New Innovations Handbook

Effective July 1, 2020

CHRISTUS Health

Research and Academics

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SUMMARY

The New Innovations Residency Management Suite (NI RMS) is used system-wide to track resident data and performance, manage institutional reimbursements, and monitor program performance. The information below will help you get the most out of the software.

ACCESS AUTHORITY

Access authority by user type is as follows:

User Type	Access Level
Resident/Fellow	2
Faculty	2/3
Program Director	4/5
Program Coordinator	5
System GME Office	6

There are three Level 6 users in the System GME Office – Dr. Michael Finley, Pukar Ratti, and Leyla Embree. To make a change to a program that requires Level 6 access, please email GME@christushealth.org with your request.

MODULES

The following modules are available for all CHRISTUS Health sponsored programs using the NI RMS.

- Personnel
- Schedules
- Evaluations
- Duty Hours
- Logger
- Conferences
- Portfolio
- Finance (special access required)

Personnel

Under the direction of the Program Director and the lead Program Coordinator, the program is responsible for entering and maintaining personnel data for all residents, fellows, faculty, and other personnel. New residents should be added as soon after the Match as possible. Graduating residents should be archived after their termination date.

Schedules

Block schedules are entered and maintained by the Program Coordinator. It is extremely important that schedules are up-to-date as IRIS reports use the schedule data to calculate FTEs.

All rotations must be specified and listed as **primary**. Please ensure that there are no gaps in the schedules (all 365 days must be accounted for).

To check for unspecified rotation(s): *Schedules > View Schedule*. Click CTRL F and type "unspecified". Fix all instances where a rotation is unspecified.

To check for schedule gaps: *Schedules > Gap Locator* OR *Administration > Dashboard* (under Scheduling). Fix all gaps in resident schedules.

For more details, please refer to the [GME_NI_002_Resident_Schedule_Configuration_Protocol](#) below.

Evaluations

It is the responsibility of the Program Coordinator to set up evaluations, but the Program Director and/or faculty should be actively involved in the creation of all evaluation forms. The following are examples of evaluations that can be created in NI: faculty evaluation of resident/fellow, resident/fellow evaluation of faculty, end of rotation evaluation, peer-to-peer evaluation, self-assessment, and semi-annual evaluation. Evaluations must be completed no later than 14 days after the end of each rotation. Evaluation reports should be generated at least monthly and reviewed with the Program Director/Clinical Competency Committee (CCC) at least quarterly.

Duty Hours

Resident/fellow duty hours must be accounted for 24/7/365. Program Coordinators must review usage, violations, and compliance, contact resident/fellow if hours are incomplete, notify resident/fellow of corrections needed, and submit monthly reports to the GMEC. Violations must also be discussed with the Program Director. It is recommended that Program Coordinators run the Duty Hours Compliance report at least weekly.

Logger

The Logger module is used to log procedures/patient encounters by residents/fellows. Deficiencies should be discussed with the Program Director and CCC as needed. It is recommended that Program Coordinators run the Resident Summary report at least monthly.

Conferences

Required conferences and resident/fellow attendance can be tracked in New Innovations. Conferences should include the date, time, topic, speaker, and objectives. Maintaining up-to-date conference attendance records is crucial for demonstrating learner development. It is recommended that conference attendance be entered at least monthly.

Portfolio

The **Milestones** feature allows for tracking of resident/fellow levels of competency. Milestone Reviews are automatically created in the software every December and June to align with the ACGME reporting dates. Once the CCC completes its milestone assessments of the residents/fellows, the Program Coordinator will enter the ratings into the ACGME's Accreditation Data System (ADS), as well as the Milestones section of NI. At this time, the ACGME does not allow the electronic importing of milestone scores. Milestone reviews are due in NI by January 31/July 31.

The **Reviews** feature provides centralized reporting to gather resident performance data from many areas of the software. Portfolio Reviews are designed to facilitate semi-annual Program Director reviews of resident/fellow performance. Some of the reporting areas include Evaluations, Milestones, Procedure Logger, Schedules, Personnel, Curriculum, Duty Hours, Conferences, and Scholarly Activities. Program Coordinators and Directors can design/customize the review forms using a variety of widgets.

