



Performance Based Privileging

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- What is "Performance Based Privileging"?
- Why is it necessary?
- How do you do it?



Performance art



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Performance Based Privileging



juggler



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Credentialing

- Attestation of a practitioner's qualifications for appointment to medical staff
 - Education history, State license, Board Certification
 - Malpractice, criminal, hospital personnel occurrences
 - References
 - Joint Commission
 - Medical staff & department bylaws
 - Medical Executive Committee & Board of the Hospital
- All clinicians (MD, DO, CRNA, NP)
 - Initial appointment, then every 2 years

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Credentialing example

Credentials: Pediatric Anesthesiologist

- MD: University of Vermont 2000
- Anesthesia residency: University of Vermont 2004
- Peds anesthesia fellowship: Cincinnati Children's 2005
- State License: Ohio current
- ABA boards 2007
- No occurrences NPDB, FBI, Hospitals
- References: excellent

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Privileging

- Approval for practitioner to provide specific services or perform a specific procedures
 - Education history, Board Certification
 - Experience with specific procedures
 - Malpractice, hospital personnel occurrences
 - Defined by department/division/section
 - Joint Commission
 - Medical Executive Committee & Board of Hospital
- All clinicians (MD, DO, CRNA, NP)
 - Initial appointment, then every 2 years

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Privileging example

Privileges: Pediatric Anesthesiologist

Category I - General & Regional Anesthesia	Privilege Requested	Privilege Recommended
• Management of procedures rendering insensible to pain.		
• Life support during anesthetic and surgical manipulations.		
• Clinical management of the unconscious patient.		
• Management of problems to relieve pain.		
• The management of cardiac and respiratory resuscitation.		
• The application of specific methods of respiratory therapy.		
• Management of fluids, electrolyte and metabolic disturbance.		

Credentialing vs Privileging

Credentialing (every 2 yrs)

MD } applies → Reviewed by Med staff specialist → Approved by Department, Medical Exec, Hospital Board → Join the Clinical Staff

Privileging (every 2 yrs)

MD } applies → Reviewed by Clinical Chief → Approved by Department, Medical Exec, Hospital Board → Provide specific Services & procedures

Joint Commission: rule 2007

Credentials & Privileges

- Ongoing professional practice evaluation
 - Link to **quality** of care
 - Involve **six competencies** of ACGME & ABMS
 - Use **performance management** principles
- "Performance based privileging"

Myers SS, Clark MD, Russell JA, Graham CC, Stultz MB, Reidy KM.
Focusing measures for performance-based privileging of physicians on improvement. Jt Comm J Qual Patient Saf. 2008 Dec;34:724-33.

Quality

How to assess it?

- Credentials** of the providers & institution (ABA, JCH)
- Experience** of the providers (number of cases)
- Processes** that the providers adhere to (antibiotic compliance)
- Outcomes** that the patient experiences (surgical infection rate)

ACGME & ABMS competencies

1	Professional Performance	Demonstrate understanding of established and evolving sciences in the context of patient care
2	Interpersonal communication skills	Care that is appropriate, timely, safe, evidence based, and compassionate
3	Medical/Clinical Knowledge	Care that is effective, highly reliable, and safe
4	Clinical Judgment	Care that is appropriate, timely, safe, evidence based, and compassionate
5	Clinical/ Technical Skills	Care that is effective, highly reliable, and safe
6	Systems-Based Practice	Demonstrate understanding of the system properties in which care is provided, and evidence to continually improve care

Performance Management

Organizational input

vision
Mission & values
Strategies, goals
Improve quality

→

Setting expectations

Individual goals
Measures
*Numbers indicating quality
Threshold: pass/fail*

Reviewing performance

Recognition, compensation
*Performance bonuses
Improvement plans for fails*

↻

Supporting performance

feedback, coaching
*Measurement processes
Provider evaluations*

Why do it?

