

SAAA MEETING 2012

Inviting the Wolf to Dinner: How and Why Physician Performance Evaluations Must Include CRNA Input.

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DISCLOSURE

I have no financial relationships with industry to disclose.

Learning Objectives

At the conclusion of this activity, participants should be able to:

- Describe The Joint Commission's requirement for FPPE and OPPE.
- Summarize the FPPE and OPPE system used at UNC for CRNA based evaluations of anesthesiologists.
- Appreciate how this system has changed specific physician behavior at UNC.



When the Dean said, “Dave, we would like to offer you the Chair position,” I had no idea....



An independent, not-for-profit organization, The Joint Commission accredits and certifies more than 19,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. **Our Mission:** To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. **Vision Statement:** All people always experience the safest, highest quality, best-value health care across all settings.

Q. What is the intent of the Focused Professional Practice Evaluation requirement?

- Element of Performance 1 requires "A period of focused professional practice evaluation is implemented for all initially requested privileges." This would mean all privileges for new practitioners and all new privileges for existing practitioners. The EP was published in January 2007 with an effective date of January 1/2008.

Q. What is the intent of the requirement for Ongoing Professional Practice Evaluation?

- The intent of the standard is that organizations look at data on performance for all practitioners with privileges on an ongoing basis rather than at the two year reappointment process, allowing them to take steps to improve performance on a more timely basis.