The **Scholarly Activities** feature enables users to document the wide range of details involved in tracking progress and participation in scholarly activities. Various types of forms can be created to document abstracts, grants, publications, and poster presentations. Program Coordinators can use the data entered into the Scholarly Activities module to complete the ACGME ADS Update.

Finance

Access to the Finance tab requires special access and allows program coordinators to:

- View Demographic checklist / unscheduled personnel
- Edit block schedule checklist
- View block schedule gap locator
- View resident and rotation summaries
- View block schedule forecast
- Generate IRIS calculations
- View audit trail/balance sheet
- View schedule locks
- View detail detective
- View error log
- Access package data
- View FTE count
- View Detailed Resident Review
- View aggregate FTE / FTE detail reports

The **Detailed Resident Review** is a listing of the residents and fellows included in a specific fiscal year package with detailed information. The report includes details about the resident and the FTE time broken down by rotation. This show exactly which rotations and how many days are included in the FTE calculation for the specific provider for the selected fiscal year. The report has totals for each resident and a grand total for the provider. To generate the report: *Finance > IRIS > Package > Reports > Detailed Resident Review*. Select fiscal year and set filters. Click Show Detailed Resident Review. The information in the report is taken from several areas of the system: resident schedules, personnel information, and rotation definitions. The program coordinator should view this report at least monthly and the program director should sign off on it at least quarterly.

Detailed Resident Review

The currently selected fiscal year is "FY 18-19 St. Christopher" from 7/1/2018 to 6/30/2019
Last generated - 4/25/2019 at 4:09 PM | Results last updated - 4/25/2019 at 4:09 PM

Error Log   Reports   Files

FTE Count   Detailed Resident Review   Aggregate FTE   FTE Detail

Current Package   Saved Packages

Back to report setup

- The table below shows all people who:
  - Worked at least 1 primary rotation during the current Fiscal Year
  - Whose Status and Program are among those selected in the Fiscal Year setup
  - Have passed all IRIS related demographics validations
  - Have at least one rotation that has passed all IRIS related rotation validations
- A green bullet (•) indicates that assignments were applied during the calculations for the rotation
- An orange diamond (♦) indicates that Non-Reimbursable Hours were applied during the calculations for the rotation

Annotations (callouts):
- Direct Graduate Medical Education
- Weighted Graduate Medical Education
- Indirect Graduate Medical Education
- Full time vs part time
- Length of rotation in days

CMS Med School	Grad.	Init. Res.	ECFMG	Emp.	Rot. Name (Prog. Code)	Start	End	Yrs	Days	F/P	Percent DGME	Percent IME	FTE DGME	FTE WGME	IME
Arshid, Balal Mounir - 876-95-1235															
1 year(s) completed															
Foreign Medical Schools (99999)	12/01/2015	Emergency Medicine / General (IRIS Code = 1250) (IRP value = 3)	02/16/2016	Children's Hospital Medical Center	DM:CARD:CCU (1250)	08/01/2018	08/31/2018	1	31	100	100	100	0.0849	0.0849	0.0849
					ANES:ANES I (1250)	09/01/2018	09/30/2018	1	30	100	90	90	0.0740	0.0740	0.0740
					PED:INPT:WARD (1250)	10/01/2018	10/31/2018	1	31	100	100	100	0.0849	0.0849	0.0849
					SURG-Ped Surg - PEDS SURG (1250)	11/01/2018	11/30/2018	1	30	100	100	100	0.0822	0.0822	0.0822
					EM: EM (1250)	01/01/2019	02/28/2019	1	59	100	100	100	0.1616	0.1616	0.1616
					DM:IM:AMB (1250)	03/01/2019	03/31/2019	1	31	100	100	100	0.0849	0.0849	0.0849
					DM:CARD:CCU (1250)	04/01/2019	04/30/2019	1	30	100	100	100	0.0822	0.0822	0.0822
					DM:GI:GI (1250)	05/01/2019	05/31/2019	1	31	100	100	100	0.0849	0.0849	0.0849
									273		74%	74%	0.7397	0.7397	0.7397
Christopher, David - 894-32-5689															
0 year(s) completed															
Ohio State University College Of Medicine And Public Health (03840)	05/01/2018	Emergency Medicine / General (IRIS Code = 1250) (IRP value = 3)		St. Christopher Medical Center	ANES:ANES I (1250)	07/01/2018	07/31/2018	0	31	100	90	90	0.0764	0.0764	0.0764
					DM:IM:AMB (1250)	08/01/2018	08/31/2018	0	31	100	100	100	0.0849	0.0849	0.0849
					DM:ID:ID (1250)	09/01/2018	09/30/2018	0	30	100	100	100	0.0822	0.0822	0.0822

