

FIRST Do No Harm

Quality and Patient Safety Division Massachusetts Board of Registration in Medicine

Message from QPSD Leadership

Julian N. Robinson, MD
Chairperson QPS COmmittee

Dear Colleagues,

The Quality and Patient Safety Division (QPSD) along with every health care facility in the state, experiences change. As many of you may know, Deborah Farina Mulloy, PhD, RN, CNOR who has served as QPSD Director for two years, has returned to clinical operations, leaving us better for having had the benefit of her expertise and dedication to developing systems that improve patient safety and quality. We will miss Deb and appreciate her service and unwavering commitment to QPSD's Vision for "Massachusetts to have the safest and highest quality healthcare."

As we look ahead to this new year, our goals continue "to assist Massachusetts healthcare facilities in maintaining and improving systems for patient care that are evidence based, sustainable, safe and inclusive." To achieve this mission, we commit to continue offering consistent feedback and our expertise as we review the data you send to us. In 2019, QPSD and QPS Committee members made ten facility visits and/or presentations in addition to sponsoring two PCA Program Workshops and one Annual Spring Conference. The 2020 Annual Spring Conference is scheduled for March 27, 2020.

In 2020 we aim to maintain the number of collaborative and educational visits presented to healthcare teams across the state. Our motto is "If you invite us, we will come ". This collaboration with health care facilities across the Commonwealth, helps QPSD to identify and share trends, share alerts, best practices and lessons learned. Based on your feedback, the transparency that these visits foster also helps others to improve their systems for patient care and safety. A win/win.

We look forward to a productive and prosperous New Year.

Inside This Issue

- 1 Message from QPSD Leadership
- 2 Feature of Month: Physician Leadership for Peer Review
- 3 Beverly Hospital OPPE/FPPE
- 4 Hospitalist Shadowing Program
- 5 Teaching Standard Newton Wellesley
- 6 QPSD PCA Workshop
- 6 Hot Tips
- 6 Upcoming Events and Hold The Date

Physician Leadership and Peer Review

Pardon R. Kenney, MD, MMSc, FACS

Member, Quality and Patient Safety Committee

"If you've seen one system ... you've seen one system".

This statement is true when it comes to physician peer review.... one system is just one system.

"At the very least, we as physicians have a duty to ask the question, "is this an opportunity for peer review?"

In my travels throughout the Commonwealth on behalf of the QPSD, helping hospitals assess their own systems, I have been impressed by how many different successful approaches can be taken to peer review. In clinical practice, systems that encourage and support physician peer review are difficult to implement and even more difficult to sustain. That said, it's imperative that there be some "legitimate" mechanism for physician peer review in place in order to fulfill our duty as a profession for self-regulation and oversight of practice. The key word here is "legitimate." The mechanisms of peer review don't matter all that much; the results do.

The Joint Commission's requirement for performance-based Focused Professional Practice Evaluation (FPPE) is clear, although the decision to implement an FPPE may be difficult. Our duty to our patients may become blurred by the realities of our formal and informal relationships with our colleagues. How long have we known the physician? Is he/she a partner? Do we share coverage responsibilities? Answers to these and other questions may impact our ability to perform meaningful peer review in non-judgmental atmosphere.

At my hospital we have a peer review committee made up of Department chiefs. This group carefully reviews events including the severity and assesses the nuances ... including if there is an observable pattern. We hash out different perspectives, talk out current evidence-based standards, and collectively decide on next steps. This is one peer review system.

At the very least, we as physicians have a duty to ask the question, "is this an opportunity for peer review?" If there is not internal consensus, is there benefit in having an outside review? If a performance based FPPE is indicated when and by whom should it be initiated and performed? These may not be easy or comfortable questions to answer. But the answers will help to develop your system for peer review.

Reminder:

The first quarterly report for pressure ulcers and falls is due by

January 31, 2020 for data collected from

October 1, 2019-December 31, 2019

Peer Review at Beth Israel Lahey Health Beverly and Addison Gilbert Hospitals

Prepared by: Peter Short MD

Ongoing Professional Practice Evaluations (OPPE) and Focused Professional Practice Evaluations (FPPE) are key medical staff quality and patient safety processes at Beverly and Addison Gilbert Hospitals. We are driven to assure our medical staff is qualified to perform the privileges they request because we are recommending our providers to our community, family, and friends for care.

Effective OPPE and FPPE processes must have meaningful, accurate, timely data that is accepted by the medical staff. Chairs engage their department members in determining what metrics best evaluate their quality. Each Chair meets with Performance Improvement staff to determine which metrics can be provided accurately, regularly and timely while satisfying the six OPPE general competencies. The 4-6 metrics chosen are presented to and approved by the Medical Executive Committee (MEC).

We complete the OPPE cycle every 6 months. This timeframe supports regular provider review, includes recent performance metrics and supports timely action plan development as needed. It also has the benefit of aligning the OPPE with two-year reappointment cycles.

FPPE for new members of the Medical Staff measures the quality of care related to the procedures and privileges requested. It is accomplished through a retrospective review of performance or concurrent proctoring. This determination is made by the Department Chair based on the procedures involved and the provider's previous experience performing the requested privileges.

FPPE is key to successfully addressing potential quality issues of current medical staff members. FPPE for Beverly and Addison Gilbert Hospitals is an objective and serious process. The Department Chair and provider meet to review the information leading to a quality concern, discuss the expectations of the provider during the FPPE, and reassure the provider that successful completion of an FPPE will result in full resolution of the quality issue.

For the OPPE and FPPE to be effective, respected and sustainable they must be data driven and transparent, so that everyone involved in reviewing the quality data of the Medical Staff (Chairs, Credentials Committee, MEC and the Board of Trustees) is confident in the process, recommendations and outcomes.