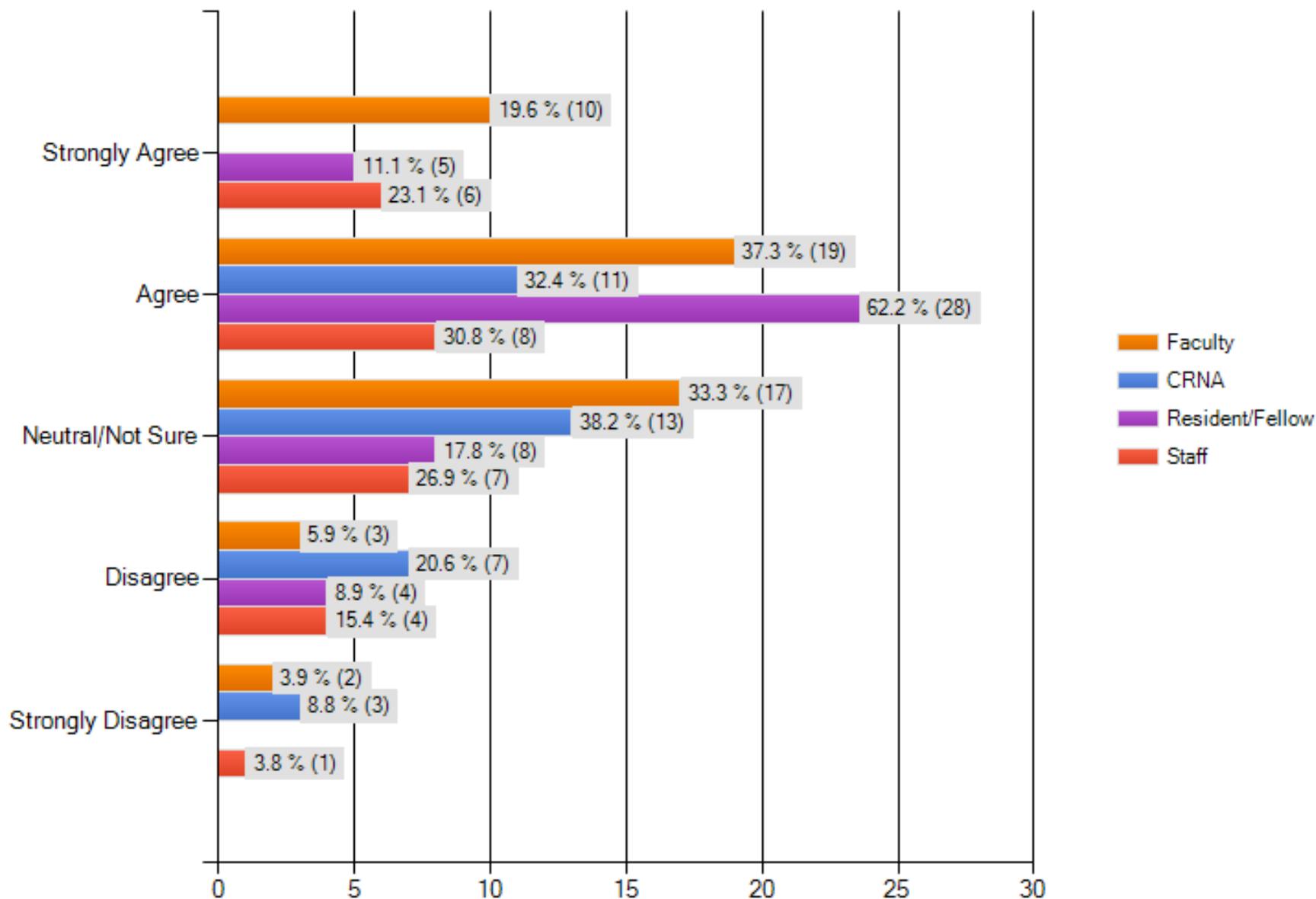
The Joint Commission Methods

- The organization may choose
 - periodic chart review
 - direct observation
 - monitoring of diagnostic and treatment techniques
 - discussion with other individuals involved in the care of each patient including consulting physicians, assistants at surgery, nursing, and administrative personnel.

