



Baptist Health South Florida
Continuing Medical Education

CME COMMITTEE MEETING

MINUTES

February 11, 2022

CALL TO ORDER

The meeting of the Continuing Medical Education (CME) Committee was called to order by J. Arturo Fridman, M.D., Chairman, at 12:15 p.m. The meeting was held via Zoom.

ATTENDANCE

The following members of the CME Committee and CME Department leadership and staff were present:

Zulma Berrios-Baez, M.D.	Mary Woods, M.D.
Barry M. Crown, Ph.D.	Camilla Puello
Nancy Eklund, M.D.	Devica Samsundar
J. Arturo Fridman, M.D.	Eleanor Abreu
Daniel Goldman, M.D.	Eduardo Cartin
Agueda Hernandez, M.D.	Nina Doleyres
Barry Katzen, M.D.	Gaby Fernandez
Ian Nisonson, M.D.	Katie Deane
Christian Otrakji, M.D.	Isabel Rodriguez-Morgan
John F. Rubin, M.D.	Marie Vital Acle
Ana Viamonte Ros, M.D.	

RECUSAL PROCESS

Dr. Arturo Fridman reviewed the recusal process reminding CME committee members that Baptist Health is responsible to ensure that anyone who is in a position to control the content of a CME activity has disclosed all relevant financial relationships with any commercial interest companies that the individual or his/her spouse or partner has or has had within the past twelve months. (See Addendum A).

REVIEW MINUTES

The November 12, 2021 minutes were reviewed and approved by the Committee.

CONFERENCE APPLICATIONS AND REPORTS

Dr. Fridman reminded the Committee to please review all reports prior to the meeting at CMECommittee.BaptistHealth.net.

Applications Previously Approved

All CME applications were previously approved by the Executive Committee for the period of November 5, 2021 through February 1, 2022. (See Addendum B.)

Evaluation Summary Reports

Dr. Fridman presented the Conference Evaluation Summaries, which is a summary report of the scores for the conferences which took place from October 2021 to January 15, 2022. We show the scores for the skills learned enhanced my professional competence and skills learned will be applied to the practice, as well as the total average score for each CME activity. Dr. Fridman mentioned that we have increased the number of responses. (See Addendum C.)

Outcomes Measurement Reports

Gabriela Fernandez presented the Outcomes Measurement Reports for activities that took place October-January 2022. The summary shows a 31% overall positive change between the pre and post evaluation results from those CME activities. (Addendum D).

Attendance Volume Statistics

Gabriela Fernandez, Corporate Director, presented the volume attendance comparison from Fiscal Year 2021-2022, Quarter 1, including online participation. FY21 report was adjusted to not count ACLS/PALS CME Activities that did not provide CME credits to not over-count conferences, credits, attendance and credits awarded. Total attendance decreased by 1%, total credits awarded increased by 185 credits. Online total hours awarded decreased by 38%. Human Trafficking is only required once, and most of those credits have already been fulfilled. ABIM/MOC points awarded increased by 32% with the addition of new courses in our online catalog. (Addendum E).

OLD BUSINESS

ACCME Accreditation completed.

Gabriela Fernandez reported that we have received full Accreditation as of December 6, 2021. We expect Commendation results by July 2022.

FY2020 BHSF – CME Program Evaluation Report (Addendum F)

Dr. Fridman presented the annual report of activities, growth and accomplishments for Fiscal Year 2021. (Addendum F). Through collaboration with internal stakeholders, Baptist Health's CME Program expanded educational offerings – added new symposiums, conferences and online courses – to achieve significant growth reaching over 107,937 total attendees – including 60,894 physician attendees - and awarding 154,956 total credit hours.

Considering comments received from the Committee-at-large, the CME Executive Committee approved the overall CME Program for Fiscal Year 2021 and agreed on the Fiscal Year 2022 Goals with some recommendations.

- Topics of recommendation
 - Standards of practice
 - Avoid unnecessary variation that leads to preventable harm
 - Continue to support EBCC Series (24 currently).
 - Documentation
 - Existing online CME courses
 - Working with BHMG on additional resources
 - Patient-centered Care
 - Working with Compliance to add Patient Experience piece to required Medical Staff education.