Hospital Performs Brain Surgery on Wrong Side Three Times
Most Recent Error Occurred Despite Safety Measures From Last Two Mix-Ups





Today Exclusive
DOLLY PARTON, ANOTHER REBORN OUT

M
NBC

How to implement performance based privileging




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Cincinnati Children's

- Transformation & Transparency
- Business Units
 - Teams: MD, RN, PhD, Administration
 - Manage: Clinical, Research, Education, Finance
- Quality Improvement Science




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Anesthesiology

Anesthesia	Pain Management	Neurobiology
Surgery	Acute Pain Service	Neuromonitoring
Cardiac	Chronic Pain Clinic	Diagnostic Imaging
Endoscopy	Palliative Care	Neuro Labs
Interv. Radiology	Procedure Management	
Research & Education		
Work-life & Finance		

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Institute for Healthcare Improvement

"Crossing the Quality Chasm", 1998

Define Quality

1. Safe
2. Effective (outcomes)
3. Patient centered (family experience)
4. Efficient (flow)
5. Timely (on-time with schedule)
6. Equitable

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Anesthesia division

Quality indicators

- **Safety:** Serious adverse events, PACU respiratory complications
- **Efficacy:** anesthesia induction, PACU comfort
antibiotics compliance, SSI bundle compliance
- **Patient Centered:** parental satisfaction
- **Efficiency:** ASA units/FTE/day
- **Timeliness:** PACU discharge time for PET, T&A
on-time start for ENT, GI
- **Equity:** race, insurance for safety, efficacy, patient centered

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How to measure Quality

- Independent of clinician
- Careful definition
- Sample size
- Methodology varies



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SAE	event reporting & verification
PACU compl	all patients
PACU comfort	2 wks/qtr
Satisfaction	5 patients/day
Anes Induction	billing system
ASA units	EPIC periop IS
PACU time	EPIC periop IS
on-time starts	Centricity
antibiotics	Centricity
SSI bundle	Anesthesia IS

Quality Dashboard - Division of Anesthesia 4th Quarter Fiscal Year 2009

Indicator	Baseline	Benchmark	Current	Goal 2009	Notes
CLINICAL CARE INDICATORS					
Post-op respiratory complications for outpatients	9.8%	6.4%	3.9%	3.0%	X
% of patients having post-operative respiratory complications	3.8 / 1000	4.32 / 1000	3 / 1000	1.7 / 1000	X
Anesthesia Serious Event Rate	60.00%	Unknown	99%	100%	X
Compliance with Antibiotic Administration					X
FUNCTIONAL STATUS INDICATORS					
Quality of the Anesthesia induction process					
% of children experiencing distress during the anesthetic	7%	17%	2.0%	3%	X
Postoperative pain scores (PACU)					
1) % of patients comfortable on arrival to PACU	88%	Unknown	90%	> 90%	X
2) % of patients in pain made comfortable within 10 minutes	95%	Unknown	95%	> 95%	X
SERVICE QUALITY INDICATORS					
Time spent in PACU					
Time from entry into PACU when discharge criteria met for outpatient ENT surgery					
1) FE Table	30	Unknown	29	TBD	X
2) Tonsillectomy & Adenoidectomy	63	Unknown	88	TBD	X
Parental Satisfaction:	82%	Unknown	94%	> 90%	X
	9%	Unknown	9%	< 3%	X
On-time pre-anesthesia preparation on ENT/OP patients					
% of patients receiving timely premedication for 1st case of day	56	Unknown	96%	> 90%	X
% of patients ready for subsequent cases	50	Unknown	81%	> 90%	X
COSTS/EFFICIENCY					
Number of patients seen per PNP per day					
ASA UNAPPE	10	Unknown	11	TBD	X
Concomitancy	68	75	74	TBD	X
	1.05	Unknown	1.66	TBD	X
OTHER QUALITY, WORK LIFE BALANCE					
X 1) Academic time as scheduled	98%	Unknown	99%	90%	
X 2) Release of non-call staff from Operating Room	92%	Unknown	98%	85%	
X 3) Release of post-call staff from Operating Room	91%	Unknown	97%	90%	