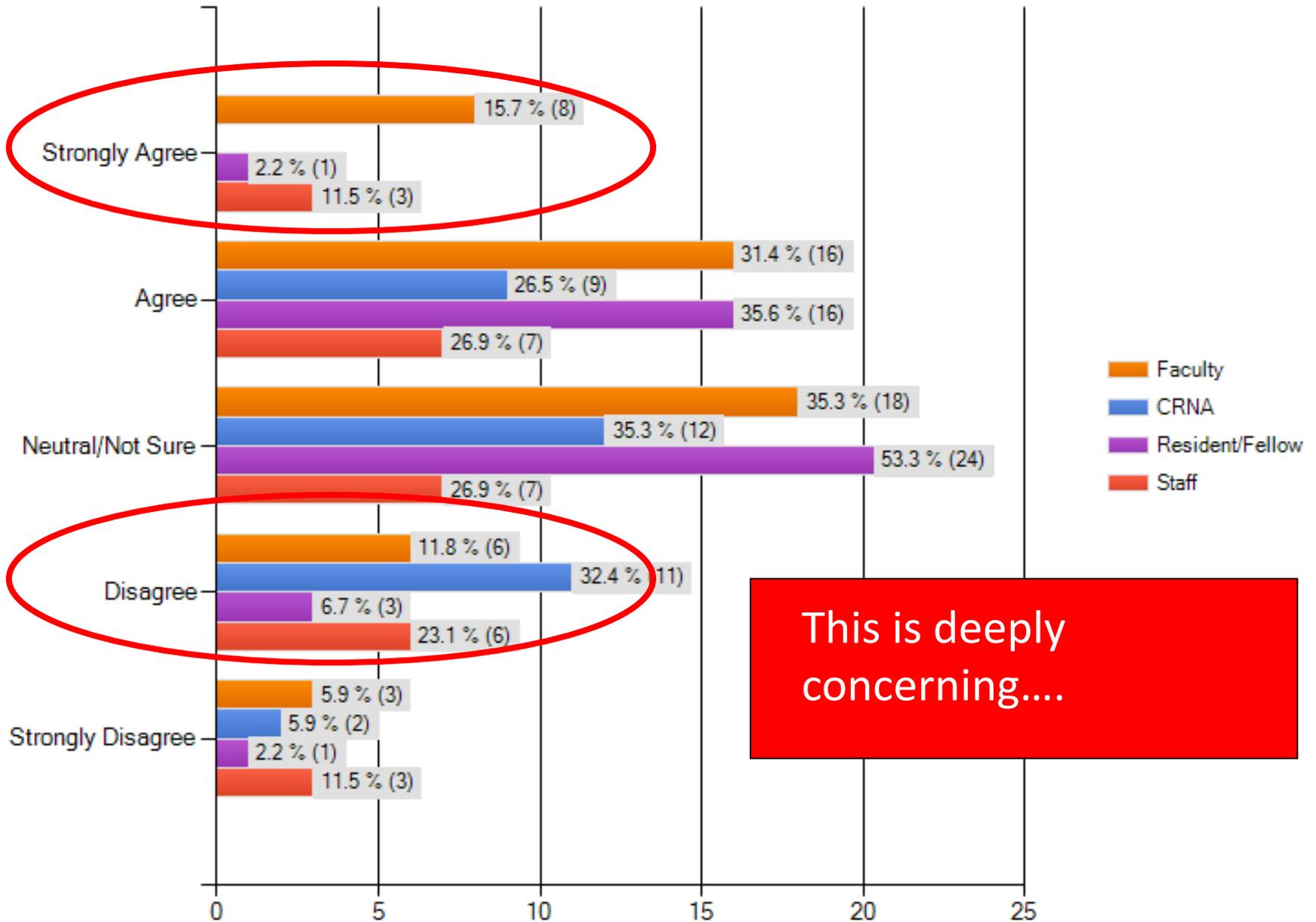
UNC ANESTHESIOLOGY

- 72 Faculty
- 52 Residents
- 10 Fellows
- 70 CRNAs
- 0 Anesthesia Assistants
- 40 Research and Administrative Staff

My professional views and opinions are both encouraged and respected.

