Case Log Instructions: Maternal-Fetal Medicine
Review Committees for Obstetrics and Gynecology

BACKGROUND

The ACGME Case Log System was established in 2001. It is a data repository to support programs in complying with requirements, and to provide a uniform mechanism to verify the clinical experience of residents and fellows in ACGME-accredited programs. The Case Log System is HIPAA-compliant and has the necessary agreements in place, created by the ACGME, between the covered entities and the Sponsoring Institution. Fellows will be familiar with the Case Log System from their residency programs.

The Case Log System helps assess the breadth and depth of the clinical experience provided to fellows by a reproductive endocrinology and infertility fellowship. It is the responsibility of the fellows to enter their case data accurately and in a timely manner, and the responsibility of the program director to ensure that the fellows' Case Logs are accurate. The case volume provided by each program is analyzed by the ACGME. Reports are created for the fellows, program directors, and the Review Committee. Minimum numbers of procedures have not been determined at this time.

Email Case Log System content questions and comments to Review Committee staff: OBGYN-RC@acgme.org. Email technical questions about the system to ADS@acgme.org.

GUIDELINES

- Fellows should enter cases on a regular basis, ideally daily.

- The following procedures and patient care types are tracked in the Case Log System for maternal-fetal medicine:
    - Deliveries
    - Multiple gestation
    - Cesarean hysterectomies
    - Cervical cerclage
    - Abnormal ultrasounds
        - abnormal fetal growth (<10th percentile or >90th percentile)
        - fetal malformation
        - abnormal placentation
        - genetic disorder
    - Amniocentesis
    - Cordocentesis
    - CVS
    - Placental accreta
    - Placental previa
    - Patient visits—*only logged first time patient seen*
        - Consult

- Ongoing medical management of co-morbidity
  - Co-morbidities
    - pre-existing diabetes mellitus
    - cardiac disease
    - pre-existing hypertensive disease
    - hypertensive disease of pregnancy
    - bacterial infection (other than GBS)
    - viral infection
    - parasitic infection
  - Gestational age for deliveries, abnormal ultrasound, amniocentesis, cordocentesis, and CVS

- It is important that the same Case ID be used each time an individual patient is entered.

COMMON QUESTIONS

Are fellows required to enter cases into the Case Log System starting August 1, 2017?
Yes—logging is required. As noted above, the 2017-2018 academic year was a learning period for both programs and the Review Committee. Data collected during this year will not be used to determine Case Log minimums.

Do fellows currently in the program need to go back and log patient encounters that occurred prior to August 1, 2017?
No, fellows are not expected to back-enter any data. They can do so if they wish to have the information for their own records.

When will the Case Log data start to "count"?
Starting July 1, 2018, the Review Committee began using Case Log data to determine Case Log minimums. It is anticipated that required minimum numbers for maternal-fetal medicine will be established in late 2021.

How do the fellows get an ID and password to access the Case Log System?
New fellows will have an ID and password assigned and emailed to them when they are first entered into the Accreditation Data System (ADS) by the program. For fellows who were in the program prior to the Case Log application, program directors or coordinators should go to the Resident Roster in ADS and click on "Grant User." This will create and email IDs and passwords to existing fellows. In either case, fellows will be required to change their passwords the first time they log into the system.

Can attending physicians not included in the program's Faculty Roster in ADS be included in the Attending list?
Yes. To add an attending physician to the Case Log System: Quick Links > Case Log Attendings > Add Case Log Attending. Only a name and email address are needed. The Case Log System will verify if the attending is already in the database.

How do fellows log patient visits?
Enter required information at the top of the screen (e.g., Case ID, Attending), and for Resident Role, select either "Consult" or "Ongoing medical management of co-morbidity." If appropriate, add co-morbidity(ies) below. Fellows are only required to log an individual patient the first time seen for either a consult or ongoing medical management.

If a fellow sees an individual patient for a consult and then several times for ongoing medical management, how many patient visits does the fellow need to enter into the Case Log System?
One. To reduce the burden of logging, fellows only need to log one visit for each individual patient regardless of the number of visits. Should a fellow log more than one visit, credit will be given only once. However, there is no harm if a fellow accidentally logs more than one visit for an individual patient.

How do fellows log a co-morbidity that is not listed in Case Log System?
The Review Committee is only tracking the following co-morbidities: pre-existing diabetes mellitus, cardiac disease, pre-existing hypertensive disease, hypertensive disease of pregnancy, bacterial infection (other than GBS), viral infection, parasitic infection. *Fellows are not required to log any other type of co-morbidity.* However, if fellows would like to indicate other co-morbidities for their own purposes, they can choose "other." Fellows can also identify the type of co-morbidity in the comment box. Note that information entered into the comment box cannot be included in reports.

Should fellows indicate a patient's co-morbidity(ies) each time they log an encounter with that patient?
Yes, if the patient has a co-morbidity that is being tracked: pre-existing diabetes mellitus, cardiac disease, pre-existing hypertensive disease, hypertensive disease of pregnancy, bacterial infection (other than GBS), viral infection, parasitic infection. Fellows are not required to indicate other co-morbidities although they can enter them for their own purposes (see question above).

Do fellows need to log all the ultrasounds they do?
No. To reduce the burden of logging, fellows are only required to abnormal ultrasounds: abnormal fetal growth (<10th percentile or >90th percentile), fetal malformations, abnormal placentation, and genetic disorders. Fellows are not required to log ultrasounds with normal findings. However, they may log them *for their own purposes*. Ultrasounds with normal findings are not being tracked.

How should fellows log multiple births if one baby is breech?
Fellows should first log the appropriate CPT code for a multi-fetal delivery. Then, in the same entry, add the appropriate breech presentation CPT code.

How should fellows log their participation in Cesarean hysterectomies?
Choose "Assistant" if the fellow did not actually perform the hysterectomy and the fellow's role was limited to collaboration with other specialists. Choose "Teaching Assistant" if the fellow supervised a more junior learner performing a hysterectomy. Choose "Surgeon" if the fellow performed the hysterectomy independently.

Should fellows log their participation in a delivery if their role was limited to supervising a resident?
Yes. They should choose "Teaching Assistant" when logging the case.

When will Case Log required minimum numbers be established?
It is anticipated that required minimum numbers for maternal-fetal medicine will be established in late 2021.