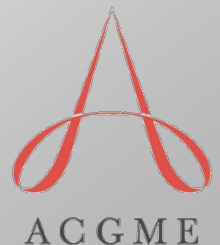


Operative Log Update ARCS Meeting March 24, 2011 – Boston

Tom Richter

Director, Data Systems and Data Analysis

ACGME



Case Log Update

- Review Changes Last Few Years
- Multiple Credit/Procedures
- Upcoming Changes/Enhancements
- Year End Reminders
- Transfers
- A Couple Of ADS Reminders
- Support/Where to get Assistance
- Questions

Case Log Changes

- Appendectomy added to pediatric defined category – July 1, 2005
 - Not listed in pediatric section (patient age)
 - No specific requirement
- Laparoscopy Minimums Increased
 - Effective for 2008 graduates
 - Basic increased to 60
 - Advanced increased to 25

Endoscopy Defined Category

- Effective as of the 2009 graduates
- Total increased to 85
 - 35 upper endoscopy
 - 50 colonoscopies
- There is second page of defined category report that shows breakdown

Def Cat Report – 2nd Page

PROGRAM AVERAGE AND TOTALS FOR EACH RESIDENT OF PROCEDURES IN PED

Primary Procedures
Program ID: 4401234567 Program Name: General Surgery I
For All Attendings at All Institutes
All Residents
For Procedures In All Years For All Patient Types For All
All Reporting Years
As Of 2/28/2011

Resident	Pediatric				Endoscopy			
	Append 0	Hernia 0	Other 0	PED 20	Upper 35	Colon 50	Other 0	ENDSV 85
dd, dd	0	0	0	0	4	1	2	7
Doe, John Q.	0	2	0	2	0	0	0	0
Resident, General Surgery	7	4	1	12	3	0	2	5
Resident, Jason	1	1	0	2	0	0	0	0
Resident, Jr. Test	0	0	1	1	0	0	1	1
Resident1, Beta	0	0	0	0	0	0	0	0
Smith, John	4	1	0	5	0	0	0	0

NOTE: The data contained here reflects only procedures under the following Resident Roles: Surgeon Chief & Surgeon Junior.

COLUMN DESCRIPTIONS:

Append (Appendectomy); Hernia (Hernia); Other (Other Pediatric); PED (Pediatric); Upper (Upper Endoscopy); Colon (Colonoscopy)

Endoscopy Breakout

ACGME | Accreditation Coord... ACGME | ADS Login Page https://www.acgme.org/rest/... https://www.acgme.org/...

Close

15 / 15+ Main Report 100% BUSINESS OBJECTS

Resident Operative Experience Report
 Primary Procedures
 Program ID: 4401234567 Program Name: General Surgery Program Name
 For All Attendings at All Institutes
 For All Residents
 For Procedures in All Years For All Resident Roles For All Patient Types For All Rotations
 For All Defined Categories
 For All CPTs in All Areas and All Types
 As Of 2/28/2011

	SC	SJ	TA	FA
SURGICAL CRITICAL CARE PATIENT MANAGEMENT				
Ventilatory Management: >24hrs on ventilator	8	4	1	5
Bleeding: non-trauma patient > 3 units	6			
Hemodynamic instability: req. inotrope/pressor	5	1		2
Organ dysfunction: renal, hepatic, cardiac	4			
Dysrhythmias: requiring drug management	4			2
Invasive line, manage/monitor: Swan, Arterial,etc	4			1
Parenteral/enteral nutrition	13			4
Total SURGICAL CRITICAL CARE PATIENT MANAGEMENT	44	5	1	14
ENDOSCOPY (NOT FOR MAJOR CREDIT)				
LARYNGOSCOPY	1			
BRONCHOSCOPY				
SCLEROTHERAPY/BANDING ESOPH VARICES	2			
ESOPHAGO-GASTRO-DUODENOSCOPY	2			1
PERCUTAN ENDOSCOPIC GASTROSTOMY (PEG)	2			
ERCP W/WO PAPILOTOMY	1			
SIGMOIDOSCOPY, RIGID FLEXIBLE	1			
FLEXIBLE COLONOSCOPY W/WO BX/POLYPECT	1			
CHOLEDOCHOSCOPY	2			
CYSTOURETHROSCOPY	1			
OTHER ENDOSCOPY	2			
Total ENDOSCOPY (NOT FOR MAJOR CREDIT)	15			1

