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NAMSS

47th

EDUCATIONAL
CONFERENCE & EXHIBITION

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Building Better:
Setting the Foundation
for the Future of the Profession

Tying It Together

Quality, Patient Safety & Peer Review

#NAMSS23

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"We Together"

Working together to improve the health of our community

Stormont Vail Health is an integrated healthcare system based in Topeka, Kansas, composed of Stormont Vail Hospital and the Cotton O'Neil medical group. Stormont Vail Hospital and Cotton O'Neil joined in 1995 to form Stormont Vail Health.

Stormont Vail Hospital

Licensed Beds	586
Births	1,498
Surgeries	17,646
Inpatient Admissions	19,380
Emergency Visits	53,405
Outpatient Visits	156,726

Cotton O'Neil

Primary Care & Specialty Clinics	30+
Express Care Visits	86,392
Clinic Visits	763,858

| Unique Patients Served | 209,429 |

STORMONT VAIL HEALTH

- Employed Physicians – 283
- Employed Advanced Practice Providers – 251
- Employees – 5,452
- Volunteer Hours – 25,349
- Total Consolidated Assets – $1,031,856,715
- Consolidated Operating Revenue – $877,153,553
- Community Benefit – $55,508,502*

Stormont Vail Health covered the cost of $76,018,202 (amount of charges written off for charity, not cost)
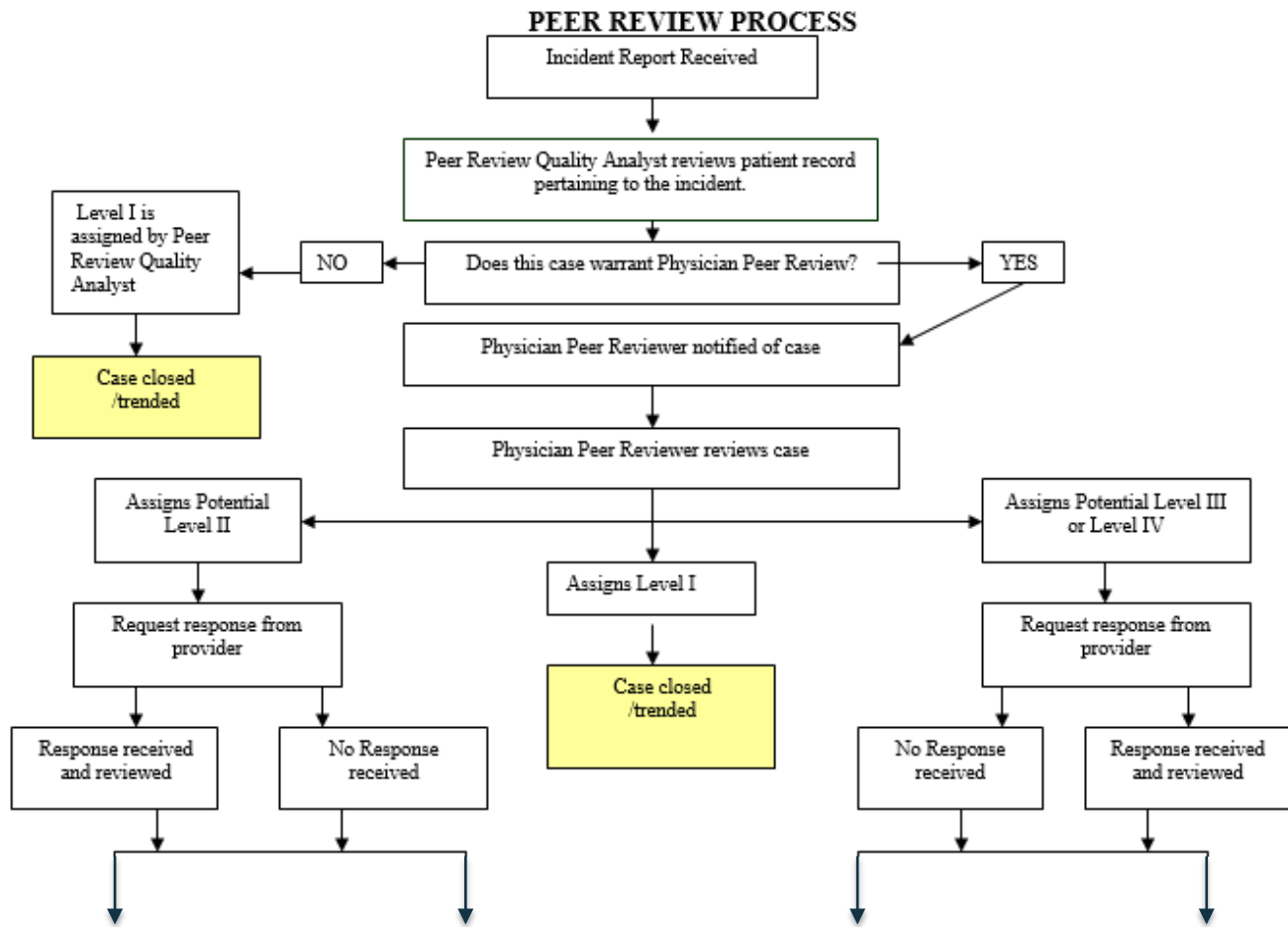
*As reported on our most recent IRS Form 990