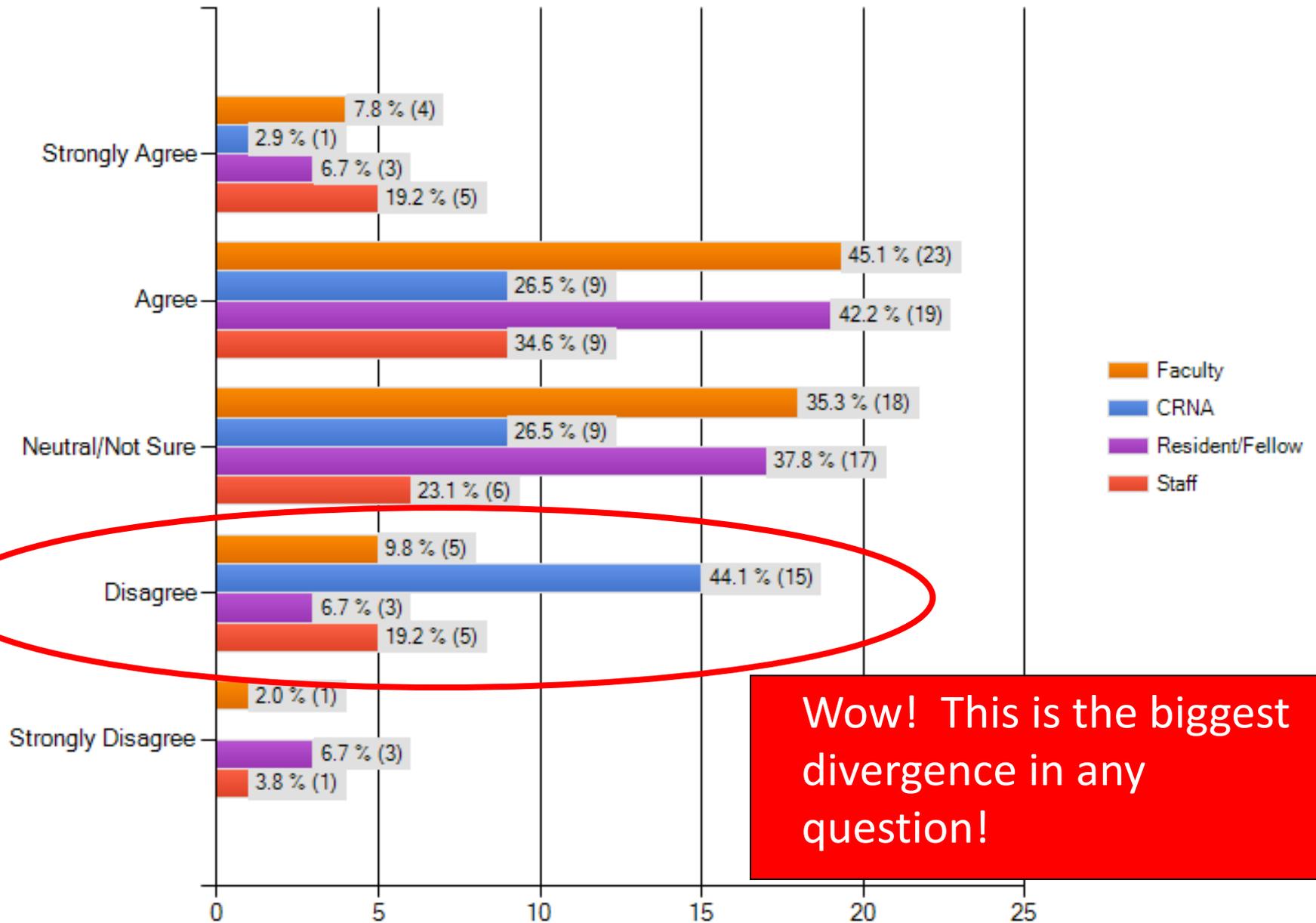


Policies are applied equally and consistently in the department.

