National Summit on Peer Learning in Radiology

#RadiologyPLS

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“For Quality Improvement purposes, the only point of looking back is to improve performance going forward”

Peer Learning

Why, Why Now and How?

Jonathan Kruskal, MB, ChB, PhD
Peer Learning - Why?

- We are not learning or improving from current peer review practices
- The focus is on achieving regulatory requirements rather than improving patient outcomes
- Peer review data are process rather than outcomes metrics
- We all know that we can and want to do better
- Reviews are retrospective and look backwards
- There is no standard way of practicing peer review – most default to agreements
- Most focus purely on discrepancies rather than learning and improvement
- Burdensome regulatory requirements are contributing to our burnout
Peer review – What Does The Evidence Show?

“We have not moved the dial in over 70 years, or perhaps we are speaking up and reporting more errors”
Peer Learning – Why Now?

• Peer learning practices are replacing peer review
  • Lets do this properly, and learn from each other
• Radiologists are burning out – our field is at risk
  • Peer learning *may* shift the balance to team building and career fulfillment
• We have fallen behind the improvement curve
There is an Organizational Groundswell
Why are we not gaining any traction?

Actually, we are gaining real traction!
Peer Learning Champions
Peer Learning – How?

What are the real goals of this summit?

“To define and set in motion next steps to develop and implement an alternate, acceptable and practical peer learning and improvement process”
Peer review is an unpopular, divisive and onerous resource-intensive and time-consuming regulatory requirement that has never been shown to improve radiologist performance or patient outcomes. Radiologists perform PR mainly because it is a requirement for site accreditation by the ACR. The process is simply a process metric rather than driving improved outcomes, learning or positive impact for our patients and other stakeholders.

I. Background – of all our problems, what is the reason for the action now?

II. Current Condition – where do we stand?

Current PR regulatory requirements are onerous and resource-intensive. Requirements are driven by the ACR and are linked to site accreditation, so there is perceived financial gain for the ACR. Radiologists perform PR mainly because it is a requirement for site accreditation by the ACR. The process is simply a process metric rather than driving improved outcomes, learning or positive impact for our patients and other stakeholders.

III. Problem statement – what problem are you trying to solve?

We're trying to develop and deploy a safe and effective process that provides constructive feedback to radiologists regarding their performance so that they can learn and improve from this constructive feedback, share the lessons learned with colleagues, and ultimately improve patient outcomes and experience. We want to add legitimate value!

IV. Cause Analysis – what went wrong? What are the root causes of the problem?

V. Goals/Target Condition/Measures of improvement – what change would you like to accomplish?

Develop a process that meets local and national regulatory requirements that has minimal impact on workflow (IT opportunity), that serves to evaluate radiologist practice performance, and that leads to learning and improvement and sharing of lessons.

VI. Proposed Countermeasures to Achieve Target – key drivers and interventions

JBK’s proposed countermeasures

VII. Countermeasures Implementation Plan – who, what, when, where, how?

VIII. Results and Process Follow Up Plan

VIII. Sustain the gain: standardize, share and spread effective processes

Recognized unpopularity and growing dissatisfaction with the impact and outcomes of current radiologist peer review practices is leading to rapid implementation of varying peer learning programs. These are not standardized, and are shown to be resource-intensive and time-consuming regulatory requirement that has never been shown to improve radiologist performance or patient outcomes. Radiologists perform PR mainly because it is a requirement for site accreditation by the ACR. The process is simply a process metric rather than driving improved outcomes, learning or positive impact for our patients and other stakeholders. The reason for our action now is to clarify the actual requirements and to design, develop and deploy peer learning practices that will provide radiologists a new option for performance review, learning and improvement, that meets all regulatory requirements.
The Perspective of Certifying Bodies
What Does The Joint Commission Require?

Ongoing Professional Practice Evaluation (OPPE)
Program: Hospital and Critical Access Hospital
Chapter: Medical Staff
Standard number: MS.08.01.03
Standard Text: Ongoing professional practice evaluation information is factored into the decision to maintain existing privilege(s), to revoke existing privilege(s), or to revoke an existing privilege prior to or at the time of renewal.
Rationale: None

Element of Performance:
1. The process for the ongoing professional practice evaluation includes the following: There is a clearly defined process in place that facilitates the evaluation of each practitioner's professional practice.