Cost of Not Doing Peer Review Well

- Patient Harm/Injury
- Practitioner Burnout
- Malpractice Claims
- Medical Staff Leadership Burnout
- Reputation Practitioner and/or Organization
- Risk of Negligent Credentialing
- Not identify system opportunities
- Lower quality of care

Medical Staff Peer Review Plan

Medical Staff Peer Review Plan (Old Process)

PEER REVIEW PROCESS

Incident Report Received

↓

Peer Review Quality Analyst reviews patient record pertaining to the incident.

↓

Does this case warrant Physician Peer Review?

- NO → Level I is assigned by Peer Review Quality Analyst → Case closed /trended
- YES → Physician Peer Reviewer notified of case

↓

Physician Peer Reviewer reviews case

- Assigns Potential Level II
  - Request response from provider
    - Response received and reviewed
    - No Response received
- Assigns Level I → Case closed /trended
- Assigns Potential Level III or Level IV
  - Request response from provider
    - No Response received
    - Response received and reviewed
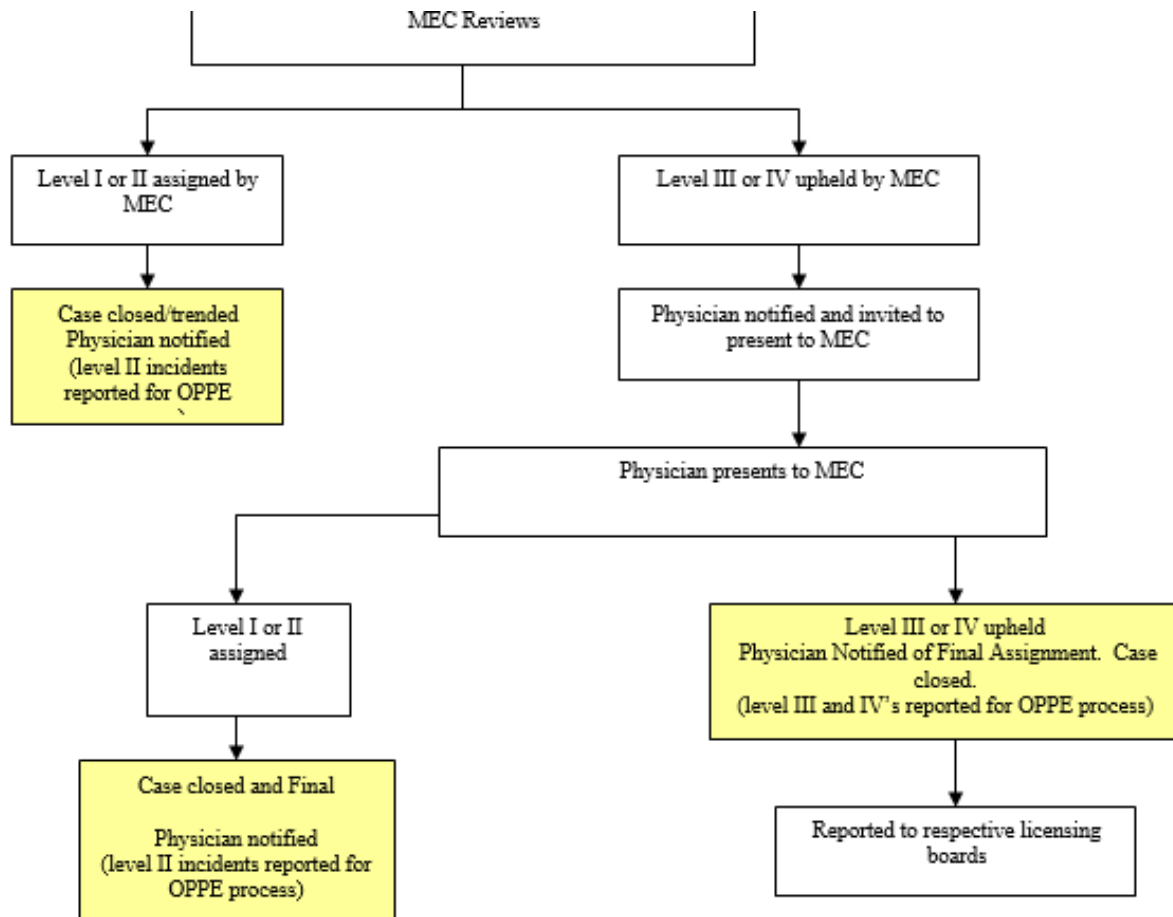
Medical Staff Peer Review Plan (Old Process) Cont.

