



FRANCISCAN MISSIONARIES OF OUR LADY  
HEALTH SYSTEM

<b>RESPONSIBLE DEPARTMENT:</b> SFMC GME		<b>SUBJECT:</b> Annual Institutional Review
<b>PAGES:</b> TBD		<b>REPLACES POLICY DATED:</b> N/A
<b>ORIGINAL EFFECTIVE DATE:</b> TBD	<b>REVISION EFFECTIVE DATE:</b> N/A	<b>POLICY NUMBER:</b> TBD

**PURPOSE:**

The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). Subsequent AIRs will review evidence of continued compliance with ACGME institutional, common program, and specialty program requirements. This ongoing review process will help identify opportunities for program and institutional improvement.

**POLICY:**

The sponsoring institution's GMEC will review, as mandated by the ACGME Institutional Requirements, ed. July 1, 2018, I.B.5.a), the following institutional performance indicators:

1. The most recent ACGME institutional letter of notification
2. Results of ACGME surveys of residents/fellows and core faculty members
3. Each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations

The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include the following considerations, as mandated by the ACGME Institutional Requirement, ed. July 1, 2018, I.B.5.b)

1. A summary of institutional performance on indicators for the AIR
2. Action plans and performance monitoring procedures resulting from the AIR

The Annual Institutional Review (AIR) will be completed by the institution's DIO and presented to the St. Francis Medical Center Board of Directors by the fall following the most recent fiscal year. The summary will also include action plans (Attachment A) and performance monitoring procedures resulting from the AIR. The Program Evaluation Committee will be required to report on these evaluations to the GMEC quarterly. If the program is considered underperforming, a Special Review Process will take place. This protocol will include establishing criteria for identifying underperformance and results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

**STATUTORY/REGULATORY AUTHORITY: GMEC**

