

Be honest. Are you getting value from your peer review?

8 KEY QUESTIONS TO ASK YOURSELF

1

Q: HOW CAN WE MAKE OUR PEER REVIEW EDUCATIONAL, COLLEGIAL, AND COLLABORATIVE?

A: The purpose of peer review is to improve the overall quality of care as well as patient safety. When done well, peer review should identify opportunities for improvement. Those opportunities may be provider specific, or they may be system opportunities. The process should be well defined and transparent, and should encourage open and honest exchange of opinions. It should be predictable, repeatable, and consistent.

Here are some things you may want to consider.

- What are the current patterns and trends in your recent peer review findings?
- Do you have a defined mechanism to bring systemic issues identified in peer review forward for action in your facility to nursing, lab, pharmacy, etc.? Do you have adequate representation by your specialties, or are physicians reviewing care questions that are outside of their scope of care?
- Does your peer review process ensure evaluation of the care of physician extenders (CRNAs, PAs, NPs, etc.) and their supervising physicians, and is there physician extender representation on the peer review committee?
- Are individuals who can translate opportunity into action at the review table?

Challenge yourself and your process by answering these questions.

2

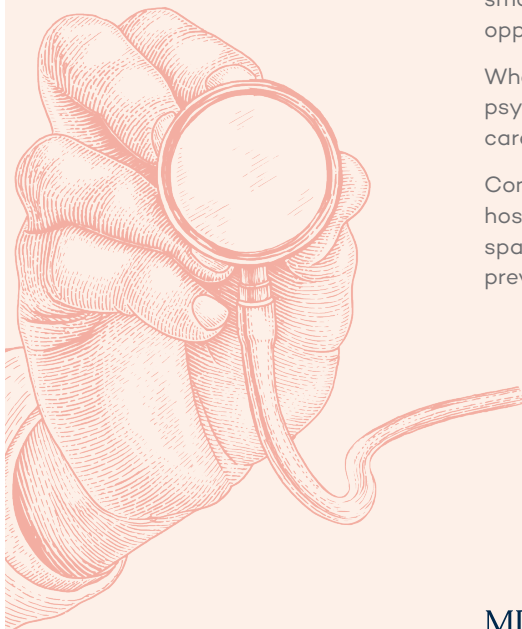
Q: IS YOUR PEER REVIEW PROACTIVE OR REACTIVE?

A: Well-executed peer review should not be solely incident based and should be proactive rather than reactive. Does your peer review process simply respond to NEVER events, or are you looking for the loopholes where they may occur?

Peer review goes beyond the review of a specific event; it is the process used to ensure clinical quality and patient safety, and to support provider success. An incident certainly may trigger a case to be sent to peer review, but this should not be the only trigger. Individual cases should be selected based on clearly defined indicators to monitor and evaluate performance. Indicators should be developed with input from department chairs, and should tie into overall quality measures and core measures. Monitoring data showing small complications are not just your warning signs for the “big one”; they represent the opportunity to intervene in a manner that reduces the risk for patient harm.

When done in a transparent manner, a robust monitoring system also fosters a culture of psychological safety in which all team members can feel comfortable questioning potential care concerns.

Consider this: Dr. Christopher Dunsch was involved with five different practices and multiple hospitals in the Dallas area—allegedly killing two patients and injuring 33 others—in the span of two years. How could a proactive peer review process have impacted and ultimately prevented this crime?



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Q: HOW DO YOU MANAGE CONFLICTS OF INTEREST?

A: Peer review must be performed without peer or administrative bias or conflicts of interest. An important part of creating a robust and transparent process is ensuring that peer review is conducted fairly every time. Peer review should not be used as a punitive process: no one provider is singled out, but rather defined triggers are applied uniformly to the entire medical staff.

Keep in mind that conflicts of interest, whether perceived, potential, or actual, need to be handled appropriately. Failing to manage conflicts of interest can have negative consequences for your organization and create a lack of trust in the peer review process. Have a clearly defined policy for determining who will review cases. Establish a policy for sending cases out for external peer review.

