



# San Antonio Uniformed Services Health Education Consortium San Antonio, Texas

## ANNUAL INSTITUTIONAL REVIEW (AIR) Process

### Institutional Requirements (Excerpt)

I.B.5. The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). (Outcome)

I.B.5.a) The GMEC must identify institutional performance indicators for the AIR which include:

I.B.5.a).(1) results of the most recent institutional self-study visit;

I.B.5.a).(2) results of ACGME surveys of residents/fellows and core faculty; and,

I.B.5.a).(3) notification of ACGME-accredited programs' accreditation statuses and self-study visits.

I.B.5.b) The AIR must include monitoring procedures for action plans resulting from the review.

I.B.5.c) The DIO must submit a written annual executive summary of the AIR to the Governing Body.

1. At least annually, the Graduate Medical Education Committee (GMEC) will conduct an institutional review of SAUSHEC to assess the clinical learning environment, compliance with ACGME Institutional requirements, and approve proposed action items to improve the quality of resident education.
2. The SAUSHEC Accreditation and Compliance Committee will conduct an initial assessment of SAUSHEC after reviewing applicable educational documents, to include:
  - a. ACGME Institutional and Common Program Requirements
  - b. Institutional and Program Self-study visit results
  - c. CLER visit results
  - d. ACGME Letters of Notification
  - e. WebADS entries (to include citation responses)
  - f. Annual Program Review (APR) reports
  - g. Institutional and program action plans
  - h. ACGME Resident and Faculty survey results
  - i. SAUSHEC survey results
  - j. Other relevant correspondence and documents
3. The Accreditation and Compliance Committee will prepare an Executive Summary listing significant findings, concerns, and active citations and responses, along with a recommended characterization of the institution as "In Substantial Compliance", "In Substantial Compliance with Concerns", or "Not in Substantial Compliance".
4. A significant finding is defined as any of the following:
  - a. Not being in compliance with a core ACGME requirement
  - b. Compliance more than 20% lower than national compliance on any item of the ACGME Resident or Faculty survey.
  - c. A condition within the clinical learning environment which could be expected to result in an ACGME citation, negatively impact trainees learning, or degrade patient care.
  - d. Undergoing an accelerated ACGME Accreditation Visit.

5. Characterizations.
  - a. In Substantial Compliance. SAUSHEC is in substantial compliance with all ACGME requirements or has been assessed with findings which are not expected to result in an ACGME citation and can be resolved before the next AIR.
  - b. In Substantial Compliance with Concerns. SAUSHEC is in substantial compliance with nearly all ACGME requirements, but has been assessed with one or more significant findings which may result in an ACGME Letter of Notification with a Citation or a request for a Progress Report, or expected to take more than a year to resolve.
  - c. Not in Substantial Compliance. SAUSHEC is not in substantial compliance with ACGME requirements or has been assessed with one or more significant findings which may result in an accreditation status of “With Warning”, “Probation”, or other adverse action.
6. Action.
  - a. The Accreditation and Compliance Committee will develop quality improvement goals and corrective action plans.
  - b. The Executive Summary, quality improvement goals, and corrective action plans will be referred to the Oversight Committee for feedback, input, or additional corrective action plans to address noted findings prior to submission to the GMEC for approval.
  - c. The GMEC will vote to determine the final characterization of SAUSHEC and approve quality improvement goals and corrective action plans, to include reporting timelines and monitoring of outcomes.
  - d. The Dean will submit a written annual executive summary of the AIR to the Governing Body.
7. Oversight and Follow-up.
  - a. AIR action plans will be monitored by the Accreditation and Compliance Committee with a regular progress report on the changes and outcomes to the GMEC.
  - b. At least annually, the GMEC will review open items from AIR action plans and request updates as necessary.