- Completed 1/28 Patient Safety Symposium with 305 attendees (virtual)
- Focus education on system-ness, high reliability tools, and culture transparency
- Continue to support EBCC, Audit/ Compliance, Patient Safety, SimLab and Risk Management
- GYN Genetics
- Will address with ObGyn planners once Series / Symposium restart

Based on this report, the Committee determined the CME Program meet its overall mission, which is to improve provider competencies, performance, and ultimately patient care outcomes by providing independent, evidence-based CME activities. This process of evaluating the overall CME Program supports Baptist Health's compliance with the ACCME Criteria for Accreditation. Considering comments received from the Committee-at-large, the CME Executive Committee finalized the Overall CME Program for Fiscal Year 2021 and agree on the Fiscal Year 2022 Goals. The final report was presented for ratification by the Committee-at-Large and approved as presented at this CME Committee meeting.

NEW BUSINESS

- Dr. Crown announced that Marie Vital Acle submitted the APA Accreditation report on February 10th. We expect results in about six months, but APA may contact us for additional information before then as they see fit.

ADJOURNMENT

There being no further business to discuss, the meeting was adjourned at 12:28 p.m.

J. Arturo Fridman, M.D.
Chair, Continuing Medical Education Committee
Medical Director, Continuing Medical Education Department

ADDENDUM A
RECUSAL PROCESS

In accordance with the ACCME Standards for Commercial Support:

Baptist Health is responsible to ensure that anyone who is in a position to control the content of a Continuing Medical Education (CME) activity has disclosed all relevant financial relationships with any ineligible companies that the individual or his/her spouse or partner has or has had within the past twenty-four months.

Additionally we are responsible to resolve conflicts of interests of committee members with relevant financial relationships.

As a CME Committee member, you are in a position to influence the content of Baptist Health's CME Programming.

If you have a relevant financial relationship with a ineligible company that has products or services related to the content of CME under discussion, this presents a conflict of interest.

Please remember to:

(1) Recuse yourself from any such discussion

And

(2) Abstain from all aspects of discussion and decision making, including voting.

***DEFINITIONS:**

ACCME defines **ineligible company** as proprietary entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

ACCME considers a **conflict of interest** to be present when you or your spouse/partner have, or have had a financial relationship during the past 24 months with an ineligible company company.

ADDENDUM B

CONFERENCE APPLICATIONS AND REPORTS Applications Previously Approved

November 4, 2021 through February 1, 2022

Online - Enduring Materials

The Risk of Caregiving: Compassion Fatigue and Caregiver Burnout (1 Cat. 1)
Complications from Brazilian Butt Lift Surgery (1 Cat. 1)
Evidence-based Clinical Care: Anesthesia Guidelines Presurgery/Procedure Evaluation Tool Care Pathways (1 Cat. 1)
An Update on Accelerated Partial-Breast Irradiation (1 Cat. 1)
Autism Spectrum Disorder Update (1.75 Cat. 1)
The Interprofessional Team Approach to Care in the Time of COVID-19 (1.5 Cat. 1)
Managing Thoracic Aortic Disease at the Cutting Edge (1.25 Cat. 1)
Glucose Management in Noncritical Hospitalized Patients (1 Cat. 1)
Glucose Management in Critical Units (1 Cat. 1)
Is it Malignant, Is it Benign? (1 Cat. 1)
Past, Present and Future of Genetic Cancer Risk Assessment (1 Cat. 1)
Plastic Surgery and Breast Reconstruction for Breast Cancer (1 Cat. 1)
Social, Psychological and Family Aspects of a Breast Cancer Diagnosis (0.5 Cat. 1)
The Role of Radiation Therapy for Breast Cancer: A Review for the Non-oncologist Physician (1 Cat. 1)
Fecal Occult Blood Annual Competency (0.5 Cat. 1)
Fecal Occult Blood Initial Training & Competency (0.5 Cat. 1)
Withholding and Withdrawing – BHSF Policy Changes (0.5 Cat. 1) Renewal
Advances in Echocardiography: Strain Without Stress (1.25 Cat. 1) Renewal
Update on the Treatment of Hematologic Malignancies in HIV-infected Patients (1 Cat. 1)
Echocardiography Assessment of Left Ventricular Diastolic Function (1 Cat 1) Renewal
Evidence-based Clinical Care: Acute Myocardial Infarction Clinical Pathway (1 Cat. 1)
EBCC: Renal Failure and The Aging Kidney (1 Cat. 1)
Medical Informatics (Cerner) Corporate Curriculum (up to 2.75 Cat. 1)
Vascular Testing e-learning Series (5.25 Cat. 1)
Evidence-based Clinical Care: Pulmonary Embolism Clinical Pathway (1 Cat. 1)
Evidence-based Clinical Care: Cardiogenic Shock (0.5 Cat. 1)
Emerging and Re-emerging Pathogens in Pediatric Medicine (1 Cat. 1)
Update in the Management of Parkinson's Disease (0.5 Cat. 1)
Evidence-based Clinical Care: Respiratory Failure (0.75 Cat. 1)
Echocardiography e-learning Series (up to 5.25 Cat. 1)
2022 Baptist Outpatient Services Infection Control and OSHA Training (1 Cat. 1)
Cancer-Related Cognitive Dysfunction (CRCDD): Diagnosis, Pathophysiology and Management (0.5 Cat. 1)

