

**Office of  
Graduate Medical Education  
Annual Report**

**July 1, 2012 – June 30, 2013**



## **Staffing**

- Harry Clarke, MD, PhD continued his role as Associate Dean for Graduate Medical Education (GME) and the Accreditation Council for Graduate Medical Education's (ACGME) Designated Institutional Official.
- Ben Clyburn, MD continued his role as an Associate Dean for GME for Faculty Development.
- Wanda Gonsalves, MD continued her role as an Associate Dean for GME for Resident Inclusion and Diversity Education.
- Lawrence Afrin, MD continued his role as GME Director of Informatics.
- Angela Ybarra, MHA continued her role as the GME Program Administrator.
- Beth Jones, MHA continued her role as the GME Finance Coordinator.
- Ann Ronayne, BS, C-TAGME continued her role as the GME Coordinator.
- Hung Vo, BS was hired as the GME Information Resource Consultant.
- Tyla Waxter, BA continued her role as the GME Credentialing and Licensing Coordinator.

## **Resident Information**

- Graduating residents for 2012-2013 = 179
- Matriculating residents = 466
- Incoming residents on July 1, 2013 = 205
- Total residents on July 1, 2013 = 671

## **Program Information**

(See Appendix I.)

- ACGME-accredited residency programs – 57
- ACGME combined (non-accredited programs) - 2
- American Dental Association (ADA)-accredited programs – 2
- 2013 National Residency Matching Program Match Results: 145 out of 147 positions were filled. 25 out of 27 residency programs fully matched their available positions.

## **Accreditation Information**

### **Information on the Next Accreditation System (NAS) from the ACGME**

For the seven specialties in Phase I of the NAS (diagnostic radiology, emergency medicine, internal medicine, neurological surgery, orthopaedic surgery, pediatrics, and urology) and their subspecialties, implementation of the NAS occurred on July 1, 2013. For all other specialties, the Transitional Year, and Institutional Review, implementation of the NAS will occur on July 1, 2014.

New data elements for the NAS will include the Educational Milestone data from the semiannual evaluation of residents, aggregated to the level of the program, with the first reports for Phase I specialties scheduled for submission to the ACGME in December 2013 and June 2014. New data will also include a Faculty Survey (implemented for Phase I programs in Academic Year (AY) 2012–13 and for Phase II programs in AY 2013–14) and a scholarly activity report form that replaces the detailed faculty curricula vitae currently in use.

Review Committees will no longer assign cycle lengths to programs. The ACGME will be using a continuous accreditation model with collection and review of annual data from each program. All programs, with the

exception of applications and very newly accredited programs, will have a scheduled self-study visit every 10 years. In addition, programs may have focused or diagnostic site visits, if the annual data submission suggests a potential problem.

Subspecialty programs will have their annual reviews together with their respective core programs, and their self-study visits will also be concurrent with the visits to their core programs. Review Committees will review annual data—including Resident-Fellow Survey and Faculty Survey data, the annual ADS Update information, and where applicable, minimum procedural numbers—in the accreditation of subspecialty programs, just as they do for core residency programs. The NAS places more responsibility for oversight of the subspecialty programs on the core programs and the departments.

### **Educational Milestones**

The Educational Milestones (milestones) are observable developmental steps, organized under the six competency areas, that describe a trajectory of progress on the competencies from novice (entering resident) to proficient (graduating resident) and, ultimately, to expert/master. The milestones for each specialty have been developed by a work group comprised of members of the respective Review Committee, the American Board of Medical Specialties certifying board, program directors, and residents.

The benefits of the milestones are that they articulate shared understanding of expectations, set aspirational goals of excellence, provide a framework and language for discussions across the continuum, and ultimately track what is most important—the educational outcomes of the residency program.

In the context of the larger educational community's interest in measures for the professional development of health care professionals, it is important to emphasize that the milestones are only relevant for evaluation of individuals who possess MD or DO degrees, and who are currently enrolled in ACGME-accredited residency or fellowship programs. The milestones provide a framework for the assessment of the development of the physician in key dimensions of the elements of physician competency in the given specialty. They neither represent the entirety of the dimensions of six domains of physician competency, nor are they designed to be relevant in any other context.

