Linking Peer Review and Internal Benchmarking to Improve Quality in your Organization

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Association for Ambulatory Health Care
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AAAHC, Assistant Director, Education
Learning Objectives

- Describe the process for establishing criteria for peer review
- Analyze the results of peer review using internal and external benchmarking
- Develop QI studies based on peer review data
- Incorporate peer review into the process for granting continuation of clinical privileges
Benefits of Peer Review

- Compares performance
- Identifies variation in performance and identifies outliers
- Highlights organization-wide problems
- Helps identify performance goals to determine whether a problem is provider-specific or organization-wide
- Drives appropriate interventions
- Establishes a criterion for granting or denying privileges
Process Cycle

- Organization goals
- Regulatory requirements
- IPC/Risk/Safety
- Clinical Outcomes
- Pt Satisfaction

Establish Criteria for Peer Review

Collect and Analyze Data

Solve the QI Equation/Grant privileges

Compare Performance

- Tools for audit
- Observation

- Quality Activity (QA)
- Quality Improvement Study (QI)
- Provider-Specific Intervention

- Current Performance
- Internal benchmarking
- Performance goal
Establish Criteria for Peer Review

Health care professionals participate in the development and application of the criteria used to evaluate the care they provide.
Considerations

- How is peer review currently conducted?
- Who is included: physician/dentists and/or other health care professionals?
- Is the peer review performed by at least one similarly-licensed peer?
- Is the data used to monitor important aspects of care provided by the organization?
- Is the data regularly evaluated to identify trends, outliers, and organizational problems?
Developing Criteria

- Require input from participants—those whose performance will be reviewed
- Align with peer review policy
- Evaluate existing data (what you’re already collecting)
- Identify and add key physician performance indicators
- Ensure data is valid, comparable and consistent
Information Important to the Organization

- Organizational goals
- Services provided
- State and other regulatory requirements
- Programs
- Clinical outcomes
Identify the key physician indicator(s) that will be compared to identify benchmarks:

- Complications
- Compliance
- Cost
- Timeliness
- Efficiency
- Documentation
- Utilization
Collect and Analyze Data

Data related to established criteria are collected in an ongoing manner and periodically evaluated to identify acceptable or unacceptable trends or occurrences that affect patient outcomes.
Applying Data Collection Methods

- Retrospective review
  - Using a chart audit tool
  - Reporting Indicators
- Prospective use
- Real time collection
- Observation
  - Direct observation for clinical competency by a similarly licensed peer
  - Observe communication skills between patient and health care team
Displaying Peer Review Data

- A format designed to compare individual performance within the organization and with each other (i.e., dashboard or scorecard)
- Useful for visualizing peer review and demonstrating opportunities for improvements
### Example: Surgical Scorecard

**3rd Quarter**

**July-September 2015**

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The organization implements data collection processes to ensure ongoing quality and to identify quality-related problems or concerns. Such processes should include but are not limited to:

- Analysis of the results of peer review activities
Identify Current Performance

- Peer review data is analyzed for overall performance as well as each physician’s performance
- Easily display current performance using a dashboard or scorecard to provide a visual
## Example: Surgical Scorecard

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The organization implements data collection processes to ensure ongoing quality and to identify quality-related problems or concerns. Such processes should include but are not limited to:

- **Comparison of the organization’s performance to internal and external benchmarks.**
Benchmarking

- Definition:
  - A comparative best as a baseline for improvement
  - Identifies best practices which become the ‘benchmarks’ against which others are measured

- Types:
  - Internal
  - External

- Used for setting performance goals
  - Overall performance
  - Provider-specific performance
Internal Benchmarking

The comparison of performance within an organization, such as by a physician or department, or over time

- Look for internal best practice
- Organizational history
- Between providers
Comparing Current Performance and Internal Benchmarking

- Compare the organization’s overall performance to that of individual performers
- Compare your best performer to your lowest performer
- Identify trends in the data
- Use a performance goal to identify outliers vs. system-wide problems
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Setting a Performance Goal

- Using an internal and/or external benchmark is optimal for setting a performance goal
  - Provides a rationale for the performance goal rather than a random selection

- A benchmark is not always applicable
## Displaying Peer Review Example: Surgical Scorecard

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The organization implements data collection processes to ensure ongoing quality and to identify quality-related problems or concerns. Such processes should include but are not limited to:

- **Evaluation of the information and data obtained through the above data collection activities to identify the existence of unacceptable variation that requires improvement.**
Quality Activity vs. Quality Improvement

- The organization’s overall current performance met or exceeded the performance goal
- No corrective action is needed for the organization or for individual providers
Discuss options for improvement:

1. No change needed and continue monitoring as a Quality Activity (QA)
2. System-wide improvement needed using a Quality Improvement (QI) study
3. Provider-specific intervention needed

What do you mean?
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Quality Improvement

- If the problem is system-wide, where most of the providers do not meet the performance goal, a QI study is expected.
- A corrective action must be implemented that addresses the source(s) of the problem.
- A re-measurement is required to see if the performance goal is met.
### Displaying Peer Review

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Using the 10 Elements
(Standards 5.I.C.1-10)

- AAAHC QI study template is optional
- Addressing the 10 elements is required
  - Purpose (5.I.C.1)
  - Performance Goal (5.I.C.2)
  - Description of Data to be Collected (5.I.C.3)
  - Evidence of Data Collection (5.I.C.4)
  - Analysis - Current Performance (5.I.C.5)
  - Compare Current Performance with Performance Goal (5.I.C.6)
  - Corrective Action (5.I.C.7)
  - Re-measurement (5.I.C.8)
  - Additional Corrective Action and Re-measurement, if necessary (5.I.C.9)
  - Reporting (5.I.C.10)
If you identify an outlier, a provider-specific intervention needs to be created

- Sometimes being aware of this will “fix” the problem
- Ensure data collected on physician is comparable data to the others
- Assess the source of the problem
- Involve physician in solution/intervention
- Re-measure performance after intervention
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Granting of Privileges

- Results of the peer review should be used as part of the process when granting privileges
- If you have a consistently low performer, an action plan may need to be implemented
Achieving Accreditation Conference

Sample Conference Agenda

**Friday**
7:15 – 8:00 am .......... Registration and breakfast
8:00 – 9:30 am ............ Welcome, Introduction, and Core Standards
9:30 am ..................... Refreshment Break
9:45 – noon ............... Core Standards continued
Noon ......................... Box Lunch
1:00 – 6:00 pm .......... Break-out sessions: Illuminating QI
5:15 pm ..................... Networking reception

**Saturday**
7:30 – 8:00 am .......... Breakfast
8:00 – noon ............... Adjunct Standards for Surgical/Procedural or Primary Care settings (includes refreshment break)
Noon ......................... Box Lunch
1:00 – 4:30 ................. Elective sessions

Additional details and online registration at www.aaahc.org/education/achieving-accreditation.

June 10-11, 2016
San Diego, CA

Omni San Diego Downtown
875 L Street
Room rate: $259*
Reservations: 800.843.6664

*Single/double rate guaranteed until May 18, 2016, but room block may sell out before this date.

September 23-24, 2016
Washington, DC

Marriott Marquis
901 Massachusetts Avenue, NW
Room rate: $199*
Reservations: 202.284.9200

*Single/double rate guaranteed until September 1, 2016, but room block may sell out before this date.