Regularly Scheduled Series (RSS)

RSS	MOSMI – Orthopedic Joint Replacement Conference Series and Case Review (1.5 Cat. 1/each)
RSS	RSS- Cardiac Cath, EP and Cardiac Surgery Case Review (1.Cat. 1/each)
RSS	MCI Miami Radiosurgery Conference Series (1 Cat. 1 each)

Live

2022	BHM Medical Staff Leadership Program – Group Meetings (16 Cat. 1)
2022	WKBH Medical Staff Leadership Program – Group Meetings (16 Cat. 1)
2022	Introduction to Gamma Knife® Radiosurgery Training Course Miami Gamma Knife® ICON™ Training Program (31.25 Cat. 1 each)
01.10.2022	Miami Cancer Institute Multispecialty Grand Rounds – Transforming radiation oncology using real-time MR guidance: Improving survival and reducing toxicity even for the most challenging cancers (1 Cat. 1)
01.19.2022	Conversation Conversations in Ethics - Ethics and Immigration: The Situation at the US Mexican Southwest Border (1 Cat. 1)
01.26.2022	Multimodality Imaging of Pericardial Disease (1.5 Cat. 1)
01.28.2022	Patient Safety Symposium: Perspectives 2022- Continuing to be Transformational in a Transformed World (3 Cat. 1)
02.09.2022	Diagnosing Thoracic Outlet Syndrome (1.5 Cat. 1)
02.14.2022	MCI Multispecialty Grand Rounds – Centers of the Cancer Universe: 50 Years of Progress Against Cancer (1 Cat. 1)
02.23.2022	Echocardiography and Noninvasive Vascular Testing Lecture Series: Echocardiography in Profiling the Athlete's Heart (1.5 Cat. 1)
02.24.2022	MCVI Grand Round - Aortic Stenosis and Treatment with TAVR/SAVR (1 Cat. 1)
03.02.2022	MCVI Grand Round - Obstructive Sleep Apnea: An affair of the Heart? (1 Cat. 1)
03.08.22	MCVI Vascular and Endovascular Lecture Series: Screening for the Silent Killer: Ruptured Abdominal Aortic Aneurysms (AAA)—Prevention, Evaluation, and Treatment (1 Cat. 1)
03.10.2022	MCI Dental Oncology Conference Series – Overview of Radiation Oncology in Head and Neck Cancers (1 Cat. 1)
03.10.2022	Baptist Health Medical Group Conference: Urology Trends - Update on Management of Overactive Bladder and Urge Urinary Incontinence (1 Cat. 1)
03.12.2022	Miami Cancer Institute – Caring for Kids with Cancer (4 Cat. 1)
03.14.2022	MCI Multispecialty Grand Rounds: Melanoma and No Melanoma: Skin Cancer Early Detection Strategies (1 Cat. 1)
03.16.2022	Noninvasive Imaging and Classification of Severity of Carotid Bifurcation Atherosclerosis (1.5 Cat. 1)
04.06.2022	Echocardiography and Noninvasive Vascular Testing Lecture Series:: Multimodality Cardiovascular Imaging of Patients with Hypertrophic Cardiomyopathy (1.5 Cat. 1)
04.27.2022	Anatomical vs. Functional Approach in the Evaluation of Lower Extremity Peripheral Arterial Disease (1.5 Cat. 1)
05.11.2022	Echocardiography and Noninvasive Vascular Testing Lecture Series: Appropriate Use for TTE and TTE Testing (1.5 Cat. 1)

