



On-Site Survey Process for Accreditation Overview

The On-Site Survey

The OSMA uses the process of an on-site survey which is a face-to-face meeting of the leadership of the CME program and the survey team of the OSMA at the administrative offices or activity of the CME program. This type of survey is required for initial accreditation surveys and for re-accreditation surveys or if there is a significant change in the provider's ownership, mission, or volume of CME activities. The OSMA reserves the right to review additional documentation, as is necessary for it to arrive at an accreditation decision. In addition, specific educational files will be identified in advance for review by the survey team during the survey. In addition, all records and documentation for the current accreditation period must be made available for review.

Goal

The goals of the survey are to gather data about the organizational structure, resources and responsibilities; review documents as indicators of compliance with all OSMA's Essential Area Elements, and Policies; discuss monitoring data and identify excellence whenever present. The survey data will be combined with other data to provide a final overall accreditation recommendation.

The OSMA will appoint three qualified site surveyors to serve on the site survey team. The site survey team usually consists of a member of the OSMA Focused Task Force on Accreditation, an additional trained site surveyor, and a member of the OSMA staff who has also been trained as a site surveyor.

The site survey team understands that they are present at the invitation of the institution; that they are representing the OSMA Focused Task Force on Accreditation; and that the information which they obtain will be the basis for determining whether the institution's program meets minimum standards for accreditation. A final report of the findings of the site survey team and the Focused Task Force on Accreditation's decision will be sent to the institution following the action of the task force.

Objectives

To give the provider the opportunity to:

1. Introduce their CME unit to the survey team;
2. Clarify the information supplied in the application;
3. Provide information about the CME program that goes beyond the scope of the application but is in support of compliance with the OSMA's Essential Area Elements and Policies; and
4. Demonstrate the CME program's administrative structure and the resources that support the CME unit.

To give the OSMA the opportunity to:

1. Observe whether activities have been implemented in compliance with the OSMA's Essential Areas, Elements and Policies;
2. Ensure that any specific documentation required by the OSMA's Essential Areas, Elements, and Policies is present;
3. Discuss Annual Report and other Monitoring Data (such as Progress Report(s)); and
4. Ensure that the survey team has sufficient information about the provider's organization with which to formulate a report to the Focused Task Force on Accreditation.

Format

The format for all surveys involves interviews between the representatives of the accredited provider and the OSMA survey team. Documentation review will occur and the opportunity for an activity review may occur. Standard components of the survey generally include the following:

1. Introductory session
2. Organizational review – Interviews and discussions with CME program principals, administration, and physician CME leadership
3. Documentation review
4. Tour meeting rooms, auditorium and library facilities
5. Exit interview/closing comments

Generally, site surveyors will meet with certain key individuals of the CME program. These will include the following:

1. **Program Director** - This is the individual designated as the director of the CME program. This person may be the chair of the designated entity, hospital director of medical education, the chair of the department of continuing postgraduate education or may be known by some other title. The program director is the most important individual for the survey team to see, and ample time should be allotted for a conference with the director. Ideally, the director should also be available at other times during the visit, in case questions arise which need clarification.
2. **Chief Administrative Officer CEO/CFO** - It is desirable for the survey team to meet with the administrative/financial head of the organization. Generally, 15-20 minutes will be ample time for this conference. It provides an opportunity for the survey team to evaluate the attitude of other administration toward the organization's continuing medical education program. Such an interview also has valuable impact upon the administrative officer and is likely to result in more attention to the quality of the CME program.
3. **Department Chair and CME Committee** - It is important that the survey team confer briefly with the heads of some of the important departments, particularly with those directing CME programs. If possible, the faculty supervisor of the ongoing program(s) should be one of the individuals. In some institutions there will be a faculty committee which plays a general supervisory and planning role for the CME program. It is not essential that the survey team meet with this entire committee, but it is desirable to have one or two members of the committee among the faculty interviewed. An ideal situation would be for the survey team to have lunch with the entire CME committee.
4. **CME Coordinator/Administrative Assistant** - Often the operational details of a program are in the hands of a lay administrative assistant. If such a person has been identified, the survey team will find it profitable to meet with him/her. This may be combined with the conference with the program director.

Activity Documentation Review

As part of the on-site survey, the OSMA will gather information from the provider by reviewing individual activity documentation as well as the CME policy and procedures and CME committee minutes. The review is not to judge the quality of the educational activity, but rather to ensure that documentation is present and concurs with how the provider has described its day-to-day CME practices.

Goal/Objective

To review files from all types of CME activities to assure documented compliance with all OSMA's Essential Areas, Elements and Policies.