Reasons why a resident's total days may not add up to 365:

1. Schedule is incomplete; rotations not primary; unspecified rotations
2. Completed rotation(s) outside their primary hospital (rotation at another hospital, international rotation, etc)

Reasons why a resident's percentages may not add up to 100%:

1. A percentage of the rotation was completed at another hospital
2. DGME and/or IME not checked in rotation definition configuration for that particular rotation

ANNUAL PROGRAM EVALUATION (APE)

The ACGME requires that programs complete an annual evaluation. The APE section is accessible in New Innovations on July 1 and programs have until August 31 to submit the final evaluation. To access the APE section: *Administration > Program > Accreditation > APE*. Please complete the top portion and upload your APE. Once completed, please click the Mark as Completed button. GMEC will review the APEs and provide feedback to each program.

REPORTS

Report	Frequency	Run by	Submit to	Sign off
Duty Hours-Compliance	Weekly	PC	GMEC (monthly)	GMEC
Procedure Logger-Resident Summary	Monthly	PC	PD	PD
Conference Attendance	Monthly	PC	PD	PD
Evaluations	Monthly	PC	n/a	PD
Error Log for IRIS reporting*	Monthly	PC/GME	n/a	DIO
Portfolio Review for semi-annual eval	Biannually	PC	PD	PD
Detailed Resident Review	Monthly	PC/GME	PD (quarterly)	PD

PCs with finance access can run error logs at any time. The GME office will generate the error log one week after the end of each block. If any errors are found, the report will be emailed to the PCs who are expected to correct all errors within one week. The final monthly IRIS report will be generated 15 days after the end of each block.

PERCENTAGE PROTOCOL

The GME office uses the percentage protocol to capture data for IRIS reporting. Each rotation must have a configuration, which instructs the software how the resident's time will be allocated while on that rotation. All of the time may be allocated to one provider or the time may be proportioned among multiple providers. All private offices must be linked to a CHRISTUS provider and a current PLA must be in place when required. At this time, a level 6 user must make the rotation definition changes. Requested changes should be emailed to GME@christushealth.org. For more details, please refer to the GME NI 001 Rotation Configuration Percentage Protocol below.

NEW ROTATION / CHANGE REQUESTS

The Program Director must sign off on new rotations and other significant changes. To request a new rotation, please use the *Rotation Request to GMEC* template available on the Sharepoint site and below. The request will be presented to the GMEC. Once approved, please proceed with PLAs as needed and complete the *Request to Add NEW Rotation in NI* form and return to GME@christushealth.org. Changes to existing rotations can be requested using the *Request to Update EXISTING Rotation in NI* form. Both forms are available on the Sharepoint site, as well as below.

Change	Form	Submit to	Sign off
Add New Rotation in NI	Appendix 1	GME	PD
Change Existing Rotation in NI	Appendix 2	GME	PD
Add New Training Location/Provider in NI	email	GME	GME

PROGRAM DASHBOARD

To access your program's dashboard: *Administration > Dashboard*. The program dashboard provides a real-time view of resident progress in several areas including duty hours, curriculum, evaluations, etc. It is an interactive tool to help you monitor accreditation data, investigate program level information, and take action on specific issues of non-compliance.
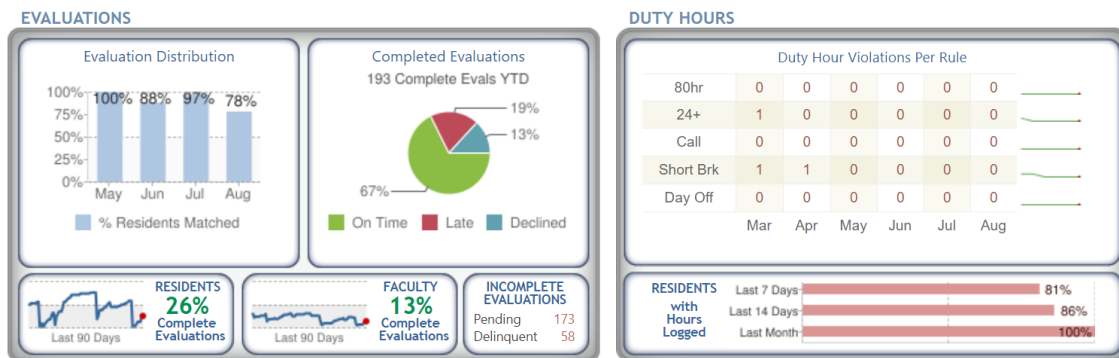
IRIS CHECKLIST

