MEDICAL SCHOOL

University of Minnesota

Driven to Discover®

Accreditation Monitoring & Quality Management Program

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Table of Contents

Mission and Vision 2

Introduction 3

Overview of the LCME and Accreditation Monitoring 4

Components of Quality Management 5

How Priorities are Set 8

Components of Monitored Items 9

APPENDIX A 16

Mission

The mission of the University of Minnesota Medical School (UMMS)
is to be a leader in enhancing the health of people
through the education of
skilled, compassionate, and socially responsible physicians.
With two campuses serving diverse populations
in rural and urban Minnesota,
UMMS is dedicated to preeminent primary care medicine,
exemplary specialty care, and innovative research.

Vision

Give the best of ourselves to create a Medical School
where individuals thrive, collaborations elevate, and the best of
medical practice, research, and education form our legacy.

Introduction

The University of Minnesota Medical School (UMMS) established and supports an Accreditation Monitoring & Quality Management (QM) Program as part of its commitment to the highest educational program standards. QM is a systematic approach to the analysis of performance in key areas designed to maintain and improve program quality.

At its broadest, the UMMS Accreditation Monitoring & QM Program seeks to:

1) Monitor LCME accreditation requirements and the UMMS' ongoing compliance with them
2) Build an infrastructure for review of relevant medical education program components, such as policies and procedures, ensuring such components are current, accurate, and reflective of institutional goals
3) Support the improvement of programs and services linking to LCME accreditation requirements, where quality improvement is needed
4) Align relevant services and programs with existing strategic priorities
5) Provide transparency to the UMMS community about its efforts to meet LCME requirements (ie, public dashboards)
6) Identify opportunities for data collection and sharing to improve consistency and accuracy

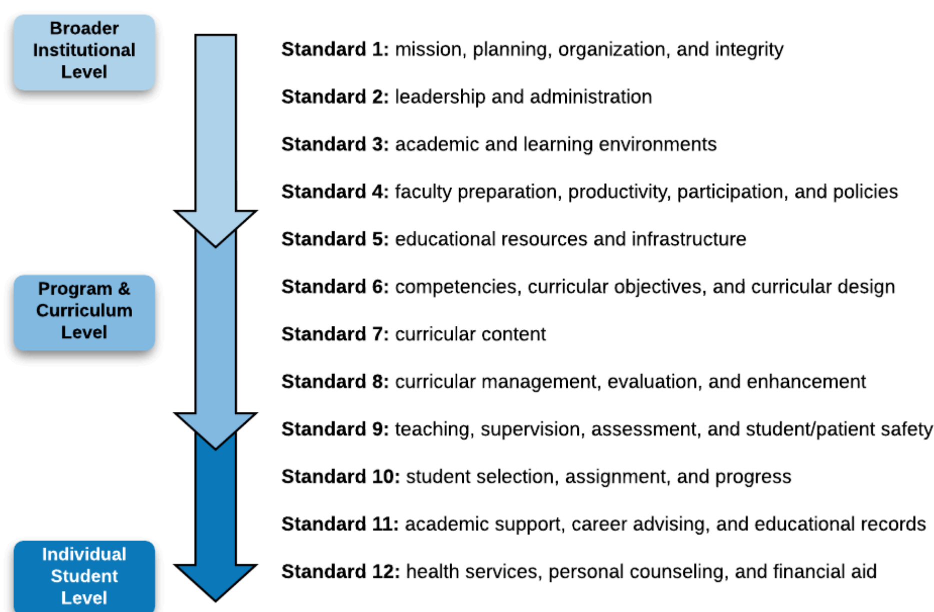
Overview of the LCME and Accreditation Monitoring

The Liaison Committee on Medical Education (LCME) accredits all medical schools in the U.S. and Canada every eight years. It is jointly sponsored by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association.

As per the LCME, "Obtaining Liaison Committee on Medical Education (LCME) accreditation ensures that medical education programs are in compliance with defined standards and their associated elements. The accreditation process has two general and related aims: to promote institutional self-evaluation and improvement and to determine whether a medical education program meets prescribed standards."

As such, accreditation assures our stakeholders that our medical education program meets or exceeds nationally accepted standards of quality and provides a framework to identify opportunities for program improvement.