Implementation Suggestions:
• Data are collected for every practitioner:
  o Not just for those with performance issues
  o Information is used to identify performance issues early so intervention can occur early.
• Use data you already collect to track compliance when possible:
  o Surgical Care Improvement Project (SCIP)
  o Core measures
  o Medical record delinquency
  o Medical staff performance improvement data as required at MS.05.01.01
  o Return to surgery data
  o Infection control surveillance data
  o Procedure complication data
  o Other types of data
• Define how the data are collected:
• Define who reviews the data:
  o Department chair
  o Credentials committee
  o Medical Executive Committee (MEC)
  o Special committee
• Define frequency of data evaluation:
  o Must be more frequent than annually.
  o Many organizations evaluate every 6–8 months so there are three data points at time of reprivileging.
• Define how the data will be evaluated:
  o What is acceptable
  o What is not acceptable
  o What needs further monitoring
  o When FPPE needs to be considered/implemented

The OPPE process
Define Peer Learning and Improvement: What it is and what is it NOT

- PL is the practice of identifying, reporting, analyzing and sharing the spectrum of learning and improvement opportunities.
- PL is NOT an excuse for failure to report improvement opportunities.
- Can and should PL be part of a larger performance evaluation program, such as the OPPE process?
- Why has never standardized, developed or proposed a radiology OPPE template?
Lessons, Literature and Surveys
*What We’ve Learned Along the Way*

• One size will not fit all practices and cultures
• We must resolve the issue of numerators and denominators
• Regulatory requirements have skewed the focus to discrepancy detection
• There will always be a role for traditional peer review – the FPPE process
• Radiologists embrace many aspects of patient care
• Improvement occurs by collecting and effectively analyzing the right data
• Don’t lose focus on what you are trying to achieve
• Focus on ongoing evaluation to identify shareable learning opportunities
A Standardized Radiologist OPPE program

Data categories

OPSA data

Record/report review

Clinical Privilege review

Multisource feedback

Outcomes review

Compliance

Radiology Ongoing Professional Practice Evaluation Plan

Beth Israel Deaconess Medical Center

Name:

Department of Radiology:

- New Member as of:
- Existing Member/New Privilege

Dates of Evaluation: From: To:

Compliance to be Evaluated (Refer to MS 20 Monitoring the Performance of Medical Staff Members):
- Specialty Board Certification status
- Maintenance of licensure (NOC, CMS) or support privilege
- Current license
- Compliance with mandatory training
- Adverse patient event
- Incidence complaint
- Compliance with mandatory screening
- Medical record review
- Departments of radiology review

All of the following items are to be reviewed during the evaluation period:

Data categories:

- Medical record review
- Audit of content of report and report recommendations versus section members
- Timeliness of reports/ERX (versus peers and department practice guidelines)
- Privilege specific results from division Peer Learning Program
- Participation in peer review process (administration of 120 cases/year, 3% quarterly)
- Peer review data review (versus peers in division and national benchmarks)
- Quality case review
- Multisource Feedback from Stakeholders
- Direct observation of member while conducting a procedure
- Interpersonal and communication skills, including interactions with patients/family
- Feedback from 5-10 colleagues, referring physicians and co-workers
- Leadership skills (for section chiefs and modality directors)
- Surveys of peers and other technical staff involved in patient cases with the member

Patient and Procedure Outcomes
- Procedure outcome data (for 12 staff)
- Compliance with Mandatory Institutional Requirements
- Communication and documentation of critical findings
- Compliance with Universal Protocol

Name of Person who will conduct evaluation: Jonathan Konkel, MD and Section Chief

Division Chief:

Department Chief, Jonathan Konkel, MD, PhD
The road to PL is paved with many practical, cultural, regulatory, Institutional and local hurdles
Getting your Culture Right