05.12.2022	MCI Dental Oncology Conference Series: HPV – What You and Your Patients Should Know (1 Cat. 1)
12 09 2021	Double Antiplatelet Therapy for Acute Ischemic Stroke Patients (.50 Cat. 1)

ADDENDUM C

**CONFERENCE APPLICATIONS AND REPORTS
Evaluation Summary Reports**

February 11, 2022

BHSF CME Committee Review

Evaluation Scores

October 2021 - January 2022

Lecture Date	Lecture Title	Speaker(s)	Total Attn	Skills learned enhanced my professional competence	Skills learned will be applied in my practice	Avg. Score
10/26/2021	Structural Heart and Imaging Symposium: Structural Advances in Mitral and Tricuspid Transcatheter Therapy from the Eyes of an Imager	Rebecca Hahn, M.D., Stephen H. Little, M.D.	211	4.7	4.7	4.6
11/3/2021	Autism Disorders Conference - SPARK: Returning Genetic Results at Scale in Research	Pamela Feliciano, Ph.D., Michael Alessandri, Ph.D.	67	4.6	4.7	4.6
11/9/2021	Miami Cancer Institute – New Advances in the Management of Pancreatic Cancer	Horacio Asbun, M.D., Michael Chuong, M.D., Ripal Gandhi, M.D., Govindarajan Narayanan, M.D.	72	4.7	4.6	4.6
11/9/2021	MCVI Vascular and Endovascular Lecture Series: The Diagnosis and Management of Deep Venous Thrombosis	Andrew S. Niekamp, M.D.,	42	4.8	4.8	4.8
11/13/2021	Boca Raton Regional Hospital Gastroenterology Virtual Symposium	William Chey, M.D., Siobhan Proksell, M.D., Eamonn M. M. Quigley, M.D., K. Rajender Reddy, M.D.	176	4.8	4.7	4.8
11/17/2021	Echocardiography and Noninvasive Vascular Testing Lecture Series: Noninvasive Diagnosis of PFO for Suspected Cryptogenic Stroke – Transcranial Color Duplex Imaging vs. Echocardiography	Ian Del Conde Pozzi, M.D., FACC	68	4.8	4.8	4.7
11/18/2021	Ninth Annual Omar Pasalodos, M.D., Memorial Lecture on Women’s Health: Advances and Challenges for Delivering Women’s Healthcare	Dineo Khabele, M.D.,	65	4.7	4.6	4.7
12/3/2021	Miami Brain Symposium, Fourth Annual		180	4.7	4.7	4.6
12/11/2021	Miami Cardiac & Vascular Institute’s Cardiology Update for Primary Care Symposium		136	4.9	4.9	4.8
1/15/2022	Baptist Health Spine Symposium		220	4.7	4.7	4.8

ADDENDUM D

CONFERENCE APPLICATIONS AND REPORTS Outcomes Measurement Reports

February 11, 2022

BHSF CME Outcomes Reports October 2021 – January 2022

Structural Heart and Imaging Symposium: Structural Advances in Mitral and Tricuspid Transcatheter Therapy from the Eyes of an Imager

October 26, 2021

Pre-survey participants: 310

Post-survey participants: 143

Outcomes Measurement Change Analysis Self-Assessment Questions

How confident are you in your ability to:

	Pre	Post	% Change	
Recognize disease pathology of mitral and tricuspid valve disease?	3.6	4.5	25%	▲
Apply interventional treatment of transcatheter therapies?	2.8	3.9	39%	▲
Overall	3.2	4.2	31%	▲

BRRH Gastroenterology Symposium

November 13, 2021

Pre-survey participants: 245

Post-survey participants: 152

Outcomes Measurement Change Analysis Self-Assessment Questions

How confident are you in your ability to:

	Pre	Post	% Change	
Identify at-risk populations and effectively implement treatment strategies to manage gastrointestinal conditions.	3.5	4.5	29%	▲
Overall	3.5	4.5	29%	▲

Miami Brain Symposium

December 3, 2021

Pre-survey participants: 379

Post-survey participants: 151

Outcomes Measurement Change Analysis Self-Assessment Questions

How confident are you in your ability to:

	Pre	Post	% Change	
Properly diagnose and manage primary and metastatic brain tumors?	2.9	4.0	38%	▲
Apply targeted agents, immunotherapy and novel technologies to treat gliomas?	2.5	3.8	52%	▲
Overall	2.7	3.9	44%	▲

Miami Cardiac & Vascular Institute's Cardiology Update for Primary Care Symposium

December 11, 2021

Pre-survey participants: 236

Post-survey participants: 103

Outcomes Measurement Change Analysis

Self-Assessment Questions

How confident are you in your ability to:

	Pre	Post	% Change	
Screen patients presenting with common cardiovascular disease symptoms?	3.6	4.4	22%	▲
Perform initial diagnostic evaluation for common cardiovascular symptoms?	3.6	4.4	22%	▲
Determine when a patient requires further evaluation from a subspecialty clinical program?	3.7	4.5	22%	▲
Overall	3.6	4.4	22%	▲

Baptist Health Spine Symposium

January 15, 2022

Pre-survey participants: 375

Post-survey participants: 184

Outcomes Measurement Change Analysis

Self-Assessment Questions

How confident are you in your ability to:

	Pre	Post	% Change	
Recognize the red flags in order to improve evaluation and medical management for patients with spine complaints.	3.5	4.5	29%	▲
Apply the most appropriate clinical options to improve neurological outcomes in the treatment of spinal pathology.	3.3	4.3	30%	▲
Overall	3.4	4.4	29%	▲

PRE and POST Self-Assessment Questions: *Email registered attendees (Pre-self-assessment questions) to determine level of competency prior to the symposium taking place. Email at conclusion of symposium (Post-self-assessment questions) and compare results.*

Score Key

5=High level of competence

4=Moderately high level of competence

3=Average level of competence

2=Low level of competence

1=No level of competence

ADDENDUM E

CONFERENCE APPLICATIONS AND REPORTS Attendance Volume Statistics

Attendance Comparison FY22 - October-December *Adjusted for ACLS/PALS

	Oct-Dec		Percentage Change	
	FY21	FY22		
Conferences	301	311	3%	▲
Credit Hours Offered	712	696	-2%	▼
Total Attendance	32,576	32,309	-1%	▼
Physicians	20,506	19,988	-3%	▼
Psychologists	126	163	29%	▲
Dentists	444	935	111%	▲
Employees	4,083	5,146	26%	▲
RNs	666	1,071	61%	▲
APRNs	1,082	1,564	45%	▲
PAs	804	1,317	64%	▲
Other	1,435	1,194	-17%	▼
Non-BHSF/ Non-Phys	7,417	6,077	-18%	▼
Credits Awarded All Doctors	31,720	32,999	4%	▲
Credits - BHSF Employees	5,208	6,967	34%	▼
RNs	942	1,547	64%	▼
APRNs	1,511	1,911	26%	▲
PAs	1,087	1,669	54%	▲
Other	1,668	1,841	10%	▲
Credits - Non-BHSF/Non-Phys	11,093	8,240	-26%	▼
Ttl CME/CE Credits Awarded	48,021	48,206	0.4%	▲
ABIM MOC Points Awarded	257	339	32%	▲

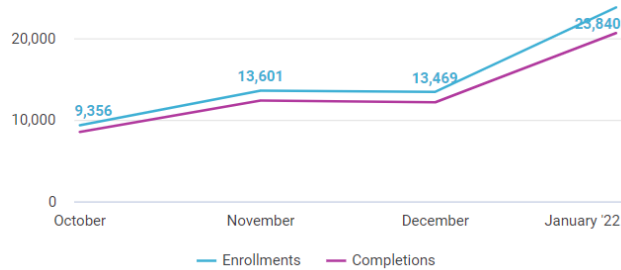
Online CME Participation FY22 - October-December