How will the milestones be used in resident evaluations?

Residents will undergo a structured evaluation against milestones (in most specialties this will be done semiannually). The Clinical Competency Committees will review and use assessment data, including faculty member assessments of residents on rotations, self-evaluations, peer evaluations, and evaluations by nurses and other staff members. Each program may continue to use its current resident assessment tools, and phase in tools developed specifically for the milestones when these become available. Programs in Phase I specialties will submit their initial milestone data in December 2013 and June 2014.

Once a program has submitted its milestone assessments, the ACGME will construct a Milestones Evaluation Report that will be available to the program. In the initial years of the NAS, the Review Committees' annual review of milestone performance will be completed by comparing the progress on the milestones of the resident cohort in the given program over time.

To gauge whether residents are progressing satisfactorily, programs may compare each individual resident's performance against that of his or her same-year cohort, while taking into account individual variations in rotations and other learning experiences. The ACGME expects that it will take several years for national data on the milestones to become available. Use of the milestones and the predefined narrative criteria for levels of performance will assist programs in resident evaluation and will enhance transparency for learners, programs, sponsoring institutions, and the public.

### **CLER Visits**

Since the release of the Institute of Medicine's report on resident hours and patient safety, there have been calls for enhanced institutional oversight of duty hour limits and of efforts to enhance the quality and safety of care in teaching hospitals. In response, the ACGME established the Clinical Learning Environment Review (CLER) program as a key component of the NAS, with the aim to promote safety and quality of care. CLER focuses on six areas important to the safety and quality of care in teaching hospitals and the care residents will provide in a lifetime of practice after completion of education: (1) engagement of residents in patient safety; (2) engagement of residents in quality improvement (including opportunities for reducing health disparities); (3) enhancing practice for care transitions; (4) promoting appropriate resident supervision; (5) duty hour oversight and fatigue management; and (6) enhancing professionalism in the learning environment and in reporting to the ACGME.

CLER visits will be conducted by a team of dedicated site visitors, which may include a peer site visitor from another sponsoring institution. For the first 18-month cycle of CLER, site visitors will visit only one major participating site for each sponsoring institution. Institutions will receive no less than 10 days' notice of the visit. Institutions will not be required to complete any documents in advance, but will be asked to share copies of existing documents—such as the participating site's quality and safety strategy, and existing policies on supervision, duty hours, and related matters. The site visitors will use a combination of group meetings and walking rounds of clinical areas to assess the learning environment.

### **Graduate Medical Education Committee (GMEC)**

(See Appendix II.)

### **Internal Reviews**

The Internal Residency Review Committee continued to use Program Information Forms as a foundation for the internal review. With the advent of the NAS, internal reviews will transition to Annual Program Evaluations.

### **Faculty Development**

Conducted a "Sneak Peek at the First Seven Programs to Use Milestones" and "NAS: How Do We Get THERE from HERE?"

### **Financial Information**

- Negotiations were conducted with the Veterans Administration Medical Center (VAMC) to recoup additional reimbursement expenses.
- Secured five permanent positions (Urology, Nephrology, Psychiatry, and Surgery) and one temporary position (Vascular Neurology) at the VAMC.
- Salary increases were approved for the 2013-2014 year. They are:
  - PGY-1 - \$47,080
  - PGY-2 - \$48,698
  - PGY-3 - \$50,282
  - PGY-4 - \$51,706
  - PGY-5 - \$53,458
  - PGY-6 - \$55,509
  - PGY-7 - \$58,213
  - PGY-8 - \$61,648

### **Utilization of E\*Value**

- Eliminated duplicate accounts
- Ongoing one-on-one E\*Value training with each residency program coordinator
- Advanced Informatics conducted program review to evaluate application usage
- Evaluated systems and applications of electronic residency management systems
- Eliminated unnecessary social security numbers from individual profiles
- Completed Phase I of milestones, including milestones training for Phase I groups
- Uploaded missing photos to resident profiles

### **Policy and Practice Reviews/Revisions**

- Clearance Sheet
- Internal Review Policy
- Moonlighting Approval Form
- Off-Cycle Form
- Remediation Plan Template
- Resident Agreement
- Resident Transfer Policy
- Scopes of Practice
- Visiting Resident Form
- Duty Hour Policy
- Leave of Absence Form

### **Process Implementation**

- Completed Phase II of the Resident Archiving Project

### **Information Technology**

- Generated a RIDEr graph on effectiveness for August, 2012 – July, 2013
- Reformatted GME Website

### **Resident Representatives to Hospital Committees**

(See Appendix III.)

