

SUMMARY OF REQUEST

DATE: May 25, 2022

FACILITY: Broward Health System Wide

PROGRAM/PRODUCT LINE: Graduate Medical Education Executive Summary

REQUEST: Presentation of Executive Summary of the Annual Institutional Review of Broward Health Graduate Education programs

PURPOSE: To demonstrate compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements

CAPITAL REQUIRED: None.

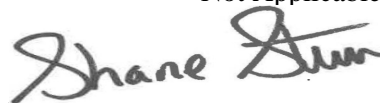
FINAL FMV REPORT RECEIVED¹: Not Applicable

FISCAL IMPACT: Not Applicable

BUDGET STATUS: Not Applicable

PRACTITIONER CV²: Not Applicable

LEGAL REVIEW: Not Applicable.

APPROVED:

Shane Strum, President/CEO
Shane Strum
05/12/2022 16:44 EDT

DATE: _____

¹ This applies to physician/physician group contracts

² This applies to physician contracts

MEMORANDUM

TO: Board of Commissioners
FROM: Shane Strum, President/CEO BH
DATE: May 25, 2022
SUBJECT: Presentation of Executive Summary of the Annual Institutional Review of Broward Health Graduate Education Programs

BACKGROUND

Graduate Medical Education Programs educate and train the Physician workforce of the future. Teaching Hospitals provide care to patients who may not be able to find care elsewhere. Training is provided in an innovative, team- based environment which allows Residents and Fellows to develop the skills necessary to deliver high quality, patient focused care and to become leaders in complex health care environments. Broward Health is the Sponsoring Institution currently for one statutory teaching hospital and is responsible for the training of Residents in multiple Residency and Fellowship Programs at all Hospital sites and several ambulatory sites.

The Sponsoring Institution must demonstrate its commitment to Graduate Medical Education by providing the necessary financial support for administrative, educational, human and clinical resources, including personnel as per the ACGME Institutional Requirements.

ACTION/PROJECT DESCRIPTION

Presentation of the Executive Summary of the Annual Institutional Review of Broward Health Graduate Education Programs and demonstrate Sponsoring Institution Commitment.

FINANCIAL /BUDGETARY IMPACT

Not applicable for this request

JUSTIFICATION

The Sponsoring Institution must be in substantial compliance with the ACGME Institutional requirements. The DIO must submit a written executive summary of the Annual Institutional Report to the Sponsoring Institution's Governing Body. A written statement must document the Sponsoring's Institution's commitment to GME and it must be signed at least once every five years by the DIO, a representative of the Sponsoring Institution's administration, and a representative of the Governing Body.

STAFF RECOMMENDATION

Therefore, it is requested that the Board of Commissioners of the North Broward Hospital District accept the Graduate Medical Education Executive Summary of the Annual Institutional Report; reaffirm Broward Health's commitment to Graduate Medical education; adopt the Letter of Commitment to Graduate Medical Education; and authorize the Chairperson of the Board, the President and CEO of Broward Health, and the Designated Institutional Official of Broward Health's GME Program to sign such letter of Commitment on behalf of Broward Health and its Sponsoring Institution.

ATTACHMENT

GME Executive Summary

Executive Summary PowerPoint

ACGME Institutional Requirements

Letter of Commitment

GME EXECUTIVE SUMMARY

Graduate Medical Education (GME) involves a commitment by Broward Health leadership and the Medical Staff to train future Physicians to care for patients in the community. Resident Physicians play an integral role in the care of indigent, uninsured, and underserved patients during their residency. Resident Physicians are more likely to practice in the state where they complete their Graduate Medical Education training. 64% of the Physicians who completed Residency training in Florida over the past decade are still practicing medicine in the State. 30.4% of Physicians who completed a residency program in Florida over the past decade are practicing in medically underserved areas of the state. The current demand for Physicians is growing faster than the supply of Physicians. It is projected that by the year 2035 there will be a total shortfall of 17,924 Physicians who will only be capable of caring for approximately 77% of the population. The population growth in the State and the growing elderly population continue to be the primary drivers of the increasing Physician numbers needed in the next fifteen years. In the State, the population under 18 is projected to grow by 18% between 2019 and 2035 while the number of people over 65 will grow by more than 50%. In the State of Florida over 60% of Physicians are age 50 and older, 34.7% of practicing Physicians are age 60 years and older. The average age of practicing Physicians is 54 years old. The percentage of Physicians working past typical retirement age (65 or older) is 21.8%. There are over twice as many Physicians age 60 years and over than there are Physicians under the age of 40. The COVID -19 Pandemic has compounded the issue. It will have short- and long-term consequences on the Physician workforce including educational pipeline issues [the interruption of educational and clinical exposure], how medicine is practiced [telehealth], workforce exits [physician burnout, illness and death], and Specialty interest shifts. The growth of the Graduate Medical Education Programs at Broward Health aligns with the mission of Broward Health to provide excellent, evidence-based care to the citizens of Broward County and the surrounding communities.

The attached presentation highlights the areas of development and performance of the GME programs during the academic year 2020 to 2021.

The Sponsoring Institution of the ACGME accredited programs continues to be Broward Health, as a GME Consortium since April 2019. All originally sponsored American Osteopathic Association (AOA) Programs transitioned to Accreditation Council for Graduate Medical Education Programs (ACGME) as part of the Single Accreditation System required process. All individual Specialty Programs were in good standing in Academic Year 2020 -2021 with Continued Accreditation (10-year cycles) achieved for all established eligible programs. Family Medicine achieved Continued Accreditation in Academic Year 2021-2022. Several newly developed programs are in Initial Accreditation (2-year cycles) - General Surgery, Internal Medicine at Broward Health North, Emergency Medicine, Transitional Year at BHN, Psychiatry and Ophthalmology.

The results of the mandatory ACGME Resident and Faculty surveys are summarized and included. Over the 2020 -2021 academic year, identified areas of improvement included the continued need to provide protected time for Core Faculty to have availability for structured teaching, didactics and research, resource development to facilitate distance learning technology and the expansion of Resident and Faculty wellness

initiatives. Action Plans were developed and monitored to expand Core Faculty Contracts and Clinical Faculty Contracts for all newly developed programs. Distance Learning opportunities were expanded for Faculty Development and Resident integrated didactics at all Broward Health sites. The Clinical Learning Environment was monitored closely to ensure opportunities for Resident and Faculty wellness. Diversity, Equity and Inclusion initiatives were implemented including the development of Mentorship Programs and increased Didactic content focused on this area. The Survey scores are monitored closely and have improved in several domains over the past academic year. Residents and Faculty have substantial compliance and excellent completion rates of the required surveys.

Citations have been summarized for the Individual programs and the Action Plans have been included. Three programs had remaining citations many of which were resolved quickly. The Institution was commended for substantial compliance with the ACGME requirements and there were no citations for the Institution.

Recruitment into the GME programs has been very successful over the past three years. In academic year 2020 -2021 all ACGME programs had 100 percent match rate. The three-year board passage rate has also been excellent with all programs participating in robust board preparation curricula. The documentation of Work Hours by Residents weekly has resulted in substantial compliance for all programs and great vigilance is undertaken to ensure work hour violations do not occur. Time to evaluation completion by Residents and Faculty is monitored closely and has improved with most Faculty members completing the evaluations electronically. Timely Medical record completion was also monitored closely and has improved. Monitoring of Institutional Performance Indicators is performed monthly and reported to the GMEC.

Residents graduating from Broward Health Programs continue to be accepted into competitive Fellowship programs and job opportunities in the State of Florida and throughout the United States. Recent Fellowship Acceptances have been included. Recruitment into Broward Health practices and Broward Health facilities have also greatly improved over the past three years with many of our graduates joining the medical staffs at our hospitals in a variety of disciplines. Residency Recruitment Fairs were postponed during the Pandemic, but they have been reinstated.

Broward Health has embarked upon a comprehensive GME expansion project which will help to address some of the projected Physician Workforce shortages in our communities. Several Residency and Fellowship Programs will be developed at Broward Health North over the next 3 years. A current status of the expansion and the estimated growth plan has been included.

At present all of the established GME programs are flourishing with stable accreditation statuses. The GME expansion has progressed according to established timelines with Initial Accreditation granted for all new Program applications. Our Residents have published multiple papers, presented at National and International Academic Meetings and received many Grants and Awards despite the current Pandemic environment. The COVID -19 Pandemic while affecting inpatient and outpatient volumes did not adversely affect the competence or required procedural volumes for our Graduating Residents. The Graduate Medical Education Department completed a successful Clinical Learning Environment Review by the ACGME. The Graduate Medical Education Department remains focused on Quality Improvement, Patient Safety initiatives, interdisciplinary teams and integrating Residency training with the Operational directives of the Primary clinical sites. Resident and Faculty wellness have been of paramount importance. We are dedicated



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to the ongoing expansion opportunities while being cognizant of the significant impact that the impending workforce shortages will have on the health of our community. Graduate Medical Education is aligned with the Mission and Vision of Broward Health.

