Peer Review for Patient Safety: The Why and How for Outpatient Practices and Hospitals Audience Questions

1. How does a clinic or hospital come up with the list of which procedures need a given amount of skill upkeep? Which ones are "more risky" or "more technological or difficult," and which ones are "common" or "simple" enough that we aren't going to count them? (I do get that if there is an issue, we count, but what about just the standard biennial review for recredentialing?)

   To determine which procedures require skill maintenance and how to categorize them, organizations often look at various factors, including complication rates, technological complexity, and frequency of occurrence. Procedures known for higher risks or involving advanced technology usually demand stricter monitoring, while more common procedures may not. For the biennial review, it's advisable to consult guidelines from leading medical boards and peer-reviewed studies to inform your criteria. Utilizing sources such as clinical-privilege white papers will offer these guiding principles. Typically, for procedural specialties, it is important to have a thorough review of DOP forms and volume requirements by the department chair, who should have a clear understanding of current standards.

   Here is a link outlining the American College of Surgeons' perspective on privileging and volume criteria: https://www.facs.org/about-acs/statements/credentialing-and-privileging-and-volume-performance-issues/

   The Leapfrog Group has a longstanding stand regarding ensuring appropriate surgical volumes to maintain safety:
   https://www.leapfroggroup.org/sites/default/files/Files/Leapfrog%20Report%20on%20Safe%20Surgical%20Volumes%202020.pdf

2. What about working with another very small hospital or clinic—can we "share" peer/chart review with each other to allow an expert to look at a chart, if we have an MOU and a BAA between the two hospitals?

   Yes, sharing peer/chart reviews between hospitals or clinics with proper agreements in place, such as a Memorandum of Understanding (MOU) and a Business Associate Agreement (BAA), is certainly feasible. This approach allows for collaboration while ensuring compliance with privacy regulations. Texas has a rural peer-review support structure, and others may be looking in that direction as well. Regardless of the arrangement, it

is crucial to have a thorough legal review of the organizing documents to ensure that they are compliant with relevant statutes and that peer-review immunity and discoverability protections are in place.

3. **Do you see (non-physician) representatives from Risk Management or Patient Safety on the credentialing committee, or is this uncommon?**

   While it is less common, having non-voting representatives from Risk Management or Patient Safety participate in credentialing committees can be beneficial. Their perspective can provide insights into the potential risks associated with various credentials and practices.

4. **Another add-on: Do you see (non-physician) representatives from Risk Management or Patient Safety on the peer-review committee or MEC, or is this uncommon?**

   Representation from non-physician Risk Management or Patient Safety professionals in peer-review committees or Medical Executive Committees (MECs) is similarly rare. However, their involvement can enhance discussions around quality and safety concerns, so consider including them if possible on an *ad hoc* basis to provide background perspective and relevant information.

5. **Is it appropriate to have an internal peer review for a grievance?**

   An internal peer review can be appropriate for grievances, as it provides an objective assessment of the situation. Care should be taken to ensure that the review process is fair, transparent, and compliant with established guidelines. Most commonly, grievances are handled through a separate channel, with referrals to peer review when quality-of-care concerns are a component of the complaint. Provider behavioral concerns are also a common source for grievances, so providing a separate pathway to evaluate and manage them is very useful.

6. **Our peer-review group is concerned about giving their feedback on complaints/grievances. How can we use the peer review to answer a complaint?**

   Utilizing peer review feedback to address complaints effectively involves ensuring that the review process is well documented and that findings are communicated transparently. Peer review should be structured to allow for constructive feedback without fear of reprisal, fostering a culture of learning and quality improvement. Care should be taken when considering sharing the findings of a peer review evaluation with someone who has made a complaint or grievance, as that may break the confidentiality of the process. It can be a delicate balance.

7. **How do you handle gaps in professional practice, given the trend to remove intrusive mental-health questions from credentialing?**

   Addressing gaps in professional practice amid the trend of minimizing intrusive mental-health questions in credentialing can be challenging. It's crucial to find alternative methods to assess providers' well-being and

competencies without infringing on privacy. Consider regular feedback sessions and assessments that focus on professional development, patient interactions, and peer evaluations.

8. Can you comment on the issue of whether a clinic should do peer review for its providers who also hold hospital privileges – i.e., does the clinic leadership need to be aware of and review clinic providers' hospital practice (and if so, how), or is that safely left to the hospital's peer-review/MS structure?

    Clinics should conduct peer reviews for providers who hold hospital privileges. Communication between clinic leadership and hospital peer review committees is essential but requires a legal framework that allows for the sharing of protected information. A coordinated approach ensures that both settings uphold quality standards and that any issues in one context are addressed in the other.

9. Are emails between quality programs protected and non-discoverable? If not, how would you recommend communicating with hospital and other partners when it comes to the review of a mutual patient?

    Emails related to quality programs may not always be protected from discovery. It's prudent to use secure and documented communication channels and maintain confidentiality while engaging healthcare partners. Consider formal communication protocols to ensure sensitive discussions remain protected.

10. How should part-time or locums practitioners be evaluated for OPPE, since they have such low volume that skews the data? Is it okay to have a different process in place for them?

    For part-time or locums practitioners, it is acceptable to implement a different evaluation process that considers their unique circumstances and lower patient volume. Tailoring metrics to reflect their contributions accurately is essential for fair and informed assessments. When utilizing locums practitioners, it is reasonable to consider making appropriate data sharing a requirement in your contracts with the locums companies.

11. Can you speak to the differences in organization quality monitoring versus peer-review quality metrics for clinicians? How do we avoid overlap?

    To avoid overlap between organizational quality monitoring and peer-review quality metrics, it's important to clearly define the purpose and focus of each process. Organizational quality monitoring is generally designed to assess larger trends, which can identify issues that need closer attention for an individual facility (and potentially focus on one department or physician). Peer review, on the other hand, focuses on individual clinician performance.

12. If we text in a protected platform about peer-review activities, is that protected from discovery? What about hallway conversations after a meeting?

Text communications in protected platforms may be shielded from discovery, but hallway conversations are likely not protected. While some communications platforms advertise HIPAA compliance and non-discoverability, never rely upon this without a review from your legal team. To ensure confidentiality and compliance, it's best to document discussions through secure formal communication.

13. Where should reviews of care be kept, specifically if a provider is being disciplined after peer review—in the CQIP folder and/or in the credentialing file/HR file?

Reviews of care should be kept in both the Continuous Quality Improvement Program (CQIP) folder and the credentialing file or HR file as appropriate. If a provider faces disciplinary action following a peer review, documentation must be thorough and accessible.

14. Do you have recommendations for who can conduct an external peer review for us—specifically for outpatient and/or community health centers?

Identifying suitable external peer reviewers for outpatient and community health centers is essential. It's recommended to engage with professional organizations or consulting firms that specialize in external peer reviews to ensure comprehensive evaluations.

15. How should employed providers be handled for peer-review processes? Or are they just left to Human Resources evaluations?

Functionally, employed providers are managed like any other provider with privileges in the peer-review process. There is a tandem process for evaluating their care, professionalism, productivity, etc., via the Human Resources process; however, this is not a substitute for Hospital Peer Review, but rather a complementary one that carries additional responsibilities. Employed providers should expect not to rely solely on Human Resources evaluations for peer-review processes. A structured peer-review system tailored to employed providers helps ensure that their clinical performance is routinely assessed and addressed.

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