The less formal ingredients for success

- A Just culture - speak up safely
- Seek improvement opportunities
- Supporting the second victim
- Effective reporting structures and processes
- Effective learning improvement conferences
- Sharing the lessons learned
- This is not optional
Joint Commission issues new alert on developing reporting culture to improve health care safety systems

Sentinel Event Alert 60: Developing a reporting culture: Learning from close calls and hazardous conditions

Identifying and reporting unsafe conditions before they can cause harm, trusting that either staff and leadership will act on the report, and taking personal responsibility for one’s actions are critical to creating a safety culture and nurturing high reliability within a health care organization.
Opportunity Reporting Systems

- Non punitive
- Secure and non discoverable
- Easily accessible
- Good catches and close calls
- Identifies safety hazards
- Recognition programs
- Feedback loops
- Owned and managed
- Effective analysis & trending
- Written operating procedure
- Standardized accountability

Systems for Accountability

[Diagram of Incident Decision Tree]
Consider the Contributors – Enable Analysis and Improvement

- Personnel
- Procedures
- Policies
- Programs
- Processes
- Pressures
- PACS-related
- Practice politics

Outcome
The Contributor-Impact Chart
One way to think about what factors contribute to a suboptimal outcome

A Guide for Analysis of Contributors

Radiologist contributors
- Near miss, or caught in time
- Perceptual
  - Observational
  - Satisfaction of search
- Cognition/interpretive
  - Overcall
  - Undercall
  - Misclassification
  - Knowledge gap
- Report-related
  - Content
  - Recommendations
  - Communication
- Report-related

System contributors
- Indication or Information provided
- Imaging technique or protocol
- Patient factors & comorbidities
- Teaching & supervision related
- Work environment
- PACS factors
- Other process related factors

Environment

Perception
- Observational
  - Satisfaction of search
- Other biases

Cognition
- Overcall
- Undercall
- Misclassification
- Knowledge gap

Report
- Content
- Communications
- Documentation
- Recommendations

Technique and technical factors
- Scanning parameters
  - Scanner
  - Protocol
  - Contrast-related
  - Modality

Patient factors
- Hardware/artifacts
- Co-morbidities
- Motion

Impact

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IT Solutions and Opportunities

• The focus has been on IT solutions that meet PR requirements
• Little attention to PL practices
• The role of machine learning in personal and practice performance improvement
• The promise of personalized learning and improvement
• Criteria for developing peer improvement cognitive technologies:
  • Secure and anonymized
  • Least impact on workflow
  • Managed and manageable
  • Learning improvement systems that can be shared
  • Meet and manage OPPE requirements
A 2020 Vision for Peer Learning
Enable the Process
Genuinely engaged leadership
Learning improvement community
Let the OPPE process drive & guide
Establish a Just Culture
“We all make errors, by reporting them we can learn and improve outcomes”
Reporting is encouraged & expected
Reporting recognition program
Establish trust in the process
No blame or fear of punishment
Maintain anonymity
Look beyond discrepancies:
  - Close calls and near misses
  - Great catches
  - Unsafe conditions and hazards
  - Consider all aspects of what we do
Reporting emphasizes opportunities
Timely management minimizes harm
Hold system managers accountable

Written description of program

Clear definition of what system and individual issues can and should be reported

Managed Learning Reporting System

Confidential constructive feedback to Individuals

Feedback loop to reporters

NO scoring - Scoring fuels blame

Learning Improvement Conferences
Shared learning opportunity
Convened by trained Peer Learning Leader*

Process is Clearly defined:
Attendance rate (suggest at least 50%)
Meeting frequency (at least 6/year)
Formal record of consensus-derived outcomes
Close loop on notification to provider
Summary of discussions/learning points
*Template opportunity here
Confidential feedback to individuals
Categorization of reported cases
Use a standardized accountability and incident reporting tree if necessary
Readily available summary statistics
Identify, initiate and share PQI projects

Focus on shared learning, RCA of contributors, learning points, elimination of harm, existent biases, follow up actions, process improvement opportunities

Effective oversight of projects, and sharing of opportunities, lessons & improvements

Academic opportunities

Consider submission of illustrative cases to a national shared learning database, such as RadImprove

See  Submit  Study  Share