Graduate Medical Education (GME) FY2022 Executive Summary

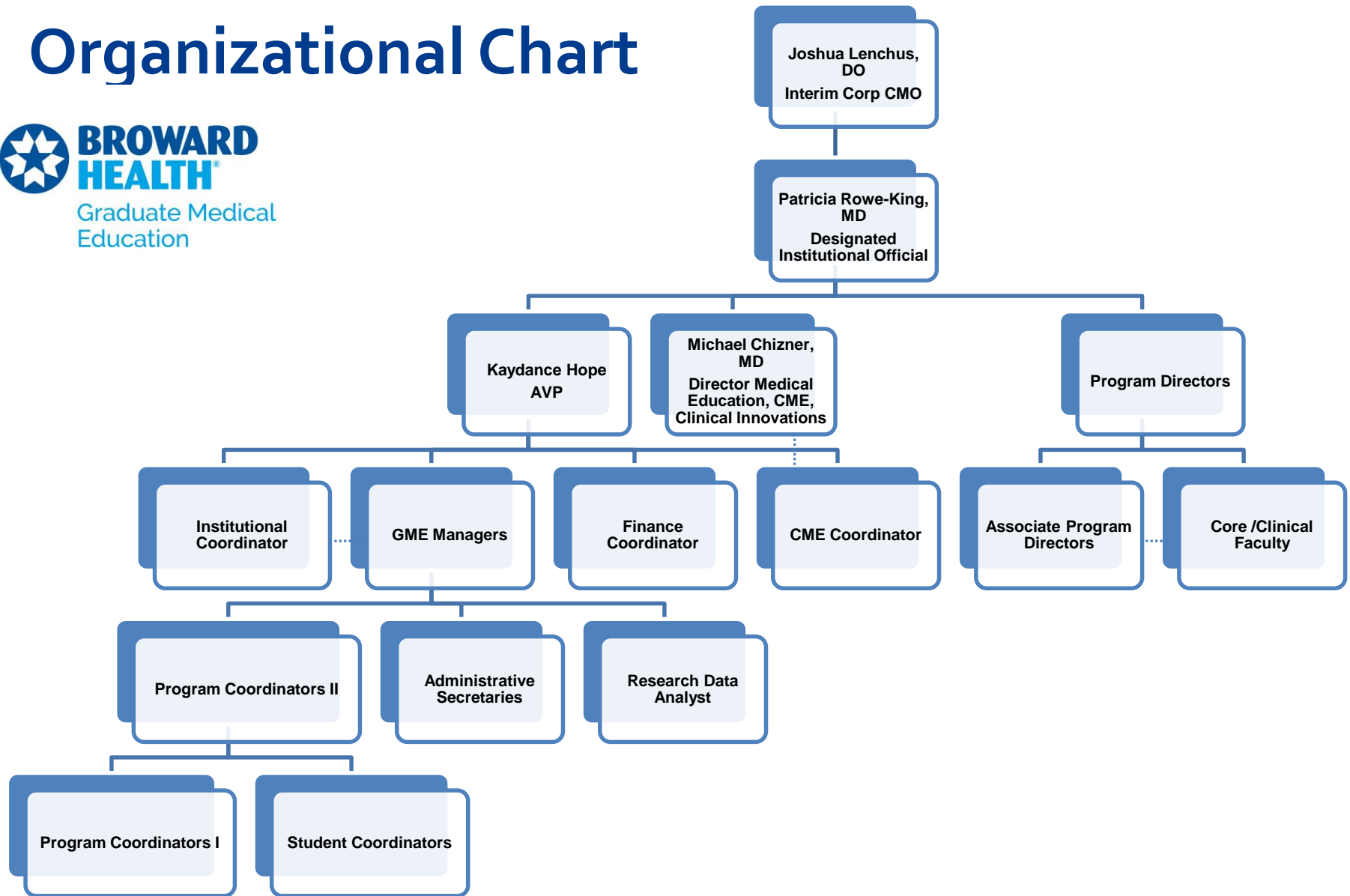
Joshua Lenchus, DO, Corporate Interim CMO

Patricia Rowe-King, MD - Designated Institutional Official

Kaydance Hope, AVP



Organizational Chart



EXECUTIVE SUMMARY

Quality

- 100% of residents participated in Quality and Safety Rotations where they receive education on hospital quality metrics
- Simulation expansion with new simulators for emergency medicine, orthopedic surgery, and general surgery
- Teaching surgical consoles robotic trainers obtained for BHMC and BHCS
- Maintained resident and student compliance with hand hygiene averaging 96% for 2021
- Reduced overall citations to 5 citations in accredited programs (Orthopedics, Emergency Medicine, Family Medicine, Transitional Year-BHN)
- Increased Resident participation in hospital committees
- Increased Resident participation in RCAs
- No IME/DME resident overlap reports for the FY20 CMS Cost Report
- Back to Bedside Initiative focused on decreased number of tests ordered and increased patient satisfaction
- Successful ACGME Clinical Learning Environment Review (CLER) Site Visit
- Increased ePrescribe utilization

EXECUTIVE SUMMARY

Service

- Increased resident teams in ICU during COVID surge
- Implemented Diversity and Inclusion Initiatives such as Desk to Docs Mentorship Program
- Realigned GME Goals by developing GME Branding/Purpose Statement in collaboration with the Department of Learning
- Initiated GME Staff Telework for reduction of costs, decreased utilization of resources and increased staff wellness
- Added a Research Data Analyst which decreased all data requests to IT
- Resident continued involvement in community outreach and educational activities
- Hosted Surgical Simulation Exposition for Residents and Medical Staff
- Implementation of Enduring Material platform for Medical Staff and Residents

EXECUTIVE SUMMARY

People

- Continued recruitment of new staff for new program development
- Created new manager, institutional coordinator, finance coordinator positions and instituted enhanced staff development training
- Continued recruitment of new Program Directors, Associate Program Directors, Core and Clinical Faculty for GME expansion
- Recruitment of Trainees into current and new Residency Programs
 - 100% Match into all Residency Program in Academic Year 2020-2021
- Increased Coordinator attendance at specialty specific national meetings and/or ACGME annual meetings
- GME Manager received National Board Certification for Training Administrators in Graduate Medical Education (TAGME)

EXECUTIVE SUMMARY

People

- Added a Financial Coordinator to standardize, streamline and improve GME financial processes
- Increased recruitment of Residents/Fellows into Broward Health practices and Medical Staffs
- Ongoing planning for recruitment fairs
- Implemented Coordinator monthly wellness events
- Restarted quarterly resident townhalls at BHMC and implemented quarterly resident townhalls at BHN
- Largest class of 92 Residents for the 2021-2022 academic year onboarded with no issues
- Created Alumni page on website

EXECUTIVE SUMMARY

Growth

- Continued GME Expansion utilizing Residency training at all four hospitals
- Achieved ACGME Program Accreditation for Transitional Year and Ophthalmology at BHN and Psychiatry at BHIP
- Absorbed Continuing Medical Education (CME) Department under GME
- Increased CME offerings from last calendar year
- Expanded Medical Student Affiliations for Core Training
- Established GME protected space and offices at all four hospitals
- Implemented The Association of American Medical Colleges (AAMC)'s Visiting Student Application Services (VSAS) to facilitate fourth year elective rotations and expand BH's GME's recruitment opportunities for residency programs
- Expanded Allied Health affiliation Agreements to allow for employed nurses to advance professionally and retain them for BH workforce

EXECUTIVE SUMMARY

Finance

- Expanded funding for reimbursement from the Veteran's Administration for Dermatology residency rotations
- Expanded Medical Student Affiliations for Medical Student Core Clerkship Training and received payments for those clinical rotations
- Received reimbursement for OMFS residents rotating to Memorial Health System
- Reorganized GME physician timesheets to be centralized through GME
- Completed Resident Compensation audit with 100% of payment to residents aligning with annual contract terms

THE VALUE OF GME

Patients

- Quality and safety
- Continuity of care
- Community service

Providers

- Retention of patients
- Retention of providers
- Support academic activities of our providers
- Training future workforce

Institution

- Institutional reputation
- Financial outcomes
- Involvement in Patient Safety and Quality Initiatives
- Research

Accreditation

- **Accreditation Council for Graduate Medical Education (ACGME)**
 - **Sponsoring Institution Broward Health**
 - Broward Health Medical Center
 - Salah Foundation Children's Hospital
 - Broward Health North
 - Broward Health Imperial Point
 - Broward Health Coral Springs
- **Commission on Dental Accreditation (CODA)**
 - Joint Accreditation with Nova Southeastern University
 - Broward Health Medical Center
- **American Society of Health-System Pharmacists (ASHP)**
 - Broward Health Medical Center

INVENTORY OF GME RESIDENCY PROGRAMS AND FELLOWSHIPS

Program	Accreditation Status	Accrediting Body	# of New Residents 22-23	# Current residents AY21-22	Total # of Residents at full complement
Cardiology	Continued	ACGME	3	9	9
Dermatology	Continued	ACGME	3	9	9
Emergency Medicine	Initial	ACGME	13	13	39
Family Medicine	Continued	ACGME	5	15	15
Internal Medicine - BHMC	Continued	ACGME	16	47	48
Internal Medicine – BHN	Initial	ACGME	15	15	45
Ophthalmology	Initial	ACGME	4	0	8
Orthopedic Surgery	Continued	ACGME	3	15	15
Pediatrics	Continued	ACGME	8	24	24
Psychiatry	Initial	ACGME	5	5	20
Surgery	Initial	ACGME	6	18	30
Transitional Year - BHMC	Continued	ACGME	4	4	4
Transitional Year - BHN	Initial	ACGME	16	0	16
Oral Maxillofacial Surgery	Continued	CODA	3	12	12
Pharmacy Hospitalist	Continued	ASHP	4	4	4
Pharmacy Informatics	Continued	ASHP	1	1	1
Total Number of Current Residents			109	191	299

CURRENT GME FOOTPRINT BH SPONSORED TRAINING PROGRAMS

BH TEACHING HOSPITALS



**Broward Health
Medical Center
(BHMC)**
11 Programs



**Broward Health North
(BHN)**
4 Programs



**Broward Health Coral
Springs (BHCS)**



**Broward Health
Imperial Point (BHIP)**
1 Program

Cardiology - BHMC

Continued Accreditation

Dermatology - BHMC

Continued Accreditation

Family Medicine - BHMC

Continued Accreditation

General Surgery - BHMC

Initial Accreditation

Internal Medicine - BHMC

Continued Accreditation

Oral Maxillofacial Surgery - BHMC

CODA Continued Accreditation

Orthopedics - BHMC

Continued Accreditation

Pediatrics - BHMC

Continued Accreditation

Pharmacy Hospitalist - BHMC

ASHP Continued Accreditation

Pharmacy Informatics - BHMC

ASHP Continued Accreditation

Transitional Year - BHMC

Continued Accreditation

Emergency Medicine - BHN

Initial Accreditation

Internal Medicine - BHN

Initial Accreditation

Ophthalmology - BHN

Initial Accreditation

Transitional Year - BHN

Initial Accreditation

Psychiatry - BHIP

Initial Accreditation



BROWARD HEALTH

GROWTH PLAN – BROWARD HEALTH NORTH

Program	Expected Year of Accreditation	# of Resident per Year	# of Training Years	Total # of Residents
Emergency Medicine	(FY21) 2020-2021	13	3	39
Internal Medicine	(FY21) 2020-2021	15	3	45
Ophthalmology	(FY22) 2021-2022	2	4	8
Transitional Year - BHN	(FY22) 2021-2022	16	1	16
Otolaryngology	(FY23) 2022-2023	2	5	10
Plastic Surgery	(FY23) 2022-2023	1	3	3
Pulmonology	(FY23) 2022-2023	2	2	4
Gastroenterology	(FY23) 2022-2023	2	3	6
Geriatrics	(FY23) 2022-2023	3	1	3
Nephrology	(FY23) 2022-2023	2	2	4
Palliative Care (Internal Medicine)	(FY23) 2022-2023	2	1	2
Physical Medicine & Rehabilitation	(FY23) 2022-2023	4	4	16
Surgical Critical Care (Trauma Surgery)	(FY23) 2022-2023	2	1	2
Hematology /Oncology	(FY24) 2023-2024	2	3	6
Neurology	(FY24) 2023-2024	3	3	9
Critical Care (Internal Medicine)	(FY25) 2024-2025	1	2	2
		Total at Full Compliment		175