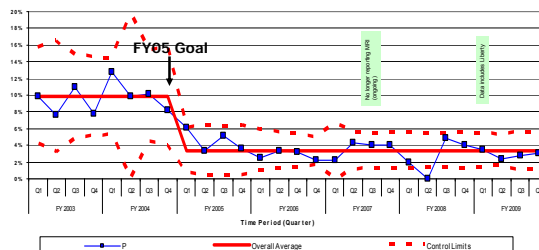
FY 2009 Projects

	project	lead	goals
QUALITY	Safety	JS	0% wrong surgery 150% soft tissue injuries
	Surgical Site Infection	BB	95% spine, neuro
SKILL	Academic Development	CDK	Educator program plan time accounting
	Liberty	JMD	quality dashboard time accounting OR utilization
PROCESS	ENT-GI flow	AV	90% pre-med 1st case 90% premed 45 min TF cases
	Consults	AV	90% email day of consult 90% consult complete day of surgery

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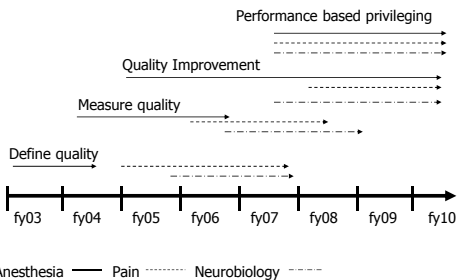
Postoperative respiratory complications



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How did we implement it?



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Performance based privileges

1	Professional Performance	Attendance at divisional meetings \geq 75%
2	Communication skills	Parent satisfaction survey: top rating \geq 75% and bottom rating \leq 3%
3	Medical/Clinical Knowledge	Anesthesia & Neurobiology: PALS, ACLS certified Pain: DEA training 100%
4	Clinical Judgment	Anesthesia: Induction Compliance & PACU comfort O/E < 2 Pain: serious safety events \leq 2 per 2 yrs Neurobiology: success with sedation > 95%
5	Technical Skills	Anesthesia: PACU respiratory complications O/E < 2 Pain: 15 neuraxial blocks per year Neurobiology: monitored modality > 90%
6	Systems-Based Practice	Safety training 100%

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Observed/expected (O/E)


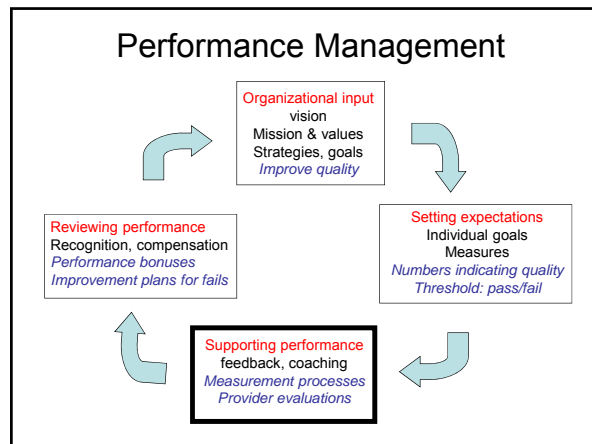
Case-mix adjustment

- The observed rate is the provider's raw rate
- The expected rate is the rate the provider would have if it performed the same as the reference population given the provider's actual case-mix

Threshold: $O/E=2$ (arbitrary)



- $O/E = 1$ provider did as expected
- $O/E < 1$ provider did better than expected
- $O/E > 1$ provider did worse than expected
- $O/E > 2$ triggers an investigation by clinical chief

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Annual Evaluation

- Meeting 1 hr**
 - Faculty with Department Chair
 - CRNA with Division Chief
 - NP with Division Chief
- Review individual**
 - Last year performance
 - Goals for next year
 - Performance based privileging results

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Performance based privileging

If needed, Why is your number "off"?