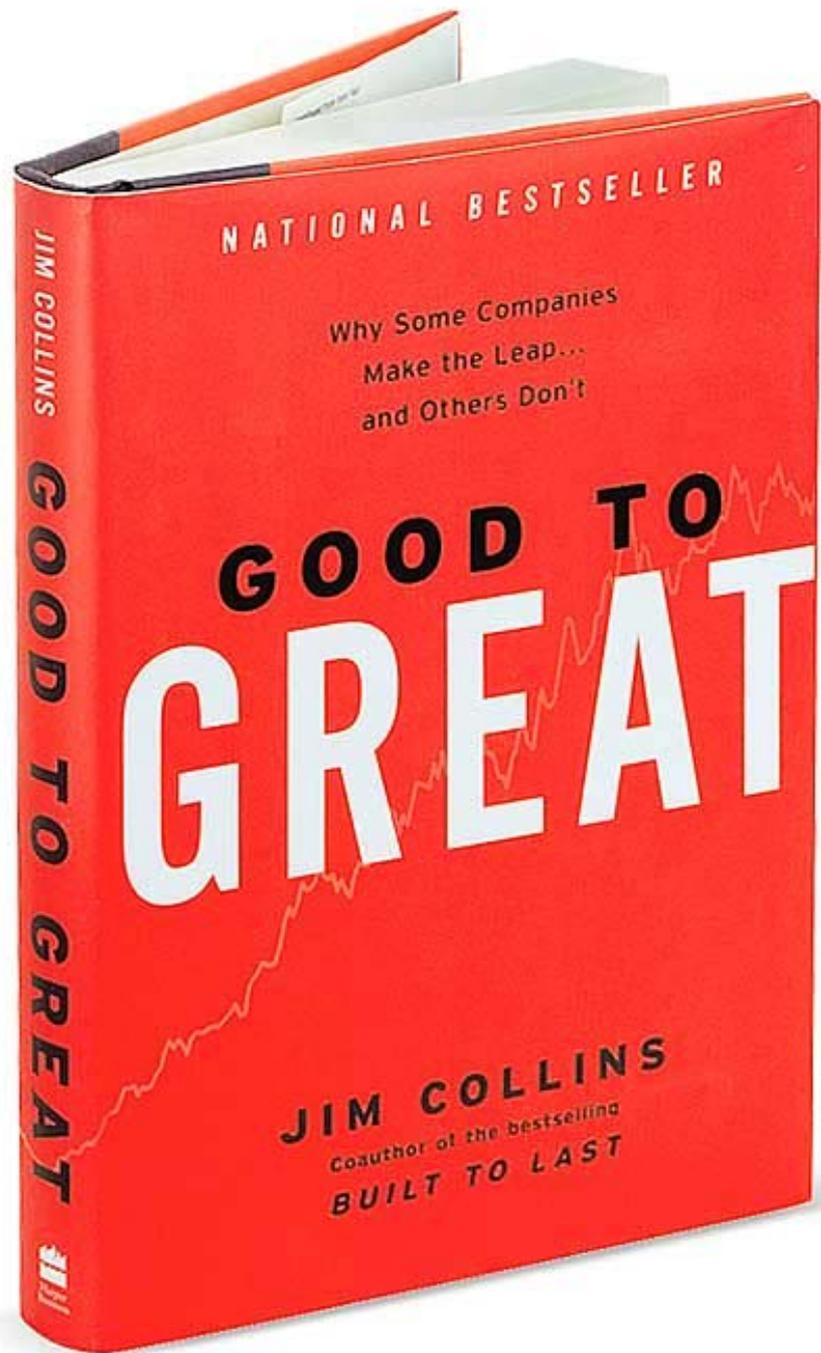


This is deeply concerning....

There is a culture of accountability in the department.



Wow! This is the biggest divergence in any question!



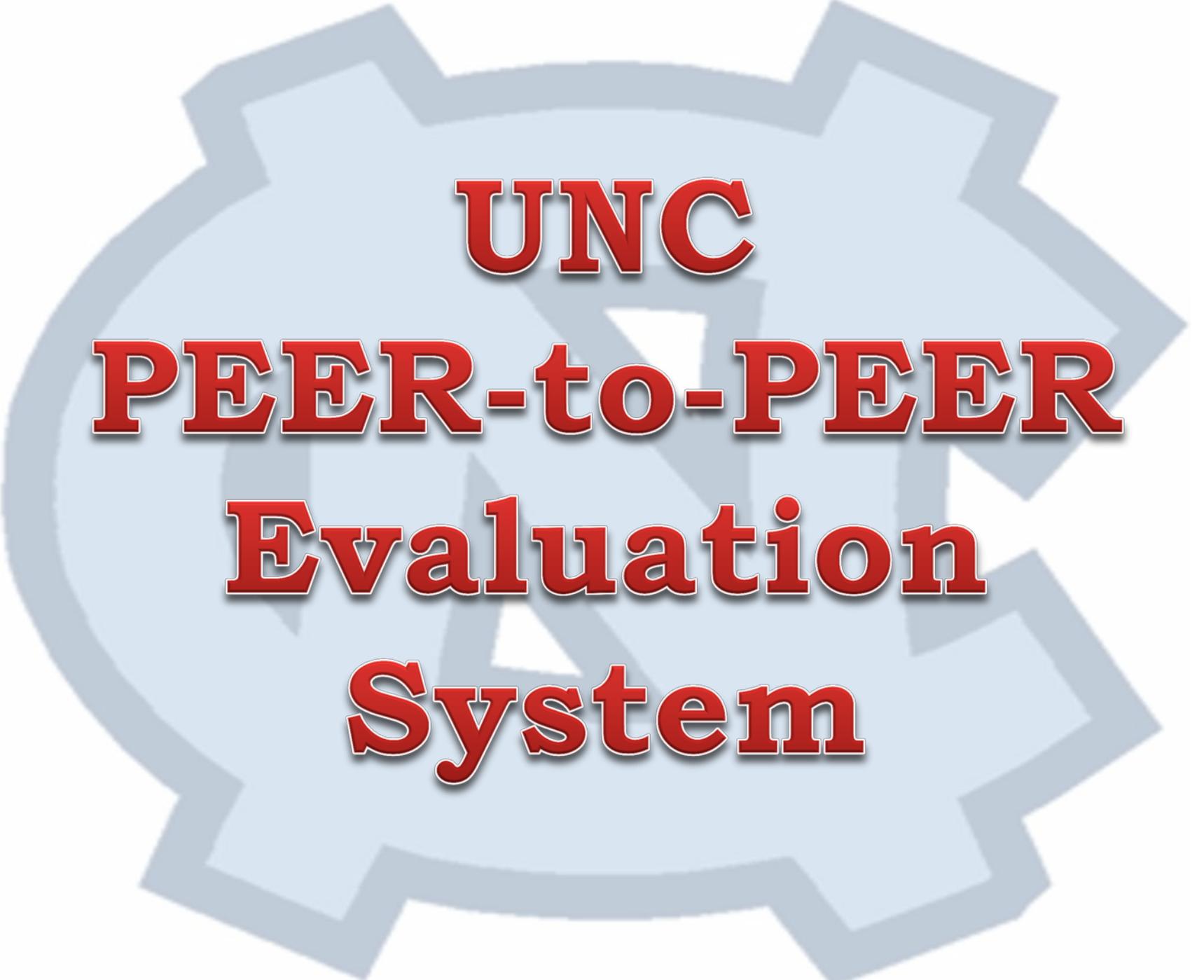
Spending time and energy trying to motivate people is a waste of effort. If you have the right people, they will be self motivated. The key is to not *de-motivate* them.”