GROWTH PLAN – BHMC

Program	Expected Accreditation Year	# of Resident per Year	# of Training Years	Total # of Residents
Interventional Cardiology	(FY25) 2024-2025	2	1	2
OB/GYN & Peds Sub	2026-2027	Dependent on CAP transfer and new Reimbursement regulations potentially implemented in FY23		

GROWTH PLAN – BHIP

Program	Expected Accreditation Year	# of Resident per Year	# of Training Years	Total # of Residents
Psychiatry	(FY21) 2020-2021	5	4	20

GROWTH PLAN ANTICIPATED OUTCOMES

Statutory Teaching Status - BHN	7/1/2024
Total Number of Residents at Maturity of all programs	368

RESIDENT ROTATORS AT BROWARD HEALTH

Current Resident Rotators

Cleveland Clinic Plastic Surgery Residents

Mount Sinai General Surgery Residents

Mount Sinai OB/GYN Residents

Northwestern Medical Center Podiatry Residents

Nova Advanced Education in General Dentistry Residents

Nova Pediatric Dental Residents

Upcoming Rotators

Steward PHG Critical Care Fellows

Baptist Health General Surgery Residents

CURRENT COMPETITIVE LANDSCAPE

Sponsoring Institution	# of Programs	Sponsor Accreditation Status
U of Miami/Jackson	95	Continued
HCA Healthcare JFK Medical Center/U of Miami SOM–GME Consortium	7	Continued
University of Miami Hospital and Clinics	3	Continued
Larkin Community Hospital	22	Continued
Larkin Community Hospital / Palm Springs	18	Continued
Nicklaus Children’s Hospital	16	Continued
Memorial Health System	14	Continued
Mount Sinai Medical Center of Florida, Inc	13	Continued
Cleveland Clinic Florida	11	Continued
Nova Southeastern University Osteopathic	2	Continued
Florida Atlantic University	9	Continued
West Kendall Baptist Hospital	2	Continued
Citrus Health Network, Inc	2	Continued
Doctors Hospital	1	Continued
Borinquen Health Care, Inc	1	Continued
Lakeside Medical Center	1	Continued

FUTURE COMPETITIVE LANDSCAPE

Sponsoring Institution	# of Programs	Sponsor Accreditation Status
HCA Health Care East FL Div.	30	Initial
Palmetto General Hospital	8	Initial
Community Center of South Florida	2	Initial
Florida International University	1	Initial
Baptist SFL	1	Initial

GME ACADEMIC PARTNERS

School	Learner Type
Nova Southeastern University	Osteopathic & Allopathic
Florida International University	Allopathic
Meharry Medical College	Allopathic
University of Miami	Allopathic

MEDICAL STUDENT AFFILIATIONS

Medical Students	Medical Students
The Alabama College of Osteopathic Medicine, Inc	Michigan State University
Arkansas University College of Health Education	New York Institute of Technology
Burrell College of Osteopathic Medicine	Nova Southeastern University – Osteopathic/Allopathic
Center for Haitian Studies	Rowan University
Edward Via College of Osteopathic Medicine	Philadelphia College of Osteopathic Medicine
Florida Atlantic University	Saint George University
Florida International University	The University of North Texas College of Osteopathic Medicine
Kansas City University	Wake Forest University
Lake Erie College of Osteopathic Medicine (LECOM)	William Carey University College of Osteopathic Medicine
Lincoln Memorial University	University of Miami on behalf of its Miller School of Medicine
Meharry Medical College	

UNDERGRADUATE DENTAL/GRADUATE STUDENT AFFILIATIONS

Dental Students	Physician Assistants	ARPNs	SRNAs
Nova Southeastern University	Barry University	Florida International University	Barry University
	Elon University	Herzing University, Ltd.	Florida International University
	Florida International University	Louise Herrington School of Nursing of Baylor University	
	Medical University of South Carolina	Nova Southeastern University	
	Nova Southeastern University	South University of Savannah	
		The University of South Alabama	
		University of Miami School of Nursing	
		Walden University	

ACGME RESIDENT AND FACULTY SURVEY 2020 - 2021

Resident Survey

Content Area	Institution Mean 20-21	Previous Year 19-20
Resources	4.4	4.5
Professionalism	4.6	4.6
Patient Safety and Teamwork	4.6	4.6
Faculty Teaching and Supervision	4.4	4.4
Evaluation	4.8	4.8
Educational Content	4.7	4.7
Diversity & Inclusion	4.6	4.7
Clinical Experience and Education	4.9	4.8

1. 20-21 - 92% Resident Response Rate
2. 19-20 - 91% Resident Response Rate

Faculty Survey

Content Area	Institution Mean 20-21	Previous Year 19-20
Resources	4.6	4.4
Professionalism	4.7	4.8
Patient Safety and Teamwork	4.5	4.5
Faculty Teaching and Supervision	4.7	4.6
Educational Content	4.8	4.8
Diversity & Inclusion	4.5	4.6

1. 20-21 - 88% Faculty Response Rate
2. 19-20 - 84% Faculty Response Rate

CITATIONS BY PROGRAM

Program	2018 - 2019	2019-2020	2020-2021
Cardiology	NONE	NONE	NONE
Dermatology	NONE	NONE	New: 4 total
Emergency Medicine	N/A	N/A	New: 2 total
Family Medicine	Extended: 2 total Resolved: 6 total	Extended: 2 total	Extended: 2 total
General Surgery	N/A	N/A	NONE
Internal Medicine- BHMC	New: 2 total Resolved: 1 total	Resolved: 2 total, including 0 duty hour citations. No current citations	NONE
Orthopedic Surgery	New: 2 total Extended: 2 total Resolved: 1 total	Extended: 3 total Resolved: 1 total	New: 1 total Resolved: 3 total
Oral Maxillofacial Surgery	N/A	N/A	N/A
Pediatrics	Resolved: 1 total	NONE	NONE
Psychiatry	N/A	N/A	NONE
Transitional Year-BHMC	Resolved: 8 total, including 1 duty hour citations.	NONE	NONE

INSTITUTIONAL ACCREDITATION 2020-2021

NO CITATIONS

INSTITUTIONAL ACTION PLANS 2020- 2021

- Continue GME expansion to address workforce shortages
- Core and Clinical Faculty teaching contracts extended to all new program faculty to ensure protected time for teaching and administration of programs
- Attain initial accreditation status for all new programs, maintain accreditation for current programs, and convert programs on initial accreditation to continued accreditation
- Expand on distance learning opportunities for faculty development at all BH sites
- Continued to focus on Faculty and Resident wellness
- Implement Back to the Bedside Initiative to decrease length of stay, increase patient satisfaction, and increase resource utilization efficiency
- Implement an additional Program Director Subcommittee at Broward Health North and expand GMEC to include Program Directors and Resident representatives of new programs
- Ensure GME Performance Metrics are met

INSTITUTIONAL ACTION PLANS 2020- 2021

- Monitor clinical learning environment during COVID-19 pandemic to ensure safe learning environment for Residents and Fellows and track patient and procedural volumes
- Expand simulation and procedural training to address gaps of training encountered by medical student training during the pandemic
- Development and implementation of Resident Score Card to provide feedback on practice patterns
- Reinstitute recruitment fairs for Residents to gain knowledge of upcoming job opportunities within the BH system and surrounding community
- Develop opportunities for Resident and Faculty mentorship of unrepresented minorities in medicine in pipeline programs

ACCREDITATION, ACCOMPLISHMENTS AND ACCOLADES AY21-22

Accreditation Council for Graduate Medical Education (ACGME)

– Institutional - Continued

- The Review Committee commended the Institution for its demonstrated substantial compliance with the ACGME's Institutional Requirements without any new citations

– Cardiology - Continued

- The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements without any new citations

– Dermatology – Continued

- The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements without any new citations

– Emergency Medicine – Initial

- The Review Committee commended the program on a well-written application

– Internal Medicine – BHMC – Continued

- The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements without any new citations

ACCREDITATION, ACCOMPLISHMENTS AND ACCOLADES AY21-22

Accreditation Council for Graduate Medical Education (ACGME)

– Internal Medicine – BHN – Initial

- The Review Committee commends the program on its following key strengths
 - The enthusiasm and commitment from administrative leadership (CEO, CMO, DIO) for residency program
 - The leadership experience of program director
 - The robust QI curriculum throughout the program

– Ophthalmology – Initial

– Pediatrics - Continued

- The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements without any new citations

