



One Healthcare System's Journey into MS 4.15...

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SVP Medical Affairs
Presbyterian Healthcare***

***NC Assoc for Healthcare Quality
April 12, 2012***

Outline of discussion

- **Introduce myself and Novant Health**
- **Objectives of discussion**
- **What's this new paradigm in the reappointment process?**
- **Three new concepts for the medical staff**
- **How to create an OPPE / FOPPE program**
- **How do we use the OPPE data?**
- **Challenges for the Medical Staff Office**

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Who am I?

- **Tom Zweng, MD, FACS**
 - **General surgeon**
 - **Univ Kentucky faculty 6 years**
 - **Private practice in Charlotte - 11 yrs**
 - **Chief of Gen Surgery- Presbyterian Hospital**
 - **SVP Medical Affairs for Presbyterian Healthcare**
 - **5 hospitals**
 - **Approx 2100 credentialed providers**

What is the Novant Health Corporation?

...a not-for-profit, integrated healthcare system that serves Virginia, North Carolina, South Carolina and other regions.

- 13 acute care facilities
- 25,000 employees
- 3,750 medical staff
- 2,700 licensed beds
- Novant Medical Group
 - 1,450 providers
 - 1,100 physicians
 - 350 practice locations
- 122,000 operations
- 520,000 ED visits
- 4 million medical group visits
- \$3.4 billion operating revenue

Novant – Presbyterian Healthcare



Presbyterian Hospital Matthews



Presbyterian Hospital



Presbyterian Orthopaedic Hospital

Charlotte, NC



Presbyterian Hospital Huntersville

Presbyterian Medical Staff Profile

MD' s, DO' s, Oral Surgeons & Podiatrists

- **Active** **1015**
- **Courtesy** **210**
- **Consulting** **150**
- **Associate** **65**
- **Affiliate** **105**

AHP' s **520**

TOTAL **≈ 2070**

Objectives of Discussion

- **Participant will recognize the importance of OPPE / FOPPE process in supporting the medical staff and assisting in creating a safe environment for quality patient care.**
- **Participant will have a framework in which to initiate and develop an OPPE / FOPPE process for the medical staff.**

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What Does the Joint Commission Really Want?

- **“The decision to grant or deny a privilege(s) and/or renew an existing privilege(s) is an objective evidence-based process.”**

Increasing accountability in healthcare

Who are the drivers?

Government (publicly available clinical data)
Payers (pay for performance)
Public (consumerism)
Boards (corporate compliance)
Accreditation (TJC, etc.)

Who Should Have this Oversight?

- **Physician leaders should oversee the quality of care provided by members of the medical staff**
- **The Board of Trustees and society have given physicians that right and responsibility**
- **Others can comment on various aspects of a practitioner's practice**
- **Will result in increased quality of care and a more safe environment for our patients and staff**

This New Perspective leads to a Significant Practice Change

- **Appointment & reappointment process:**
 - Cyclical: every two years
 - Largely has been a procedural process – *not now!*
- **Joint Commission** has requested
 - Greater accountability by members of med staff
 - With an additional ongoing, continuous evaluation
 - An **evidence-based** renewal
 - New process began in 2007
- An attempt to **identify performance problems early and resolve**

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Three New Concepts

- **Ongoing Professional Practice Evaluation (OPPE)**
 - A global overview of a practitioner
- **Focused Professional Practice Evaluation (FOPPE)**
 - A closer look at a practitioner or a procedure
- ***General Competencies - a framework to create a process***

Three Important New Concepts

- **Ongoing Professional Practice Evaluation (OPPE)**
 - A global overview of a practitioner
- **Focused Professional Practice Evaluation (FOPPE)**
 - A closer look at a practitioner or a procedure
- ***General Competencies - a framework to create a process***

Ongoing Professional Practice Evaluation

- **A performance review on each practitioner**
 - A 360° look
 - Generated every 8 months
 - 3 reports equals a reappointment period
- **Reviewed by the practitioner**
- **Frequent feedback that allows individual to make improvements, if needed.**
- **May trigger a FOPPE**

Why OPPE?