### **Strategic Planning**

The MUSC GME Strategic Planning Retreat took place on September 14, 2012. Over 100 individuals (program directors, coordinators, faculty members, residents, and hospital administrative officials) met to develop objectives to achieve four high-level goals:

- Foster innovation and improvement in the learning environment
- Strengthen the educational emphasis on quality and safety in patient care
- Advance the climate in which diversity is encouraged
- Optimize communication and collaboration amongst stakeholders

The group began the day hearing a presentation from Dr. John Potts, III, Senior Vice-President of the ACGME, who presented a global perspective of healthcare and how its evolution would affect academic teaching centers considering the NAS. Next, Dr. Mark Lyles, MD, MBA, MUSC's Clinical Enterprise Chief Strategic Officer, gave a presentation to help prepare those within our institution on how these changes may affect our institution and its operations.

Defining strategies and creating objectives for the four high-level goals was the charge for the group the remainder of the retreat. There were hundreds of ideas presented and, eventually, one or two strategic objectives were decided upon for each goal.

Currently, there is an individual sub-committee assigned to address each of the four goals. These groups are working on initiatives to achieve each objective and to answer the question, "Where do we wish our institution to be five years from now within these four areas?"

Regular updates are presented to the GMEC as to the progress of GME's five-year strategic plan.

# APPENDIX I

## Listing of Programs

### **ANESTHESIOLOGY**

*Cardiothoracic Anesthesia  
Critical Care Anesthesia*

### **DERMATOLOGY**

*Procedural Dermatology*

### **EMERGENCY MEDICINE**

### **INTERNAL MEDICINE**

*Cardiovascular Disease  
Interventional Cardiology  
Electrophysiology  
Endocrinology, Diabetes, Metabolism  
Gastroenterology  
Hematology/Oncology  
Infectious Disease  
Nephrology  
Pulmonary/Critical Care  
Rheumatology*

### **NEUROLOGY**

*Child Neurology  
Clinical Neurophysiology  
Vascular Neurology*

### **NEUROSURGERY**

### **NUCLEAR MEDICINE**

### **OB/GYN**

### **OPHTHALMOLOGY**

### **ORTHOPAEDIC SURGERY**

### **OTOLARYNGOLOGY**

### **PATHOLOGY**

*Cytopathology  
Dermatopathology  
Forensic Pathology  
Hematopathology*

### **PEDIATRICS**

*Child Abuse Pediatrics  
Developmental and Behavioral  
Pediatrics  
Neonatal-Perinatal  
Pediatric Cardiology  
Pediatric Emergency Medicine  
Pediatric Hematology/ Oncology  
Pediatric Rheumatology*

### **PLASTIC SURGERY**

### **PSYCHIATRY**

*Addiction Psychiatry  
Child and Adolescent Psychiatry  
Forensic Psychiatry  
Geriatric Psychiatry*

### **RADIATION ONCOLOGY**

### **RADIOLOGY**

*Interventional Radiology  
Neuroradiology*

### **GENERAL SURGERY**

*Surgical Critical Care  
Thoracic Surgery (3-year program)*

### **THORACIC SURGERY (integrated program)**

### **VASCULAR SURGERY**

### **UROLOGY**

### **Combined Programs**

### **MEDICINE/PEDIATRICS**

Medicine/Psychiatry (Non-Accredited)  
Psychiatry/Neurology (Non-Accredited)

### **Accredited by the ADA**

### **ORAL SURGERY**

### **PEDIATRIC DENTISTRY**

## APPENDIX II

### Graduate Medical Education Committee (GMEC)

The GMEC scope of activities includes all issues referenced in the ACGME Essentials of Accredited Residencies in Graduate Medical Education: Institutional Requirements.