– Transitional Year - BHMC - Continued

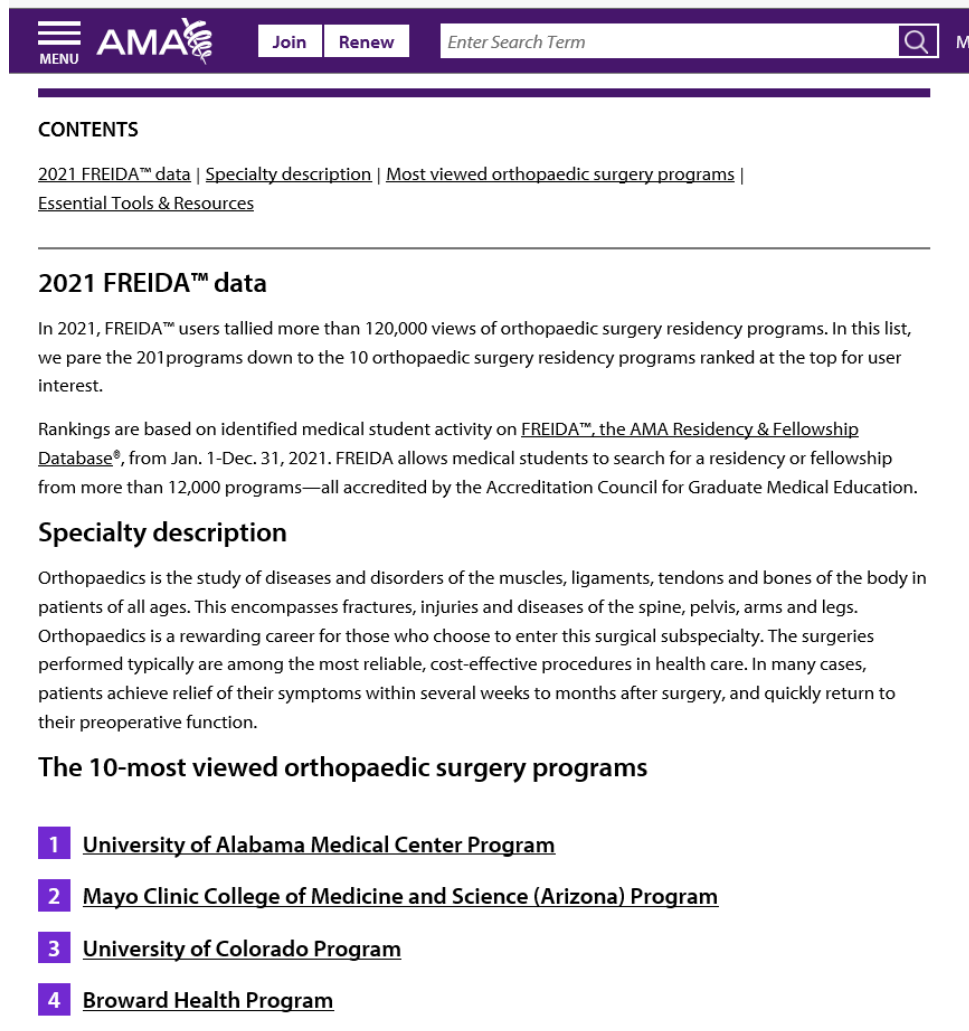
- The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements without any new citations

GME ACCOLADES

Broward Health's Orthopedic Residency was the **4th most viewed** Orthopaedic Residency Program in the 2021 American Medical Associations (AMA)'s FREIDA, the AMA Residency and Fellowship Database.

- 201 Programs
- More than 120,000 views of Orthopaedic Surgery Residency Programs
- January 1 – December 31, 2021

<https://www.ama-assn.org/residents-students/residency/10-most-viewed-orthopaedic-surgery-residency-programs>



The screenshot shows the top navigation bar of the AMA website with a menu icon, the AMA logo, and links for 'Join' and 'Renew'. A search bar is also present. Below the navigation bar, the 'CONTENTS' section lists links for '2021 FREIDA™ data', 'Specialty description', 'Most viewed orthopaedic surgery programs', and 'Essential Tools & Resources'. The '2021 FREIDA™ data' section provides a summary of the 2021 data, stating that over 120,000 views were recorded and listing the top 10 programs. The 'Specialty description' section defines orthopaedics and mentions the reliability and effectiveness of the procedures. The 'The 10-most viewed orthopaedic surgery programs' section lists the top four programs, with Broward Health Program at number four.

CONTENTS

[2021 FREIDA™ data](#) | [Specialty description](#) | [Most viewed orthopaedic surgery programs](#) | [Essential Tools & Resources](#)

2021 FREIDA™ data

In 2021, FREIDA™ users tallied more than 120,000 views of orthopaedic surgery residency programs. In this list, we pare the 201 programs down to the 10 orthopaedic surgery residency programs ranked at the top for user interest.

Rankings are based on identified medical student activity on [FREIDA™, the AMA Residency & Fellowship Database®](#), from Jan. 1-Dec. 31, 2021. FREIDA allows medical students to search for a residency or fellowship from more than 12,000 programs—all accredited by the Accreditation Council for Graduate Medical Education.

Specialty description

Orthopaedics is the study of diseases and disorders of the muscles, ligaments, tendons and bones of the body in patients of all ages. This encompasses fractures, injuries and diseases of the spine, pelvis, arms and legs. Orthopaedics is a rewarding career for those who choose to enter this surgical subspecialty. The surgeries performed typically are among the most reliable, cost-effective procedures in health care. In many cases, patients achieve relief of their symptoms within several weeks to months after surgery, and quickly return to their preoperative function.

The 10-most viewed orthopaedic surgery programs

- 1 [University of Alabama Medical Center Program](#)
- 2 [Mayo Clinic College of Medicine and Science \(Arizona\) Program](#)
- 3 [University of Colorado Program](#)
- 4 [Broward Health Program](#)

GME RESIDENCY MATCH UPDATE

Specialty	Total Applicants	Selected to Interview	Interviewed	Ranked	Will Start
Cardiovascular Disease	555	30	30	27	3
Dermatology	514	57	55	48	3
Emergency Medicine	1,116	275	228	109	13
Family Medicine	1,415	146	98	86	5
Internal Medicine-BHN	2,078	241	196	178	15
Internal Medicine - BHMC	3,752	352	292	237	16
Ophthalmology	Pending	Pending	Pending	Pending	4
Oral Maxillofacial Surgery	284	26	40	11	3
Orthopaedic Surgery	667	51	50	30	3
Pediatrics	1,066	249	177	164	8
Psychiatry	785	68	63	54	5
Surgery-General	1,025	118	97	75	6
Pharmacy - Hospitalist	71	23	22	16	4
Pharmacy - Informatics	2	2	2	2	1
Transitional Year - BHN	205	105	97	78	16
Transitional Year - BHMC	1,078	136	131	125	4
Totals	14,613	1,879	1,578	1,240	109

MATCH % RATE

Program	2019-2020	2020-2021	2021-2022	Avg
Cardiology	100%	100%	100%	100%
Dermatology	100%	100%	100%	100%
Emergency Medicine	N/A	100%	62%	81%
Family Medicine	100%	100%	100%	100%
General Surgery	N/A	100%	100%	100%
Internal Medicine-BHMC	100%	100%	75%	92%
Internal Medicine – BHN	N/A	N/A	100%	100%
OMFS	100%	100%	100%	100%
Orthopedic Surgery	100%	100%	100%	100%
Pediatrics	100%	100%	100%	100%
Pharmacy (both)	100%	100%	100%	100%
Psychiatry	N/A	N/A	100%	100%
Transitional Year-BHMC	100%	100%	100%	100%
Transitional Year-BHN	N/A	N/A	100%	100%

BOARD PASSAGE RATE

Program	2018-2020
Cardiology	100%
Dermatology	100%
Family Medicine	100%
Internal Medicine	85%
OMFS	100%
Orthopedic Surgery	100%
Pediatrics	80%

LOGGING WORK HOUR COMPLIANCE

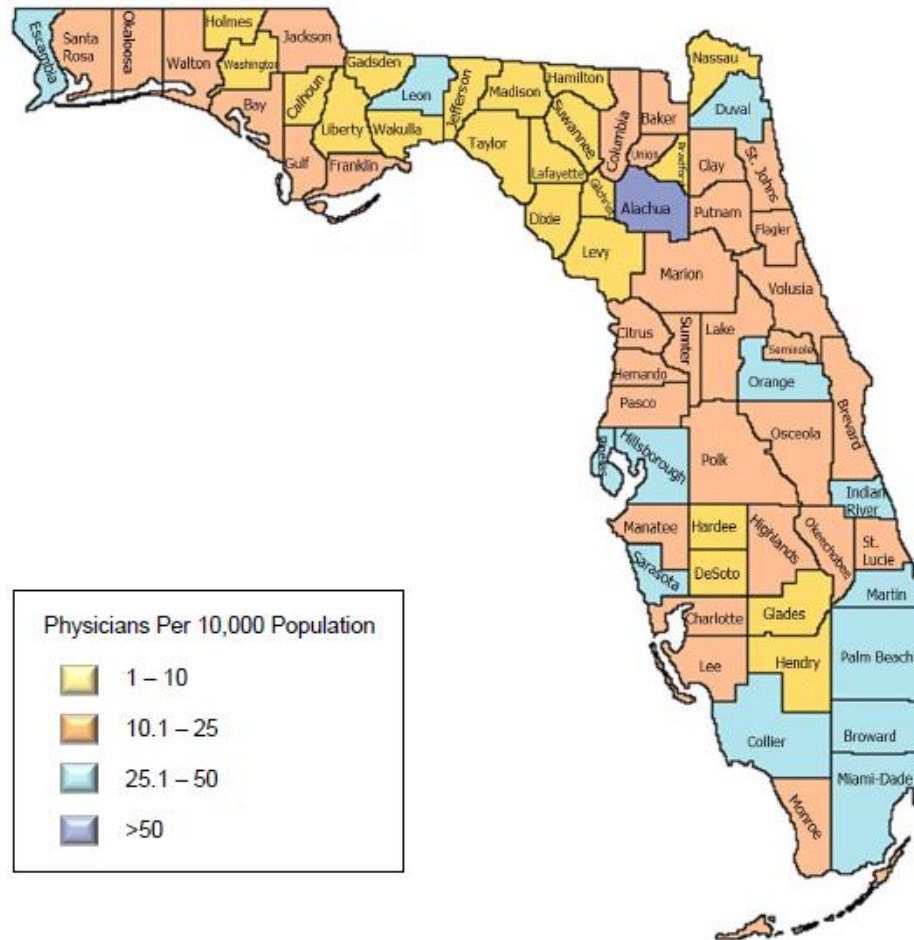
Program	2018 - 2019	2019 - 2020	2020 - 2021
Cardiology	93%	92%	99%
Dermatology	98%	98%	100%
Family Medicine	94%	98%	100%
General Surgery	N/A	N/A	99%
Internal Medicine	96%	96%	97%
OMFS	99%	96%	100%
Orthopedic Surgery	99%	99%	100%
Pediatrics	97%	97%	99%
Transitional Year	95%	100%	99%