"We are driven to assure our medical staff is qualified to perform the privileges they request because we are recommending our providers to our community, family and friends for care".



Hospitalist Shadowing and Coaching Program At Beth Israel Lahey Health Beverly Hospital

Prepared By: Ann Sellars, Patient Experience Coordinator

Purpose

To improve the patient experience of care as measured by HCAHPS "Communication with Doctors" scores (courtesy/respect, listening carefully and explaining in a way you understand)

Description

The program involved goal setting, observation, feedback, self-assessment, self-reflection and coaching as a strategy to improve the patients' perception of communication with hospitalists.

Process

Hospitalist Team leaders identified hospitalists to participate. The Patient Experience (PEX) Coach and each hospitalist arranged a 20-minute introductory meeting to review the program, the process and determine a shadowing schedule. The hospitalist completed a self-assessment tool during this meeting.

2. The PEX coach observed the hospitalist during at least 5 inpatient visits. Observations noted verbal and non-verbal communication, length of the visit and any family interactions. The intent was to report on how skillfully something was done, not merely whether the behavior was present or not.

3. The hospitalist and coach met the following day to discuss the observations. Both shared their impressions of the encounters and a written feedback summary was provided by the coach along with recommendations. The hospitalist then chose one or two improvement goals to incorporate into their daily practice.

4. The coach checked in with each hospitalist after a few weeks to review their progress in using the new behaviors and to share the patient feedback from the HCAHPS survey. Further shadowing was also offered if requested.

Results

- Hospitalists exhibited many of the desired communication best practices though did not always use them consistently with each patient. They were therefore encouraged to be more consistent in using them.
- Individual physician scores showed an increase in one or more of the HCAHPS questions FY year over year.
- As a team the scores from FY18 to FY19 have increased for all questions with a domain level increase from 73.9% to 75.4%.

Beverly Hospitalist Shadowing and Coaching Program

At A Glance

Mandatory for all fulltime staff

May 2018 – Jan 2019

Number of participants = 16

**Two Patient Experience Coach's
(Manager and Coordinator)**

Purpose

To improve the patient experience of care as measured by HCAHPS "communication with doctors" scores.

Description

A program of goal setting, observation, feedback, self-assessment, self-reflection and coaching to improve patients' perception of communication with hospitalists.

Results

Individual physician scores showed an increase in one or more of the HCAHPS questions FY year over year.

As a team the scores from FY18 to FY19 have increased for all questions with a domain level increase from 73.9% to 75.4%.

Teaching Standard at Newton Wellesley Hospital

Prepared By: Janet (Jodi) Larson, MD

The “teaching standard” at Newton-Wellesley Hospital (NWH) is what we use in our peer review process and evaluation.

We compare the care we provided to the way it would be taught to learners: if a component of care is delivered (in practice) exactly in the fashion in which it was taught, it has been delivered correctly. Unless every component of care was delivered this way, there is always opportunity for improvement.

Most Newton-Wellesley physicians can recite our use of the teaching standard when reviewing any clinical or safety issues, and our adherence to the standard has proven to be a strong framework for providing safe, high-quality care.

The teaching standard can present challenges and opportunities, however. For instance, strict adherence to providing care exactly as it would be taught leaves little room for variation and sets the bar high, and therefore, may provide more room for *improvement*.

A benefit of following the teaching standard, however, is that it dismisses an often-perceived difference between what defines the “standard of care” at community hospitals like NWH versus that at large academic medical centers. While some suggest that the acceptable standard of care might be lower at community hospitals due to possible limited availability of resources and expertise, we believe that care quality should be the same for all patients regardless of where they receive it.

The teaching standard—by comparing the care provided to how it would be taught in a classroom or lecture hall—eliminates this question and ensures our physicians continually follow the best practices of the medical profession, which ultimately leads to better patient outcomes.

At Newton Wellesley Hospital...

“We compare the care we provided to the way it would be taught to learners: if a component of care is delivered (in practice) exactly in the fashion in which it was taught, it has been delivered correctly.”

PCA Workshops

In November, the QPSD held two successful small group workshops for our PCA Coordinators and Quality and Risk Directors, Managers, and associates who assist PCA Coordinators with reporting to QPSD. Over 50 people from acute-care, non-acute care, and ambulatory health care facilities participated in the half day program. Participants gained a better understanding of reporting requirements through lecture, discussion, and case study reviews. Please stay tuned for future workshops in 2020.

Hold The Dates

JANUARY						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

FEBRUARY						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

MARCH						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Hot Tip-Sepsis

QPSD continues to see events related to delay in diagnosis/delay in treatment of sepsis primarily in the emergency department (ED) setting.

Please ensure sepsis alerts remain visible to all staff while the patient remains in the ED and all components of the sepsis bundle are implemented.

The Massachusetts Sepsis Consortium's new report, "Advancing Sepsis Care in Emergency Medicine: Recommendations from a Task Force to Improve Screening and Treatment Protocols," provides recommendations and a Sepsis in Emergency Medicine Toolkit. QPSD encourages PCA Coordinators to review the report and recommendations.

<https://betsylehmancenterma.gov/initiatives/sepsis/ed-task-force-report>

January 31 PI & Falls Quarterly Report due

March 27 QPSD Spring Program
UMASS Medical Center Albert Sherman Center ASC Auditorium 8:00-12:30pm
Pre-registration required. Details for PCA Coordinators will follow.

March 30 Semi-Annual and Annual Reports due

Guidance may be obtained from QPSD Analysts. Please contact Mali Gunaratne, Administrative Assistant, at 781-876-8243 or mali.gunaratne@massmail.state.ma.us for assistance.