17, 2015.
Dr. Holder announced that Dr. June Holmes, Dr. Chet Bynum and Dr. John Nettles resigned from the
ARC Committee. New Members welcomed to our ARC Committee include: Peter Aran, MD, Tulsa,
Deepak Jaiswal, MD, Durant; and John Chace, MD, Norman.

REVIEW OF ACTIVITIES:
The Accreditation Review Committee met on the following date: June 17, 2015.

Committee Actions:
The ARC reports to the Accreditation Council for Continuing Medical Education (ACCME) to ensure
all CME activities are planned and implemented in accordance with the accreditation requirements and
policies of the ACCME. The ARC conducted four site surveys in 2015 out of 17 statewide providers
and reviewed two Progress Reports. Survey results are listed below.

Review Site Survey of Oklahoma Foundation For Medical Quality, Oklahoma City, May 19, 2015.
Site Surveyors included: Timothy Holder, MD, and Sandy Deeba, OSMA CME Manager
The ARC Committee reviewed the Site Survey Report of the Oklahoma Foundation for Medical
Quality, Oklahoma City, conducted by Dr. Timothy Holder, OSMA ARC Chair and Sandy Deeba,
OSMA CME Manager, on May 19, 2015 with Julie Myers and Diane Wiebusch, CME Coordinators,
overseeing the review. After careful review of their CME Program, the OSMA Surveyor Team
presented the findings of their Site Survey with the OFMQ. The OSMA Site Survey Team and
Committee commend the Oklahoma Foundation For Medical Quality (OFMQ) on its very well done and
comprehensive Self-Study Report and their very effective CME Program. They also commend the
OFMQ Administration, Staff and Leadership for their ongoing financial support of their CME Program
and for its willingness to continue to send CME staff to educational workshops. The Surveyor Team
and Committee were impressed with the continuity of the CME Program and commend them for involving QI, Leadership and Staff in all of their planned CME activities.

The OSMA Site Survey Team and Committee also commend the OFMQ for their insight and hard work in improving the professional practice by including National experts experienced in developing proven evidence-based strategies to Oklahoma physicians so they can be educated in best practices to achieve better results as part of their CMS contract activities. They also commend them for the excellent examples given for their involvement and work with the Engagement Criteria (Criteria 16-22). Their work on best practices and examples set the standard for other CME providers to follow.

The improvements made at the OFMQ will continue to impact patient safety, quality of care and performance to better effect and improve the healthcare of all Oklahomans.

Comments:

1. Although they were found in Compliance with all Criteria (1-22) the Accreditation Statement was incorrectly done on many flyers.

The Site Survey Team and Committee found Oklahoma Foundation for Medical Quality, Oklahoma City to be in Compliance in all 22 Criteria, with only one Non-Compliance in the Accreditation Statement. The Survey Team and Committee recommended awarding Full Accreditation for a period of four (4) years, effective until July 31, 2019. If a Voluntary Progress Report is done to demonstrate Compliance with the Accreditation Statement within 12 months, and if at that time found in Compliance, the OFMQ could receive Accreditation With Commendation for six years.

Motion made and approved awarding the OFMQ of Oklahoma City Full Accreditation for a period of four (4) years, effective until July 31, 2019. If a Voluntary Progress Report is done to demonstrate Compliance with the Accreditation Statement within 12 months, and, if at that time, found in Compliance, the OFMQ would receive Accreditation With Commendation for six (6) years effective until July 31, 2021.

The OFMQ did submit a Voluntary Progress Report and found in Compliance with the Accreditation Statement. They received Accreditation with Commendation for six (6) years effective until July 31, 2021.

Review Site Survey of the Oklahoma Heart Hospital, Oklahoma City, May 15, 2015, Site Surveyors included: Margie Miller, MS, Myrna Rae Page, MPH, and Sandy Deeba, OSMA CME Manager

The ARC Committee reviewed the Site Survey Report of the Oklahoma Heart Hospital, Oklahoma City, conducted by Margie Miller, MS, Myrna Rae Page, MPH, and Sandy Deeba, OSMA CME Manager on May 15, 2015 with Jim Wetzel, CME Director and Teresa Miller, CME Coordinator overseeing the review.