Medical Staff Peer Review Plan (Old Process) Cont.


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                        MEC Reviews
                            |
            +---------------+---------------+
            |                               |
    Level I or II assigned by        Level III or IV upheld by MEC
           MEC                               |
            |                                |
    Case closed/trended           Physician notified and invited to
    Physician notified                  present to MEC
    (level II incidents                      |
    reported for OPPE                         |
                                     Physician presents to MEC
                            +-----------------+-----------------+
                            |                                   |
                     Level I or II              Level III or IV upheld
                       assigned                 Physician Notified of Final Assignment. Case
                            |                   closed.
                            |                   (level III and IV's reported for OPPE process)
                    Case closed and Final                       |
                                                                |
                    Physician notified              Reported to respective licensing
                    (level II incidents reported for         boards
                    OPPE process)
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Peer Review

- The care provided by a physician may be identified for review by an incident report completed in compliance with K.S.A. 65-4916.
  - Standard of Care Determination: Each peer review matter will be evaluated, and assigned a Standard of Care (SOC) Score according to the following
    - A SOC of 1 will be assigned if it is determined that a clinical concern has been identified, but no deviation from the standard(s) of care has been identified.
    - A SOC of 2 will be assigned if it is determined that the standard(s) of care are not met, without any probability of causing injury.
    - A SOC of 3 will be assigned if it is determined that the standard(s) of care are not met, with injury occurring or reasonably probable.
    - A SOC of 4 will be assigned if possible grounds for disciplinary action are identified.

Peer Review

- Process is about scoring the event
- Lack of education
- Practitioner limited involvement until scored
- Very process driven
- May not even be aware of the event

If I Don't Put Patient Safety 1ˢᵗ Who Will?

Why Might the Peer Review Process Not Work?

- Process is viewed as punitive.

- Practitioner is not aware of the process.

- Practitioner is not given an opportunity to provide input.

Why Do Events Go Unreported?

- Perception, that nothing happens when an event is reported.

- Assume someone else will report it.

- Individuals don't want to get anyone in trouble.

- Individuals don't know how to report it.

- Fear of retaliation.