([http://www.acgme.org/acWebsite/irc/irc\\_IRCpr07012007.pdf](http://www.acgme.org/acWebsite/irc/irc_IRCpr07012007.pdf)). Voting Membership is open to MUSC Program Directors as listed, MUSC residents elected by their peers and members of MUSC administration as invited by the GMEC Chair.

All members are expected to have 75% attendance by themselves or by proxy.

The following are voting members of the MUSC Graduate Medical Education Committee.

#### **PROGRAM DIRECTORS (determined by minimum number [10] of residents/fellows in program)**

1. Anesthesiology ..... George (GJ) Guldán, MD
2. Cardiovascular Disease ..... Bruce Usher, MD
3. Child and Adolescent Psychiatry ..... Markus Kruesi, MD
4. Emergency Medicine ..... Christina Bourne, MD
5. Gastroenterology ..... Ira Willner, MD
6. Internal Medicine ..... Ben Clyburn, MD
7. Medicine/Psychiatry ..... Ben Clyburn, MD/Ed Kantor, MD
8. Nephrology ..... Ruth Campbell, MD
9. Neurology ..... Angela Hays, MD
10. OB/GYN ..... Ashlyn Savage, MD
11. Ophthalmology ..... Matt Nutaitis, MD
12. Orthopaedic Surgery ..... John Glaser, MD
13. Otolaryngology ..... Ted Meyer, MD, PhD
14. Pathology ..... David Lewin, MD
15. Pediatrics ..... Mike Southgate, MD
16. Psychiatry ..... Ed Kantor, MD
17. Pulmonary/Critical Care ..... Steve Sahn, MD
18. Radiology ..... Leonie Gordon, MD
19. Surgery ..... Megan Baker Ruppel, MD

- *MUSC Program Directors will remain on the GMEC until they are no longer directors or if the number of residents in their program falls below 10.*
- *MUSC Program Directors may designate a proxy for an occasional meeting – the proxy will have voting privileges.*

#### **ADMINISTRATIVE**

20. Program Coordinator ..... Clotheal Johnson (Otolaryngology)
21. Quality and Safety ..... Danielle Scheurer, MD
22. Associate Dean for Resident  
Inclusion and Diversity Education ..... Wanda Gonsalves, MD



- *The administrative positions are a one- year term, ending June 30<sup>th</sup> of each year. They will be reappointed or reassigned each May.*
- *The appointee may designate a proxy for an occasional meeting – the proxy will have voting privileges.*

**RESIDENT REPRESENTATION**

- 23. Resident .....Colby Day, MD, Pediatrics, PGY 2
- 24. Resident ..... Sarah Ann Draffin, MD, Pediatrics, PGY 3
- 25. Resident ..... Molly McVey, MD, Internal Medicine, PGY 3
- 26. Resident\* ..... Nicole Malouf, MD, Emergency Medicine, PGY 3
  - Alternate ..... Jill Blandford, Neurology, PGY 4
  - Alternate ..... Andrew Conrad, Radiology, PGY 4

- *\*The fourth, designated resident position is held for the current president of the House Staff Council.*
- *The current resident representatives will stay on until elections are held in May, 2013.*
- *There are resident alternates that can sit in for an absent resident member (the resident member should contact the alternate). The alternate will have voting privileges.*

**AT LARGE MEMBERSHIPS**

- 27. At-Large member .....Brad Keith, MD *Internal Medicine (term expires 6/2013)*
- 28. At-Large member ..... Nick Batalis, MD *Pathology (term expires 6/2013)*
- 29. At-Large member ..... Harry Clarke, MD, PhD *Urology (term expires 6/2013)*
- 30. At-Large member ..... David Marshall, MD *Radiation Oncology (term expires 6/2013)*
- 31. At-Large member ..... Ross Pollack, MD *Dermatology (term expires 6/2013)*
- 32. At-Large member .....Sunil Patel, MD *Neurosurgery (term expires 6/2013)*
- 34. At-Large member .....Michael Craig, MD *Cardiovascular Disease (term expires 10/2013)*
- 35. At-Large member .....Milton Armstrong, MD *Plastic Surgery (term expires 7/2014)*
- 36. At-Large member .....Eric Graham, MD *Pediatric Cardiology (term expires 7/2014)*