Annual

- Check that all programs are IRIS eligible – Level 6 only
- Check provider names and CMS codes – See Appendix 1 for list
- Review percentage configuration for each rotation (with PD input) – sent to programs as an Excel spreadsheet once a year by GME office
  - Assignment schedule can be configured if percentages are not always the same.
- Generate Detailed Resident Review
  - *Finance > IRIS > Package > Reports > Detailed Resident Review*
  - Select fiscal year and set filters.
  - Click Show Detailed Resident Review.

Monthly

- Verify that resident schedules have been entered correctly
  - *Schedules > View Schedule*
- Check for any 'unspecified' rotations
  - *Schedules > View Schedule*
  - Click CTRL F and type "unspecified" in search box.
  - Fix all instances where a rotation is unspecified.
- Check that all rotations are 'primary'
  - *Schedules > Schedule Rotations*
  - All rotations must have a check mark under Primary column
- Generate Gap Locator
  - *Schedules > IRIS Tools > Gap Locator*
  - Fix any schedule gaps listed on report.
- Generate Error Log
  - *Finance > Package > Error Log*
  - Fix any errors listed on report.
- Generate Detailed Resident Review
  - *Finance > IRIS > Package > Reports > Detailed Resident Review*
  - Select fiscal year and set filters.
  - Click Show Detailed Resident Review.

PROTOCOLS

Item: NI Rotation Configuration Percentage vs Duty Hours Protocol
(GME NI 001 Rotation Configuration Percentage)

1. **Protocol Summary:** All rotations will be configured as percentage-based for CHRISTUS Health Sponsored Programs utilizing New Innovations as their Resident Management System. The office of the DIO will handle any exceptions.

2. **Background and Reasoning/Impact:**
   - The work and effort to use the duty hours protocol is significantly higher and does not necessarily add value to IRIS reporting. Additionally, our RMS partner New Innovations, strongly recommends the percentage protocol be used.
   - The Percentage Protocol calculates FTEs by utilizing the residents' block schedules. Each rotation must have a configuration, which instructs the software how the resident's time will be allotted while on that rotation. A rotation may be configured so that 100% of the resident's time is assigned to one provider or a rotation may be split between multiple providers.
   - As a further option, the assignment schedule can be used to remove a specific day, or portion of a day, from the rotation definition calculation. The time represented by the assignment may be assigned to a different provider or removed from the calculation. This option is useful when there is not a pattern that allows for a percentage split of the rotation. Assignment definitions must also be configured to use this option.
   - This is the most widely used method for generating IRIS data because reports can be generated at any time as long as the block schedule is complete and accurate for all claimable residents. This method also enables to examine data and discover problems early in the IRIS process.

3. **Process of Changing:** All rotations currently configured with the Duty Hours Protocol or those not configured must be changed to the Percentage Protocol. The rotation definitions only have to be built once. If over time, a definition changes, the rotation definition may be updated. New rotations, which are added, must have a rotation definition configured. A rotation definition must be configured for each rotation, which will be included in the IRIS package and reports. Instructions follow this protocol. At this time, a Level 6 user must make the rotation definition changes. Requested changes should be emailed to GME@christushealth.org. A confirmation email will be sent once the changes are made.

4. **Reminder:**
   - All private offices must be linked to a CHRISTUS provider.
   - Please ensure that a current PLA is in place when required.

