

MARSHALL COMMUNITY HEALTH CONSORTIUM

Annual Institutional Review

Executive Summary

2016–2017

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**SECTION 1. RATIONALE AND DESCRIPTION OF SPONSORING INSTITUTION,
PROGRAM LEADERSHIP**

Pursuant to the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements, the following information is submitted as an Annual Institutional Review Report

from the Designated Institutional Official (DIO) for academic year 2016-2017. The Institutional Requirements specifically state that 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.

As part of the Annual Institutional Review (AIR), the GMEC also must identify institutional performance indicators for the AIR, which include at a minimum:

- 1) The most recent institutional self-study visit results;
- 2) Results of ACGME surveys of residents/fellows and core faculty; and,
- 3) Notification of ACGME-accredited programs' accreditation statuses and self-study visits and procedures for monitoring action plans resulting from the review.

I.B.5.b The Institutional Requirements also stipulate that the DIO must submit a written annual executive summary of the AIR to the Governing Body. I.B.5.c.)

Description of Sponsoring Institution and Organizational Structure

The Marshall Community Health Consortium was founded in 2014 by the working association of the Marshall University School of Medicine/Marshall Health, Cabell Huntington Hospital and Valley Health Systems. The purpose of creating the Consortium was to foster and promote the development of community-based residency programs.

During the 2016-2017 academic year, the Consortium Graduate Medical Education Committee (CGMEC) and its Board of Directors met at least quarterly to continue examination of the Consortium's role and to examine outside funding sources. The GMEC is the centralized committee that addresses issues of program location and resident rotations according to each organization's available resources, preferences, and other factors. It shall make and implement policies to comply with the CGME Board of Directors, ACGME, LCME, JCHOA and other governing body requirements.

In fulfillment of ACGME requirements that stipulate Graduate Medical Education (GMEC) membership, the CGMEC membership includes at a minimum, but is not limited to the following:

- The DIO
- Program Directors from each of the residency programs
- A peer selected Resident from each program
- A Quality Improvement/Safety Officer or his/her designee from each participating founding member (MH or MUSOM)
- The CEO or his/her designee of each participating founding member. (CHH, MUSOM or MH, VH)
- Representative Site Directors

Additional members will be appointed as determined by the Committee. A resident will be appointed once a program's inaugural class has started.

SECTION 2. INSTITUTIONAL AND PROGRAM ACCREDITATION (ACGME)

Institutional Accreditation

Effective July 1, 2014, the Institutional Review Committee (IRC) granted the Marshall Community Health Consortium Initial Accreditation. The Institutional Review Committee commended the institution for its demonstrated substantial compliance with the ACGME's Institutional Requirements without any new citations.

An Institutional Site Visit was held on August 2, 2016 and the Consortium was granted Initial Accreditation with Warning, effective April 19, 2017. The letter indicated the following:

NEW CITATIONS

Sponsoring Institution | Since: 04/19/2017 | Status: New

"Structure for Oversight, Sponsoring Institution (Institutional Requirement I.A.1)

Residency and fellowship programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) must function under the ultimate authority and oversight of one Sponsoring Institution. Oversight of resident/fellow assignments and of the quality of the learning and working environment by the Sponsoring Institution extends to all participating sites. (Core)

The information provided to the Institutional Review Committee ("IRC") does not demonstrate substantial compliance with the requirement. It was reported at the site visit that the Sponsoring Institution has not yet established an ACGME-accredited program. Considering the delay in the development of graduate medical education ("GME") it is not apparent that the Sponsoring Institution has the necessary authority to ensure the quality of learning and working environments at its participating sites."

To address the citation, the Graduate Medical Education Committee established a subcommittee on Program Development. The sole charge of this subcommittee was to assist in the development and submission of the Holzer Family Medicine application. Dr. Mitch Shaver was appointed as Chair of the Subcommittee. Other members include Mr. Joshua Straub, Dr. James Becker and Ms. Jo Ann Raines.

SECTION 3. PROGRAM DEVELOPMENT

The Holzer Family Medicine Program application for ACGME approval was compiled during this academic year.

SECTION 4. INSTITUTIONAL PERFORMANCE INDICATORS

Results of the Most Recent Institutional Self-Study Visit

No Results Were Received

Results of ACGME Surveys of Residents/Fellows and Core Faculty

No Results Were Received

Notification of ACGME- Accredited Program's Accreditation Status and Self-Study Visits

The ACGME Institutional Site Visit was held on August 2, 2016. Dr. William W. Robertson, Jr. was the Site Visitor.

The Consortium status was changed to "Initial Accreditation with Warning." The new citation was due to the lack of an established ACGME-accredited program. The letter was issued on June 26, 2017.

Performance of Graduates

Holzer anticipates its first graduate during the 2017-2018 Academic Year.

SECTION 5. MONITORING PROCEDURES FOR ACTION PLANS RESULTING FROM THE REVIEW

Our goal is to have RRC Accreditation for a Family Medicine Residency at Holzer by the end of the 2017- 2018 Academic Year.

Presented to CGMEC and BOD February 14, 2018