The LCME uses a conceptual framework for organizing educational program requirements that consists of 12 Standards organized to flow from the level of the institution to the level of the student. Each Standard also has a number of focused topic areas contained within, referred to as Elements, of which there are a total of 93. A document known as the Data Collection Instrument (DCI) serves as a data repository for accreditation-related content for the Standards.



In 2016, the LCME published the White Paper, *Implementing a System for Monitoring Performance in LCME Accreditation Standards*[1], which provided an overview of the requirement for accreditation monitoring. Based on a review of factors affecting accreditation outcomes, the LCME concluded that regular, ongoing reviews of performance between LCME visits could mitigate risks associated with poor accreditation outcomes. This resulted in the addition of an expectation for a school-developed and implemented monitoring process of accreditation performance.

[1] Liaison Committee on Medical Education. (2016). *Implementing a System for Monitoring Performance in LCME Accreditation Standards* [White Paper]. Retrieved April 23, 2020 from Liaison Committee on Medical Education: https://lcme.org/publications/#White-Papers

Components of Quality Management

UMMS defines its Accreditation Monitoring & Quality Management Program (QMP) as a formalized system of documenting and evaluating components of its services and programs for the purposes of maintaining or achieving desired outcomes and levels of quality. Specifically, the QMP helps coordinate and direct UMMS activities to meet established quality standards within the context of accreditation requirements, and improve its effectiveness and efficiency in those areas on a continual basis.

The QMP has four main components: 1) quality planning, 2) quality assurance, 3) quality control, and 4) quality improvement. Quality management is focused not only on program and service quality, but also on the means to achieve it. Based on the specific nature and needs of a program or service one or more of these components may be employed at any given time, even within a single accreditation Element.

By having this QMP, the UMMS is effectively positioned to:

- Meet its stakeholders expectations of the educational program, which in turn promotes self confidence in the organization
- Meet the institution's quality expectations, including strategic goals and accreditation requirements, in a way that is resource-efficient, maintains the effectiveness of existing programs and services, and creates opportunities for improvement.

Additional benefits may include:

- Defining, improving, and controlling processes
- Reducing “slippage”
- Engaging faculty and administration
- Promoting alignment across departments and programs with institutional goals and accreditation requirements

1. **Quality Planning**
   Quality Planning (QP) involves a process for setting priorities by determining which quality standards are relevant (ie, specific accreditation requirements) and identifying the means to satisfy those quality standards.

   This involves reviewing data sources and institutional priorities to evaluate the status of a program or service, assess whether it's meeting desired quality standards and outcomes, and, when needed, initiate efforts towards improvement. QP may focus effort on maintaining current quality standards to avoid “slippage” (deviations from expected quality standards due to lost focus) or on identified needs for improvement. QP may be managed through a combination of quality management teams, appropriately designated committees, or designated officers all working in tandem. QP focuses on the idea, “Do the right things.”

   Examples of QP associated with accreditation requirements include the use of a formal review process for reviewing accreditation Elements to determine priorities for monitoring and quality improvement. Specific metrics and associated targets would be subsequently established for those needing a quality improvement plan.

2. **Quality Assurance**
   Quality Assurance (QA), a proactive approach, focuses on the quality of a program or office *process.* QA aims to prevent issues with a program's or office's “product” quality (ie, services, materials) with a

focus on the process(es) used. This ensures the outcomes meet desired quality standards. QA focuses on the idea, “Do the right things right.”

Examples of QA associated with accreditation requirements might include evaluating the process by which patient encounter tracking by students is centrally monitored, the process by which student immunization compliance is verified, or the process by which UMMS policies and procedures are regularly reviewed and updated.

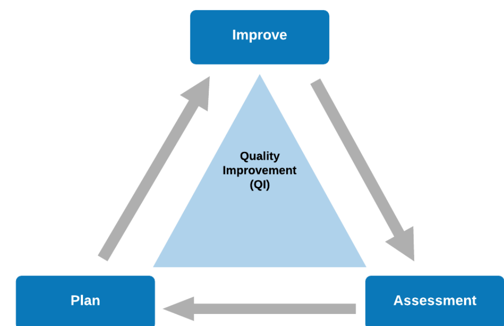
3. **Quality Control**

   Quality Control (QC) aims to ensure quality in the programs and services, themselves. QC activities focus on identifying (and correcting) issues in a “product.” QC, therefore, is a reactive process, identifying deficiencies in quality after a service or program is already developed. QC efforts are targeted at whether a program or service is meeting expected levels of quality; QC focuses on the idea, “Do things right.”