FELLOWSHIP PROGRAM ACCEPTANCE

2020 - 2021

Program	Institution and Subspecialty
Cardiology	Ronald Pachon- Clinical Cardiac Electrophysiology Fellowship, University of Miami/JMH
Internal Medicine	Kenneth Wojnowski- Sleep Medicine, University of Miami Jusong Chou- Nephrology, University of Florida Brad Howard- Cardiology, Broward Health Farid Isaac- Nephrology, University of Miami
Orthopedic Surgery	Blaze Emerson – Spine, Arizona Spine Tim Niedzielak – Trauma, University of Missouri Justin Limtong – Adult Reconstruction, Cleveland Clinic Florida
Pediatrics	Amanda Costa – Hospitalist Medicine, University of Michigan Karla Dixon – Adolescent Medicine, Cook County Hospital, IL Anisha Mohandas – Pediatric Gastroenterology, Stony Brook, NY Estefania Niewialkouski – PICU, University of Miami/JMH Yael Subar – Pediatric Neurology, Emory

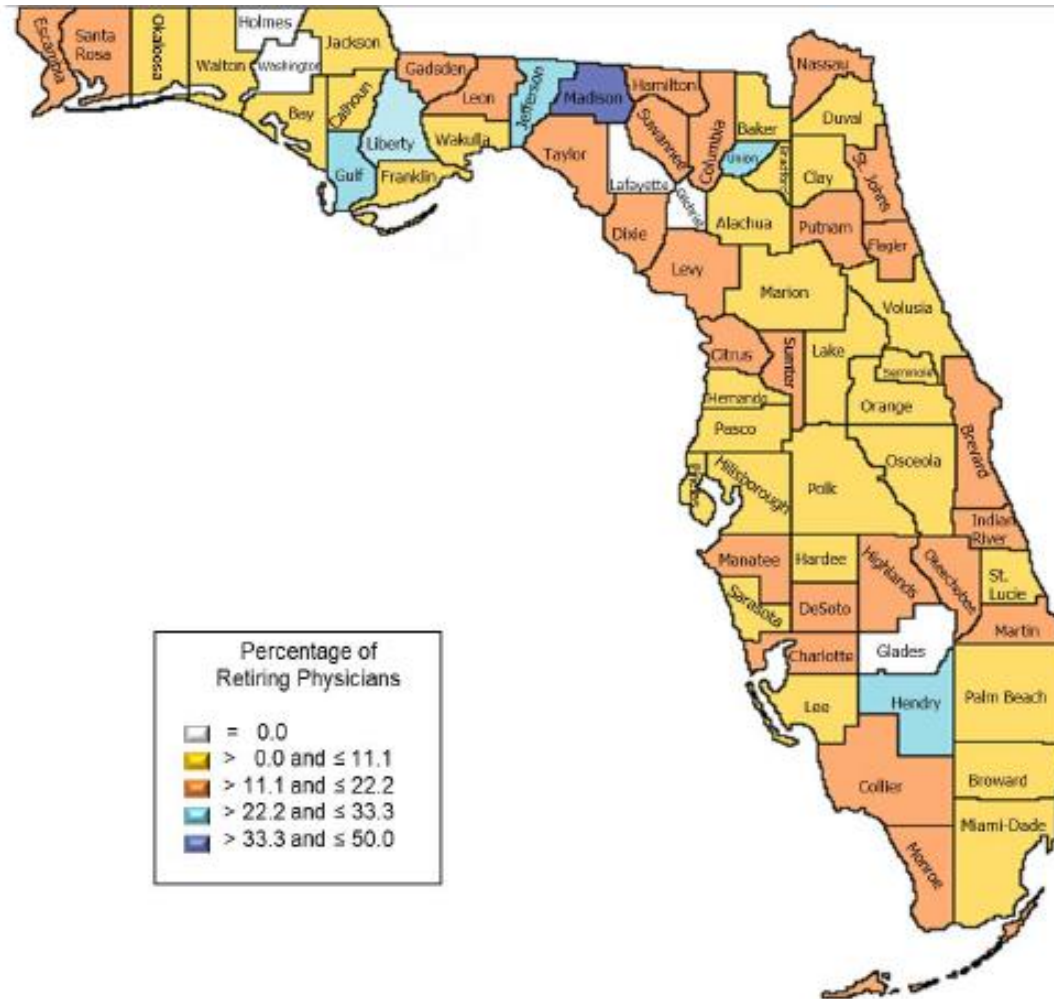
FLORIDA PHYSICIAN WORKFORCE PER CAPITA 2020-21



²⁶ There were 6,186 physicians whose survey response county did not match the county of their official practice location. Survey response counties were used on the map.

Source: 2021 Physician Workforce Annual Report – November 2021 <http://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/physician-workforce-development-and-recruitment/index.html>
<https://www.aamc.org/news-insights/press-releases/new-aamc-report-confirms-growing-physician-shortage>

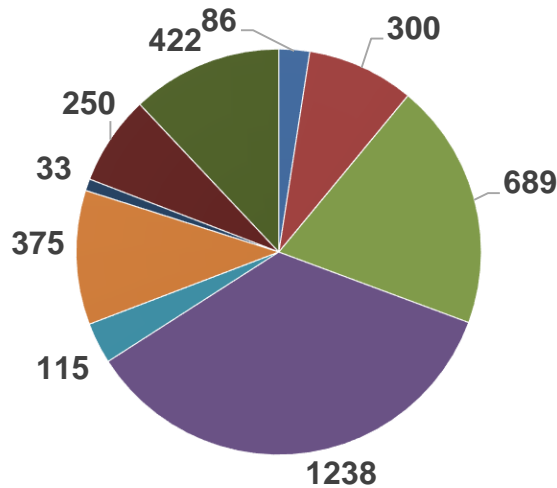
PERCENTAGE OF FLORIDA PHYSICIANS RETIRING IN 5 YEARS



Source: 2021 Physician Workforce Annual Report – November 2021 <http://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/physician-workforce-development-and-recruitment/index.html>
<https://www.aamc.org/news-insights/press-releases/new-aamc-report-confirms-growing-physician-shortage>

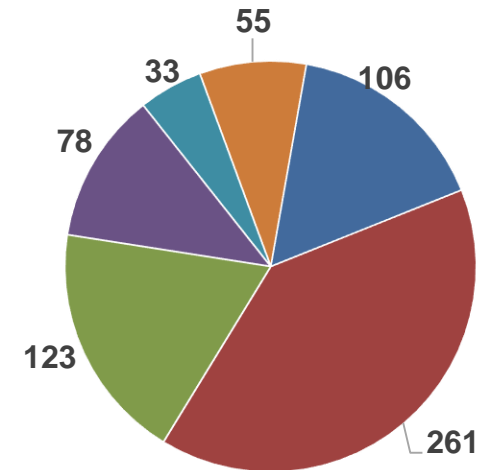
NUMBER OF FLORIDA PHYSICIANS RETIRING IN 5 YEARS

Current BH Programs



- Dermatology
- Family Medicine
- Orthopedics
- PM&R
- Surgery
- Emergency Medicine
- Internal Medicine
- Pediatrics
- Psychiatry

Planned BH Programs



- Neurology
- Ophthalmology
- PM&R
- OB/GYN
- Otolaryngology
- Urology

Source: 2021 Physician Workforce Annual Report – November 2021 <http://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/physician-workforce-development-and-recruitment/index.html>
<https://www.aamc.org/news-insights/press-releases/new-aamc-report-confirms-growing-physician-shortage>

BHPG RECRUITMENT OF BH GME TRAINEES

Program	2017 - 2018	2018 - 2019	2019-2020	2020-2021	4yr Recruitment %
Cardiology	0%	25%	33%	0%	14%
Dermatology	0%	0%	0%	0%	0%
Family Medicine	0%	40%	40%	20%	25%
Internal Medicine	0%	0%	0%	7%	2%
OMFS	0%	0%	0%	0%	0%
Orthopedic Surgery	0%	0%	0%	0%	0%
Pediatrics	0%	11%	25%	0%	10%
Pharmacy	60%	40%	40%	80%	50%

GRADUATES ON MEDICAL STAFF

PROGRAM	NUMBER OF PHYSICIANS
Cardiology	4
Dermatology	2
Family Medicine	15
Internal Medicine	14
Orthopedic Surgery	2
Oral Maxillofacial Surgery	1
Palliative Care	7
Pediatrics	3
Transitional Year	3

IMPACT OF COVID-19

- Decreased opportunities for Resident audition rotations for Fellowships
- Decreased exposure of medical students to clinical areas resulting in decreased competency of incoming Residents into Residency programs
- Decreased patient case logs numbers for graduating Residents
- Virtual Recruitment/Interviews provided easier access to the program interviews, decreasing the ability to identify interested applicants
- Decreased opportunities to attend local, state and national conferences in person, resulting in decreased networking opportunities

LEGISLATIVE UPDATE

- **The Consolidated Appropriations Act, 2021**

- **Summary**

- Provides 1,000 new Medicare-supported GME positions – the first increase in Medicare-supported GME in nearly 25 years
 - Revises the Rural Training Track programs to encourage rural and urban hospitals to work together to train residents in rural areas; and
 - Adjusts artificially low Medicare caps and per resident amounts that were a barrier to some hospitals training more residents.