G. Dou

<http://otshelnik.net/art/tales/020.jpg>

www.otshelnik.net



**UNC
PEER-to-PEER
Evaluation
System**

AIMS Rules

- New Faculty members are evaluated daily by CRNAs they are working with, for the first 30 clinical days.
- Later the evaluations are done on bi-monthly basis.
- No reminders are sent after the first email is sent out.
- The evaluations are based on CRNA and Physician team up in two locations ACC and OR that were assigned on that day
- The CRNA evaluation of Attending is based on 9 questions each with a max. score of 4 (Range 0-4).

Evaluation Type	Total Evaluations Sept 2010 – Sept 2012	Evaluated	Evaluated by
Peer-to-Peer Resident	457	66	53
Peer-to-Peer Faculty	884	89	73
CRNA evaluating faculty	1067	70	68
Faculty evaluating CRNA	1079	72	60
Peer-to-Peer CRNA	611	82	64
Total	4098		

What Questions do we use?

- 1) This clinician arrives on time to accept clinical responsibilities (Professionalism).
- 2) This clinician is organized and well prepared for his or her clinical assignment (Patient Care).
- 3) When requested, this clinician reliably and effectively provides clinical assistance and support to colleagues (Interpersonal).

What Questions do we use?

- 4) This clinician exemplifies professional behavior (Professionalism).
- 5) This clinician adapts well to the changing clinical demands effecting manpower allocation during the day and/or when on call (Systems based practice).
- 6) This clinician demonstrates respect towards coworkers (interpersonal and communication).

What Questions do we use?

- 7) This clinician exemplifies the very best in quality care (Patient Care).
- 8) I am comfortable “handing off” my patients to this clinician (Patient care).
- 9) This clinician practices evidence-based medicine with up to date knowledge of our field (Medical Knowledge).

CRNA Evaluation of Faculty	1067	
	Per Evaluation	Per Question
Min. Score	0	0
Maximum Score	36	4
Average	32.96	3.66
Std. Deviation	5.69	0.63

**358 Free Text Comments:
32% Positive/68% Negative**

What are the CRNA “Hot Buttons”?

- Arrives on time.....26
- Organized.....20
- Assistance.....26
- Professional Behavior.....67
- Adaptable.....72
- Respect.....42
- Patient care.....27
- Hand-offs.....53
- Evidence-based medicine.....25

A FPPE Success Story

Early Evaluation: “Hopefully he will quickly learn how to work as a member of the anesthesia care *TEAM*. He is quick to question the CRNAs.”

Later that month: “Did not come to the room when notified that patient was doing poorly. A second call was made stating that I was loosing ground, patient was doing poorly and that I needed him to come to the room, he came, listened to lung sounds & left immediately. I had to request help from other sources.”

