The Progressive Steps Continuum: From Collegial Intervention to Corrective Action

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The Progressive Steps Continuum – From Collegial Intervention to Corrective Action

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“Stuff” Happens on the Very Best of Medical Staffs!

Clinical Quality
“Disruptive” Conduct/Sexual Harassment
Health/Age Issues
Utilization/Medical Necessity
How are you addressing these issues?

The “Medical Staff” world is changing dramatically — and for the better!

Thinking! Techniques! Governing Documents!
Why the MEC (or Board!) should NOT be routinely involved in performance issues!
• **Foundation Point #1:** MEC and Board are the only “disciplinary” bodies

• **Foundation Point #2:** Clear majority of performance issues are eminently fixable at lower levels!

Therefore...

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**For practical and legal reasons:**

• Generally keep physician performance details away from “disciplinary” bodies

• No involvement in day-to-day “peer review” activities, *and no review of detailed committee minutes!*

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Legal/oversight responsibilities can be fully satisfied by reviewing *aggregate, “anonymized” reports* — no physician-specific identification or details are required.
Practitioners more collegial/willing to participate in PIPs and other interventions if not also “embarrassed” by having the details reviewed by MEC and Board.

Larger number of people involved in reviewing issues increases the risk that confidentiality will be breached.

Keeping interventions at lower levels greatly minimizes the risk of reports to the State Board and the NPDB!
If a more serious issue get referred to the MEC (and possibly the Board), the MEC and Board should be as “non-biased” as possible in their review.

Critical to maximizing legal protections and minimizing hassle for the Hospital and the Medical Staff leaders!

- Allegations:
  - “Soundbites” to MEC and Board created bias/pre-judgment
  - Subsequent investigation/hearing and appeal processes were just a “sham!”
Two ESSENTIAL Committees...

- Leadership Council
- “PPECs”

An additional layer of bureaucracy?

OR...
The vehicle for leaders to lead more effectively!

Keystone of Modern Medical Staff Governance!

Who Typically Serves?
- Chief of Staff
- Vice Chief of Staff
- PPEC Chair
- Credentials Chair?
- CMO/VPMA
- CMO of Employed Group?
- Medical Staff/Quality Professionals
**ROLE**

- When immediate, expedited review is necessary
- Administratively complex clinical issues
- Conduct/professionalism issues
- Possible health issue

**Other Functions of Leadership Council**

- Improve communications between Medical Staff leaders and hospital administration
- Serve as a forum to discuss and help coordinate quality initiatives that impact various services within the hospital
- Serve as the Nominating/Leadership Development Committee for the Medical Staff

**Two ESSENTIAL Committees...**

- Leadership Council
- “PPECs”
Multi-Specialty

**PPEC** is the Key to an Effective Clinical Review Process!

*And...*

- Disseminate *“lessons learned”* and promote education
- Monitor resolution of *“system issues”*

**Composition**

- Who should serve?
  - Experienced *“Silverbacks”* along with some *“Next Gen’ers!”*
  - Review and accept duties prior to appointment
  - Willing to participate in PPE training
- Who should **NOT** serve?
  - Current MEC members! (e.g., department chairs)
Composition

How about ...
• Immediate Past Chief of Staff—member or Chair
• At least one additional Past Chief of Staff
• Physicians from a cross-section of the specialties on the Medical Staff who have an interest and willingness to devote time and energy to peer review matters
• CMO
• CMO of Employed Group?
• Medical Staff/Quality Professionals

Terms

• At least 3-5 year terms
• Staggered, so there is always expertise on the committee
• Educate and equip all new members!

“It took Einstein 10 years of groping through the fog to get the theory of special relativity... and he was a bright guy.”

— Jim Collins, Good to Great: Why Some Companies Make the Leap and Others Don’t
Role

• “Policy” Decisions
• Education/Public Relations
• Monitoring “System” Fixes
• Practitioner-Specific Review
  • Reviews determinations from prior levels
  • Reviews cases referred to it

Multi-Specialty Professional Practice Evaluation Committee (PPEC)

What can PPEC do?

Use wealth of experience and knowledge of options to address issues and help every colleague be successful!

Multi-Specialty Professional Practice Evaluation Committee (PPEC)

W.W.H.

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Important Provisions for Medical Staff Documents!

**Why?**

- **Practical** – provide helpful guidance to leaders, foster positive/constructive culture, and promote effective and successful outcomes!
- **Legal** – important for peer review protections and NPDB reporting!

**Important Provisions for Medical Staff Documents!**

- Be *explicit* about “Collegial Intervention” and the specific “Progressive Steps” beyond that in your documents:
  - Medical Staff Bylaws
  - PPE Policies
  - Professionalism Policy
  - Practitioner Health Policy
  - CM Policy
Important Provisions for Medical Staff Documents!

• Only MEC has authority to conduct non-routine, formal investigations or recommend restrictions
• Have “bright line” in Bylaws for MEC “investigations”

Important Provisions for Medical Staff Documents!

• LC and PPEC processes are routine and ongoing processes applicable to all practitioners
• Not intended to be a “precursor” to any disciplinary action
• Designed to promote improved safety and care through continuous improvement

Important Provisions for Medical Staff Documents!

• Stress Collegial and Educational Objectives!
  – No counsel at meetings!
  – No recordings (audio or video)!
"I don't feel quite as fulfilled when I've saved a lawyer."