- **The 1000 Slots**

- The slots will be distributed from FY 2023-2027; 200 slots per year.
 - In determining which hospitals will receive positions, CMS must take into account the demonstrated likelihood of the hospital filling the positions within the first 5 training years starting after the date the increase is effective

LEGISLATIVE UPDATE

- **The Consolidated Appropriations Act, 2021**

- **Summary Continued**

- In each year, not less than 10 percent of the slots are to go to each of the following categories of hospitals
 - Hospitals located in a rural area or treated as being in a rural
 - Hospitals training over their cap; slots must be used for new positions
 - Hospitals in states with new medical schools (received pre-accreditation from AOA or LCME on or after 1/1/2000), and that have achieved or progress toward full accreditation status or new branch campuses; and additional locations and branch campuses established on or after January 1, 2000
 - Hospitals that serve areas designated as Health Professional Shortage Areas.
 - The number of positions to be distributed is to be announced by January 31 and awarded positions will be effective beginning July 1
 - New slots will be paid at the hospital's per resident amount for primary care and nonprimary care, depending on specialty.
 - Application deadline for the additional positions available for a fiscal year will be March 31 of the prior fiscal year

GRADUATE MEDICAL EDUCATION IMPACT

- Broward Health is committed to Graduate Medical Education Expansion and the training of future Physicians to provide excellent, evidence-based care to citizens of Broward County and surrounding communities
- GME programs around the country are increasing their work in six focus areas: patient safety, health care quality and equity, care transitions, supervision, fatigue management, and professionalism
- Teaching Hospitals drive the innovation that improves patient quality, safety and overall health
- Teaching Hospitals provide critical services often not available elsewhere
- In addition to innovation in medical education, academic medicine is also at the forefront of leading innovation in medical discovery, quality improvement, and equitable health care delivery
- Broward Health is cognizant of the significant impact that the impending Physician workforce shortages will have on the health of our community

<https://www.aamc.org/system/files/c/2/472906-howmedicaleducationischanging.pdf>



**Accreditation Council for
Graduate Medical Education**

ACGME Institutional Requirements

ACGME Institutional Requirements

I. Structure for Educational Oversight

I.A. Sponsoring Institution

- I.A.1. Residency and fellowship programs accredited by the ACGME must function under the ultimate authority and oversight of one Sponsoring Institution. Oversight of resident/fellow assignments and of the quality of the learning and working environment by the Sponsoring Institution extends to all participating sites. (Core)*
- I.A.2. The Sponsoring Institution must be in substantial compliance with the ACGME Institutional Requirements and must ensure that each of its ACGME-accredited programs is in substantial compliance with the ACGME Institutional, Common, specialty-/subspecialty-specific Program, and Recognition Requirements, as well as with ACGME Policies and Procedures. (Outcome)
- I.A.3. The Sponsoring Institution must maintain its ACGME institutional accreditation. Failure to do so will result in loss of accreditation for its ACGME-accredited program(s). (Outcome)
- I.A.4. The Sponsoring Institution and each of its ACGME-accredited programs must only assign residents/fellows to learning and working environments that facilitate patient safety and health care quality. (Outcome)
- I.A.5. The Sponsoring Institution must identify a designated institutional official (DIO). (Core)
- I.A.5.a) This individual, in collaboration with a Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of each of the Sponsoring Institution's ACGME-accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, specialty-/subspecialty-specific Program, and Recognition Requirements. (Core)
- I.A.5.b) The DIO must:
- I.A.5.b).(1) approve program letters of agreement (PLAs) that govern relationships between each program and each participating site providing a required assignment for residents/fellows in the program; (Core)
- I.A.5.b).(2) oversee submissions of the Annual Update for each program and the Sponsoring Institution to the ACGME; and, (Core)
- I.A.5.b).(3) after GMEC approval, oversee the submission of applications for ACGME accreditation and recognition,

requests for voluntary withdrawal of accreditation and recognition, and requests for changes in residency and fellowship program complements. (Core)

I.A.6. The Sponsoring Institution must identify a governing body, which is the single entity that maintains authority over and responsibility for the Sponsoring Institution and each of its ACGME-accredited programs. (Core)

I.A.7. A written statement, reviewed, dated, and signed at least once every five years by the DIO, a representative of the Sponsoring Institution's senior administration, and a representative of the governing body, must document the Sponsoring Institution's:

I.A.7.a) GME mission; and, (Core)

I.A.7.b) commitment to GME by ensuring the provision of the necessary administrative, educational, financial, human, and clinical resources. (Core)

I.A.8. The Sponsoring Institution must complete a Self-Study prior to its 10-Year Accreditation Site Visit. (Core)

I.A.9. Any Sponsoring Institution or participating site that is a hospital must maintain accreditation to provide patient care. (Core)

I.A.9.a) Accreditation for patient care must be provided by:

I.A.9.a).(1) an entity granted "deeming authority" for participation in Medicare under federal regulations; or, (Core)

I.A.9.a).(2) an entity certified as complying with the conditions of participation in Medicare under federal regulations. (Core)

I.A.10. When a Sponsoring Institution or major participating site that is a hospital loses its accreditation for patient care, the Sponsoring Institution must notify and provide a plan for its response to the Institutional Review Committee within 30 days of such loss. Based on the particular circumstances, the ACGME may invoke its procedures related to alleged egregious and/or catastrophic events. (Core)

I.A.11. When a Sponsoring Institution's or participating site's license is denied, suspended, or revoked, or when a Sponsoring Institution or participating site is required to curtail activities, or is otherwise restricted, the Sponsoring Institution must notify and provide a plan for its response to the Institutional Review Committee within 30 days of such loss or restriction. Based on the particular circumstances, the ACGME may invoke its procedures related to alleged egregious and/or catastrophic events. (Core)

I.B. Graduate Medical Education Committee (GMEC)

- I.B.1. Membership
- I.B.1.a) A Sponsoring Institution with multiple ACGME-accredited programs must have a GMEC that includes at least the following voting members: ^(Core)
- I.B.1.a).(1) the DIO; ^(Core)
- I.B.1.a).(2) a representative sample of program directors (minimum of two) from its ACGME-accredited programs; ^(Core)
- I.B.1.a).(3) a minimum of two peer-selected residents/fellows from among its ACGME-accredited programs; and, ^(Core)
- I.B.1.a).(4) a quality improvement or patient safety officer or designee. ^(Core)
- I.B.1.b) A Sponsoring Institution with one program must have a GMEC that includes at least the following voting members:
- I.B.1.b).(1) the DIO; ^(Core)
- I.B.1.b).(2) the program director when the program director is not the DIO; ^(Core)
- I.B.1.b).(3) one of the program's core faculty members other than the program director, if the program includes core faculty members other than the program director; ^(Core)
- I.B.1.b).(4) a minimum of two peer-selected residents/fellows from its ACGME-accredited program or the only resident/fellow if the program includes only one resident/fellow; ^(Core)
- I.B.1.b).(5) the individual or designee responsible for monitoring quality improvement or patient safety if this individual is not the DIO or program director; and, ^(Core)
- I.B.1.b).(6) one or more individuals who are actively involved in GME, are outside the program, and are not the DIO or the quality improvement or patient safety member. ^(Core)
- I.B.2. Additional GMEC members and subcommittees: In order to carry out portions of the GMEC's responsibilities, additional GMEC membership may include others as determined by the GMEC. ^(Detail)
- I.B.2.a) Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow. ^(Detail)
- I.B.3. Meetings and Attendance: The GMEC must meet a minimum of once every quarter during each academic year. ^(Core)

- I.B.3.a) Each meeting of the GMEC must include attendance by at least one resident/fellow member. (Core)
- I.B.3.b) The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities. (Core)
- I.B.4. Responsibilities: GMEC responsibilities must include:
- I.B.4.a) Oversight of:
- I.B.4.a).(1) ACGME accreditation and recognition statuses of the Sponsoring Institution and each of its ACGME-accredited programs; (Outcome)
- I.B.4.a).(2) the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites; (Outcome)
- I.B.4.a).(3) the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements; (Outcome)
- I.B.4.a).(4) the ACGME-accredited program(s)' annual program evaluation(s) and Self-Study(ies); (Core)
- I.B.4.a).(5) ACGME-accredited programs' implementation of institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually; (Core)
- I.B.4.a).(6) all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and, (Core)
- I.B.4.a).(7) the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided. (Detail)
- I.B.4.b) review and approval of:
- I.B.4.b).(1) institutional GME policies and procedures; (Core)
- I.B.4.b).(2) GMEC subcommittee actions that address required GMEC responsibilities; (Core)

- I.B.4.b).(3) annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits; (Core)
- I.B.4.b).(4) applications for ACGME accreditation of new programs; (Core)
- I.B.4.b).(5) requests for permanent changes in resident/fellow complement; (Core)
- I.B.4.b).(6) major changes in each of its ACGME-accredited programs' structure or duration of education, including any change in the designation of a program's primary clinical site; (Core)
- I.B.4.b).(7) additions and deletions of each of its ACGME-accredited programs' participating sites; (Core)
- I.B.4.b).(8) appointment of new program directors; (Core)
- I.B.4.b).(9) progress reports requested by a Review Committee; (Core)
- I.B.4.b).(10) responses to Clinical Learning Environment Review (CLER) reports; (Core)
- I.B.4.b).(11) requests for exceptions to clinical and educational work hour requirements; (Core)
- I.B.4.b).(12) voluntary withdrawal of ACGME program accreditation or recognition; (Core)
- I.B.4.b).(13) requests for appeal of an adverse action by a Review Committee; and, (Core)
- I.B.4.b).(14) appeal presentations to an ACGME Appeals Panel; and, (Core)
- I.B.4.b).(15) exceptionally qualified candidates for resident/fellow appointments who do not satisfy the Sponsoring Institution's resident/fellow eligibility policy and/or resident/fellow eligibility requirements in the Common Program Requirements. (Core)
- 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, to include, at a minimum: (Core)
- I.B.5.a).(1) the most recent ACGME institutional letter of notification; (Core)