	Oct-Dec		Percentage Change	
	FY21	FY22		
Total Courses Offered	225	231	3%	▲
New Courses Offered	6	7	17%	▲
Credit Hours	223	232	4%	▲
Total Attendance	38,266	25,661	-33%	▼
Physicians	24,852	16,311	-34%	▼
Psychologists	65	141	117%	▲
Dentists	387	907	134%	▲
Employees	2,374	2,557	8%	▲
RNs	223	351	57%	▲
APRNs	749	851	14%	▲
PAs	490	870	78%	▲
Other emp	912	485	-47%	▼
Non-BHSF / Non-Phys	10,588	15,721	48%	▲
Credits Awarded Doctors	41,423	27,489	-34%	▼
Credits BHSF Employees	2,943	3,422	16%	▲
RNs	344	568	65%	▲
APRNs	897	900	0%	▲
PAs	696	1,077	55%	▲
Other emp	1,006	877	-13%	▼
Credits Non-BHSF / Non-Phys	17,068	7,423	-57%	▼
Ttl CME/CE Credits Awarded	61,433	38,334	-38%	▼

User Engagement

- 9,968 User Accounts Created
- 60,266 enrollments
- 23,666 users logging in
- 21,491 users enrolled in at least 1 course
 - 2.8 average course enrollment/ learner
 - 2.7 average completion/ user

Enrollments vs completions by month



ADDENDUM F

SUMMARY - Program Evaluation | Highlights | Accomplishments **FY2021 Baptist Health South Florida Continuing Medical Education**

The Department of Continuing Medical Education (CME) continues to develop CME courses aligned with major quality initiatives, with emphasis on those developed through the Evidence Based Clinical Care (EBCC) Committee. CME Leadership is represented on the Physician Education Roll-out Committee. Through collaboration on these and other key clinical initiatives, the CME Department has maintained a significant role within Baptist Health's institutional framework for performance and quality improvement.

Through internal stakeholder collaborations Baptist Health's CME Program expanded educational offerings – adding new symposiums, virtual conferences, and internet courses – to achieve significant growth reaching **107,937 attendees** – including **60,894 physician attendees** - and **awarding 154,956 credit hours. Employee attendance increased 39%** to 20,429. Our Performance and growth continued in FY21. Availability and accessibility of virtual education continues to bring increase in participation from most disciplines. The number of activities increased significantly, and our Program reached participants from 74 Countries.

Although we increased our Mental and Behavioral Health education, it is not a relicensure year for psychology and Human Trafficking is no longer a requirement for psychologists, so our numbers are below what we accomplished in 2020.

We compared our Performance based on activity format. For FY21 we are looking separately at Virtual and Online education participation to gauge areas that need support. To point out the impact of online education, we have to mention that both the Neuro and the Primary Care Focus symposiums were 100% online for FY21.

In addition, several new online BHSF initiatives affected the FY21 Online stats, including the new HIPAA required education for all BHSF Medical Staff, and Human Trafficking was approved for pharmacists, which brought in a very considerable increase in "Other" participants, both for employees and external participants.

December 2020 brought in almost 20,000 participants in preparation for relicensure deadlines. Looking at our Online Learning Program, we continue to thrive in 2021, with 55 new courses. These include the Neuro and Primary Care symposiums, as well as many new BHSF initiatives such as HIPAA compliance, 3 EBCC new courses, 11 Covid courses and many others.

In Fiscal Year 2021, the Board of Trustees finally approved our Mission Statement on July 27th. We updated some language to include bioethics and well-being content, as well as unbiased education, developing interprofessional education, and continuing to support BHSF's strategies to meet the demands of the ever-changing healthcare environment.

The CME Department aligned its resources to meet the needs of our customers, as well as to address support for our staff and department service lines. One of those initiatives was the **integration with Boca Raton Regional Hospital (BRRH)**. To this end, we hired a new CME Manager, Nina Doleyses, reclassified existing employee to OLP Specialist, and reclassified existing employee to CME Assistant to support OLP.

Our Program supported BHSF's system-wide initiatives offering **66 new courses** through the delivery of education to address the needs of the interdisciplinary teams in both live and online formats. Including **nine CME courses supporting Clinician Well-being and Mental Health initiatives**.

