

MISSION STATEMENT CRITERIA	
C1	<p>Begin with our Mission Statement What is our purpose? What content areas will we address with our activities/educational interventions? Who is our target audience? What type of activities/educational interventions will we provide or facilitate? What do we expect to be the results of our CME efforts? That is, do we expect to change competence, performance, and/or patient outcomes?</p> <ul style="list-style-type: none"> ▪ Consider C12-How will we assess whether we met each of the 5 components of our CME mission (Did we meet our purpose? Did we deliver the content areas indicated in the MS? Did the intended target audience participate in our activities/educational interventions? Did we provide the type of activities indicated in the MS? How well did we meet the expected results of our CME program? ▪ Consider C13-How will we identify, plan and implement the needed or desired changes in the overall program necessary to improve on our ability to meet our CME mission?
ACTIVITY/EDUCATIONAL INTERVENTION PLANNING C2-C6	
C2	<p>Identifying health care problems ➡ gaps* in practice ➡ learning needs.</p> <ul style="list-style-type: none"> ▪ What sources will we use to identify problems, the gaps in practice that the problems are related to and the learning needs to close the gap? ▪ How will we determine professional practice gaps of our own learners? ▪ Is the activity, as related to the professional practice gap identified, intended to address a need for knowledge, competence and/or patient behavior? <p><i>*Gap is the difference between actual and ideal performance and/or patient outcomes. In patient care, the quality gap is the “difference between present treatment success rates and those thought to be achievable using best practice guidelines.”</i></p>
C3	Are our CME activities/educational interventions intended to change competence, performance, or patient outcomes as we described in our mission statement?
C4	Does the content of CME activities/educational interventions match our learner’s scope * of practice? <i>*Scope is defined as the level of medical responsibility and/or health services a practitioner is legally authorized to offer to the public.</i>
C5	Is the educational format appropriate for what the activity is trying to accomplish?
C6	Do our CME activities correspond with the competencies identified by the IOM and/or ABMS/ACGME?
STANDARD FOR COMMERCIAL SUPPORT CRITERIA	
C7	Our program will develop our CME activities/interventions independent of commercial support. (SCS 1,2,6)
C8	Our program will be responsible for and the management of commercial support. (SCS 3)
C9	Our program will maintain separation of promotion from education. (SCS 4)
C10	Our program will promote improvements in healthcare and not proprietary interests of commercial interests. (SCS 5)
EVALUATION AND IMPROVEMENT CRITERIA	
C 11	<p>DEFINE AREA OF CHANGE We will analyze changes in learners’ competence, performance and/or patient outcomes achieved as a result of the overall program’s activities/educational interventions.</p> <ul style="list-style-type: none"> ▪ Consider evaluation/outcome of your individual activities or related groups of activities/multiple interventions to analyze results of overall program’s activities/educational interventions.
C12	<p>DEFINE AREA OF CHANGE According to data from our analysis (C11) and (any other relevant information), we will analyze the degree to which our CME program meet our mission statement.</p>
C13	<p>PLAN – DEVISE A PLAN TO MAKE THIS CHANGE We will plan the needed or desired changes in the overall program required to improve on ability to meet our mission.</p>
C14	<p>DO-IMPLEMENT THE ACTION ON A SMALL LEVEL We will demonstrate that the plan is underway or completed.</p>
C15	<p>STUDY -We will measure the impacts of program improvements required to improve on our ability to meet our</p>

	mission.
C11-15	ACT- Based on our findings, we will revise the intervention and repeat C11-15. ¹
ACCREDITATION WITH COMMENDATION – INTEGRATION OF CME PROGRAM COMPLIANCE WITH C1-15 AND C 16-22 An organization that meets Criteria 16-22 is integrated into other systems (beyond the CME program itself) such as hospital initiatives for improving professional practice; goes beyond the provision of <i>AMA/PRA Category 1 CME™</i> ; collaborates with other stakeholders; and demonstrates involvement in continuous quality improvement to remove, overcome or address barriers to improving healthcare.	
C16 C 20 C 21 C 22	<ul style="list-style-type: none"> ▪ Is the CME program engaged in the hospital or health care system initiatives for improving the quality of patient care through collaboration with other stakeholders inside the hospital or health care system? Does it implement activities and educational interventions to improve professional performance including patient safety and health care quality outcomes?
C 17	<ul style="list-style-type: none"> ▪ Does the CME program facilitate desired changes in attitudes, knowledge, competence or performance through other means in addition to CME activities/educational interventions?
C 18	<ul style="list-style-type: none"> ▪ Does the CME program identify barriers to changing learners’ attitudes, knowledge, competence and/or performance that impact on patient outcomes?
C 19	<ul style="list-style-type: none"> ▪ Does the CME program implement strategies to remove barriers to changes in learners’ attitudes, knowledge, competence or performance?

¹ PDSA uses elements of CQI to implement rapid change-develop interventions, implement them on a small scale, and continually revise them.