- Provider, division chief, quality officer meet
- Review raw quality data together
- Determine the reason
- Prepare action plan
 - to department chair
 - In file if audited by JC



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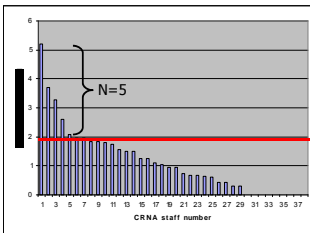
PACU respiratory complications

Reasons


- Sample size: 3
- Deep Extubations: 1
- Research study: 1

Plan

- Report data every 2 yrs to increase sample size
- Individual coached & monitor technique
- Publish study




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Where are we going?

- Medical/Clinical Knowledge & Technical Skills
 - Ongoing experience: cases or simulations
- Risk adjustment
 - Improve O/E methodology
- Research
 - Evidence base for thresholds
- Link to Compensation
 - Privileging documents done
 - Eligibility for bonus

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Quality: Experience

Experience	FY 08
Anesthesia Division	
Pediatric cases per staff	894
Cardiac cases per staff	90*
Neuro-spine cases per staff	22
Fetal surgery cases per staff	12*
Liver transplant cases per staff	2*
Pain Management Division	
Acute pain cases per staff	1323*
Procedure cases per staff	193*
Palliative care cases per staff	511*
Chronic pain cases per staff	389*
Neurobiology Division	
Neuromonitoring cases per staff	225*
Diagnostic imaging cases per staff	433*

* Subspecialty teams

Performance Based Privileging



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DEPARTMENT OF ANESTHESIOLOGY
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER
Provider Performance Based Privileging Plan
The Joint Commission-ACGME-ABMS 2007-2008
1/1/07 thru 12/31/08

The Joint Commission Standards: Conduct ongoing professional practice evaluation including provider-specific, time-trended, peer-aggregated, and externally benchmarked appraisal of individual performance representing the six dimensions specified by the ACGME/ABMS. The purpose is to demonstrate an ongoing, objective data-driven, peer-reviewed process for granting, renewing, and restricting/denying clinical privileges.

- Medical staff reappointment with *clinical privileges* requires ongoing clinical performance assessment. Particular focus should include clinical processes having outcomes that are primarily the responsibility of providers, such as:
- medical assessment & management, including use of evidence and appropriate consultation
 - outcomes of high risk procedures & effective management of complex clinical conditions
 - patterns of usage of blood, medication, diagnostic tests, and procedures
 - outcomes of operative & other clinical procedures
 - effectiveness of clinical practice, including appropriateness of clinical practice patterns, assessment of morbidity & mortality, and use of sentinel/adverse event and patient safety data

This cycle of measures will provide the basis for identifying and testing data variables to be embedded in our Epic EMR; which will then, ideally, produce continuous performance assessment documentation to satisfy maintenance of certification requirements for specialty boards.

Clinical Division	Standard	Performance Measures
Anesthesia <i>Dean Kurth, MD</i> MEC Approved (3 categories): 11/16/05 MEC Approved (6 categories):	Professional Performance <i>Behaviors reflecting a commitment to continuous professional development, ethical practice, cultural competence, and a responsible attitude toward patients, families, colleagues and care teams</i> Interpersonal/Communication Skills <i>Enable the establishment and maintenance of professional relationships with patients, families, colleagues, and care teams</i>	Anesthesia providers – MDA, MDP, CRNA, NP <ul style="list-style-type: none"> ● Attendance at monthly Anesthesia Division meetings ≥ 75% Pain Management providers – MD, NP <ul style="list-style-type: none"> ● Attendance at monthly Pain Management Division meetings ≥ 75% Neurophysiologist providers <ul style="list-style-type: none"> ● Attendance at quarterly Neurobiology Division meetings ≥ 75% Anesthesia providers – MDA, CRNA, NP <ul style="list-style-type: none"> ● Parent satisfaction survey favorable rating ≥ 75% and unfavorable rating ≤ 3% Sedation Providers – MDA, MDP <ul style="list-style-type: none"> ● Parent satisfaction survey favorable rating ≥ 75% and unfavorable rating ≤ 3% Pain Management providers – MD, MDP <ul style="list-style-type: none"> ● Parent satisfaction survey favorable rating ≥ 75% and unfavorable rating