*Any MUSC Program Director or Associate Director can request to be placed on the GMEC as an At-Large member. At Large members serve for two-year terms that are renewable.*

- *The appointee may designate a proxy for an occasional meeting – the proxy will have voting privileges.*

**2012-2013 MEETING SCHEDULE**

Meetings are held at 4:00 p.m. in 628 CSB the second Thursday of every month. The June and December meetings are the exception. All program coordinators and directors are invited to attend these two luncheon meetings, held from 11:30 a.m. – 1:00 p.m. on the 2<sup>nd</sup> Wednesday of June and December.

- July 12
- August 9
- September 13
- October 11
- November 8
- December 12 *(please note different date, time and location of this meeting. We meet at 11:30 a.m. in Gazes Auditorium for a meeting where all the Program Directors and Coordinators are invited to join us over lunch.)*
- January 10
- February 14
- March 14
- April 11

- May 9
- June 12 (*please note different date, time and location of this meeting. We meet at 1130 in Gazes Auditorium for a meeting where all the Program Directors and Coordinators are invited to join us over lunch.*)

## APPENDIX III

### Residents Elected to Hospital Committees

#### 1. Graduate Medical Education Committee

The GMEC oversees all educational programs and implements the policies and procedures for residents and residency programs within MUSC ensuring high-quality education for its residents. The GMEC ensures programs are adhering to the policies and procedures of the ACGME while maintaining their educational commitment to the residents.

Chaired by Dr. Harry Clarke (2-9308)

staff contact: Ann Ronayne (2-8681)

2<sup>nd</sup> Thursday of every month

4 – 5 p.m., 601 CSB

Three residents will be elected to this committee. The fourth resident representative will be the President of the House Staff Council.

#### Resident Representatives

Sarah Ann Draffin, Pediatrics, PGY 3

Molly McVey, Internal Medicine, PGY 3

Colby Day, Pediatrics, PGY 2

Nicole Malouf, EM, PGY 3 (HSC President)

#### *Alternates*

*Jill Blandford, Neurology, PGY 4*

*Andrew Conrad, Radiology, PGY 4*

#### 2. Internal Residency Review Committee

The Internal Residency Review Committee (IRRC) ensures all residency programs are in compliance with ACGME Institutional and Program Requirements. The IRRC helps to maintain the hospital's educational commitment to the residents. This committee is made up of four faculty members, an administrator, a GME staff member and two residents.

Chaired by Dr. Harry Clarke (2-9308)

staff contact: Ann Ronayne (2-8681)

Tuesdays/Thursdays (as needed)

4 – 6 p.m., 501 Children's Hospital

Two residents will be elected to this committee.

#### Resident Representatives

John Gentry, Psychiatry, PGY 2

Bryan West, Psych-Neuro, PGY 2

#### *Alternate*

*Amandeep Kalra, Neurology, PGY 3*

### **3. College of Medicine Progress Committee and Professionalism Subcommittee**

The College of Medicine Progress Committee and Professionalism Subcommittee reviews reports of significant unprofessional behavior exhibited by medical students. The student is brought before the subcommittee for a hearing and the subcommittee determines a plan of action. The resident members will also attend the meetings of the full progress committee which meets after the end of the fall semester and after the end of the spring semester. Appeals are heard one week after the regular meetings.

Chaired by Dr. Sally Self (2-3215)

2<sup>nd</sup> Tuesday of the month (as needed)

5 – 6 p.m., 601 CSB

Two residents will be elected to this committee.

#### **Resident Representatives**

Parker Gaddy, Anesthesia, PGY 3

Vivian Bea, Surgery, PGY 3

*Alternate*

*Marc Heincelman, Med Peds, PGY 2*

### **4. Quality Operations Subcommittee**

The Quality Operations Subcommittee consists of the Executive Medical Director and key quality leadership members. It is the body that reviews quality and patient safety performance measurements and sets the agenda for the Quality Operations Committee.