We **completed our ACCME reaccreditation submission** and documentation, and are awaiting the ACCME's decision, which should come before the end of calendar year. In

addition, we have updated our BHSF CME Guidelines and SOPs to meet the new ACCME's Standards for Integrity and Independence, as well as updated all of our forms and processes to reflect the new ACCME's Standards.

Our **Digital Transformation** was quiet extensive as well in FY21, including Zoom integration with EthosCE, SMS texting for real-time crediting; CadmiumMD integration with EthosCE to host virtual symposiums; adding Zoom TVs to maintain staff connectivity and OLP recordings for faculty. We have also updated our promotional and marketing strategies, adding additional Digital Marketing campaigns.

We implemented a new digital CME request form to speed up new requests processing and improve customer support. We had 54 new CME requests in FY21.

To meet the new demands, we **restructured our department** to provide support for our service lines. We now have two OLP Specialists, and RSS Specialist, and hired a new CME Development Specialist, who will be coming into play for FY22 to increase our collaboration with Foundation in grant requests.

Our **program effectiveness** was measured by our post- and follow up evaluation questions. These questions are included in all our CME course evaluations – and the Average Results are:

1. *The information and/or skills learned will enhance my professional competence or ability. (4.82)*
2. *This activity conveyed information, which will assist me in improving the health and/or treatment outcomes of my patients. (4.81)*

Our **Outcomes Assessment** show an average **completion of 89% for pre-surveys, and 61% for post-surveys**. Results show a **29% positive change** between the pre- and post-survey results completed by participant. Results show a positive increase in confidence level in their ability to implement strategies as identified on each CME activity.

Our **financial report** shows a difference of \$363,070 between net budget and actual, with a decrease of \$501,904 in total expenses resulting from only virtual/ online education. Income shows a deficit of \$138,000 due to having only two symposiums in FY21, not collecting registration income and less exhibit/ grants income as well.

[Assess the proposed goals submitted by CME department leadership](#)

2022 CME PROGRAM GOALS PROPOSED BY CME LEADERSHIP

- 1. Performance & Growth**
 - a. Complete ACCME Reaccreditation (results by end 2021)
 - b. Expand International promotion and CME offerings
 - c. Increase interprofessional education offerings
 - d. Explore additional Specialty Boards for MOC CME requirements
- 2. People & Culture**
 - a. Continue to support BHSF Clinician Well-being and Mental Health education and resources
- 3. Digital Transformation:**
 - a. Implementation of faculty management automation through Ethos CE and/or DocuSign integration
 - b. Institute SMS Text attendance for all CME activities
- 4. Consumer Experience**

- a. Continue to support BRRH CME
 - b. Leverage digital promotion to increase CME Portal users
 - c. CME Simplified Campaign: Education tutorials on self-service functionality.
 - d. Create specialty-based curriculums for online catalog.
(Echocardiography, Vascular Testing, Clinical Cardiology, etc.)
- 5. System-ness**
- a. Continue to support BHSF Initiatives and GME growth
 - b. Continue to support EBCC pathway roll-out and ongoing education updates.
- 6. Smart Growth**
- a. Addition of CME Development Specialist
- 7. Financials**
- a. Increase registration income – Charge for all Symposium formats
 - b. Complete CME onboarding of CME Development Specialist and training with Foundation Department.

Evaluate the effectiveness of the overall CME program

SUMMARY – Responses and Comments from Committee-at-large

Original Email Request/Message is provided at end of document.

Total Responses: 12

Are we meeting our CME mission? (Mission Statement is attached)