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Clinical Division	Standard	Performance Measures
		<p style="text-align: center;">≤ 3%</p> <p>Pain Management providers – NP</p> <ul style="list-style-type: none"> • Faculty/staff 360° CCHMC Annual evaluation of Core Standards ≥ 3.6 or 90% <p>Neurophysiologist providers</p> <ul style="list-style-type: none"> • Neurophysiologist 360° CCHMC Annual evaluation of Core Standards ≥ 3.6 or 90%
	<p>Medical/Clinical Knowledge</p> <p><i>Demonstrate understanding of established and evolving biomedical, clinical and social sciences in the context of patient care</i></p>	<p>Anesthesia providers – MDA, MDP, CRNA, NP</p> <ul style="list-style-type: none"> • Maintain certification in PALS (MD, CRNA, NP) • Maintain certification in ACLS (MD, CRNA) <p>Pain Management providers – MD, NP</p> <ul style="list-style-type: none"> • Attend annual DEA training (100%) <p>Neurophysiologist providers</p> <ul style="list-style-type: none"> • Maintain case numbers
	<p>Clinical Judgment</p> <p><i>Care that is appropriate, timely, safe, evidence based, and compassionate</i></p>	<p>Anesthesia providers – MDA, CRNA, NP</p> <ul style="list-style-type: none"> • Anesthesia Induction Compliance Rate - maintain an observed/expected ratio of ≤ 2.0 <p>Anesthesia providers – MDA</p> <ul style="list-style-type: none"> • Rescue comfort in PACU - maintain an observed/expected ratio of ≤ 2.0 <p>Sedation providers – MDA, MDP</p> <ul style="list-style-type: none"> • Success with sedation >90% <p>Anesthesia providers – CRNA</p> <ul style="list-style-type: none"> • Arrival comfort in PACU - - maintain an observed/expected ratio of ≤ 2.0 <p>Pain Management providers – MD, NP</p> <ul style="list-style-type: none"> • Serious safety event ≤ 2 in each 2-year appointment period <p>Neurophysiologist providers</p> <ul style="list-style-type: none"> • Percentage of cases monitored with appropriate modalities >90%
	<p>Clinical/ Technical Skills</p> <p><i>Care that is effective, highly reliable, and safe</i></p>	<p>Anesthesia providers – MDA, CRNA</p> <ul style="list-style-type: none"> • Post-operative respiratory complication rate - maintain an observed/expected ratio of ≤ 2.0 <p>Sedation providers – MDA, MDP</p> <ul style="list-style-type: none"> • Sedation respiratory complication rate - maintain an observed/expected ratio of ≤ 2.0 <p>Anesthesia providers – NP</p>

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Clinical Division	Standard	Performance Measures
	<p>Systems-Based Practice <i>Demonstrate understanding of the system properties and contexts in which care is provided, and ability to apply knowledge and evidence to continually improve and optimize care</i></p>	<ul style="list-style-type: none"> • Pre-anesthesia evaluation record audit- maintain completion rate for key elements $\geq 95\%$ <p>Pain Management providers – MD</p> <ul style="list-style-type: none"> • Complete 15 neuraxial blocks (spinal, caudal, epidural) per year <p>Pain Management – NP</p> <ul style="list-style-type: none"> • Pain Management orientation evaluation scores $\geq 90\%$ in “Excellent” category <p>Neurophysiologist providers</p> <ul style="list-style-type: none"> • Percentage of cases successfully monitored with modalities $>90\%$ <p>All Providers – MDA, MDP, CRNA, NP, Neurophysiologist: Safety training (meet all requirements)</p>

Last Updated 08/01/07

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