5. **Final Authority (Program):** Program Director

6. **Final Authority (GME):** DIO/Designee

eSigned: Office of the DIO
Date: XXXXXX

Instructions:

       A.   Go to Finance > IRIS > Setup > Rotation Definitions
       B.   Click Refresh Rotation List
       C.   Click Details beside the rotation to configure
       D.   Click the New link to continue setting up the rotation configuration
       E.   For IRIS Protocol, select Percentage
       F.   Indicate the number of locations where trainees work during this rotation. If the rotation is at the same location but split between two providers, use the number of locations to split the rotation also.
       G.   Select the provider(s) and location(s) for each portion of the rotation
       H.   Indicate the percentage of the resident's time spent at each location or with each provider
       I.   Indicate which costs are reimbursable: GME or IME or both
       J.   Add notes, if needed
       K.   Billing options – N/A (not needed for IRIS setup)
       L.   Select the status types, PGYs, and programs to whom the configuration applies
       M. Indicate the effective dates for the rotation definition. A new rotation definition may have the selection of 'Valid Indefinitely'. To enter a start date and end date, uncheck the box. Start and end dates are used when the rotation definition is different for specific time periods.
       N.   Enter the typical duration for a workday.
       O.   Click Save and Return and set up all rotations you will claim.

Reference:

https://gme-support.new-innov.com/support/solutions/articles/5000654731-prepare-the-software-percentage-protocol

Item: NI Resident Block Schedule Configuration
(GME NI 002 Resident Schedules)

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1. **Protocol Summary:** For accurate Intern and Resident Information System (IRIS) reporting, all resident schedules must be entered and maintained in New Innovations at least monthly.

2. **Background and Reasoning/Impact:**
   - IRIS reporting is part of the process of submitting requests to CMS for reimbursement of the cost of training physicians. In New Innovations, the IRIS module provides a method to collect information and generate reports necessary for the CMS reimbursement request.
   - It is essential that resident schedules are up-to-date as IRIS reports use the schedule data to calculate full-time equivalent (FTE) totals.
   - Rotations not listed as primary, any unspecified rotations, as well as any schedule gaps do not count towards FTE numbers.
   - Block schedules should be finalized no later than 14 days after the end of the block.

3. **Process of Changing:**
   - All rotations must be specified.
     - To check for unspecified rotation(s): *Schedules > View Schedule*. Click CTRL F and type "unspecified".
   - All rotations must be designated as primary.
     - Rotations can be designated as primary by checking the appropriate box when entering each rotation in the block schedules.
   - All 365 days must be accounted for in each resident's schedule.
     - To check for schedule gaps: *Schedules > Gap Locator* OR *Administration > Dashboard* (under Scheduling).
   - Finalizing block schedules no less than two weeks after the end of each block ensures that IRIS reports remain accurate throughout the year. The annual IRIS report can then be easily generated for submission to CMS.

4. **Final Authority (Program):** Program Director

5. **Final Authority (GME):** DIO/Designee

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eSigned: Office of the DIO
Date: XXXXXX

APPENDICES

CHRISTUS Health-GME
Request to Add <u>New</u> Rotation in New Innovations

Please note new rotations are subject to PD, GMEC, DIO, GME Office, & Finance approval. Questions on completing this form? Please contact gme@christushealth.org.

Rotation Data:

Rotation Name: _____

(e.g. SPFM – Anesthesiology- Hartridge)

Rotation Name Abbreviation: _____

(e.g. SPFM-ANES-HARTRIDGE)

Rotation Type: ☐ Elective ☐ Selective ☐ Core
Night Float? ☐ Yes ☐ No
Requires curriculum? ☐ Yes ☐ No

Rotation Contact Information:

Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Provider(s) and Training Location(s):

Provider Name: _____
Training Location: _____
Percentage: _____ ☐ DGME ☐ IME

Provider Name: _____
Training Location: _____
Percentage: _____ ☐ DGME ☐ IME

Provider Name: _____
Training Location: _____
Percentage: _____ ☐ DGME ☐ IME

Other Configurations:

Will assignments be used for this rotation? ☐ No ☐ Yes *(If yes, GME office will contact you for more info.)*
Effective Dates: _____ or ☐ Valid indefinitely
How long is a typical day for this configuration? _____ hours

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Prepared by: _____ (PC name)

Approved by: _____ (PD signature)

Date Submitted: _____

For GME office use only
Date received: _____ Date entered in NI: _____ Initials: _____

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Request to Add New Rotation in NI Form – FAQs

What is a provider? A provider is the institution claiming the resident. Providers have CMS numbers and submit for reimbursement. Below is a list of providers currently available in New Innovations.