- **To set expectations of performance**
- **To recognize good performance**
- **To identify opportunities for improving individual physician performance**
- **Allows practitioners the opportunity to self correct**
- **Provides a basis for dialog with the practitioner**
- **Provides a tool for managing poor performance**
- **Assists in supporting the decision to reappoint**

Standards on Credentialing and Privileging

Three concepts:

- **Ongoing Professional Practice Evaluation (OPPE)**
 - Every 8 months Practitioner Performance Review
- **Focused Professional Practice Evaluation (FOPPE)**
 - A closer look at an individual or her / his practice
 - Two, four month Practitioner Performance Reviews
- ***General Competencies - a framework to create a process***

Focused Professional Practice Evaluation

- **Additional information is needed to confirm competence in the organization's setting:**
 - Newly appointed practitioner
 - An established practitioner requesting a new privilege
 - Concerns regarding an established practitioner's practice discovered on OPPE
 - Request by the Credentials Committee due to other concerns (behavior, return from LOA)

Standards on Credentialing and Privileging

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ACGME's Six Areas of Competency

- **Patient Care**
- **Medical / Clinical Knowledge**
- **Practice – Based Learning and Improvement**
- **Interpersonal and Communication Skills**
- **Professionalism**
- **Systems-Based Practice**

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***“So, who’s going to put all of
this together????”***

“You are, Tom!!!!”

“Roadtrip...off to Chicago!”



How do we git 'er done?!



The Medical Staff Task Force on Appointment and Reappointment



The Med Staff Task Force

- **Medical Staff Credentialing Task Force**
 - 16 members: MDs, Med Staff office, QI, Regulatory, Legal
 - 9 physician leaders:
 - Medicine – 4
 - Surgery - 5
- **Create the guidelines for the new evidence-based reappointment process**
- **Progress reports to the Medical Exec Committee**
- **Eventual approval by MEC, the active Medical Staff & BOT**

First Steps for MSTF

- **Select a framework**
- **Define measures for competency**
- **Set specific expectations, based on measures**
- **Decide on how to manage the data**

Selecting the parameters

- **Established the framework**
 - ACGME competencies
 - All residents currently evaluated by this criteria
 - Six categories for evaluation
- **Needed to decide on the data that will support the framework**
- **Challenges:**
 - Low – volume practitioners
 - AHPs
 - Disciplines with minimal patient interaction
 - Radiology, Pathology....

3 Traits for Performance Measures

- **Valid**
 - The degree to which the performance measure actually measures the aspect of performance that it is purported to measure
- **Accurate:**
 - The degree to which the performance measure result is close to the actual or true result
- **Reliable**
 - The degree to which the performance measure provides consistent or reproducible results

Imprecise data – should we use it?

- **Don't wait for perfect data**
 - “Perfect should never be the enemy of good”
 - Paralysis by no analysis!
- **Make the data better**
 - Identify key data error sources
 - Take responsibility to fix them
- **Objective / Subjective Data**
 - The medical staff is a data driven animal
 - Uncomfortable with subjective data

Types of data for OPPE

- **Outcomes data (case reviews and rates)**
- **Clinical process compliance data (chart abstraction)**
- **Documentation compliance**
- **Incident reports**
- **Perception surveys (patient satisfaction, peer and staff evaluations)**
- **Patient safety observation data (hand hygiene)**
- **Specialty specific data indicators**
- **Rules and Regs / Bylaws (the kitchen sink)**

Setting expectations - indicator targets

- **One vs. two targets**
 - **One target** = Two performance levels
 - Result: Pass / Fail or... Acceptable / Needs Improvement
 - **Two targets** = Three performance levels
 - Result: Recognize excellence and stimulate improvement
 - Excellent / Acceptable / Improvement Needed
 - **Red Yellow Green**
 - *No - don't do it! All they see is RED!*
- **Look for big differences**
 - Signal-to-noise ratio principle
- **Ask the right question**
 - “Why are you different?” **not** “Why are you bad?”

Setting expectations - indicator targets

Acceptable / Needs Improvement

So...what indicators did we choose?....


- **Number of medical record delinquent days**
- **Medical Record entries not dated, timed and signed**
- **Telephone or Verbal Orders not signed within 48 hours**
- **Site marking / pause policy violations**
- **Peer Review Level 2 and 3 cases**
- **Validated communication issues**
- **Validated patient or staff grievances**
- **Unapproved medication abbreviations, illegible order occurrences**
- **Validated non-compliance w/ CMS measures**
- **Unsigned consents**
- **Non-compliance with hand hygiene**
- **Nursing / Clinical Staff feedback scores**
- **Non-compliance with By-Laws, Rules & Regulations**

So...what indicators did we choose?....

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Nursing / Clinical Staff Feedback

Return By: _____



Nursing / Clinical Staff Feedback Form

Re: _____ Specialty: _____

Is the practitioner is easy to contact?

Does the practitioner respond appropriately to the staff's concerns about patient care?

Does the practitioner respond appropriately to patient / family concerns?