Upper

Colonoscopy

Total Major Operations

- Number of total major cases increased to 750 cases (from 500)
 - Effective for the 2009 graduates
 - Up to 50 cases as TA count toward the total (but not any of the individual categories)
 - Requirement remains that same for surgeon chief procedures (150)

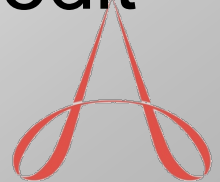
Revised Mappings

- Implemented on March 16, 2010
- RRC subcommittee spent numerous hours reviewing all codes
- Almost all procedures now count towards a defined category
- RRC will monitor data/may adjust minimums down the road



“Credit” Procedure

- Emphasis is still on “primary” credit procedure
 - Residents must select specific procedure as the credit procedure
 - Reports generated for RRC
 - Defaults in online system
 - Only one per patient/per day (same resident)
- Minimums report is based solely on credit procedure



Additional (Secondary) Procedures

- RRC encourages resident/programs to enter additional procedures performed
 - System allows multiple codes
 - Can generate reports by selecting all or secondary
- RRC will evaluate data, may make change in policy later – vascular and pediatric surgery currently utilizes secondary/total

Duplicate Credit Role Change

- Implemented in Summer of 2010
- Two different residents can take credit as surgeon for different procedures on same patient same day
 - Must be different CPT codes
 - Limited to two residents currently
- Other rules remain in effect

Upcoming System Changes

- No immediate policy and/or minimums changing
- New CPT codes added to the System
- New interface coming soon (it really is)



Revised Case Log System

- Core functionality remains the same
- Procedures entered by CPT code
- Same required elements/fields
- Change is primarily cosmetic to give the System a new look and feel – current system is about 12 years old

Substantive Changes

- Search mechanism is improved
 - No more pop-ups
 - Capability to search by defined category
 - Better keyword search capability
 - Favorites list(s)
- Enhanced criteria for searching for existing cases (including case ID)
- Tutorials available in System

Favorites

- Number 1 request from residents
- Several default favorite options will be available
 - Top 25 codes for the specialty
 - Top 25 codes for the program
 - Top 25 codes for the resident
- Will have the capability to create and maintain unique favorite lists

Smartphone Accessibility

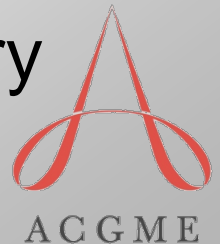
- In conjunction with the new interface, there will be a mobile website
 - Optimized for smartphones (iPhone)
 - Not an application installed locally
 - Won't require license fee
 - At least initially, will be data entry only no search/update functionality
 - Should work on all platforms but currently tested on the iPhone only

Year End Process

- Deadline is August 1st
 - Preliminary files sent to Board May 1st and June 1st
 - Make sure residents have accepted “Access Agreement”
- Simplified process – in place last 2 years
 - Do not need to submit hard-copy
 - Verify data electronically

Important Reminders for Year End Process


- Make sure completion date is correct in ADS
- Ensure preliminary/categorical designation is correct (Both ADS and Case Logs)
- Save a copy of the data/reports (pdf)
 - Export data
 - Full detail
 - Resident Operative and Defined Category




Steps To Submit Data

- Go to “Year End Tab”
- Set Current Graduating Class (2010-2011)
- Verify graduates
 - Categorical
 - Preliminary
- Generate and review reports
- Submit the data
- View status

Submission Message

Message from webpage 

 The Program Director is responsible for validating the accuracy of each Resident's reported cases. Prior to submitting, generate and save a copy of the "Completing Residents Report" for each individual.

Once you have reviewed the data and click [OK] for submission:

1. The data will be archived overnight (you may Cancel the archive process any time prior).
2. Once archived, changes to the data can no longer be made.
3. These data will be used in reports given to the RRC.
4. Summary reports can be accessed from the Archived Data section on the Reports tab.