   Examples of QC might include reviewing affiliation agreements to verify they contain language required by the LCME or evaluating debt management workshops to determine if they are meeting expected outcomes.

4. **Quality Improvement**

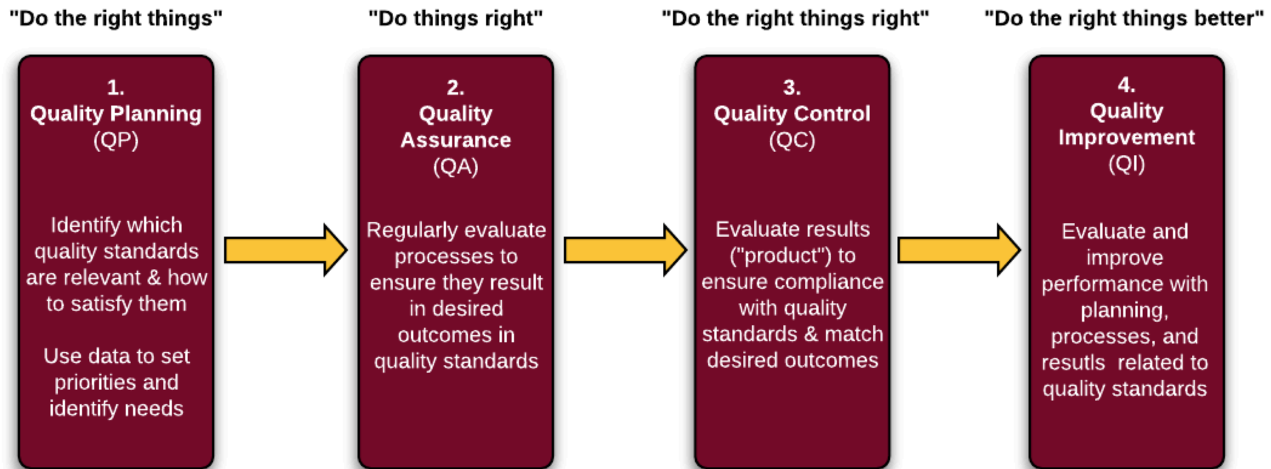
   Whereas QA, and QC are primarily aimed at sustaining quality standards, Quality Improvement (QI) is the systematic and formal approach to analyzing the performance of a program or service with a focus on improvement. At its simplest, QI encourages stakeholders to continuously ask, “How are we doing?” and, “Can we do it better or more efficiently?” The key, then, to a successful QI approach is in using a structured process for evaluating and improving current programs and services to achieve a desired outcome. Typically, the QI cycle includes a continuous cycle of assessment-to-planning-to-improvement (including implementation) and back to assessment.



   UMMS’ QI efforts employ several approaches or models to support a QI culture. No one size fits all. Members of a QI team will work with offices and programs in identifying key QI initiatives, monitoring the effectiveness of those initiatives, and providing guidance on improvement efforts. The focus is on using a structured and adaptive process that meets the needs of the institution and its stakeholders.

   QI strategies can be employed at any point along the QM “continuum.” QI can improve priority setting at the level of QP, the evaluation of processes as part of QA, or the results of a program or service as part of QC. QI focuses on the idea, “Do the right things better.”

   An example of QI may include developing a quality improvement plan (QIP) to improve the outcomes of the aforementioned debt management workshops in instances where data indicates a deficiency or slippage.


4 Components of the UMMS
Quality Management Program
"Do the right things"
"Do things right"
"Do the right things right"
"Do the right things better"
1.
Quality Planning
(QP)
Identify which quality standards are relevant & how to satisfy them
Use data to set priorities and identify needs
2.
Quality Assurance
(QA)
Regularly evaluate processes to ensure they result in desired outcomes in quality standards
3.
Quality Control
(QC)
Evaluate results ("product") to ensure compliance with quality standards & match desired outcomes
4.
Quality Improvement
(QI)
Evaluate and improve performance with planning, processes, and resutls related to quality standards