Chaired by Dr. Pat Cawley (2-9537)

staff contact: Amy Haynes (2-6637)

Every Friday except holidays

2 – 3 p.m., 295 MUH

#### **Resident Representative**

John Gentry, Psychiatry, PGY 2

*Alternate*

*Walter DeNino, CT Surgery, PGY 2*

### **5. Pharmacy and Therapeutics Committee**

The Pharmacy and Therapeutics Committee represents the official line of communication between the medical staff and the Department of Pharmacy Services. Its purpose is to consider all matters related to the use of drugs within the Medical Center.

Chaired by Dr. Larry Field (6-5744)

staff contact: Dr. Kelli Garrison (2-4682)

Last Tuesday of every month

12 – 1 p.m., Col. of Pharmacy Conf. Room

#### **Resident Representative**

Chris Hackney, Surgery, PGY 2

*Alternate - None*

## **6. Hospital Infection Control Committee**

The Hospital Infection Control Committee investigates and controls nosocomial infections and monitors the MUHA Infection Control program. This committee is responsible for the development and implementation of policies and practices to decrease healthcare-associated infections in patients and staff.

Chaired by Dr. Cassandra Salgado (2-4541)

staff contact: Linda Formby (2-1220)

4<sup>th</sup> Tuesday of every month

2 – 3 p.m., 803 CSB

### **Resident Representative**

Clara Andrews, Anesthesia, PGY 2

*Alternate - None*

## **7. Medical Executive Committee**

The Medical Executive Committee is the professional policy board of the hospital and is responsible for supervision and enforcement of all professional policies, rules and regulations. Its purpose is to ensure high quality, patient-centered, cost-effective care throughout MUSC's clinical enterprise.

Chaired by Dr. Harry Clarke (2-9308)

staff contact: Angie Baldwin (2-9537)

3<sup>rd</sup> Wednesday of every month

7:30 – 8:30 a.m., 601 CSB

### **Resident Representative**

Robert Yoe, Cardiology, PGY 5

*Alternate*

*Parker Gaddy, Anesthesia, PGY 3*

## **8. MUSC Ethics Committee**

The Ethics Committee works to improve patient care within an ethical framework. Committee functions include clinical consultation, policy development and review, performance improvement and education.

Chaired by Dr. Walter Limehouse (pager 14278)

1<sup>st</sup> Wednesday monthly -- Full committee 4 – 5:30 p.m., Admin Conf Room MH-295 (next to library bridge)

2<sup>nd</sup> & 4<sup>th</sup> Tuesdays, twice monthly -- Ethics Consult Service, 4 – 5:30 p.m., Admin Conf Room MH-295

### **Resident Representative**

Christina Cochran, Pediatrics, PGY 3

*Alternate*

*Stetson Bickley, Radiology, PGY 3*

## **9. Charleston County Medical Society**

The Charleston County Medical Society is a body that collectively acts as a patient advocate. It functions as a clearinghouse for information for its members and the community and provides a voice for legislatures to better understand the issues facing healthcare providers today.

Margaret Mays (577-3613), Executive Director

1<sup>st</sup> Tuesday of the month

7 – 8 a.m., 198 Rutledge, Suite 7 (CCMS Offices)

### **Resident Representative**

Naylor Brownell, Pediatrics, PGY 2

*Alternate*

*Paul Anderson, Anesthesia, PGY 2*

## **10. Accreditation/Regulatory Committee**

The leadership of MUSC Medical Center has established a new Accreditation/Regulatory Committee with responsibility to ensure Joint Commission standards, CMS standards, and other regulatory standards are implemented and monitored across the entire organization. Membership of the committee will be comprised of key people from cross-functional areas who are recognized as formal or informal leaders in regulatory compliance, and have proven their abilities to effect change.

Chaired by Lois Kerr and Casey Liddy (2-3432)

staff contact: Terri Ellis (2-5106)

3<sup>rd</sup> Wednesday of the month

11 – 12:30 p.m.