- I.B.5.a).(2) results of ACGME surveys of residents/fellows and core faculty members; and, (Core)
- I.B.5.a).(3) each of its ACGME-accredited programs' ACGME accreditation information, including accreditation and recognition statuses and citations. (Core)
- I.B.5.b) The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include: (Core)
- I.B.5.b).(1) a summary of institutional performance on indicators for the AIR; and, (Core)
- I.B.5.b).(2) action plans and performance monitoring procedures resulting from the AIR. (Core)
- I.B.6. The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. (Core)
- I.B.6.a) The Special Review process must include a protocol that: (Core)
- I.B.6.a).(1) establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies; and, (Core)
- I.B.6.a).(2) results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines. (Core)

II. Institutional Resources

- II.A. Institutional GME Infrastructure and Operations: The Sponsoring Institution must ensure that:
- II.A.1. the DIO has sufficient support and dedicated time to effectively carry out educational, administrative, and leadership responsibilities; (Core)
- II.A.2. the DIO engages in professional development applicable to responsibilities as an educational leader; and, (Core)
- II.A.3. sufficient salary support and resources are provided for effective GME administration. (Core)

- II.B. Program Administration: The Sponsoring Institution, in partnership with each of its ACGME-accredited programs, must ensure the availability of adequate resources for resident/fellow education, including:
- II.B.1. support and dedicated time for the program director(s) to effectively carry out educational, administrative, and leadership responsibilities, as described in the Institutional, Common, and specialty-/subspecialty-specific Program Requirements; (Core)
 - II.B.2. support for core faculty members to ensure both effective supervision and quality resident/fellow education; (Core)
 - II.B.3. support for professional development applicable to program directors' and core faculty members' responsibilities as educational leaders; (Core)
 - II.B.4. support and time for the program coordinator(s) to effectively carry out responsibilities; and, (Core)
 - II.B.5. resources, including space, technology, and supplies, to provide effective support for each of its ACGME-accredited programs. (Core)
- II.C. Resident/Fellow Forum: The Sponsoring Institution with more than one program must ensure availability of an organization, council, town hall, or other platform that allows all residents/fellows from within and across the Sponsoring Institution's ACGME-accredited programs to communicate and exchange information with other residents/fellows relevant to their ACGME-accredited programs and their learning and working environment. (Core)
- II.C.1. Any resident/fellow from one of the Sponsoring Institution's ACGME-accredited programs must have the opportunity to directly raise a concern to the forum. (Core)
 - II.C.2. Residents/fellows must have the option, at least in part, to conduct their forum without the DIO, faculty members, or other administrators present. (Core)
 - II.C.3. Residents/fellows must have the option to present concerns that arise from discussions at the forum to the DIO and GMEC. (Core)
- II.D. Resident Salary and Benefits: The Sponsoring Institution, in partnership with its ACGME-accredited programs and participating sites, must provide all residents/fellows with financial support and benefits to ensure that they are able to fulfill the responsibilities of their ACGME-accredited program(s). (Core)
- II.E. Educational Tools
- II.E.1. Communication resources and technology: Faculty members and residents/fellows must have ready access to adequate communication resources and technological support. (Core)

II.E.2. Access to medical literature: Faculty members and residents/fellows must have ready access to electronic medical literature databases and specialty-/subspecialty-specific and other appropriate full-text reference material in print or electronic format. (Core)

II.F. Support Services and Systems

II.F.1. The Sponsoring Institution must provide support services and develop health care delivery systems to minimize residents'/fellows' work that is extraneous to their ACGME-accredited program(s)' educational goals and objectives, and to ensure that residents'/fellows' educational experience is not compromised by excessive reliance on residents/fellows to fulfill non-physician service obligations. These support services and systems must include: (Core)

II.F.1.a) peripheral intravenous access placement, phlebotomy, laboratory, pathology and radiology services and patient transportation services provided in a manner appropriate to and consistent with educational objectives and to support high quality and safe patient care; (Core)

II.F.1.b) medical records available at all participating sites to support high quality and safe patient care, residents'/fellows' education, quality improvement and scholarly activities; and, (Core)

II.F.1.c) institutional processes for ensuring the availability of resources to support residents'/fellows' well-being and education by minimizing impact to clinical assignments resulting from leaves of absence. (Core)

III. The Learning and Working Environment

III.A. The Sponsoring Institution and each of its ACGME-accredited programs must provide a learning and working environment in which residents/fellows and faculty members have the opportunity to raise concerns and provide feedback without intimidation or retaliation, and in a confidential manner, as appropriate. (Core)

III.B. The Sponsoring Institution is responsible for oversight and documentation of resident/fellow engagement in the following: (Core)

III.B.1. Patient Safety: The Sponsoring Institution must ensure that residents/fellows have:

III.B.1.a) access to systems for reporting errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal; and, (Core)

III.B.1.b) opportunities to contribute to root cause analysis or other similar risk-reduction processes. (Core)

- III.B.2. Quality Improvement: The Sponsoring Institution must ensure that residents/fellows have:
- III.B.2.a) access to data to improve systems of care, reduce health care disparities, and improve patient outcomes; and, (Core)
 - III.B.2.b) opportunities to participate in quality improvement initiatives. (Core)
- III.B.3. Transitions of Care: The Sponsoring Institution must:
- III.B.3.a) facilitate professional development for core faculty members and residents/fellows regarding effective transitions of care; and, (Core)
 - III.B.3.b) in partnership with its ACGME-accredited program(s), ensure and monitor effective, structured patient hand-over processes to facilitate continuity of care and patient safety at participating sites. (Core)
- III.B.4. Supervision and Accountability
- III.B.4.a) The Sponsoring Institution must oversee:
- III.B.4.a).(1) supervision of residents/fellows consistent with institutional and program-specific policies; and, (Core)
 - III.B.4.a).(2) mechanisms by which residents/fellows can report inadequate supervision and accountability in a protected manner that is free from reprisal. (Core)
- III.B.5. Clinical Experience and Education
- III.B.5.a) The Sponsoring Institution must oversee:
- III.B.5.a).(1) resident/fellow clinical and educational work hours, consistent with the Common and specialty-/subspecialty-specific Program Requirements across all programs, addressing areas of non-compliance in a timely manner; (Core)
 - III.B.5.a).(2) systems of care and learning and working environments that facilitate fatigue mitigation for residents/fellows; and, (Core)
 - III.B.5.a).(3) an educational program for residents/fellows and faculty members in fatigue mitigation. (Core)
- III.B.6. Professionalism
- III.B.6.a) The Sponsoring Institution, in partnership with the program director(s) of its ACGME-accredited program(s), must provide a

culture of professionalism that supports patient safety and personal responsibility. (Core)

- III.B.6.b) The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must educate residents/fellows and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)
- III.B.6.c) The Sponsoring Institution must provide systems for education in and monitoring of:
- III.B.6.c).(1) residents'/fellows' and core faculty members' fulfillment of educational and professional responsibilities, including scholarly pursuits; and, (Core)
- III.B.6.c).(2) accurate completion of required documentation by residents/fellows. (Core)
- III.B.6.d) The Sponsoring Institution must ensure that its ACGME-accredited program(s) provide(s) a professional, equitable, respectful and civil environment that is free from unprofessional behavior, including discrimination, sexual, and other forms of harassment, mistreatment, abuse, and/or coercion of residents/fellows, other learners, faculty members, and staff members. (Core)
- III.B.6.d).(1) The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must have a process for education of residents/fellows and faculty members regarding unprofessional behavior, and a confidential process for reporting, investigating, monitoring, and addressing such concerns in a timely manner. (Core)

III.B.7. Well-Being

- III.B.7.a) The Sponsoring Institution must oversee its ACGME-accredited program's(s') fulfillment of responsibility to address well-being of residents/fellows and faculty members, consistent with the Common and specialty-/subspecialty-specific Program Requirements, addressing areas of non-compliance in a timely manner. (Core)
- III.B.7.b) The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must educate faculty members and residents/fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. This responsibility includes educating residents/fellows and faculty members in how to recognize those symptoms in themselves, and how to seek appropriate care. (Core)

- III.B.7.c) The Sponsoring Institution, in partnership with its ACGME-accredited program(s), must: (Core)
- III.B.7.c).(1) encourage residents/fellows and faculty members to alert their program director, DIO, or other designated personnel or programs when they are concerned that another resident/fellow or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence; (Core)
- III.B.7.c).(2) provide access to appropriate tools for self screening; and, (Core)
- III.B.7.c).(3) provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)
- III.B.7.d) The Sponsoring Institution must ensure a healthy and safe clinical and educational environment that provides for: (Core)
- III.B.7.d).(1) access to food during clinical and educational assignments; (Core)
- III.B.7.d).(2) sleep/rest facilities that are safe, quiet, clean, and private, and that must be available and accessible for residents/fellows, with proximity appropriate for safe patient care; (Core)
- III.B.7.d).(3) safe transportation options for residents/fellows who may be too fatigued to safely return home on their own; (Core)
- III.B.7.d).(4) clean and private facilities for lactation with proximity appropriate for safe patient care, and clean and safe refrigeration resources for the storage of breast milk; (Core)
- III.B.7.d).(5) safety and security measures appropriate to the clinical learning environment site; and, (Core)
- III.B.7.d).(6) accommodations for residents/fellows with disabilities, consistent with the Sponsoring Institution's policy. (Core)
- III.B.8. The Sponsoring Institution, in partnership with each of its programs, must engage in practices that focus on ongoing, mission-driven, systematic recruitment and retention of a diverse and inclusive workforce of residents/fellows, faculty members, senior administrative staff members, and other relevant members of its GME community. (Core)

IV. Institutional GME Policies and Procedures

- IV.A. The Sponsoring Institution must demonstrate adherence to all institutional graduate medical education policies and procedures. ^(Core)
- IV.B. Resident/Fellow Appointments
- IV.B.1. The Sponsoring Institution must have written policies and procedures for resident/fellow recruitment, selection, eligibility, and appointment consistent with ACGME Institutional and Common Program Requirements, and Recognition Requirements (if applicable), and must monitor each of its ACGME-accredited programs for compliance. ^(Core)
- IV.B.2. An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: ^(Core)
- IV.B.2.a) graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or, ^(Core)
- IV.B.2.b) graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA); or, ^(Core)
- IV.B.2.c) graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications: ^(Core)
- IV.B.2.c).(1) holds a currently-valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or, ^(Core)
- IV.B.2.c).(2) holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty-/subspecialty program. ^(Core)
- IV.B.3. An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of the applicant's eventual appointments. ^(Core)
- IV.B.3.a) Information that is provided must include:
- IV.B.3.a).(1) stipends, benefits, professional liability coverage, and disability insurance accessible to residents/fellows; ^(Core)
- IV.B.3.a).(2) institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence; and, ^(Core)
- IV.B.3.a).(3) health insurance accessible to residents/fellows and their eligible dependents. ^(Core)

