

April 30, 2009

Corrected Letter



**Accreditation Council for
Graduate Medical Education**

515 North State Street
Suite 2000
Chicago, IL 60654

Phone 312.755.5000
Fax 312.755.7498
www.acgme.org

Felix K. Ankel, MD
Residency Director, Asst Dept Head for Education
Regions Hospital
640 Jackson St
Mail Stop 11102F
St Paul, MN 55101

Dear Dr. Ankel,

The Residency Review Committee for Emergency Medicine, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Emergency Medicine

HealthPartners Institute for Medical Education Program
HealthPartners Institute for Medical Education
St Paul, MN

Program 1102621144

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation
Length of Training: 3
Maximum Number of Residents: 30
Residents Per Level: 10.00 - 10.00 - 10.00
Effective Date: 02/13/2009
Approximate Date of Next Survey: 02/2014 FS
Cycle Length: 5.0 Year(s)
Approximate Date For Internal Review: 08/2011

AREAS NOT IN SUBSTANTIAL COMPLIANCE (CITATIONS)

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Requirements for Graduate Medical Education.

However, the Committee cited the following areas as not in compliance:

Citation #1

Internal Review: Internal reviews must be in process and documented in the GMEDC minutes by approximately the midpoint of the accreditation cycle. The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit. (Institutional Requirement IV.A.2)

The Internal Review was reviewed by the Graduate Medical Education Committee approximately two months prior to the site visit.

Citation #2

Program Letters of Agreement: There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years. The PLA should: identify the faculty who will assume both educational and supervisory responsibilities for residents; specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document; specify the duration and content of the educational experience; and, state the policies and procedures that will govern resident education during the assignment. (Program Requirement I.B.1 √ I.B.1.d)

The PLA's do not include references to the policies and procedures that govern resident education during the rotation.

Citation #3

Faculty Qualifications: The physician faculty must have current certification in the specialty by the American Board of Emergency Medicine, or possess qualifications acceptable to the Review Committee. (Program Requirement II.B.2)

Citation #4

Resources: In every hospital in which the emergency department is used as a training site, the following must be provided: . . . laboratory and diagnostic imaging results returned on a timely basis (especially those required on a STAT basis) (Program Requirement II.D.1.c).

Children's Hospital Minneapolis reports O negative or type specific blood availability as 45 minutes versus Children's Hospital of St. Paul as 15 minutes. These must be available on a timely basis.

Citation #5

Faculty to Resident Ratio: There must be a minimum of one core physician faculty member for every three residents in the program. When the total resident complement exceeds 30, the faculty-resident ratio of one core faculty member for every three residents may be altered with appropriate educational justification. (Program Requirement II.B.2.b)

According to the information in the PIF, the program lists nine core faculty members. This number is below the requirement for the current approved resident complement of 30.


Other comments:

The site visitor confirmed at the time of the site visit, that areas of noncompliance identified on the 2007 survey (e.g., sufficient teaching time by faculty, feedback to residents after each rotation, imbalance of education and service, and availability of mechanisms for residents to speak freely) have been resolved. The Committee will continue to closely monitor the results of future resident surveys.

It is the policy of the ACGME and of the Review Committee that each time an action is taken regarding the accreditation status of a program, the residents and applicants (those invited for interviews) must be notified. This office must be notified of any major changes in the organization of the program. When corresponding with this office, please identify the program by name and

number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Lynne Meyer". The signature is fluid and cursive, with the first name "Lynne" being more prominent than the last name "Meyer".

Lynne Meyer, Ph.D.
Executive Director
Residency Review Committee for Emergency Medicine
(312)755-5006
lmeyer@acgme.org

CC: Carl A. Patow, MD MPH
Andrew Topliff, MD

Participating Site(s):

HealthEast St John's Hospital
Regions Hospital
University of Minnesota Medical Center, Division of Fairview
United Hospital
Abbott-Northwestern Hospital/Allina Health System
Hennepin County Medical Center
Children's Hospitals and Clinics of Minnesota - St Paul
North Memorial Health Care
Children's Hospitals and Clinics of Minnesota - Minneapolis