Tying It Together

Kevin Dishman, MD
Sr. Vice President, CMO & Quality Officer

Chad Yeager
Vice President, Clinical Quality

Karen Reed-Coffman, MBA, CPMSM, CPCS, Director

Tiffany Lambeth, BSN, RN
Peer Review Program Manager

Mark Synovec, MD
Bylaws Committee Chair

Kimberly Brey, MD
Chief of Staff

Identify Goals

- To create an environment/culture that provides an opportunity for learning
    - Culture change takes time
    - Consistent messaging
    - Strong Medical Staff Leadership in collaboration partnering with Administration

- Change policies
    - Working with Bylaws Committee
    - MEC
    - Approval process
    - Implement
    - Communicate, communicate, communicate

- Know your state regulations for peer review

Assessment of the Processes

- Assess the current process
  - Medical Staff
  - System
  - Quality
- Expectations
  - Medical Staff
  - System
  - Governing Board

Changing the Environment from "Punishment" to <u>Education</u>

- System process changes
- Practitioner process changes
- Education and/or training
- Communication
- Equipment
- Medical Staff expectations

Working Together

- Medical Staff
- Quality
- Organization/Administration
- Peer Review

Vision

- Change the process
- Communication
- Participation
- Education

Bylaws, Policies and…

- Medical Staff Leadership Committee
  - Membership
    - Chief of Staff, Chief of Quality, Chief of Professional Enhancement, 2 Members at Large (former medical staff leaders)
    - CMO (ex officio), Medical Staff Services Director (ex officio), Legal Counsel (in house)
  - No disciplinary authority
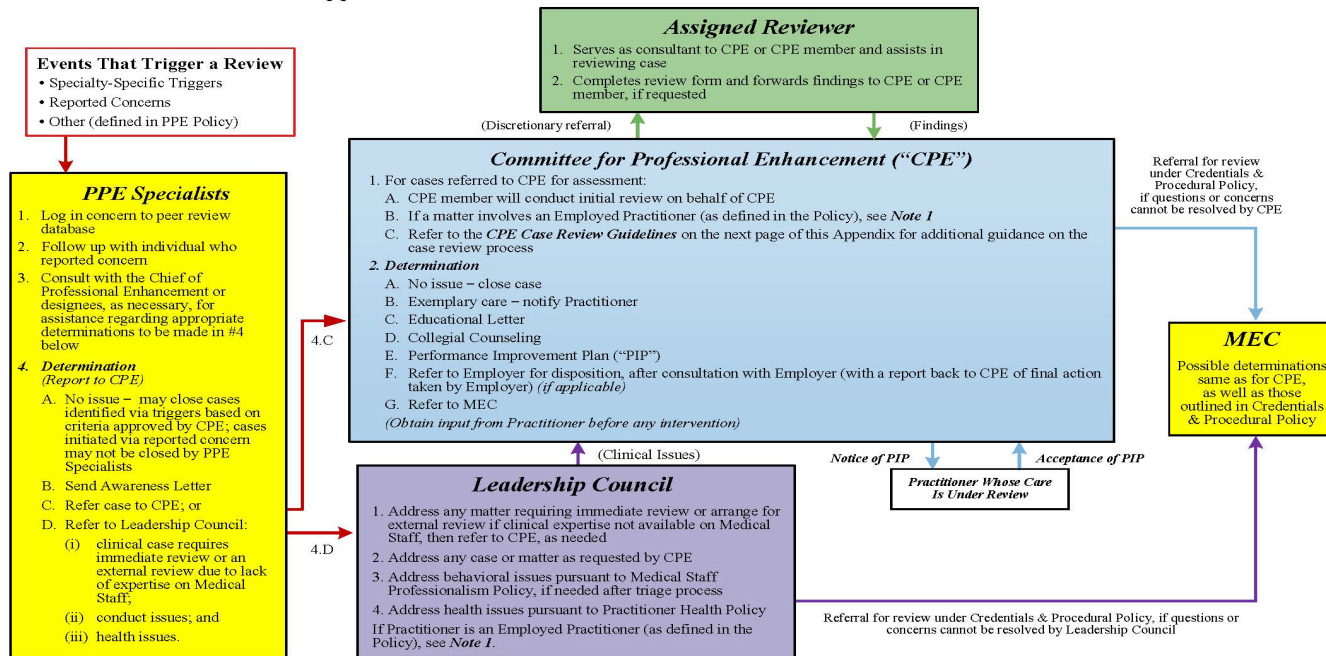 - Medical Executive Committee receives oversight report

Peer Review

- New Process
  - Provider notified shortly after the date of the reported event
  - Asked for feedback
  - Education provided
  - Reviewers are looking at the quality of care provided and whether there is an opportunity for improvement
  - Events are scored at later time by MEC
  - Fair, consistent, transparent process