- IV.C. Agreement of Appointment/Contract
- IV.C.1. The Sponsoring Institution must ensure that residents/fellows are provided with a written agreement of appointment/contract outlining the terms and conditions of their appointment to a program. The Sponsoring Institution must monitor each of its programs with regard to implementation of terms and conditions of appointment. (Core)
- IV.C.2. The contract/agreement of appointment must directly contain or provide a reference to the following items: (Core)
- IV.C.2.a) resident/fellow responsibilities; (Core)
 - IV.C.2.b) duration of appointment; (Core)
 - IV.C.2.c) financial support for residents/fellows; (Core)
 - IV.C.2.d) conditions for reappointment and promotion to a subsequent PGY level; (Core)
 - IV.C.2.e) grievance and due process; (Core)
 - IV.C.2.f) professional liability insurance, including a summary of pertinent information regarding coverage; (Core)
 - IV.C.2.g) health insurance benefits for residents/fellows and their eligible dependents; (Core)
 - IV.C.2.h) disability insurance for residents/fellows; (Core)
 - IV.C.2.i) vacation and leave(s) of absence for residents/fellows, including medical, parental, and caregiver leave(s) of absence, and compliant with applicable laws; (Core)
 - IV.C.2.j) timely notice of the effect of leave(s) of absence on the ability of residents/fellows to satisfy requirements for program completion; (Core)
 - IV.C.2.k) information related to eligibility for specialty board examinations; and, (Core)
 - IV.C.2.l) institutional policies and procedures regarding resident/fellow clinical and educational work hours and moonlighting. (Core)
- IV.D. Promotion, Appointment Renewal and Dismissal
- IV.D.1. The Sponsoring Institution must have a policy that requires each of its ACGME-accredited programs to determine the criteria for promotion and/or renewal of a resident's/fellow's appointment. (Core)

- IV.D.1.a) The Sponsoring Institution must ensure that each of its programs provides a resident/fellow with a written notice of intent when that resident's/fellow's agreement will not be renewed, when that resident/fellow will not be promoted to the next level of training, or when that resident/fellow will be dismissed. (Core)
- IV.D.1.b) The Sponsoring Institution must have a policy that provides residents/fellows with due process relating to the following actions regardless of when the action is taken during the appointment period: suspension, non-renewal, non-promotion; or dismissal. (Core)
- IV.E. Grievances: The Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident/fellow grievances at the program and institutional level and that minimizes conflicts of interest. (Core)
- IV.F. Professional Liability Insurance
- IV.F.1. The Sponsoring Institution must ensure that residents/fellows are provided with professional liability coverage, including legal defense and protection against awards from claims reported or filed during participation in each of its ACGME-accredited programs, or after completion of the program(s) if the alleged acts or omissions of a resident/fellow are within the scope of the program(s). (Core)
- IV.F.2. The Sponsoring Institution must ensure that residents/fellows are provided with: (Core)
- IV.F.2.a) official documentation of the details of their professional liability coverage before the start date of resident/fellow appointments; and, (Core)
- IV.F.2.b) written advance notice of any substantial change to the details of their professional liability coverage. (Core)
- IV.G. Health and Disability Insurance
- IV.G.1. The Sponsoring Institution must ensure that residents/fellows are provided with health insurance benefits for residents/fellows and their eligible dependents beginning on the first day of insurance eligibility. (Core)
- IV.G.1.a) If the first day of health insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired. (Core)
- IV.G.2. The Sponsoring Institution must ensure that residents/fellows are provided with disability insurance benefits for residents/fellows beginning on the first day of disability insurance eligibility. (Core)

- IV.G.2.a) If the first day of disability insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired. (Core)
- IV.H. Vacation and Leaves of Absence
- IV.H.1. The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. This policy must: (Core)
- IV.H.1.a) provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; (Core)
- IV.H.1.b) provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (Core)
- IV.H.1.c) provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (Core)
- IV.H.1.d) ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence; (Core)
- IV.H.1.e) describe the process for submitting and approving requests for leaves of absence; (Core)
- IV.H.1.f) be available for review by residents/fellows at all times; and, (Core)
- IV.H.1.g) ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s). (Core)
- IV.I. Resident Services
- IV.I.1. Behavioral Health: The Sponsoring Institution must ensure that residents/fellows are provided with access to confidential counseling and behavioral health services. (Core)
- IV.I.2. Physician Impairment: The Sponsoring Institution must have a policy, not necessarily GME-specific, which addresses physician impairment. (Core)

- IV.I.3. Harassment: The Sponsoring Institution must have a policy, not necessarily GME-specific, covering sexual and other forms of harassment, that allows residents/fellows access to processes to raise and resolve complaints in a safe and non-punitive environment and in a timely manner, consistent with applicable laws and regulations. (Core)
- IV.I.4. Accommodation for Disabilities: The Sponsoring Institution must have a policy, not necessarily GME-specific, regarding accommodations for disabilities consistent with all applicable laws and regulations. (Core)
- IV.I.5. Discrimination: The Sponsoring Institution must have policies and procedures, not necessarily GME-specific, prohibiting discrimination in employment and in the learning and working environment, consistent with all applicable laws and regulations. (Core)
- IV.J. Supervision
- IV.J.1. The Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows. (Core)
- IV.J.2. The Sponsoring Institution must ensure that each of its ACGME-accredited programs establishes a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty-/subspecialty-specific Program Requirements. (Core)
- IV.K. Clinical and Educational Work Hours: The Sponsoring Institution must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements. (Core)
- IV.K.1. Moonlighting: The Sponsoring Institution must maintain a policy on moonlighting that includes the following:
- IV.K.1.a) residents/fellows must not be required to engage in moonlighting; (Core)
- IV.K.1.b) residents/fellows must have written permission from their program director to moonlight; (Core)
- IV.K.1.c) an ACGME-accredited program will monitor the effect of moonlighting activities on a resident's/fellow's performance in the program, including that adverse effects may lead to withdrawal of permission to moonlight; and, (Core)
- IV.K.1.d) the Sponsoring Institution or individual ACGME-accredited programs may prohibit moonlighting by residents/fellows. (Core)
- IV.L. Vendors: The Sponsoring Institution must maintain a policy that addresses interactions between vendor representatives/corporations and residents/fellows and each of its ACGME-accredited programs. (Core)

- IV.M. Non-competition: The Sponsoring Institution must maintain a policy which states that neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant. (Core)
- IV.N. Substantial Disruptions in Patient Care or Education: The Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that addresses support for each of its ACGME-accredited programs and residents/fellows in the event of a disaster or other substantial disruption in patient care or education. (Core)
- IV.N.1. This policy must include information about assistance for continuation of salary, benefits, professional liability coverage, and resident/fellow assignments. (Core)
- IV.O. Closures and Reductions: The Sponsoring Institution must maintain a policy that addresses GMEC oversight of reductions in size or closure of each of its ACGME-accredited programs, or closure of the Sponsoring Institution that includes the following: (Core)
- IV.O.1. the Sponsoring Institution must inform the GMEC, DIO, and affected residents/fellows as soon as possible when it intends to reduce the size of or close one or more ACGME-accredited programs, or when the Sponsoring Institution intends to close; and, (Core)
- IV.O.2. the Sponsoring Institution must allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution, or assist them in enrolling in (an)other ACGME-accredited program(s) in which they can continue their education. (Core)

***Core Requirements:** Statements that define structure, resource, or process elements essential to every graduate medical educational program.

Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

Institutional Commitment to Graduate Medicine Education

North Broward Hospital District d/b/a Broward Health serves as the Institutional Sponsor for accredited Graduate Medical Education Residency Training Programs under the Accreditation Council for Graduate Medical Education and the American Osteopathic Association. The Board of Commissioners of North Broward Hospital District serves as the Governing Body for the Sponsoring Institution.

This statement serves as the documentation of the Sponsoring Institution's commitment to Graduate Medical Education by providing the necessary financial support for administrative, educational, human, and clinical resources, including personnel.

The mission of Broward Health Graduate Medical Education is to provide support to all members of undergraduate and graduate medical education, to train and ensure the success of well-rounded and professional physicians.

The Sponsoring Institution has tasked the Graduate Medical Education Committee (GMEC) with providing the oversight for Graduate Medical Education programs in which Physicians in Training develop personal, clinical and professional competence under the guidance and supervision of the Faculty and staff. The Graduate Medical Education Committee ensures the progression of responsibilities through demonstrated clinical experience, knowledge, and skill.

In support of this vision, our Institution is committed to providing high quality patient care experiences and learning environments for Residents and Fellows by:

- Providing organization and leadership,
- Forming and maintaining alliances with hospitals and other organizations based on educational criteria,
- Acquiring and committing to the requisite administrative, educational, financial, human and clinical resources.

In addition, Broward Health, along with its Physician and academic partners, is committed to recruiting and supporting high quality Faculty and support staff. Broward Health is also committed to the facilitation of the on-going professional development of Physicians in training.

To assure the best possible education, Broward Health holds all programs to high academic and professional standards by ongoing internal and external evaluation of curriculum, of Resident's acquisition of knowledge and skills and of instruction and supervision. The standards include, but are not confined to, those promulgated by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association and the American Board of Medical Specialties.

Broward Health is committed to maintaining Graduate Medical Education programs that are in compliance with accreditation requirements to develop health care professionals who demonstrate excellence in patient care, professionalism, scholarly activity and leadership.

Commissioner Stacy Angier
Chair
Board of Commissioners of North Broward Hospital District

Shane Strum
President & CEO
Broward Health System

Patricia Rowe-King, M.D.
Designated Institutional Official

Date