After careful review of their CME Program, the OSMA Surveyor Team presented the findings of their Site Survey with the Oklahoma Heart Hospital. The OSMA Site Survey Team and Committee commend the Oklahoma Heart Hospital (OHH) on the excellent information provided during the interview with Dr. Brook Scott, who oversees the CME Program and sits on the Board of Trustees at the Hospital and is Chair of the Quality Improvement Department of the hospital. They also commend the OHH Administration, Staff and Leadership for their ongoing financial support of their CME Program and for its willingness to continue to send CME staff to educational workshops. Although there was no information provided in the Self-Study for the Engagement Criteria, (Criteria 16-22), during the interview, Dr. Brook Scott was very helpful to apply his information in several of the Engagement Criteria (Criteria 16-22) where applicable. The Surveyor Team and Committee are impressed with the continuity of their CME Program and commend them for involving QI in their Leadership and Staff in planning their CME activities.
Although they did quite well in so many areas they still received Non-Compliance in Criteria 7 (SCS 2 & 6) and Criteria 8 and Non-Compliance in the Accreditation Statement.

Areas the OSMA Site Survey Team and Committee felt the OHH could improve and correct include:

1. Improve on your written Self-Study by demonstrating compliance with completed forms and not blank ones.
3. Provide completed speaker disclosures signed and speaker letters.
4. Include more measurable verbs to your objectives and expand more on your different types of formats.
5. Add physician attributes to your application of your CME activities.
6. Make sure you apply several ways to disclose all relevant financial relationships of your CME Committee, Faculty, Reviewer and Moderator to your learners.
7. Make sure you have in place a mechanism to resolve all conflicts of interests prior to the CME activities.
8. Make sure all commercial support agreements are signed and approved by both the provider and commercial entity and that it specifies the source of commercial support to the learners.

Motion made and approved awarding the Oklahoma Heart Hospital, Oklahoma City four (4) Years Full Accreditation effective until July 31, 2019, with a two-part Progress Report due in 4 months, first one by October 31, 2015 and the second one due in 12 months by June 17, 2016. There will be a fee of $900 for this two-part Progress Report. In these Progress Reports, they will give Demonstration and Description of Compliance in Criteria 7 SCS2 and SCS6, Criteria 8 and corrected Accreditation Statement to be submitted to the OSMA.

Areas the OSMA Site Survey Team and Committee felt the OHH could improve and correct include:

1. Improve on your written Self-Study by demonstrating compliance with completed forms and not blank ones.
3. Provide completed speaker disclosures signed and speaker letters.
4. Include more measurable verbs to your objectives and expand more on your different types of formats.
5. Add physician attributes to your application of your CME activities.
6. Make sure you apply several ways to disclose all relevant financial relationships of your CME Committee, Faculty, Reviewer and Moderator to your learners.
7. Make sure you have in place a mechanism to resolve all conflicts of interests prior to the CME activities.
8. Make sure all commercial support agreements are signed and approved by both the provider and commercial entity and that it specifies the source of commercial support to the learners.

Review Site Survey of St. Johns Medical Center, Tulsa, May 13, 2015. Site Surveyors included:
Janet Spradlin, PhD, Myrna Rae Page, MPH and Sandy Deeba, OSMA CME Manager

The ARC Committee reviewed the Site Survey Report of St. Johns Medical Center, Tulsa, conducted by Janet Spradlin, PhD, Myrna Rae Page, MPH and Sandy Deeba, OSMA CME Manager on May 15, 2015 with Dedee Boss and Ruth Lomax, CME Coordinators, overseeing the review. After careful review of their CME Program, the OSMA Surveyor Team presented their findings of their Site Survey. Site Surveyors commend the physicians and St. Johns Medical Center Administration’s leadership for their support and commitment to their CME Program. St. Johns Medical Center has gone through some changes following the loss of St. Johns Medical Center’s long time CME Director Gail Hilst. There needs to be additional training and guidance given to the new CME Coordinator in order for her to have
a clear understanding of the CME processes. St. Johns Medical Center needs to provide the required
documentation and updates to all OSMA current guidelines. The Survey Team spent time going through
the required documentation and provided suggestions for improvements in each of the areas of non-
compliance indicated in this survey report.
The OSMA CME Manager will work with the CME staff of St. Johns Medical Center to provide the
needed guidance in the current guidelines and appropriate documentation during this probation period.
They were found in Non-Compliance in the following:
Criteria 2, Criteria 6, Criteria 7 SCS (1,2,6) Criteria 8, Criteria 9, Criteria 10, Criteria 11, Criteria 12,
and Criteria 13 and Accreditation Statement.
It is important to know that, in addition, the OSMA will provide one Site Visit at the cost of St. Johns
Medical Center in 7 months (January 2016). The cost of the site survey will be $600. This survey will
assure the OSMA ARC that the Hospital has made and completed the necessary changes and processes
to their CME Program or on their way to completing the changes needed. In addition to the Site visit,
St. Johns Medical Center will be required to do a two-part Progress Report with the first one due by
October 31, 2015 at a charge of $450 payable to the OSMA. The second Progress Report of the two-
part progress report is due by June 17, 2016. There is no charge for the second Progress Report.
Motion made and approved to place St. John Medical Center on Probation. The OSMA CME
Manager will work with the CME staff of St. Johns Medical Center to provide the needed
guidance in the current guidelines and appropriate documentation during this probation period.
It is important to know that in addition, the OSMA will provide one Site Visit at the cost of St.
Johns Medical Center in 7 months (January 2016). The cost of the site survey will be $600. This survey will
assure the OSMA ARC that the Hospital has made and completed the necessary changes and processes
to their CME Program or on their way to completing the changes needed. In addition to the Site visit,
St. Johns Medical Center will be required to do a two-part Progress Report with the first one due by
October 31, 2015 at a charge of $450 payable to the OSMA. The second Progress Report of the two-
part progress report is due by June 17, 2016. There is no charge for the second Progress Report.
Improvements that need to be made include:

1. C1 – Mission Statement has not been updated since 2010. Provider needs to review and
update Mission Statement every year or at least once prior to reaccreditation year and
have it signed by the Committee Chair and dated each time.
2. C2 – Be more specific in defining Professional Practice Gaps by documenting QA/QI data.
Use QI data and document data in files. Regardless of data sources, they should be
included in program files.
3. C3- Encourage follow-up surveys on your activities and incorporate QA/QI data.
4. Consider utilizing other educational formats in planning CME activities.
5. C6- Needs to designate that their development of activities/educational interventions in the
context of desirable physician attributes (IOM Competencies, ACGME Competencies) etc.
6. C7 SCS 1 – Provider needs to show independence from commercial interests in its CME
planning, implementation and evaluation.
7. C7 SCS2 – Provider needs to make sure that all persons in control of content signs a
Disclosure Form yearly, this includes CME Committee Members, Faculty, Reviewers,
Moderators.
8. C7 SCS 6 – Provider needs to disclose to the learner prior to the activity all relevant
financial relationships of all in control of content. This includes Faculty, Planners,
Reviewers, Moderators and CME Planning Committee.
9. C8 – Make sure all written agreements are signed by both the Provider and Commercial
Interest.
10. C11 – Needs to provide a summary of data related to the changes in learners’ competence,
performance or patient outcomes achieved as a result of its overall program’s activities/educational interventions and analysis of those data.

11. C12 - Needs to describe the degree to which it has met the components of its mission statement.

12. C13 – Need to describe the identification of changes in the overall program and plans for making changes in the overall program.

13. Accreditation Statement needs to be consistent and updated for all CME activities and use.

The OSMA CME Manager will work closely with the CME staff of St. Johns Medical Center to provide the needed guidance in the current guidelines and appropriate documentation during this probation period to make sure all of areas of Non-Compliance are brought correctly into Compliance.

Review Site Survey of St. Francis Health System, Tulsa, May 12, 2015. Site Surveyors included:

Timothy Holder, MD, Chair, OSMA ARC and Sandy Deeba, OSMA CME Manager

The ARC Committee reviewed the Site Survey Report of St. Francis Health System in Tulsa conducted by Dr. Timothy Holder, OSMA ARC Chair and Sandy Deeba, OSMA CME Manager on May 12, 2015. After careful review of their CME Program, the OSMA Surveyor Team presented the findings of their Site Survey with St. Francis Health System.

The OSMA Site Survey Team and Committee commends St Francis Health System on its very well done and comprehensive Self-Study Report and their very effective CME Program. They also commend St. Francis Health System Administration, Medical Staff and Leadership for their ongoing financial support of their CME Program and for its willingness to continue to send CME staff to educational workshops. The Surveyor Team and Committee are impressed with the continuity of the CME Program and commend them for involving the Strategic Planning Committee headed by Tom Neff, Bill Nole, Director of Quality, and Pete Aran, MD, CME Director, Ruth Grosserode, MNA, RN, NEA-BC and Karen Cochran, CME Coordinator. The Team also commends St. Francis Health System on the steps they have taken to improve patient care and communication issues with their patients with the Physician Shadowing program. They also improved patient safety with their