COMMENTS:

Evaluation is based on: Personal observation Feedback from other staff Other: _____

Date _____ Printed Name of Reviewer _____ and Unit _____ Signature _____

CONFIDENTIAL PEER REVIEW INFORMATION: Protected by Peer Review Statutes of NC and Federal Protection Acts* (p. 5, MS Peer Review Policy)

Our First OPPE (2007)



Annual Practitioner Performance Review

Provider: _____ Activity Data PIC PHH PHM BSC

Dept./Division: _____ Admissions/Consults _____

Dept./Division Chair: _____ Attending _____

Time Period: _____ Procedures _____

Indicates no privileges

Indicator	Practitioner Score	Thresholds			Applicable competency
		Excellent	Acceptable	Improvement needed	
Number of days on medical record suspension last 12 months		≤ 3	4 - 10	> 10	1, 5, 6
Site marking/pause policy violations		0	1	> 1	1, 6
Peer Review Level 2 cases		0	1 - 3	> 3	1, 2, 3
Peer Review Level 3 cases		0	0	> 1	1, 2, 3
Validated communication issues (delayed/no response to consults, calls or pages)		0	1 - 2	> 2	4, 5
Validated patient grievances		≤ 1	2 - 3	> 3	4
Validated staff grievances		≤ 1	2 - 3	> 3	4, 6
Unapproved medication abbreviation or illegible order occurrences		≤ 3	4 - 5	> 5	4, 6
Inappropriate non-compliance with CMS measures		0	1 - 2	> 2	2, 3, 6
Hand hygiene letters issued		0	1 - 2	> 2	1, 6
Episodes of performing outside scope of privileges		0	1	> 1	2, 5
Nursing / staff feedback scores		≥ 90%	75 - 89%	< 75%	4, 5, 6
No H & P or lack of H & P update documentation within 24 hours of admission (or prior to procedure)		0 - 5	6 - 10	> 10	1, 4, 6

1 Patient Care	4 Interpersonal and Communication Skills
2 Medical/Clinical Knowledge	5 Professionalism
3 Practice-based Learning & Improvement	6 Systems-based Practice

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Our Current OPPE

On-Going Practitioner Performance Review Summary				
Practitioner:		Activity Data		Total Encounters
Dept./Division:		Admissions		
Dept./Division Chair:		Attending		
Time Period:		Procedures		
Indicator	Your Results	Thresholds		Applicable Competency
		Acceptable (per reporting period)	Improvement Needed (per reporting period)	
Number of medical record delinquent days	45	≤ 29	≥ 30	1, 5, 6
Medical Record entries not dated, timed and signed		≤ 2	≥ 3	1, 5, 6
Telephone or Verbal Orders not signed within 48 hours		≤ 2	≥ 3	1, 5, 6
Site marking/pause policy violations		0	≥ 1	1, 6
Peer Review Level 2 cases		≤ 1	≥ 2	1, 2, 3
Peer Review Level 3 cases		0	≥ 1	1, 2, 3
Validated communication issues (delayed/no response to consults, calls or pages)		≤ 1	≥ 2	4, 5
Validated patient or staff grievances		≤ 1	≥ 2	4
Unapproved medication abbreviation or illegible order occurrences		≤ 2	≥ 3	4, 6
Validated non-compliance with CMS measures		≤ 1	≥ 2	2, 3, 6
Unsigned Consents		0	≥ 1	1, 4, 6
Hand hygiene letters issued		≤ 1	≥ 2	1, 6
Nursing/Clinical Staff Feedback scores		≥ 60%	≤ 59%	4, 5, 6
Non compliance with SPR By-Laws, Rules & Regulations		≤ 3	≥ 4	1, 4, 6
Competencies developed by the Accreditation Council for Graduate Medical Education (ACGME)				
1 Patient Care		4 Interpersonal & Communication Skills		
2 Medical/Clinical Knowledge		5 Professionalism		
3 Practice-based Learning & Improvement		6 Systems-based Practice		