(Usually in 628 CSB)

### **Resident Representative**

Nichole Hill, Pediatrics, PGY 3

*Alternate - None*

## **11. Hospital Blood Usage, Tissue and Autopsy Committee**

The Hospital Blood Usage, Tissue and Autopsy Committee monitors the use of blood and blood components, and tissue and autopsy issues at the MUSC Medical Center.

Chaired by Dr. Jerry Squires (2-4150)

staff contact: Karen Garner (2-2674)

3<sup>rd</sup> Thursday every other month

3 – 4 p.m., 223 Children's Hospital

### **Resident Representative**

Julie Robinson, Pathology, PGY 3

*Alternate*

*Walter DeNino, CT Surgery, PGY 3*

## **12. University Parking Committee**

The University Parking Committee reviews and recommends amendments to the traffic and parking regulations as well as fee schedules. They also review additional parking facility needs and long-range objectives for parking.

Chaired by TBD (for questions, please call Melinda Anderson, Director of Parking Management 2-2597)

1<sup>st</sup> Wednesday every other month

4 – 5 p.m., locations vary

### **Resident Representative**

TO BE DETERMINED

## **13. Operating Room Executive Committee**

The Operating Room Executive Committee addresses issues in the operating rooms. (You must be an anesthesia or surgery resident to be elected to this committee.)

Chaired by Dr. Samir Fakhry (2-9722)

Last Wednesday of every month

5 – 6 p.m., 501 CH

### **Resident Representative**

Sam Oyer, Otolaryngology, PGY 4

*Alternate*

*Stephanie Streit, Surgery, PGY 3*

## **14. Health Information Management Committee**

The Health Information Management Committee oversees the policies and procedures of the governance and functioning of all parts of the medical record.

Chaired by Dr. Mark Scheurer

Staff contact: Sue Pletcher (2-8136)

3rd Wed of every month

8:30 – 9:30 a.m., RTA 104

### **Resident Representative**

Caitlyn Moody, Pediatrics, PGY 3

## **15. Medication Reconciliation Committee**

The Medication Reconciliation Committee oversees all aspects of the structure and quality of the medication reconciliation process, on admission and discharge, including the transition to an electronic med rec system in late summer.

Chaired by Dr. Heather Kokko

Staff contact: Peggy (Margaret) Smith (2-5691)

2nd and 4th Wed of every month

2 – 3 p.m., RTA 104

### **Resident Representative**

Tabitha Townsend, Internal Medicine, PGY 2  
*Alternate - None*

#### **16. IMPROVE Committee**

The IMPROVE Committee gives guidance and recommendations on all quality projects that have been endorsed by the senior leaders within the hospital and medical staff. The role is to ensure that the IMPROVE process is followed and that there are relevant and sustained results. This committee makes the final recommendation on whether projects are appropriate to close or not.

Chaired by Chris Rees and Dr. Barton Sachs  
2nd and 4th Wednesday of every month  
4 – 5:30 p.m., RTA 104

#### **Resident Representative**

Naylor Brownell, Pediatrics, PGY 2  
*Alternate - None*

#### **17. Bed Flow and Readmissions Committee**

The Bed Flow and Readmissions Committee monitors the flow of patients across the medical center by overseeing flow dashboards and metrics as well as all policies and procedures associated with placement of patients on select units and readmissions prevention.

Chaired by Dr. Patrick Cawley (2-9537)  
Staff contact: Annette DeVeaux  
2nd Wednesday of every month 10 – 11 a.m., SPACE TBD

#### **Resident Representative**

Jon McGough, Internal Medicine, PGY 3  
*Alternate*  
*Mandy Hathaway, Internal Medicine, PGY 2*

#### **18. Magnet Advisory Committee**

The Magnet Advisory Committee is a group of carefully selected interprofessionals who will serve as advocates for the Magnet process and help guide us towards achievement of Magnet designation. This Committee will meet quarterly. We hope to have our first meeting in April.

Chaired by Marilyn J. Schaffner (2-7545)  
Quarterly Meetings TBD

#### **Resident Representative**

Sam Oyer, Otolaryngology, PGY 4  
*Alternate - None*