Name	Provider Number	Name	Provider Number	Name	Provider Number
CHRISTUS Children's Hospital of San Antonio	453315	CHRISTUS Spohn Hospital Beeville	450082	Houston Methodist Sugarland Hospital	450820
CHRISTUS Coushatta Health Care Center	191312	CHRISTUS Spohn Hospital Corpus Christi Shoreline	450046	Jackson North Medical Center/Memorial Hospital	100022
CHRISTUS Good Shepherd Medical Center	450032	CHRISTUS Spohn Hospital Corpus Christi South	450046	Louisiana State University HSC-Shreveport	190098
CHRISTUS Mother Frances Hospital - Tyler	450102	CHRISTUS Spohn Kleberg	450163	Nix Hospital/Medical Center	450130
CHRISTUS Ochsner Lake Area Hospital	190201	CHRISTUS St. Frances Cabrini Hospital	190019	South Texas Surgical Hospital	670061
CHRISTUS Ochsner St. Patrick Hospital	190027	CHRISTUS St. Michael Health System	450801	Univ of Texas Southwestern Univ Hosp	450044
CHRISTUS Santa Rosa Westover Hills	450237	CHRISTUS St. Vincent Regional Medical Center	320002	Wadley Regional Medical Center	450200
CHRISTUS Shreveport-Bossier Health System	190041	CHRISTUS Trinity Mother Francis Health System	450102	West Calcasieu Cameron Hospital	190013
CHRISTUS Spohn Hospital Alice	450828	Driscoll Children's Hospital	453301	Willis-Knighton Medical Center	190111

What is a training location? The training location is the facility where the resident is physically rotating.

Example 1: A resident is completing a dermatology rotation. She/he spends 20% of the time at a private dermatology office and 80% of the time at CHRISTUS Spohn Shoreline. The provider for the 20% is CHRISTUS Spohn Shoreline (since the private dermatology office does not have its own CMS provider number) while the training location is the dermatology clinic. The provider and training location for the 80% is CHRISTUS Spohn Shoreline.

Example 2: A resident is completing a pediatrics rotation. She/he spends 100% of the time at Children's Hospital of San Antonio. In this case, both the provider and training location should be listed as Children's Hospital of San Antonio.

Should I check DGME, IME, or both? In most cases, both boxes should be checked. Please see the chart below for reference.

DGME		IME	
Hospital	**Non-Hospital**	**Hospital**	**Non-Hospital**
Patient Care	Patient Care	Patient Care	Patient Care
Vacation/Sick	Vacation/Sick	Vacation/Sick	Vacation/Sick
Didactic	Didactic (Since 2009+)	Didactic (since 1983+)	NOT Didactic

APPENDIX 2

CHRISTUS Health-GME
Request to Update Existing Rotation in New Innov

Please only complete the applicable sections. Questions on completing this form? Please contact gme@christushealth.org.

Current Rotation Name: _____

Change Rotation Data:

Rotation Name: _____
(e.g. SPFM – Anesthesiology- Hartridge)

Rotation Name Abbreviation: _____
(e.g. SPFM-ANES-HARTRIDGE)

Rotation Type: ☐ Elective ☐ Selective ☐ Core

Night Float? ☐ Yes ☐ No

Requires curriculum? ☐ Yes ☐ No

Change Rotation Contact Information:

Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Change Provider(s) and Training Location(s):

Provider Name: _____
Training Location: _____
Percentage: _____ ☐ DGME ☐ IME

Provider Name: _____
Training Location: _____
Percentage: _____ ☐ DGME ☐ IME

Provider Name: _____
Training Location: _____
Percentage: _____ ☐ DGME ☐ IME

Change Other Configurations:

Will assignments be used for this rotation? ☐ No ☐ Yes *(If yes, GME office will contact you for more info.)*
Effective Dates: _____ or ☐ Valid indefinitely
How long is a typical day for this configuration? _____ hours

Prepared by: _____ (PC name)

Approved by: _____ (PD signature)

Date Submitted: _____

> **For GME office use only**
>
> Date received: _____ Date updated in NI: _____ Initials: _____

For questions regarding this playbook, please contact:

GME@christushealth.org