TEAMHealth

Getting Peer Review to Work for the Doctors

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Who has peer review?

- Who does it based on projects?
- Who has realized the non-punitive culture that we hope for?
- Who believes that their process educates the others durably?
- Does is help patients in your institution?
- What's missing?

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Who has Peer Review that the doctors cite as valuable and meaningful?

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Agenda


Doctors' Traits


Goals of Process


Do's and Don'ts


Examples

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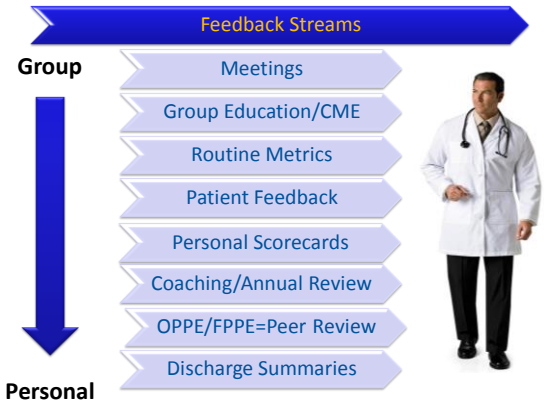
"Physicians are **quick to challenge** performance data and to identify methodological problems with them. But the fact is that they are **mesmerized by data** and **cannot look away**."

- Dr. Thomas Lee: *Turning Doctors Into Leaders*, Harvard Business Review, April 2010.

Doctors

- Want to learn
- Crave coaching and feedback
- Community practice misses the mark!



More About Doctors

- Don't enjoy paperwork
- Suffer enormously with legal action
- Usually will own errors—cognitive therapy!
- Are exceptionally hard on themselves!

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Goals of Education Centered Review

- Promote quality, current patient care
- Create a safe forum to learn from adverse events
- Empower a physician group to identify poor quality in their own group safely

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Required Elements of Peer Review

- Protected and Compliant
- Hardwired/expected
- Educational
- Collegial
- Highlights system problems (and solves them)

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Linkage of Risk Management and Peer Review is a Crucial Step in Engagement of Doctors

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The Secret Weapon

- Someone controls what cases get reviewed
- That person has the power to stimulate change

No animals were harmed in the making of this picture.

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Results of Peer Review

- Less utilization
- Better utilization
- QI projects emerge
- Departments talk to each other

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Easy to Miss

- Interface between departments
- Accountability of leaders for results
- Inter-department events

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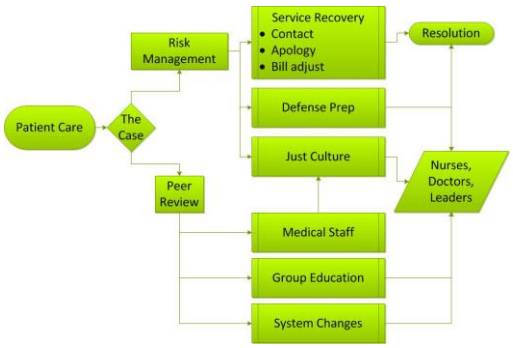
Event Flowsheet



Design a "Good Enough" System

- The form can vary
- The flow must not
- Must have mechanism for remediation
- Must have an appeals process
- Easy to fail at the interfaces between services and departments

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WRITE IT ALL DOWN!

- Create a Peer Review Playbook
- Get feedback on process
- Living document

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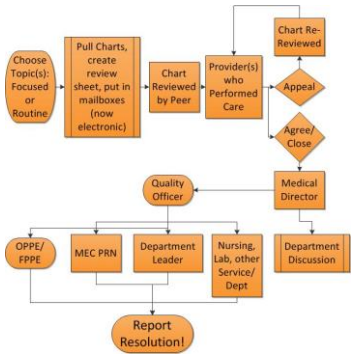
One System



Specific Things To Do

- Meals
  - Low cost
  - Important emotional connections created
  - Restore hospital as center of care cycle
  - Hard to yell over dinner…

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Specific Things To Do

- Share the lessons learned:
  - Newsletter
  - Memo
  - Culture of Learning/Learning organization
  - Standing agenda item on meetings
  - Teaches people to speak up
  - Teaches people that leaders care!

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Setting Expectations of Peer Review

- Early: Participation is expected (prehire/contract)
- Often
  - Part of hiring and orientation
    - Mention it during C-suite interview!
    - Both VPs!
  - Meet with quality person?
  - Follow up
  - Ask for feedback at 30/90 visit every time

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Bad Case: Things To Do

- Learn to apologize as an organization
- Know the rules well - don't outsource your decision to the lawyers

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Things To Do

- Provide Administrative Support
  - Chart copies
  - Track replies?
  - Pull charts
  - Tally results?
- Be respectful of doctors' time
  - Remote vs. paper
  - Pay or not?

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Effects of Punitive System

- Bad cases happen
- Protecting each other
- Circle the wagons and clam up

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Surveillance Bias

- If one group does peer review, they will find more errors!
- Be wise with reporting
- A misstep will sink the program

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Focused Topic Review

- Query based on diagnosis code/event
- 5 questions of relevance
- KISS
- Ask users for the questions to use

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Intracranial Hemorrhage Example

1. Was the neuro exam complete?
2. Was the coagulopathy addressed?
3. Was the BP controlled adequately?
4. Was the CT done timely?
5. Did the Neurosurgeon or other doctors call back timely?

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Hold Departments Accountable

- Nursing and Ancillary leaders
- Medical Staff: Medicine, Surgery, ED
- Equipment defects or deficits fixed
- Analyze and respond on paper

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The Real Miracle

- Doctors will police themselves in the right forum, but won't without it!
  - When everyone knows quality is poor, they will act.
  - When no one is sure, they won't!
- Skillful physicians will be more tolerant
- Facilitates grieving process safely

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What We Did

- Bad paper form
- Free the charts from The Room
- Start easy
- Quality dinners (ED group and Med Staff)
- Summary memos
- Periodic CME meetings based on needs

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Peer Review "two-fers"

- Pediatric CT use
  - PECARN rule compliance
  - Radiation
  - Flow
  - Cost

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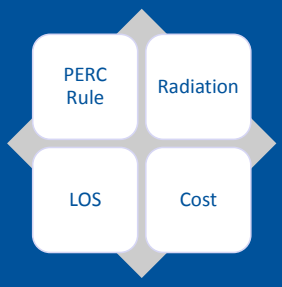
Venous Thromboembolism



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Rabies PEP

- HRIG very costly
- Multiple ED visits for vaccines
- Often done wrong in practice
- Start with HRIG report from pharmacy

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Long LOS Cases

ED over X hours

- Long stay usually a defect
- Many reasons
- Gathers data to move other defects
- Flow = money if there is a queue

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Ideas?

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The results are worth it!

Thanks!

Good Luck!

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