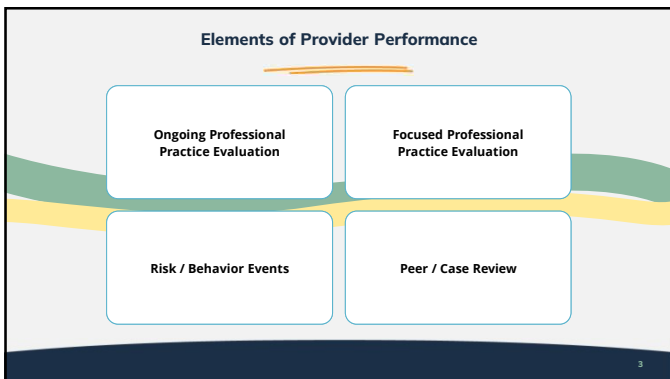




1



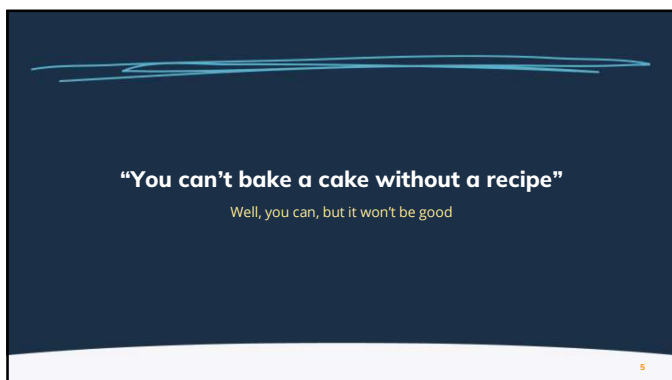
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Clear Vision of the Future

What are you trying to accomplish?

Ask yourself:

- What data do we have now?
- What can we deliver TODAY?
- Do I have the proper resources and commitments?
- Do I have a clear, realistic, and attainable vision?



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Realistic Project Expectations

The Golden Triangle




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Realistic Project Expectations

Timeline Why it's hard to predict from the start	Project Type Agile Vs. Traditional
Dependencies More to come...	Input Impacts Output Tangible and Intangible

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Proper Resources

The right people and the right tools

- Identify and allocate the appropriate resources
- Engage technical resource (all resources!) early and often and keep them involved.
- Each resource understands their part
- Time investment & commitment

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Who do we need?

IT / Interface Patient Access / Medical Billing Coder Data / Clinical Informatics Quality / Medical Staff Coordinator Physician Champion

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Resource Pitfalls & Best Practices

"Where do I start?"
Too much autonomy, and not enough direction or guidance from accreditation bodies.

"Are the right people in the room?"
Engaging End Users too late could be devastating to the project timeline and product outcome.

"That's not my job!"
Be empowered! Define the roles and responsibilities early. RACI Index.

RACI Matrix - MD-Stat

Tasks	Quality Team	Data Team	Application Team	Medical Staff Admin
Initial Setup & Annual review/Changes of Metrics & software application updates				
Identify OPRE indicators	C	I	I	A
Finalize/Change OPRE indicators	C	I	I	A
Identify data sources	C	I	I	C
Facilitating the meetings with data owners (Data)	I	I	I	B
Determine data sources for OPRE	C	R	R	I
Build Physician Specialty and OPRE engagement	C	I	I	B
Determine Performance/Outcome for all OPRE indicators, included but not limited to OPRE indicator, utilization and structure/included trends	A	I	I	C
Build MD-Stat Metrics	C	R	C	A
Develop data extraction tool	I	R	I	C
Develop data extraction tool	R	C	C	A
Automatic data export tool	I	R	C	A
Build MD-Stat Report Card	C	I	I	A
Assign Physician to Report Card	C	I	C	A
Operational Tasks - Ongoing				
Finalizing/Change data extraction/updates (Automation/Notification)	I	R	A	I
Finalizing/Change data source of Report Card (Physician report)	A	C	C	R
Finalizing/Change automatic process (Data/Automation/Notification)	C	A	R	I
Finalizing/Change Physician report (Physician report)	I	C	C	R
Finalizing/Change workflow process (Data source or application (Data))	I	I	I	C
Finalizing/Change MD-Stat Application functionality	I	I	I	B
Develop user access accounts with MD-Stat	I	R	I	A
Develop/Update MD-Stat end user application training	I	I	R	A
Develop/Update MD-Stat application documentation	I	I	R	A
Working with the business (data owners) to implement regulatory changes	C	I	I	A
Annotations				
Annual review of indicators (all teams involved)				
Changes to indicators using data on an annual basis, unless critical				

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Understanding Your Data

What do you have and what can you get?