1. “Transfusion Overdose”- improving patient safety
2. Improving Parental Nutrition
3. Providing tools to improve patient care with a Medication ring, Nurse notes, and the Medical physician booklet
4. Working to overcome barriers with using QUEST, which is a program to improve cost and quality
5. EPIC Earth format helps physicians provide better care to their patient in different cases. It provides “Best Practices”, Adversaries Course on patient safety issues, E-learning System, Lesson for physicians and their staff with “We Learning” and Interactive Learning
6. Involved with the implementation of Medicare’s value based purchasing program, healthcare reimbursement and shifting to a payment for outcomes and quality.
7. Partnering with strategic partners to improve the quality of care
8. Participation in the CAUTI Iniative which is a program that aims to reduce mean rates of CAUTI in US hospitals
9. Having a workforce development and education that continues to build a highly engaged and accountable workforce that demonstrates mission critical competencies across the continuum of care

Finally, they are to be commended for improving Quality through Culturally Effective Care and recognizing the importance of communication with patients and improving patient satisfaction scores with physician communication. They are to be highly commended for their Team Effort in making all of
these accomplishments and providing Excellence in Continuing Medical Education for Leaders, Medical Staff and Allied Health. They were found in Compliance in all Criteria and Policies. Site Survey Team recommended awarding St. Francis Health System Accreditation with Commendation for Six Years beginning June 17, 2015 and ending July 31, 2021. 

**Motion made and approved to award St. Francis Health System Full Accreditation with Commendation for six (6) Years beginning on June 17, 2015 and ending July 31, 2021 for their outstanding job they did on their Reaccreditation.**

**Review Progress Report of Stillwater Medical Center, Stillwater and Eastar Health System**
OSMA ARC Chair, Timothy Holder, MD reviewed the submitted Progress Report from Stillwater Medical Center, demonstrating and describing Compliance in Criteria 7 SCS2 and SCS6. The ARC Chair found their submitted Progress Report in Compliance and accepted their Progress Report. Eastar Health System also submitted their Progress Report demonstrating and describing Compliance in all criteria for their Tumor Board Program. Their Progress Report was reviewed and found in Compliance and accepted by the ARC Committee.

**CME Providers’ Update Held on December 15, 2015**
The world of CME has seen a lot of changes over the last few years. As an Association, we have been making decisions using the updated criteria for about five and a half years now. We discussed some of the common problems that we have witnessed our providers having with the implementation of the new criteria and also changes that have been made through the Simplification of the Accreditation Requirements and Process. Also, in keeping with the last few CME Providers’ Updates, we brought forth a topic and offered some insight into an area which is of great interest to the physicians in Oklahoma as well as to physician learners and staff within our state. A representative from Stillwater Medical Center, Charles Olson, MD, Director of Stillwater Medical Center ER, spoke to us on “Medical Response To Disaster and the Active Shooter” which is a crucial issue in Oklahoma. He demonstrated what to do in a disaster and how to respond to an active shooter. We also reviewed changes with the Commendation Criteria which everyone will review and respond to the ACCME on your thoughts regarding these changes. We identified changes in the Accreditation Statement as of January 1, 2015 and made sure that all CME Provider forms included disclosures of spouses/partners and presented this to their learners. We also discussed resolving conflicts of interest and how it should be done. To wrap up the afternoon, we recognized two of our CME Providers who have shown outstanding dedication or service to their physicians through their CME program and they were St. Francis Hospital, Tulsa, OK and Oklahoma Foundation For Medical Quality, OKC.

**Co-Hort Self-Study Training Held on January 23, 2015**
The OSMA ARC held its sixth Co-Hort Self-Study Training Session for all CME Providers coming up for Reaccreditation in 2015 on January 23, 2015 at the OSMA Headquarters. All ARC members were invited to attend and participate in this training session. There were approximately 9 attendees who participated in this training session.

**CONCLUSION**
The Accreditation Review Committee will continue to review CME standards as required by the ACCME and work with other partners to ensure that CME activities are planned and implemented appropriately and in compliance with the updated criteria. The committee meets periodically throughout the year and also conducts site surveys of the 16 providers statewide.
Respectfully submitted,

Timothy Holder, MD, Chair  David Russell, MD  John Chace, MD
William Allred, MD  Margie Miller, MS  Peter Aran, MD
Robert W. Block, MD  W. David Min, MD  Deepak Jaiswal, MD
Shirley Dearborn, MD  Myrna R. Page, MPH, CHES
Woody Jenkins, MD  William H. Oehlert, MD
Janet Spradlin, PhD  Kersey L. Winfree, MD