

Policy Type: Purpose and Mission	Clinical Area: N/A	Facility: Corporate	Page 1 of 2
Policy Title: Continuing Medical Education (CME) Mission Statement		Doc. No. 1.1	Effective Date March 29, 2000

POLICY:

CME Purpose, Vision and Alignment with Corporate Mission:

Norton Healthcare's purpose is to meet the health care needs and improve the health status of people in the Louisville region in a manner consistent with the faith heritage of its founding organization. Providing an exemplary, regionally recognized CME program is consistent with these goals.

By capitalizing on our comprehensive medical staff, our strategic partnerships, our state-of-the-art facilities and systemwide commitment to quality, the Norton Healthcare Office of CME is dedicated to being a regional leader in providing quality continuing medical education that enhances the provision of patient care. Norton Healthcare aspires to provide continuing medical education programs that are built on a platform of evidence-based medicine and are scientifically sound.

Content Areas

CME content encompasses that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine and the provision of health care to the public. Defined competency areas were first adopted by the Accreditation Council for Graduate Medical Education (ACGME) and American Board of Medical Specialties (ABMS) in 1999:

- Patient Care
- Medical/Clinical Knowledge
- Practice based learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems based practice

These competencies are national goals for physicians associated with the targeted specialty(ies) that are considered whenever possible in planning CME. CME activities will further be based upon identified knowledge/performance/patient outcome gaps, ABMS maintenance of certification areas, expressed interests of our medical staff and the region, and Norton Healthcare corporate initiatives. These will include primary care, specialty and subspecialty services offered by our facilities.

Target Audience

The principal target audience for these activities is the physician membership of our division and non-hospital medical staffs, referring physicians as well as those physicians participating as part of a strategic partnership. Wider audience may be targeted through those accessing our web-based courses, regional symposia and specialty societies. As the largest CME provider in the Kentucky Medical Association system by bed number/number of activities and physicians served, our objective is to expand our activities to provide leadership, creativity and counsel to smaller hospitals and other groups of physicians throughout the region.

Types of Activities Provided

Norton Healthcare provides activities for many medical specialties that have a significant presence within its facilities. These activities include:

- Regularly Scheduled Series (both directly and jointly sponsored)
- Live Courses (both directly and jointly sponsored)
- Enduring materials /Internet Courses (both directly and jointly sponsored)

These activities, often multidisciplinary in nature, are delivered in a manner deemed appropriate for the subject matter, audience and venue availability. The methods of instruction are varied to offer different types of learning experiences, appealing to diverse and individual learning styles and practice setting requirements. As newer innovative methods become available, these will be evaluated for integration.

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Expected Results of the Overall CME Program

Alone or in combination, Norton Healthcare CME activities are designed to enhance physician knowledge/competence, physician performance and patient outcomes. Norton Healthcare is committed to assessing the effectiveness of its CME program by both qualitative and quantitative methods. Various measures are employed to gather data to evaluate our overall program, including formal and informal satisfaction and other feedback from our internal and external customers. Data from various individual activities are also considered in the aggregate, citing Havens' Outcomes levels as outlined below:

Level 1 outcomes ~ "Smile sheet" rate activity's quality, usefulness, objectives, presentation, faculty, facility, etc.

Level 2 outcomes ~ assess change in attendees' knowledge, skills or attitude via pre-/post-tests, skills observation, and intent/commitment to change statement.

Level 3 outcomes ~ follow-up of self-reported implemented change in behavior and/or practice.

Level 4 outcomes ~ objectively assess change in clinician practice data (quality indicators, utilization data, patient satisfaction, community public health data, organizational measures, etc).

Level 5 outcomes ~ objectively assess progress toward the ultimate goal of improved treatment outcomes or patient health status. These track the net effect of practice change on patients and target populations over time (morbidity and mortality rates, secondary complications, control of disease state, community public health data, etc.).

These described outcome levels are used to aggregate how we evaluate the various types of activities we provide:

Regularly Scheduled Series:

Level 1 outcomes via on-site evaluation, possible Level 2 outcomes via on-site evaluation. For some of our Regularly Scheduled Series, we will attempt to measure Level 4 outcomes via chart audits and trended PI/QI indicators, possibly Level 5 outcomes via Morbidity and Mortality rates, hospitalization and re-hospitalization rates, etc.

Live Courses:

Level 1 outcomes via on-site evaluation, possible Level 2 outcomes via on-site evaluation / audience response system and intent to change statements. For some of our larger symposia, we will measure Level 3 outcomes via self-reported change surveys online and via mail. Ultimately, we may be able to compare baseline data for Level 4 and even Level 5 outcomes over time.

Enduring Materials /Internet Courses:

Level 1 outcomes via online evaluation. Intent to change statements for Level 2 outcomes, and possibly Level 3 outcomes via follow-up survey may occasionally be incorporated.

While striving for the highest level of outcomes measurement, not all activities lend themselves to these. Outcomes measures defined here and others will contribute to the evaluation of our overall CME program.

Replaces Policy Dated:		Reviewed/Approved by: (Group or Individual)
Review	Revision	
6/28/2000	Minor	CME Committee (John Roberts, M.D.) System Medical Executive Committee (John O'Brien, M.D.)
6/27/2001	Minor	CME Committee (John Roberts, M.D.) System Medical Executive Committee (John O'Brien, M.D.)
4/20/2003	Significant	CME Committee (John Roberts, M.D.) System Medical Executive Committee (John O'Brien, M.D.)
4/18/2004	Minor	CME Committee (John Roberts, M.D.)
1/10/2005	None	CME Committee (John Roberts, M.D.)
1/15/2006	Minor	CME Committee (John Roberts, M.D.)
1/10/2007	None	CME Committee (John Roberts, M.D.)
4/24/2008	Significant	CME Committee (John Roberts, M.D.)
6/24/2008		System Medical Executive Committee (Henry Walter, M.D.)