The New Yorker, drawn by Frank Cotham

Best Practice

Medical Staff Bylaws/Credentials Policy
Professionalism Policy
PPE

Practitioner Health Policy

Progressive Steps Continuum

Policy on Practitioner Access to Confidential Files

W.W.H.O.W.
Collegial Intervention and the Progressive Steps Continuum will successfully resolve almost all issues!
Remember the World is Not Just Black or White!

Use PROGRESSIVE Steps
Intervene Early!
“Discipline” Is a Last Resort!
The *Progressive Steps Continuum* Should Be a Centerpiece of Every Medical Staff Culture!

- Publicized to the Medical Staff
- Known and used by the MS Leaders
- Passed generation to generation!

**The Basics**

Use the *Least Restrictive* Approach Consistent With *Good Quality!*

**The Basics**

Most Options:

- No Hearing
- No Data Bank Report
The Basics

Last But Not Least...
Improves Legal Position —
Even if it Doesn’t Work!

Progressive Steps Continuum

Informational Letter & Educational Letter
Collegial Intervention
Performance Improvement Plans
Disciplinary Action
Wide Range of Options/Tools

Tips and Tools for

Effective Collegial Intervention
GOAL:
Voluntary, responsive actions to resolve concerns

FOUNDATION:
• Confidentiality
• Orientation toward improvement, not discipline

Progressive Steps Continuum

Informational Letter & Educational Letter

Plan, Plan, Plan!
Develop a Checklist!

Plan, Plan, Plan!
Tip #1: Don’t Immediately React — Take a Step Back & Assess
• How serious is the Incident?
• Is there a past history of similar incidents?
• What is personality of doctor involved?
• How much time do I need?
• How much time am I likely to get?

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Plan, Plan, Plan!

Tip #1 (cont.)
- Is this a one-on-one or do I need additional people?
- Who is going to meet with the physician?
- Where are you going to meet?

Tip #2: Prepare 2X Anticipated Meeting Time
- What is the desired outcome/objective?
- What are your talking points?
- If multiple people participate, who is going to address each talking point?

Tip #3: Steal a Tip from Abe
- Spend twice as much time thinking about your colleague's perspective
- What reactions/responses can you anticipate... and be prepared to address
Plan, Plan, Plan!
Tip #4: Follow-Up with a Letter!

Progressive Steps Continuum

PIPs Are It!
Be specific on your options!
(Develop checklists!)
Disciplinary Action
- Formal Investigations
- Long-Term Suspension
- Revocation of Appointment or Clinical Privileges
- Hearings; Data Bank

DOCUMENTING
Collegial Intervention
(and Other Progressive Steps)

Best Practice?
Document All "Formal" Collegial Interventions
...But Constructively!!
Document All Formal Collegial Interventions

- Fosters consistency and fairness
- Aids education of new leaders
- Facilitates communication through a central repository *(be careful of separate files!)*
- Improves effectiveness of interventions!

**KEY:**

**TONE, TONE, TONE!**

- You can’t be nice enough – collegial, professional, and encouraging!
- “Letters of Counsel or Guidance”
- Exception? When necessary to reflect individual’s failure to change (“we’re disappointed...” “we regret you have chosen...”)

**Topics to Address in Follow-Up CI Letters**

- Summarize background
  - describe incident
  - identify relevant Bylaws or policy provision
  - discuss history
- Describe expectations going forward
- Describe consequences of failing to meet expectations *(as needed)*
- Monitoring, non-retaliation *(as needed)*
Five Audiences (especially for CI letters after pattern)

1. Physician under review
2. Physician’s attorney
3. Future physician leaders
4. Defense counsel
5. Judge

Whenever You Document...
• Individual given opportunity to respond in writing
• Response kept in file

Memorial Medical Center

Thank you for meeting today with Dr. James, Dr. Carter and me. These meetings can be difficult for all of us and we very much appreciate your cooperation and your professionalism.

Sincerely,
[Name]
The purpose of this letter is to briefly follow up on our discussion regarding your continued use of unsafe abbreviations. As we discussed, you have already received two educational letters regarding this issue. We hope that our discussion today impressed upon you that use of such abbreviations places patients at risk.

As with all Medical Staff correspondence, a copy of this letter will be placed in your confidential file. You may write a response if you wish, and your response will be maintained along with this letter. Most importantly, however, we know that you share our commitment to providing quality care to our patients in an environment most conducive to doing so and we look forward to working with you toward this goal.

Thank you again for your cooperation. We appreciate your willingness to work with us on this issue. Please let us know if we can provide any further assistance to you in addressing this matter.

Sincerely,

[Name]
Documentation of “PIPs”

TONE, TONE, TONE!

BUT ALSO...

Be EXPLICIT on details/expectations — develop and utilize a PIP checklist tool!

Practical Tip: Personal meeting with colleague, be transparent and helpful!

Confidential Peer Review
Re: Performance Improvement Plan

• PPEC conducted review/developed PIP to successfully and constructively address issue
• Thanks for cooperation and input to date
• PIP details (enclose applicable parts of checklist)
• Your voluntary agreement — not a “restriction” that requires hearing or reporting

Confidential Peer Review
Re: Performance Improvement Plan

• Demonstrate your commitment to work with us — sign and return within X days
• Next steps if fail to do so
• Copy placed in your file/may respond if you wish
Confidential Peer Review
Re: Performance Improvement Plan

“Thank you for your cooperation and participation in the Medical Staff’s ongoing efforts to improve the care that we all provide.”

Thank You!