- Joint Commission Requirements
- Qualitative and Quantitative Data
- Low-Volume Providers



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TJC Measures Physician Quality with Data that is...

Qualitative

- Peer/chart reviews
- Complaints
- Code of conduct
- Risk events

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Quantitative

- Trends (e.g., # of peer/chart reviews with outcome)
- ALOS
- Infection rates
- Timeliness and completeness of charting

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Qualitative Data for Provider Performance

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Peer / Case Review

HOW ARE CASES SELECTED FOR PEER REVIEW?

Peer Review cases are flagged/triggereed by:

- fallouts in patient care
- patient complaints
- risk events
- random sampling
- might be brought before a committee as a learning opportunity

ANONYMIZED

Peer Review cases are almost always anonymized so that there can be no excuse of unfair treatment by the reviewing provider.

OUTCOMES

It is recommended that outcomes be standard and measurable, as they will be used to measure performance against other providers during OPPE.

TRACK AND TREND CASE REVIEWS

Cases reviewed that do not meet requirements for Peer Review may be documented as Track and Trend cases.

SAMPLE OPPE METRICS & FPPE TRIGGERS

- 1+ peer review with a Major Deviation of Standard of care
- 3+ Minor Deviations of Standard of care
- 6+ Cases sent to Track and Trend

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Risk Events for Provider Quality

Risk Reporting Standards

Most organizations have an anonymous risk reporting platform.

Although there has been a recent-ish trend to keep reporting identified, and not anonymous as it does not allow for feedback and details to be obtained

PATIENT COMPLAINTS

Regardless of whether it's determined that patient care was affected.

Valid vetted complaints should be taken seriously, reviewed, and counted as part of provider quality.

STAFF COMPLAINTS

Consistent complaints from staff are a big risk for provider quality.

Staff who is afraid to speak up, will ultimately directly affect patient care.

UTILIZATION DATA & ERRORS

Medication Errors, Blood and equipment Utilization issues.

SAMPLE OPPE METRICS & FPPE TRIGGERS

- Counts of Patient Complaints with adverse Outcome
- Counts of Staff Complaints with adverse Outcome
- Counts of Utilization & Errors

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OPPE per TJC

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Why OPPE Exists

- Introduced by The Joint Commission in 2008
- Shift from episodic review to **ongoing performance monitoring**
- Enables early identification of quality trends
- Expectation of **at least 3 OPPE cycles per reappointment**
- **Recent shift in Survey Focus!**

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The OPPE Challenge

There is no industry-standard metric set

- Metrics must reflect:
 - What your organization measures
 - What your organization measures **consistently**
- External data can be used only after local data is exhausted

Focus on meaningful metrics: keep it simple!

- Consistent data sources
- Trend analysis vs. single data points
- Leadership-defined thresholds
- Clear response to performance outliers

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OPPE Data Sources

Visit Data	Credentialing Data
Quality Data	Other Data Sources to fill in the gaps

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6 Core Competencies - Breaking it down...

<p>Medical Knowledge</p> <p>Maintenance of Board Certification Specialty Procedure Indicators Moderate Sedation</p>	<p>Patient Care</p> <p>Total Cases referred to Peer Review Peer Review cases - Negative outcome Mortality Rate Data</p>	<p>Practice-based Learning & Improvement</p> <p>CME Utilization Data</p>
<p>System-based Practice</p> <p>Chart Completion Suspension days Readmission Rate Data Delayed Surgery Start times</p>	<p>Interpersonal Communication Skills</p> <p>Behavior Events Risk Events</p>	<p>Professionalism</p> <p>Meeting Attendance Press Ganey Data Pharmacy Events</p>

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Sample Metrics

Often, it's challenging to find meaningful and obtainable data to support metrics for certain specialties such as **Anesthesiologist, Radiologists, Pathologists.**

Here are some sample metrics ...