Format

The OSMA surveyors will select a list of educational activity files (one type of activity file from each year of accreditation) from those included in the Application for Accreditation. These files should be made available to the survey team at the time of the on-site survey. The provider may be requested to have other documentation of compliance with OSMA policies available during the visit. The surveyors will review the documents for demonstration of compliance with the OSMA's Essential Areas, Elements and Policies.

Activity Observation Review

In addition to reviewing documentation, the survey team may wish to observe a portion of a CME activity taking place on the day of the on-site survey. Observation of a CME activity is required for all initial providers seeking accreditation and for other providers seeking re-accreditation at the discretion of the Focused Task Force on Accreditation prior to receiving full accreditation. The OSMA feels that observing the performance in practice of the CME program will provide additional data about compliance or exceptional performance.

Objectives

1. To document compliance with those criteria of the OSMA's Essential Areas, Elements, and Policies that can be measured by the direct observation of an activity;
2. To describe what a typical participant might experience in the activity; and
3. To clarify questions that might arise as a result of observing the activity.

Format

Normally the activity review is conducted at the same time as the on-site visit, but may be scheduled at an independent time, if necessary. The review includes direct observation of an activity and components, interviews with the staff of the provider, discussion with the participants and completion of the Activity Review Form by the surveyor. Enduring materials will be reviewed by the OSMA in the same way as an actual learner participant would.

Pre-Survey and Post-Survey/Exit Interview Comments

As part of its appraisal for accreditation purposes, the site survey team will meet prior to and immediately following interviews with key representatives of the institution. The major purpose of the pre-survey conference is to outline the general procedures and to make certain that each member of the survey team understands the objectives of the survey. The major purpose of the post-survey conference is to make sure that the chair of the survey team has an accurate impression of the reactions of the individual members of the team to what they have seen. ***A pre-survey and post-survey conference room should be set aside for the survey team.***

Objective

To provide feedback to the organization concerning findings that will be reported to the OSMA and to allow the provider to clarify and supplement specific points.

Format

The visit concludes with a meeting between the survey team and the CME leadership.

Physical Arrangements for the Site Survey Team

The institution receiving the site survey is responsible for the expenses incurred by the site survey team as well as any remaining portion of the accreditation fee payable to the OSMA upon completion of the site visit.

All site surveyors volunteer their time to participate in the survey process and are not compensated for their participation. For this reason, and as a convenience to the site survey team, it would be most helpful if the provider would select a hotel and arrange for direct billing of charges between the hotel and the provider. Also, three separate room reservations (non-smoking), with guaranteed late arrival for the evening prior to the survey, should be arranged. The provider should confirm reservations, in writing, to each member of the site survey team. Occasionally, site surveyors indicate that it is not necessary to have overnight accommodations, in which case, the provider is notified.

Directions

The provider will need to provide each member of the site survey team with driving directions to the hotel and from the hotel to the provider's facility. Please keep in mind that the site surveyors may be traveling from different locations throughout the state. To avoid any confusion and unnecessary delays, please be certain that the directions are accurate. It may be helpful to have two people verify the directions to ensure accuracy.

Suggested Schedule for The On-Site Survey

The following suggested schedule is provided as a sample only. Times and activities may vary depending upon the unique needs of the institution/organization seeking accreditation. The provider should utilize the following as a guide only and should develop a schedule that fits their needs. Final arrangements for the on-site survey schedule will be determined in advance by the Chair of the on-site survey team and a representative of the accredited provider.

7:45 - 8:00 am	Arrive at provider's facilities - brief introductions
8:00 - 8:30 am	Pre-survey conference of the site survey team
8:30 - 10:00 am	Interview with the Program Director and administrative support personnel
10:00 - 10:30 am	Observation of CME activity in progress (if requested)
10:30 - 11:00 am	Site survey team review educational activity files (One type of activity file from each year of accreditation. The survey team chair will identify these before the day of the site survey)
11:00 - 11:30 am	Interview Hospital Administrator and/or Chief Executive Officer
11:30 - 12:00 noon	Visit: educational facilities, audio-visual equipment, library with librarian (only if new institution, or additions/renovations were made since last site survey)
12:00 - 1:00 pm	Lunch with designated entity/CME Committee members
1:00 - 1:30 pm	Interview Chief of Staff
1:30 - 2:00 pm	Post-survey conference of the site survey team for the purpose of written report and recommendation
2:00 - 2:30 p.m.	Exit meeting to provide verbal feedback to the provider (Final written report will follow action by the OSMA Focused Task Force on Accreditation)

Questions about the on-site survey for accreditation should be directed to:

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