



# Incorporating Peer Learning Concepts into a Hospital Medical Staff System for Professional Practice Evaluation

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# Common Questions

## from Those Moving to Peer Learning

- How do you convince your Medical Staff Office not to demand to use peer review “accuracy” data for OPPE?
- How do you meet TJC requirements for peer review?

# Health Care Organizations: 2 Priority Asks

- To create culture & processes to accelerate improvement of clinical care delivery
- To have processes that collect practitioner specific data in order to determine the competency of practitioners to provide high-quality, safe patient care
- At odds culturally
  - 1: Culture of safety, mutual trust, transparency, collaboration
  - 2: Judgmental, punitive, anti-thesis to culture of safety
  - Erode trust of institutions commitment to a culture of safety

# Monitoring the Competency of Practitioners

- TJC / CMS
- “Determining the competency of practitioners to provide high quality, safe patient care is one of the most important” activities
- “A series of activities designed to collect, verify, and evaluate data relevant to a practitioner’s professional performance”
- Used in large stake decisions such as “recommendations to grant or deny initial and renewed privileges”

Joint Commission MS.06.01.01 – MS.08.01.03. Oakbrook Terrace, IL: TJC 2019

CMS Requirements for hospital medical staff privileging. Baltimore, MD, CMS, 2004

# TJC OPPE – Peer Review

- >1,500 TJC elements
- Information from peer review or peer recommendation *can* be used for OPPE
- Does not say it has too
- Does not state peer review required
- Does not dictate how performed

# Fostering System Improvement in Clinical Care

- 1999 IOM (To Err is Human), 2015 IOM (Improving Diagnosis)
- Improvement science to address systematic and human factors to improve reliability, quality, & safety of care
- Create a learning organization
- Called out that traditional peer review (focusing on an individual's errors) is ineffective & counterproductive
- Peer learning

To err is human: building a safer health system. Washington, DC: National Academy Press, 2000

Improving diagnosis in health care. Washington DC: The National Academy of Sciences, The National Academies Press, 2015



# Stanford Children's Professional Practice Evaluation Triage Process

## Professional Practice Evaluation Committees (PPECs)

Evaluation of events to identify system issues and implement improvements in care delivery

### Potential Outcomes:

- No Intervention
- Local improvement Project
- System Improvement Project
- Teamwork Enhancing Event
- Education
- Referral to Care Improvement Committee for complex or multidiscipline Issues

Improvement

Sequestration

Individual Provider Competence

## Performance Review Committee

Evaluation of concerns raised about a specific provider's performance

### Potential Outcomes:

- No Intervention
- Counseling
- Coaching
- Education
- Performance improvement plan
- Focused Professional Practice Evaluation (FPPE)

## Physician Behavior Process

Evaluation of concerns raised about a specific provider's behavior

### Potential Outcomes:

- No Intervention
- Counseling
- Coaching
- Professional communication training
- Behavioral improvement plan
- Referral to wellbeing support
- Referral to the Medical Executive Committee

# PPECs

- Subspecialty-oriented
- Inputs: Self-submitted, pre-specified triggers, incident reports, serious safety events, patient complaints
- 12: Heart Center, Pediatric Specialties, Pediatric Critical Care Medicine, Solid Organ Transplant, Surgical Specialties, Trauma, Obstetrics, Anesthesia, Neonatology, Pathology, and Radiology
- 2 physician co-leaders, quality manager, MDs from represented subspecialties, & relevant nursing or other clinical representatives
- Focus: system issues, communication, team



# Advantages

- Enabled us to achieve both the oversight mandates to ensure provider competence while at the same time maintaining the cultural aspects of trust and teamwork that are essential to driving improvement in our system of care
- Significant percentage of our medical staff involved in the PPEC process, functioning in a supportive and respectful environment where it is acknowledged that everyone makes mistakes, increases the engagement and perhaps wellness of those providers

# Approach to Medical Staff Office

- Not to convince MSO to let Radiology use Peer Learning
- Convince the Medical Staff Office to switch to a Peer Learning approach
- No TJC requirements for Peer Review

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