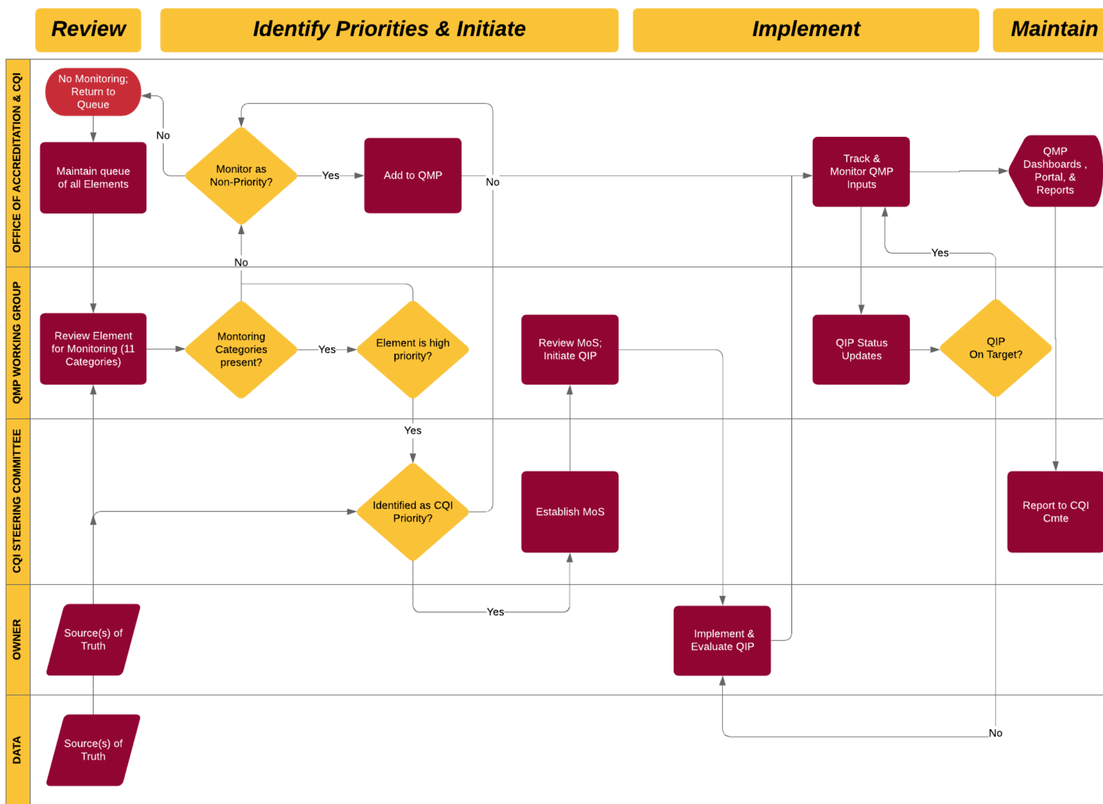
How Priorities are Set

The UMMS sets priorities within its QM Program through an iterative process involving input from a variety of stakeholders. The Office of Accreditation and Quality Improvement monitors the metrics outlined in this document. LCME Elements considered for monitoring are evaluated for a variety of criteria. **Appendix A** provides a description of the primary categories that may be used when evaluating Elements to monitor. Additional Elements or institutional priority areas may be included, as needed. Elements will likely be monitored if they:

- Fit into multiple categories
- Meet high impact categories (ie, current LCME citations)
- Fall into categories that align with current strategic plans and core operations
- Are considered best practices in ensuring program and service quality. This includes programs and services benefiting from regular review (ie, admission criteria, curricular content)

Various data is collected, and reviewed regularly for the purpose of setting priorities. This process engages a variety of stakeholders who provide feedback on which Elements require monitoring and establishing specific quality standards. Primary stakeholders include students, ad hoc working groups, UMMS faculty and administrative leaders, and the owners of the programs or services being reviewed.

The QMP, including which Elements are monitored, is updated based on the outcome of this review, with QI plans being initiated for programs and services requiring them. Below is an example of how this process may be implemented.



Components of Monitored Items

The categories, below, are used for each Element being actively monitored. Individual items are more fully detailed and may have a more comprehensive QIP available in the Office of Accreditation and Quality Improvement. Explanations for each category used are provided below.