If you have already reviewed the data, click [OK] to continue, Otherwise click [Cancel] to go back to the Year End Menu.

Transfer Process

- New or accepting program initiates request for data to be transferred
- Enter the resident in ADS first
- In case logs, go to program setup, resident transfer request
- Enter SSN and name to search database
 - Indicate appropriate attending, institution and rotation
 - Contact Support Center if problem

When Data Shouldn't Be Transferred

- Data should not be transferred if resident doesn't get “credit” for previous year(s)
 - Categorical resident who takes 1st year position
 - Preliminary resident who later moves into categorical slot
- If resident moves from preliminary position to categorical in same program
 - ADS Implications...

Prelim Grads to Cat Position (Same Program)

- Resident should be confirmed as preliminary graduate in ADS
 - Data will be reflected properly on PIF
 - Will show completed preliminary training during the appropriate academic year
- New record has to be created
 - Contact ADS staff (Quinn)
 - System prevents new record, looks like duplicate

ADS Continued

- Make sure information is up to date
 - Coordinator
 - Phone number/e-mail
- For PIFs in pediatric surgery and vascular surgery – operative data
 - Resident report
 - Defined category (vascular only)
- Reminder - function to copy CV of faculty at same sponsoring institution




ACGME

- Home/Annual Update Status
- Contact ADS Staff
- Log Out
- Positions for Displaced Residents
- UPDATE PROGRAM INFO**
 - Program Information
 - Accreditation Information
 - Program Coordinator
 - Approved/Filled Positions
 - Participating Sites
 - Resident Duty Hours/Board Pass Ra
 - View Program Information
- Update Faculty/CV**
 - Update Resident Info
 - Request Changes
 - Resident/Fellow Survey
- PIF PREPARATION**
 - Common PIF
 - Print/Preview PIF
 - Specialty Specific PIF
- Case Log Reports
- Site Visit Results
- Tools/Reference

Below is the faculty roster. Physicians and non-physicians appear on separate tabs. To add faculty, click the "Add faculty" tab. To view faculty details, click the "edit" button to expand and "close" button to collapse. Faculty members that appear in red are missing required information necessary for display on the Program Information Form (PIF). Remember to save any changes made to faculty details. You may also copy faculty from other accredited programs at your institution if the faculty member exists in another ADS account at your institution. You may not copy faculty from other institutions. To remove a faculty member from your list, enter a "date left program" under the faculty details. This will move the faculty member to the past faculty tab and they will not appear on the PIF.

List alphabetically the non-physician faculty who provide required instruction or supervision of residents/fellows in the program.



Physician Non-Physician Past Faculty **Faculty** Aggregate Info Add Faculty Sort Faculty

[Print This Page](#) | [View On PIF](#) | [Copy Faculty](#) | [Show All Non-Physicians](#) | [Show 10 Per Page Non-Physicians](#)

Name	Title	Degree(s)	Field/Concentration	Base Institution	Yrs/Spec	Display Faculty on PIF	Display CV on PIF	View/Edit CV
No Non-Physician Faculty have been entered for this program.								



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List alphabetically the non-physician faculty who provide required instruction or supervision of residents/fellows in the program.

[Close]

COPY FACULTY

COPYING TO THIS PROGRAM

FROM AN AVAILABLE PROGRAM (THROUGH THE SPONSOR INSTITUTION)

[Dropdown]

- Allergy and Immunology
- Anesthesiology
- Cardiovascular Disease
- Clinical Cardiac Electrophysiology
- Clinical Neurophysiology
- Colon and Rectal Surgery
- Critical Care Medicine
- Cytopathology
- Dermatology
- Emergency Medicine
- Endocrinology, Diabetes, and Metabolism
- Family medicine
- Gastroenterology
- Hematology and Oncology
- Hospice and Palliative Medicine
- Infectious Disease
- Internal Med/Emer Med/Critical Care (non-accredited)
- Internal Medicine
- Internal Medicine/Emergency Medicine (non-accredited)
- Interventional Cardiology
- Medical Genetics
- Musculoskeletal Radiology
- Nephrology
- Neurological Surgery
- Neurology
- Neuroradiology
- Obstetrics and Gynecology
- Ophthalmology