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Our Current FOPPE

Focused On-Going Practitioner Performance Review Summary					
Practitioner:		Activity Data		Total Encounters	
Dept./Division:		Admissions			
Dept./Division Chair:		Attending			
Time Period:		Procedures			
Indicator	Your Results 1st Period (4 months)	Your Results 2nd Period (4 months)	Thresholds		Applicable Competency
			Acceptable (per reporting period)	Improvement Needed (per reporting period)	
Number of days on medical record suspension last 4 months	20		≤ 15	≥ 16	1, 5, 6
Medical Record entries not dated, timed and signed			≤ 1	≥ 2	1, 5, 6
Telephone or Verbal Orders not signed within 48 hours			≤ 1	≥ 2	1, 5, 6
Site marking/pause policy violations			≤ 0	≥ 1	1, 6
Peer Review Level 2 cases			≤ 0	≥ 1	1, 2, 3
Peer Review Level 3 cases			≤ 0	≥ 1	1, 2, 3
Validated communication issues (delayed/no response to consults, calls or pages)			≤ 0	≥ 1	4, 5
Validated patient or staff grievances			≤ 0	≥ 1	4
Unapproved medication abbreviation or illegible order occurrences			≤ 1	≥ 2	4, 6
Validated non-compliance with CMS measures			≤ 0	≥ 1	2, 3, 6
Unsigned Consents			≤ 0	≥ 1	1, 5, 6
Hand hygiene letters issued			≤ 0	≥ 1	1, 6
Nursing/Clinical Staff Feedback scores			≥ 60%	≤ 59%	4, 5, 6
Non compliance with SPR By-Laws, Rules & Regulations			≤ 1	≥ 2	1, 4, 6
Competencies developed by the Accreditation Council for Graduate Medical Education (ACGME)					
1 Patient Care			4 Interpersonal & Communication Skills		
2 Medical/Clinical Knowledge			5 Professionalism		
3 Practice-based Learning & Improvement			6 Systems-based Practice		

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Acting on the OPPE reports

- **Who sees the data? Describe the process**
- **Distribution:**
 - Practitioner
 - Chairperson
 - Credentials Committee
- **What happens with an “Improvement Needed”?**
 - What happens with a poor nurse evaluation?

What is the nature of the problem?

- **Concern about fund of knowledge?**
- **Technical deficiency?**
- **Poor clinical judgment?**
- **Documentation problems?**
- **Inadequate indications for procedures?**
- **Failure to follow protocols?**
- **Communication issue?**

Options for intervention

- **Counseling**
 - Compliance with protocols
- **CMEs for deficiencies**
- **Co-management / mentoring**
- **Technical refresher**
- **Remedial postgraduate training**
- **Appearance before Credentials**
- **Restricted privileges**
- **Termination of membership – very rare**

The rollout!

- **OPPE review**
 - Sent to practitioner & chairperson every 8 months
 - Report to Credentials Committee
 - Initially, gray block(s) required a response from practitioner...
 - Responses reviewed by dept. chair and Cred Committee
 - Not anymore, except...
 - Nursing / Clinical Staff scores that fall into the Improvement Needed threshold

- **New appointees / new privilege (FOPPE):**
 - Two, four month reviews sent to practitioner & chairperson

Our Credentials Committee OPPE & FOPPE Summary

OPPE / FOPPE Performance Evaluations by Department – March 2012

Specialties Reviewed	OPPE			FOPPE		
	Total Summaries Reviewed	Number of Practitioners Exceeding Threshold	Percentage Exceeding Threshold	Total Practitioners in FOPPE	Number of Practitioners Exceeding Threshold	Percentage Exceeding Threshold
Allergy and Immunology						
Anesthesiology						
Cardiology						
Cardiothoracic Surgery						
Colon and Rectal Surgery						
Dentistry						
Dermatology						
Emergency Medicine						
Endocrinology						
Family Medicine						
Gastroenterology						
General Surgery						
Hematology/Oncology						
Hospital and Palliative Care						
Infectious Diseases	54	1	2%	0	0%	
Internal Medicine						
Nephrology						
Neurological Surgery						
Neurology						
Obstetrics & Gynecology						
Ophthalmology						
Oral Maxillofacial Surgery						
Otolaryngology						
Otorhinolaryngology						
Pain Management						
Pathology						
Pediatric Surgery						
Pediatrics						
Physical Medicine & Rehab						
Plastic Surgery						
Podiatry						
Psychiatry						
Pulmonary Disease/Critical Care						
Radiation Oncology						
Radiology						
Rheumatology						
Urological Surgery						
Vascular Surgery						
Wound Care						
Total	54	1	2%	0	0%	

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A bunch more work for the MSO!

- **Need to collect the data**
 - Multiple sources
 - A lot of practitioners
 - Need for more FTEs
- **Nursing feedback forms**
 - Distribution
 - Participation
- **Collate data**
- **Generate reports**



Current Challenges / Opportunities

- **Automation**
- **Access to data systems**
- **Data entry**
- **Inaccurate data**
- **Low / no volume practitioners**
 - New by-law classification of med staff- “Associate”
- **Limited AHP data available**
- **Specialty specific indicators**
 - Use peer review fallout

Conclusions-

What are the goals of a good medical staff performance program?

- **Create a non-punitive culture that results in real practitioner improvement**
- **Valid and accurate performance measures**
- **Timely and useful feedback for the practitioners**
- **Well-designed and collegial improvement strategies...**
- ***Resulting in better care for our patients!***

Questions?

Tom Zweng

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