ANESTHESIOLOGY

Number of General Anesthesia cases
Mortality Rate Percentage
Mortality Count (Surgical Cases)
Transfusion reaction
Complications of Anesthesia Rate

RADIOLOGY

Number of Radiology Studies
Cross Read Correlation/RadPeer (misreads)
of cases with documentation issues
Case TAT (turn-around-time)

PATHOLOGY

Number of Pathology Frozen Sections
Frozen Section Correlation (misreads)
Review of Surgical Pathology Cases TAT (turn-around-time)

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Putting Metrics Together

Start Broad for Immediate Impact / Easy Win!

1. Start with your all-specialty metrics, and create a master template
2. Volume data supports competency when tied to privileges
3. "Good Citizenship" Metrics from Medical Staff Credentialing Team
4. Qualify the Quantitative Data: Peer Review, Facility Events
5. Test across specialties, then define those 1-2 Specialty Specific Metrics

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Making it Meaningful!

Wrapping it up, trending, and Decision Making

- Establish Thresholds for Acceptable, Unacceptable and Excellent values**
 - Benchmarks or organizational averages
 - Thresholds enable rapid identification of outliers
- Flag Unacceptable Results for Physician Leaders**
 - Majority of providers should be clean, focus leadership effort on true exceptions
- Leadership Review:**
 - No Issues
 - Track and Trend
 - Refer to FPPE

Repeated unacceptable performance may escalate to FPPE

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FPPE per TJC

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Types of FPPE

PROACTIVE / ROUTINE FPPE <p>Assigned to all new privileged practitioners after initial credentialing, and for any additional privileges added at anytime after. Initial or new privilege FPPE should be standardized and objectively applied to all practitioners requesting new privileges where no other internal documentation of competency is present.</p> <p>Must be done within a limited time period and have pre-defined requirements for proctoring requested privileges.</p>	REACTIVE / FOR CAUSE FPPE <p>Could be triggered based off some kind of flag in the provider's behavior or from adverse results on their OPPE, patient complaints or peer reviews.</p> <p>Physician leadership will decide the length of time and/or measurements to be collected during a Quality Concern FPPE.</p>
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FPPE per TJC

FPPE Process must be pre-defined and consistently implemented for all newly requested privileges (whether that's for a new provider or an existing provider requesting expanded privileges)

Performance monitoring must include the following, at minimum:

- Standard Objective Criteria for conducting performance evaluations
- Method for establishing and maintaining privilege specific monitoring
- Method for determining the pre-defined timeframe for evaluation
- Circumstances under which external monitoring can be utilized

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Other Data Considerations

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Low / No Volume – Supplemental Data

When practitioner activity at the 'local' level is low or limited, supplemental data may be used from another CMS-certified organization where the practitioner holds the same privileges.	The use of supplemental data may NOT be used in lieu of a process to capture local data.	Organizations choosing to use supplemental data should assess and determine the supplemental data's relevance, timeliness, and accuracy.	Do they need to be privileged? Do you have a Refer and Follow Category or Extend FPPE?
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What is an EMR?

Electronic Medical Record / could also be called an Electronic Health Record

- Examples:
- Epic
- Cerner
- All Scripts

EMRs house encounter information:

- Admission, Transfer and Discharge data
- Provider data
- Diagnoses and Procedure data
- Notes, medication orders, and results
- If you use MyChart you're seeing the Patient view of your Medical Record in Epic

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What are CPT and ICD Codes and why do they matter?

ICD codes are often used for Diagnoses or coded Procedures

CPT is another coding method, only used for Procedure coding

Coding is integral to Physician Quality data and measuring current competency

PEER REVIEW

- Organizations will define indicators that will automatically trigger a peer review.
- We call these rules or triggers in our terminology.

OPPE

- Coded Diagnoses and Procedures are used to track provider volume
- Also used for Procedure metrics, to see how often certain types of procedures result in a return to OR, or a readmission


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Putting it all Together

Get to the "Kitchen"!

- Have your Recipe!
- Be Realistic!
- Gather your Tools
- Gather your Ingredients
- Bake the Cake and Post it!



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Bon Appétit!



1. Clear Vision of the Future
2. Realistic Project Expectations
3. Proper Resources
4. Understanding your Data
5. Putting it all Together!




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OPPE per TJC

There are **no industry standard metrics** for OPPE!

OPPE indicators must be **measurable and consistently measured** at the organization where patient care is provided.

Timeframe: OPPE must be **REVIEWED** by the timeframe defined in your Bylaws, not just collected. TJC states that review of OPPE data cannot exceed 12 months.

Don't over do it! Along with your All-Specialty indicators, you must have a minimum of one specialty specific indicator per specialty.

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