Improved Medical Staff Peer Review Plan

STORMONT VAIL HEALTHCARE

Appendix A: Flowchart of Professional Practice Evaluation Process

Assigned Reviewer
1. Serves as consultant to CPE or CPE member and assists in reviewing case
2. Completes review form and forwards findings to CPE or CPE member, if requested

(Discretionary referral)   (Findings)

Events That Trigger a Review
- Specialty-Specific Triggers
- Reported Concerns
- Other (defined in PPE Policy)

PPE Specialists
1. Log in concern to peer review database
2. Follow up with individual who reported concern
3. Consult with the Chief of Professional Enhancement or designees, as necessary, for assistance regarding appropriate determinations to be made in #4 below
4. **Determination** *(Report to CPE)*
   A. No issue – may close cases identified via triggers based on criteria approved by CPE; cases initiated via reported concern may not be closed by PPE Specialists
   B. Send Awareness Letter
   C. Refer case to CPE; or
   D. Refer to Leadership Council:
      (i) clinical case requires immediate review or an external review due to lack of expertise on Medical Staff;
      (ii) conduct issues; and
      (iii) health issues.

4.C   4.D

Committee for Professional Enhancement ("CPE")
1. For cases referred to CPE for assessment:
   A. CPE member will conduct initial review on behalf of CPE
   B. If a matter involves an Employed Practitioner (as defined in the Policy), see *Note 1*
   C. Refer to the *CPE Case Review Guidelines* on the next page of this Appendix for additional guidance on the case review process
2. **Determination**
   A. No issue – close case
   B. Exemplary care – notify Practitioner
   C. Educational Letter
   D. Collegial Counseling
   E. Performance Improvement Plan ("PIP")
   F. Refer to Employer for disposition, after consultation with Employer (with a report back to CPE of final action taken by Employer) *(if applicable)*
   G. Refer to MEC
   (Obtain input from Practitioner before any intervention)

Referral for review under Credentials & Procedural Policy, if questions or concerns cannot be resolved by CPE

MEC
Possible determinations same as for CPE, as well as those outlined in Credentials & Procedural Policy

(Clinical Issues)

Notice of PIP   *Acceptance of PIP*

Practitioner Whose Care Is Under Review

Leadership Council
1. Address any matter requiring immediate review or arrange for external review if clinical expertise not available on Medical Staff, then refer to CPE, as needed
2. Address any case or matter as requested by CPE
3. Address behavioral issues pursuant to Medical Staff Professionalism Policy, if needed after triage process
4. Address health issues pursuant to Practitioner Health Policy
If Practitioner is an Employed Practitioner (as defined in the Policy), see *Note 1*.

Referral for review under Credentials & Procedural Policy, if questions or concerns cannot be resolved by Leadership Council

SYSTEM ISSUES identified at any level shall be referred to the appropriate person/committee and reported to CPE, which shall monitor the issue until resolved.

The Leadership Council or CPE may refer a case for review during a **PEER LEARNING SESSION** or request that the **LESSONS LEARNED** from the case be otherwise disseminated, after the review process for an individual Practitioner has been completed.

Note 1: If the Practitioner is employed by SVH ("Employer"), the Leadership Council or CPE may notify an SVH representative with employment responsibilities of the review and request assistance in addressing the matter. If the Practitioner is employed by an SVH-related entity or a qualifying private entity (both also referred to as "Employer"), the Leadership Council or CPE may notify a representative of the peer review committee within the Employer and request assistance in addressing the matter. In all these situations, a representative of the Employer may be invited to attend meetings of the Leadership Council or CPE, participate in deliberations, and participate in interventions.