After our feedback session: “He responded to my urgent need for assistance even when he was in his civilian dress and almost out of the hospital. He stayed till needed. Thanks”

OPPE Tales of Woe

- Arrives on time.....2.44/3.76
- Organized.....2.80/3.81
- Assistance.....2.71/3.81
- Professional Behavior.....3.11/3.77
- Adaptable.....2.33/3.73
- Respect.....2.56/3.76
- Patient care.....2.29/3.80
- Hand-offs.....2.11/3.68
- Evidence-based medicine.....3.00/3.72

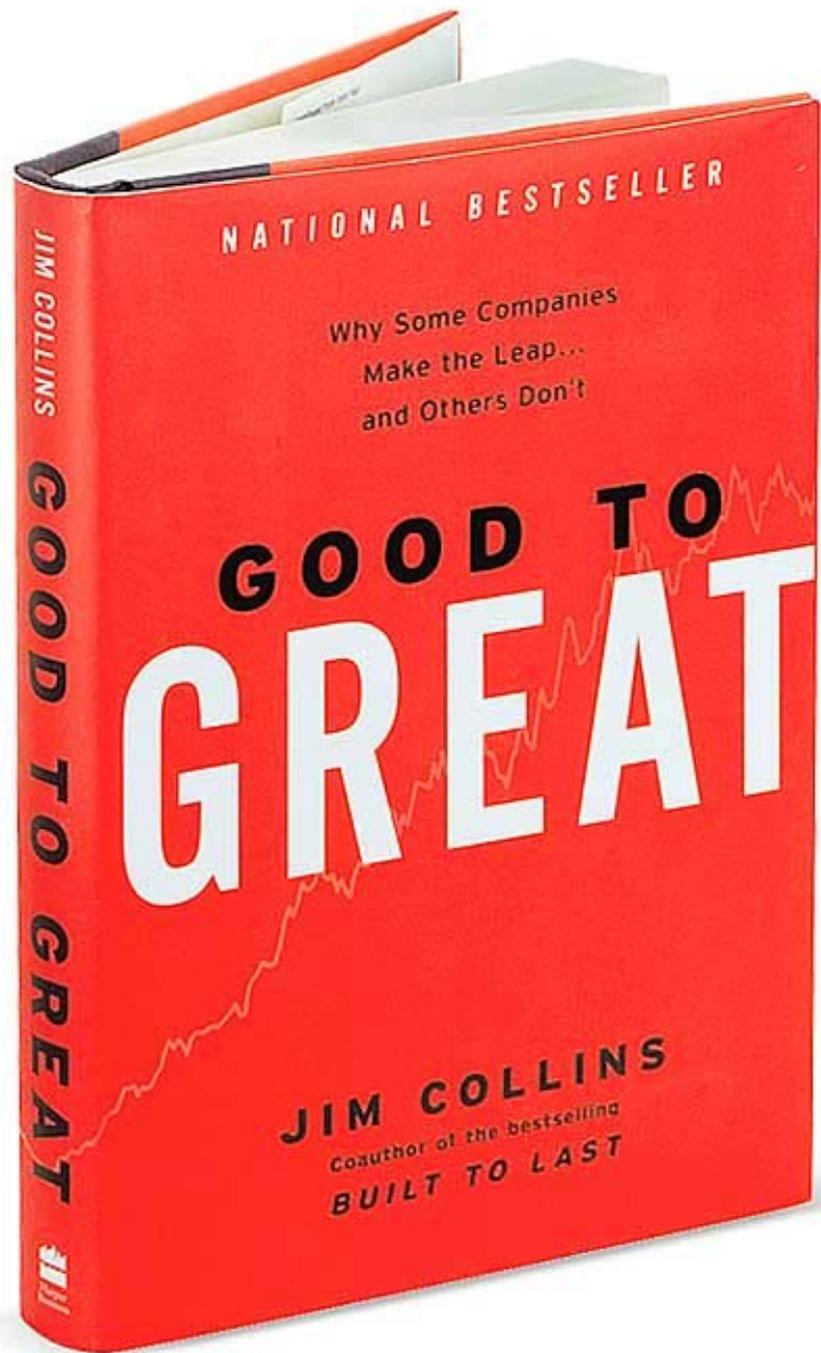
39 comments, all negative. 11% of total comments for all faculty.

Clinician	Composite Score	Comments	Resolution
A	2.59	39	Left Institution
B	3.35	22	Resolved
C	3.38	21	Markedly Better
D	3.43	15	Work in Progress

**5% of Faculty get 27%
of the comments.**

I got a “Perfect 4!”





The old adage, “People are your most important asset” is wrong. People are not your most important asset. The *right* people are.

Thank you.

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