Transparency of the peer review process is also critical. One way to create transparency is by creating a visual workflow. Share it with your providers at initial appointment/onboarding and again at recredentialing. Orientation is a great opportunity to support the peer review process and develop the culture you want within your organization.

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Q: HAVE YOU CONSIDERED A MULTIDISCIPLINARY PEER REVIEW COMMITTEE?

A: Multidisciplinary peer review establishes one multidisciplinary group of physicians to conduct objective peer review across the organization for all specialties. Representation from multiple departments or specialties helps to reduce bias and provides multiple perspectives. One multidisciplinary committee also promotes consistency. Members all receive the same training and education, and there is no variability between the results or processes of various committees.

We successfully helped a facility build a committee to include representation from each organized department of the medical staff. This altered their process tremendously by allowing the perspectives of all the areas of care to identify opportunities within their teams to improve not just the care within one department but across all specialties. For example, suppose that a provider within a department of Orthopedic M&M identifies a significant problem with surgical prep and is able to make changes within their own department. How might other surgical departments at the same facility become aware of this so that they can make similar changes? A multidisciplinary committee is an excellent format in which to share such information, enabling other departments to act on it and to make similar improvements.

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Q: IS YOUR PEER REVIEW LEADER DR. ROCKSTAR OR DR. MEDIOCRE?

A: Peer review leaders should be the most highly regarded clinicians by reputation, expertise, and training. It is important to consider the members of your peer review committee and ensure that you not only have representation from all departments, but that you also have members who are held in high regard by their colleagues. This goes a long way to support the credibility and results of the peer review process. You know who these providers are; tap into their expertise!

One hospital we worked with developed an education and succession program for their peer review committee that assured every member understood their role, was mentored into the committee, and understood how to prepare new members for succession. The chair of this committee was defined in the hospital's bylaws as the past medical staff president. This was a thought-out succession of officers to ensure the committee was led by a medical staff leader with historic knowledge who was elected and well respected by peers.

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Q: HAVE ANY OF YOUR PHYSICIAN REVIEWERS EVER SAID, “THAT’S NOT HOW I DO IT”?

A: If your physicians approach the process from the perspective of how they do it, that is not only potentially ineffective, it also is not fair and objective. Peer review findings and assessments must be evidence based. It is best to avoid stating, “that’s not how I do it.” The focus of peer review should be on sharing current best demonstrated practice and guidelines. With well-defined triggers, outliers are identified and care will be analyzed, providing opportunities for improvement. Consistency of clinical care among peers avoids outliers, bolsters patient safety, and increases provider satisfaction.

An effective assessment is not based on culture or preferences. Instead, patient care is based on clinical, evidenced-based best practices. If a hospital is performing a procedure that has evolved but they are still using outdated techniques, preparation, and management, that care doesn’t meet the best clinical standard—even if it has always been used without incident.

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Q: THE PEER REVIEW RESULTS ARE IN. NOW WHAT?

A: You have followed your process. It has been unbiased and objective, and the findings are evidenced based. Now you must communicate with the provider under review. Clear communication, dissemination, education, and follow-up about peer review findings are critical to an effective process. How will you communicate with your providers? It is always best to communicate positive results as well as outcomes that identify opportunities for improvement. Communication must be consistent, done the same way every time for every provider.

Results can be shared in written form, but when communicating opportunities, it is always best to do so in person. Either way, the opportunities identified should be specific and offer recommendations for improvement. Telling a provider in a written communication their case was reviewed and the committee found opportunities for improvement is not as helpful as sharing with the provider what those opportunities were (for example, that this patient did not feel the complications were fully discussed).

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Q: WHY IS CONFIDENTIALITY SO IMPORTANT TO PEER REVIEW?

A: There must be an emphasis, at every meeting, every time, on the confidentiality of the peer review process to maintain peer protections. This continuous reminder helps foster an open exchange of opinions and dialogue among peers. As a result of the Health Care Quality Improvement Act of 1986 (HCQIA), peer review and peer reviewers have protections and immunity. Talking about a case outside the formal peer review process puts those protections and that immunity at risk.

Need more ideas or help implementing a better peer review process? Our experts can assist. We have over 20 years of experience assessing, designing, and developing peer review for our clients. Let us help you bring real value to your peer review process today.

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