[Input Field]

Copy Faculty Member(s)

View/Edit CV

Where to Get Assistance

- Case log resources available from the homepage
 - Case log information page
 - Tutorials
- ADS
 - Tools/Reference section in ADS
 - ADS video tutorials

- About ACGME ▶
- ACGME Awards ▶
- ACGME Learning Portfolio ▶
- Bulletin & Lit Reviews ▶
- Data Collection Systems ▶
- GME Information ▶
- Human Resources ▶
- Institutional Review ▶
- Journal Grad Med Ed ▶
- Meetings & Workshops ▶
- Newsroom ▶
- Outcome Project ▶
- Review Committees ▶
- Resident Duty Hours ▶
- Resident Services ▶
- Review & Comment ▶
- Search Programs & Sponsors ▶
- Site Visit & Field Staff ▶

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Case Log Information

- **New** - [Resident Case Log System Tutorials Web page](#)
- [Year End Instructions \(PDF\)](#)
- [Frequently Asked Questions \(FAQ\)](#)
- [Manuals](#)
- [Requirements](#)
- [Guidelines](#)
- [Statistical Reports](#)
- [Handheld Manuals](#)
- [Handheld Request Form \(PDF\)](#)
- [HIPAA Compliance Documents](#)
- [General Surgery Operative Log \(GSOL\)](#)

- ACGME Awards ▶
- ACGME Learning Portfolio ▶
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- Resident Services ▶
- Review & Comment ▶
- Search Programs & Sponsors ▶
- Site Visit & Field Staff ▶

Resident Case Log System Tutorials

TUTORIAL NAME	Free Windows Media Player Download 	Free Adobe Flash Player Download 
QUICK START GUIDE TO THE CASE LOG SYSTEM	(Please make sure audio is turned up/on prior to clicking on any of the links below).	
Case Log Quick Start	Windows Media Player (12MB)	Flash Version (9MB)
CASE ENTRY - SPECIALTY SPECIFIC	(Please make sure audio is turned up/on prior to clicking on any of the links below).	
Allergy & Immunology	Windows Media Player (12MB)	Flash Version (9MB)
Anesthesiology	Windows Media Player (8 MB)	Flash Version (3MB)
General Surgery	Windows Media Player (4 MB)	Flash Version (2MB)
Pediatric Anesthesia	Windows Media Player (4 MB)	Flash Version (coming soon)
Obstetrics and Gynecology	Windows Media Player (6 MB)	Flash Version (3MB)
Physical Medicine and Rehabilitation	Windows Media Player (5 MB)	Flash Version (2MB)
Neurological Surgery	Windows Media Player (3 MB)	Flash Version (1.6MB)
CASE ENTRY TOOLS & TIPS		
Multiple Mappings	Windows Media Player (2 MB)	Flash Version (1.9 MB)
Search for Codes	Windows Media Player (2 MB)	Flash Version (.8 MB)
PROGRAM SETUP		
Add an Attending	Windows Media Player (1 MB)	Flash Version (.6MB)
Consolidate an Attending	Windows Media Player (3.7 MB)	Flash Version (.7MB)
Add an Institution	Windows Media Player (1.9 MB)	Flash Version (.3MB)
REPORTS		



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- ▷ Case Log Reports
- ▷ Site Visit Results
- ▷ **TOOLS/REFERENCE**
- ADS Video Tutorials
- World Directory of Medical Schools
- Download My Data
- ACGME Glossary of Terms
- Duty Hour FAQ
- Competency/Assessment Glossary
- Optional Resident Upload Instructions
- Journal of Graduate Medical Education

FACULTY CVs

The entry method for Faculty CVs within ADS has been updated to facilitate better data collection of faculty information. We will no longer be accepting/using PDF uploaded CVs in the system, but rather, using a data-entry method of collection. Most programs have already been using this method for some time.