Yes = 12

- BHSF CME continues to effectively support the mission and vision of the organization. But most importantly, the CME Program continues to support the needs of our medical staff, advanced practice providers, nurses, pharmacists, and our clinical support staff. The programming executed over the last years has been instrumental in keeping our healthcare workforce up to date with the evidence-based information available. While addressing the barrage of new COVID 19 related information, the CME program continued to develop content supporting day-to-day activities and the educational needs responsive to our Evidence Based Care Committee and Centers of Excellence services. CME Program demonstrated agility in offering top caliber content implementing different modalities.
- Yes, we met our Mission. Another impressive selection of educational events and opportunities for 2021. Congratulations to all involved!
- Yes, amazing growth and quality. Thank you to all the team.
- Yes. Excellent job everyone in the CME Program!!! You are to be commended for persevering and delivering in these very challenging times!!!
- Yes. Overall this is an excellent program. The CME has clearly met its goals as evidenced by the large numbers of attendees across a range of programs. The online programs- both live and recorded- will continue to help CME grow.
- I heartily agree with it and I am impressed that it addresses all the stakeholders who benefit and are included in our CME programs. I am impressed with the wide range of audiences (medical, nursing, para medical, the wide range of so many health related participants, and particularly with the wide geographical reach of our programs.
- Yes. You overcame many obstacles in a stellar manner to once again, offer us outstanding CME in 2021.
- You are all doing a fantastic job and absolutely meeting the mission of the CME department.
- We absolutely have reached our goals, and in many instances have even exceeded them. I am proud to be a member of this CME Committee.

Recommendations

- No recommendations provided.

Identify potential changes to our CME Program that would support meeting our CME Mission.

- No recommendations provided.

Consider proposed goals. Are these goals appropriate? What other goals should be included?

Yes = 4

- The proposed FY22 Goals support the strategic direction of the enterprise, the diversity of health services we offer, and the educational needs of the medical staff that will result in benefit to the communities we serve.
- Yes, the goals are appropriate.

Comments/ Recommendations

- It is a pleasure to be part of this committee.
- For the sake of expanded diversity of topics, GYN and Genetics could fill some holes.
 - **NOTE:** Due to Covid-19 in-person restrictions, the BHM and SMH Ob\Gyn Departments did not plan live CME during FY21.
 - Genetics education was covered during our Ethics Conference Series, Women's Cancer Symposium, Jose "Pepe" Alvarez Jr MD Memorial Lecture, and on our Online Education catalog: Ethics and Genetics, Genetics in the Renal Clinic, Past, Present and Future of Genetic Cancer Risk Assessment
- Why is the budget so negative given that in-person meetings were non-existent and thus expenses should have been down?
 - Response: We had a large increase in our overall CME activities and CME credits based on a higher number of credits offered online. Although there were no in-person expenses, there were still considerable recording/editing expenses, speaker stipends, and additional marketing campaigns.
 - In order to meet the demand, moving all conferences and symposiums to virtual required additional technology updates with additional expenses.
 - Without live events, the income was low as well. No registration fees and limited exhibit fees/ grants due to a very low number of virtual symposiums held in FY21.
 - Budget reflects labor and office costs as well, which are not altered by CME activity format.
- We need to continue to push for program evaluations and data on attendance at the different programs to assess resource utilization.
 - Note: Currently our evaluation return rate is 61% post-activity survey. Our average evaluation response rate before switching to online evaluations was about 45%. Industry average is around 10%.
- My only disappointment is that only 60% participate in the post meeting evaluations. (Note response from previous comment)
- For next year, consider an enduring CME activity on success in CMS stars, Leapfrog, pay for performance measures, and USNWR and what practitioners and other leaders can do for success. It boils down to simple goals:
 - Implement evidence based care when available
 - CME request form asks the question "Does this course advance the implementation of evidence-based care? If so, how?"
 - Avoid unnecessary variation that leads to preventable harm.

- NOTE: Continue to support EBCC education. **Currently 24 EBCC** courses supporting BHSF initiatives
- Make patients and families comfortable in the environment of care.
 - NOTE: 1/28/2022 Patient Safety Symposium includes patient experience presentation; Audit/Compliance developing patient experience education for the Medical Staff
- Document the care given in such a way as to get maximum credit and minimize demerits.
 - NOTE: Currently available ongoing Coding and Documentation webinar series (weekly); pending updates for existing OLP Coding & Documentation course; “Good and Bad Medical Record Documentation” online course available in our catalog.
- Deploy system-ness, high reliability tools, and culture of transparency.
 - NOTE: CME to track CME applications that meet these requirements (i.e., EBCC, HIPAA, Audit/Compliance, Patient Safety, SimLab, Risk Management)

ACCME Criteria Related to CME Program Evaluation

C-1 The provider has a CME mission statement that includes expected results articulated in terms of competence, performance, or patient outcomes that will be the result of the program.

C-11 The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program’s activities/educational interventions.

C-12 The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.

C-13 The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, etc.)