**Data Source Examples**: APEs, ACGME Letters on Notification, ACGME Surveys, Case/Procedure Logs, Graduate Surveys, Internal Surveys, PEC minutes, etc. for sources of improvement areas.

“Citations & Concerns” should be ***linked*** to “Action Plans” in New Innovations. You may have:

* 1 action plan for 1 or more citations/concerns, or
* 2 or more actions plans for 1 citation or concern, or
* 1 action plan for 1 citation/concern

**TIPs:**

* Use two monitors if possible
* Use two browsers (e.g. Internet Explorer) to open your APE and use a second browser (e.g. Chrome) to open the Action Plan or Citations & Concerns in New Innovations.
* Copy and paste between the two as needed.



**Example Concern**

Title: *Resident Survey: 80 Hours*

Since *MM/DD/YYYY*

Source: *RRC*

Associate with the following: *Program Quality*

Details: *“80-hour week (averaged over a four-week period)” program compliance rate of 75% vs national compliance rate of 91%”*

**Example *Linked* Action Plan**

**Title**: *80-Hour Compliance*

**Goal Since**: *MM/DD/YYYY*

**Details of Goal**:

**SMART GOAL**: Improve the 80-hour work week average compliance percentage for this residency program from 75% to at least 91% (2021 national average compliance rate) on the next ACGME resident survey by the end of the 2021-2022 academic year.

**ACTION/IMPROVEMENT PLAN**: 1) review baseline data: 1.a) NI data on logging compliance by resident, 1.b) violations by rotations, and 1.c) violations by person, 2) based on identified issues – 2.a) provide education for duty hour logging, 2.b) make changes to rotations that are identified as problematic for 80 hours, 2.c) internal anonymous Qualtrics survey prior to ACGME survey approximately mid-year on duty hours 3) monitor for compliance and maintenance of compliance after changes are implemented**.**

**MEASURES**: *ACGME 2022 Resident Survey; GME office summary reports of violations; Program NI duty hour violation report by rotation; Program NI duty hour violation report by resident; internal survey of duty hour questions based on ACGME resident survey to be administered in Nov or Dec of 2021.*

**OVERSIGHT:** Dr. J Shah, Ms. R Jones

**Associate with the following**: *Program Quality*

**Uploads**: *2021 Resident Survey indicating Issue, NI reports, internal survey results, 2022 Resident Survey*

**STEP BY STEP GUIDE for New Action Plans**

**You do not need to reformat prior actions plans**

**Where are Citations & Concerns in NI?** NI  Administration  Program (white bar)  Citations & Concerns

**Entering a New “Citations & Concerns”**

Add new citation or concern:





* If entering a new citation or concern/area for improvement (AFI), select Citation” tab OR “Concern” tab. Note that citations only come from the RRC.
* Enter a Title: *e.g. Resident Survey: 80 hours*
* Enter start date/”Since”
* Select Source: 1) “RRC” if in letter of notification or ACGME survey, OR 2) “GMEC” if from IPRC, OR 3) “PEC” if from your program evaluation committee/annual program evaluation
* Associate with the following: Select all that apply
* Details: enter details from resident survey *e.g. “80-hour week (averaged over a four-week period)” --program compliance rate of 75% vs % national compliance rate of 91%”*
* Click Save

**Where are Action Plans in NI?** NI  Administration  Program (white bar)  Action Plan

**Entering a New Action Plan** (Suggest using all caps on section headers as formatting is lost in NI and this helps readability)





Complete the following:

“**Title**”: *e.g. 80-Hour Compliance*

**Goal Since/Start Date**: enter date…..

**Details of Goal** (previously called ISSUE): suggested formatting as a [QI SMART GOAL](https://www.researchgate.net/figure/OITT-framework-of-an-objective-statement_fig3_318390296):

**Outline to follow**:

SMART GOAL:\_\_\_\_\_\_\_

*e.g. Improve the 80-hour work week average compliance percentage for this residency program from 75% to at least 91% (2021 national average compliance rate) on the next ACGME resident survey by the end of the 2021-2022 academic year.*



ACTION/IMPROVEMENT PLAN: *e.g.*

*1) review baseline data: 1.a) NI data on logging compliance by resident, 1.b) violations by rotations, and 1.c) violations by person,*

*2) based on identified issues –*

*2.a) provide education for duty hour logging,*

*2.b) make changes to rotations that are identified as problematic for 80 hours,*

*2.c) internal anonymous Qualtrics survey prior to ACGME survey approximately mid year on duty hours*

*3) monitor for compliance and maintenance of compliance after changes are implemented*

MEASURES: \_\_\_\_\_\_\_\_\_ *e.g.*

* *ACGME 2022 Resident Survey;*
* *GME office summary reports of violations;*
* *Program NI duty hour violation report by rotation*
* *Program NI duty hour violation report by resident*
* *internal survey of duty hour questions based on ACGME resident survey to be administered in Nov or Dec of 2021*

OVERSIGHT: who will be coordinating/overseeing/doing the work, *e.g. Program Director/APD’s Names*

“**Associate with the following**”: check all that apply *e.g. Program Quality*

Click Save

**Uploads**: *e.g. 2021 Resident Survey indicating Issue, NI reports, internal survey results, 2022 Resident Survey, etc.*

# Later --> Progress Updates:

1. Provide date(s)
2. Tag as “Progressing”, “Not Progressing”, “Closed-Successful”, Closed-Unsuccessful” OR “On Hold”
3. Write note – *e.g. The anonymous internal duty hour survey indicated no 80 hour duty hour violations by rotation. Upload any supporting documents to the Attachments Tab.*

**If action item is tagged as “Closed”** – indicate what the outcome was using the **Outcome Tab**.

*e.g. the 2022 ACGME resident survey indicated a 92% compliance rate for 80-hour duty hours. NI duty hour logs have zero reported duty hour violations during AY 21/22. [Upload any supporting documents to the Attachments Tab. Monitoring will continue.*” OR state why unsuccessful and if you will implement an alternate plan, or if this is an item you have no control over, etc.

*The ACGME will want to know what areas you have successfully improved and documentation for that improvement.*