To check if you are among the few programs still in need of updating, click the “**Update Program Info – Update Faculty/CV**” menu on the left. While viewing the Faculty Roster table, look at the icons that appear under the “**View/Edit CV**” column on the right. If you see a yellow folder with a red arrow pointing up/out of the folder and the letters ‘CV’ in blue, you are using the old method. If you simply see a yellow folder with the letters ‘CV’ next to it in red, you are up to date.

If you are one of the affected programs, you will need to save a copy of your current PDF files so we can remove them and convert you to the new entry method. Please contact us at webads@acmge.org for more information, and to have us convert your program to the new entry method.

****Any programs with PDF versions of Faculty CVs in the system as of December 31st, 2010 will be automatically converted to the data-entry method and all PDF CVs will be removed from the system.****

Designated Preliminary Residents (11/7/07)

Please note that Otolaryngology and Orthopaedic Surgery residents should not be listed within your ADS account. These residents should be listed within their own specialties as categorical residents.

MINIMUM BROWSER REQUIREMENTS

Note: In order to display content correctly within ACGME Data Systems now and in the future, we will no longer support Internet Explorer 6 beginning July 1st, 2010. We recommend upgrading to a more recent version of Internet Explorer or an alternative web browser (Firefox, Safari, Chrome). Currently, our systems function, while not ideal, with IE 6, however future scheduled enhancements will not support IE 6.

REQUESTS FOR VOLUNTARY WITHDRAWAL MUST BE DONE THROUGH ADS

According to ACGME policy, a program or sponsoring institution may request voluntary withdrawal of accreditation when a decision has been made to no longer participate in ACGME accreditation. Requests for voluntary withdrawal of accreditation must be submitted using the Accreditation Data System (ADS). Review Committee staff will not accept letters requesting this action sent directly to them. The program director initiates the request within ADS by answering a series of questions, including the proposed effective date which should coincide with the end of the academic year, the reason for program closure, and a plan to place all active residents in other programs. Once submitted, the DIO is automatically sent an email requesting approval through ADS. DIO approval of this request for voluntary withdrawal of the program or sponsoring institution finalizes the request, and the program may not accept new residents/fellows, may not request “reversal” of the action (regardless of the proposed effective date), but may seek re-accreditation at a future date by undergoing the application process pursuant to ACGME policy.

Once the DIO approves the request, ADS notifies the Review Committee staff. After the staff process the request, the program director and DIO receive official notification, and the accreditation status is changed to voluntary withdrawal.



ACGME

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World Directory of Medical Schools

Download My Data

ACGME Glossary of Terms

Duty Hour FAQ

Competency/Assessment Glossary

Optional Resident Upload Instructions

Journal of Graduate Medical Education

Annual Update

Using the Quick Update Tool

[Flash Version](#)
[5:02]

[Windows Media Player](#)
[5:02]

Verify Program Information

[Flash Version](#)
[8:00]

[Windows Media Player](#)
[8:00]

Update Residents

Adding a New Resident

[Flash Version](#)
[4:53]

[Windows Media Player](#)
[4:53]

Navigation of the Resident Administration Master Record Screen

[Flash Version](#)
[2:26]

[Windows Media Player](#)
[2:26]

Request Changes

Changing ADS Password

[Flash Version](#)
[2:31]

[Windows Media Player](#)
[2:31]

Complement Change Requests - For DIO Approval

[Flash Version](#)
[3:35]

[Windows Media Player](#)
[3:35]

PIF Preparation

Navigating the New Physician CV

[Flash Version](#)
[16:16]

[Windows Media Player](#)
[12:04]

Navigating the New Faculty Roster

[Flash Version](#)
[7:55]

[Windows Media Player](#)
[7:55]

Navigating the Preview/Edit PIF

[Flash Version](#)
[3:36]

[Windows Media Player](#)
[3:36]

Sorting Participating Sites within the PIF

[Flash Version](#)
[3:19]

[Windows Media Player](#)
[3:19]

[Flash Version](#)

[Windows Media Player](#)

Staff Contact

- Support Center
 - oplog@acgme.org
 - (312) 755-7464
- ADS/Part 1 of PIF
 - ADS Representative – Quinn White
 - webads@acgme.org
 - (312) 755-7117
- Tom Richter
 - trichter@acgme.org
 - (312) 755-7116