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Progressive Steps Continuum

| Informational Letter | Educational Letter | Collegial Conversation | Performance Improvement Plan (PIP) | Disciplinary Action |

Collegial Interventions

- Assess the situation

- Plan

- Prepare

- Talking Points

- Listen

Success and Failures

- Practitioner specific review
- Improve "systems" of care = improves the quality of care
- Improve patient safety
- Improve patient satisfaction scores

Quality

- Referrals
  - CPE
  - Medical Staff Quality Committee
  - Quality Patient Safety Leadership Committee (system opportunities)
  - Refer identified practitioner opportunities through CPE
  - Collaborative effort
- Education
- Peer Review Program Manager refers to
  - Nursing
  - Risk Management
  - Human Resources
  - Pharmacy

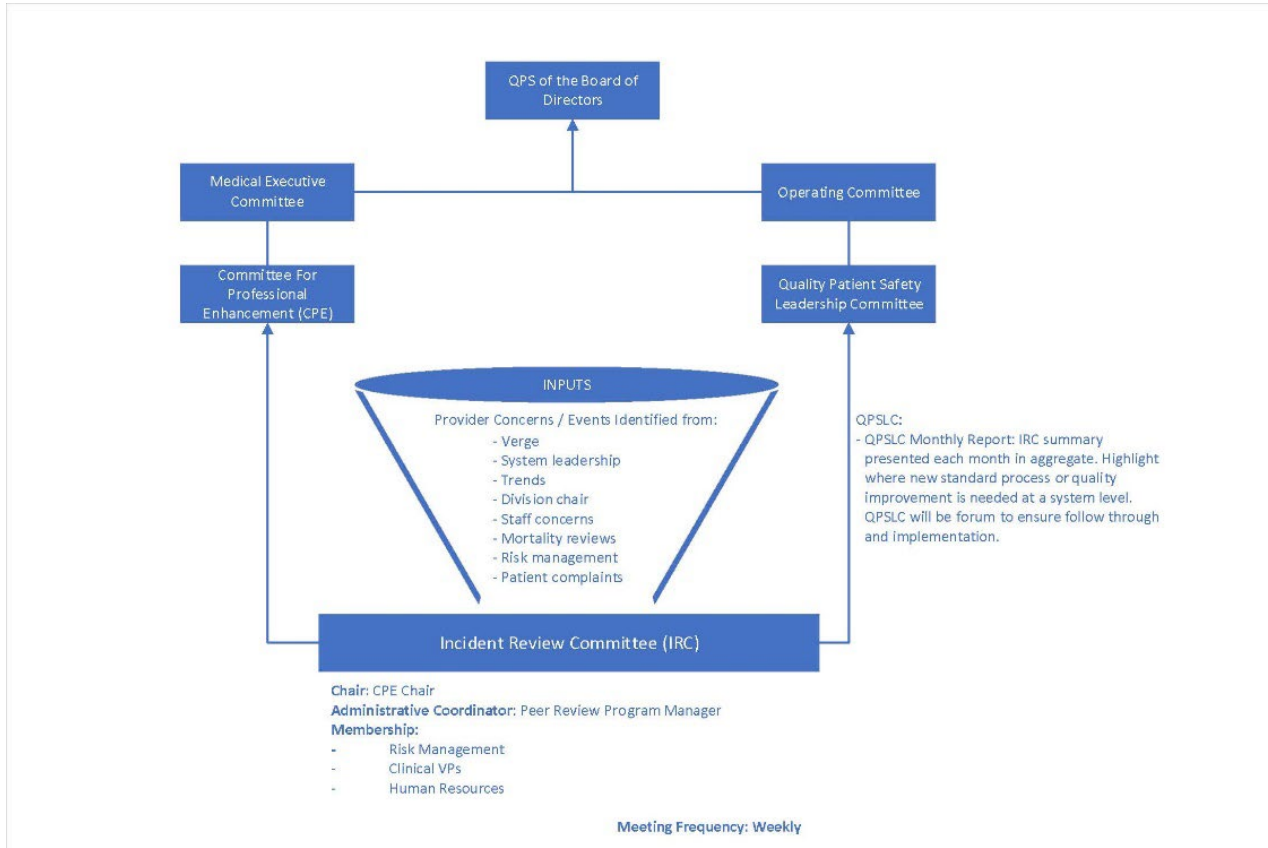# Creating a Culture of Safety Through Opportunities

- Create an environment where all employees feel safe/comfortable reporting

- Opportunity for a System change

- Opportunity for Education for a practitioner/practitioners

- Collegial Conversations

Cycle of Growth

- Adapt
- Adjust
- Listen
- Revise

Evolution - Incident Review Committee

Thank you for attending
Tying It Together!

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Questions & Answers

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