#:	The LCME Accreditation Element(s) being monitored, if applicable.
Status:	Elements are: 1) Satisfactory, 2) Satisfactory with a Need for Monitoring, or 3) Unsatisfactory, as determined by the LCME.
Priority:	Monitored Elements fall into one of three internally created Priority Levels: **A)** High priority; Elements cited by the LCME; areas undergoing significant modification (ie, office restructuring); areas highly prone to slippage, **B)** Moderate priority, Elements being Monitored, areas with standardized reviews, previous LCME citations, **C)** Low priority; areas where quality standards are being met or exceeded, but monitoring is a best practice
Metric:	Measurement determining expected quality standard
Metric Type:	Metric types fall into one of two categories: 1) Process - Metrics that are specific steps in a process; 2) Outcome - Quantitative metrics that measure the impact of an initiative
Target:	An agreed upon result achieved by the completion of the QMP. Typically, a target will intend to maintain or improve a current quality standard in the context of the metrics being applied (eg., 100% of students submitting required clinical encounter logs)
Monitoring Reason:	See **Appendix A** for a list of categories that inform decisions to monitor a given Element.
Measurement Schedule:	Frequency of review (at minimum)
Source(s) of Truth:	Data or information used for monitoring are collected from a variety of sources and can be quantitative and/or qualitative (ie, AAMC GQ, narrative summaries of program details). The specific sources of truth and the metrics used within those sources should be reviewed and agreed upon by key stakeholders

APPENDIX A

Categories Used in Determining Priorities for Monitoring

	Category	Definition
1	**High Priority Items identified through Institutional Self-Study**	Elements identified during the self-study process including the Independent Student Analysis (ISA), formation of the Data Collection Instrument (DCI), and the work of any committees
2	**Citations from Prior Full Survey**	Elements UMMS was cited for in prior full accreditation visits
3	**Highest Correlation with Severe Action Decisions**	Elements identified in Table 2 of the LCME white paper, *The Variables That Lead to Severe Action Decisions by the Liaison Committee on Medical Education*[2]
4	**Explicit LCME Requirement for Monitoring**	Elements identified in the LCME white paper, *Implementing a System for Monitoring Performance in LCME Accreditation Standards*[1] in the section, *Elements that include an explicit requirement for monitoring or involve a regularly-occurring process.* For example, the LCME requires that formative feedback be provided at the mid-point of each course or clerkship (Element 9.7) and that students receive their grades within six weeks of the end of a course or clerkship (Element 9.8)
5	**New or Recently-Revised LCME Requirements**	Elements identified as new or having been recently revised. The LCME document, *Functions and Structure of a Medical School* [3] is updated on a yearly basis. Regular review of the document allows schools to identify any new or revised elements. The LCME website also is updated when new guidance documents related to the LCME's expectations for elements become available"
6	**Policies Congruent with Operations**	From the LCME white paper,[2] *Implementing a System for Monitoring Performance in LCME Accreditation Standards,*[1] "Many LCME elements expect that schools have formal policies and that these policies are effective and consistent with ongoing operations. The review of these policies should be done in sufficient time to allow the needed amendments to be made, approved, and implemented should this be found to be necessary."
7	**Affect Core School Operations**	From the LCME white paper, *Implementing a System for Monitoring Performance in LCME Accreditation Standards,*[1] "There are some areas that are central to the effective functioning of the medical school. Their effectiveness can be determined through a review of their impact and results. For example, poor student evaluations of a course or clerkship occurring over a number of years may be an indication of a defect in the curriculum management system. Inability to staff small groups may be an indication of an insufficient number or discipline distribution of faculty, insufficient finances to cover faculty time, or low value placed on participation in education. In such cases, inadequate curriculum

[2] Hunt H, Migdal M, Waechter D, Barzansky B, Sabalis R. The Variables That Lead to Severe Action Decisions by the Liaison Committee on Medical Education. Academic Medicine. 2016; 91(1): 87-93.

[3] Liaison Committee on Medical Education. (2020). *Functions and Structure of a Medical School*. Retrieved April 23, 2020 from Liaison Committee on Medical Education: https://lcme.org/publications/#Standards

		management or insufficient finances devoted to education may be the root cause of other areas of poor performance”
8	**Strategic Plan Overlap**	Elements identified as having overlap with strategic plans (institutional or at the department/program level)
9	**AAMC GQ Data**	Elements requiring data from the AAMC Graduation Questionnaire
10	**Best Practice**	Elements with standardized review periods (ie, admission criteria) or programs and services for which monitoring facilitates optimal results (regular curriculum review). LCME Elements for which monitoring is considered a best practice in the literature are also included
11	**Policy**	Elements with an expectation that a current, accurate institutional policy exists addressing all or part of the Element language