

## PROGRESS REPORT

University of North Carolina Health Care System (UNCHCS)

PARS®: Patient Advocacy Reporting System

Identification of Physicians with High Risk Scores

Prepared by the Vanderbilt PARS® Team

April 2010

### Introduction/Overview:

Patient and family observations, comments, and complaints present opportunities for improving patient safety and satisfaction and reducing medical malpractice risk. As reported in The Joint Commission Sentinel Event Alert (July 9, 2008), unprofessional physician behaviors toward patients are not rare events and may lead to medical errors, poor patient satisfaction, preventable adverse outcomes, and increased costs of care. The Centers for Medicare and Medicaid Services (CMS) recognizes the importance of addressing patient grievances in a timely manner. Therefore, a robust patient complaint capture system is a valuable tool for service recovery and improving patient safety.

Research also links patient dissatisfaction with malpractice claims and expenses. The Vanderbilt Patient Advocacy Reporting System (PARS®) helps hospitals and providers make use of patient complaints to: (1) promote changes in practice and behaviors that reduce risk and improve patient satisfaction and (2) identify physicians at increased risk for medical malpractice claims.

This Progress Report, prepared for the University of North Carolina Health Care System (UNCHCS) by the Vanderbilt PARS® team, summarizes activity in the two key performance areas of Complaint Capture (Section 1) and Physician Intervention (Section 2). Complaint Capture performance supports the reliable identification of physicians at high risk for malpractice claims. Physician Interventions are designed to make individuals aware of their high-risk status, promote practice changes, and reduce avoidable risk.

Each section below will present and discuss our analysis of the data provided by UNCHCS.

### **UNCHCS Key Performance Indicators Summary:**

<b>Complaint Capture:</b>	<i>Best Practice</i>
<b>MD Identification Rate:</b>	74%; just below <i>Best Practice</i> level of 75%
<b>2009 MD Interventions:</b>	All interventions completed

### **Section 1: Complaint Capture & Data Summary**

Capturing patient and family complaints and analyzing reports is central to the success of the UNCHS-PARS® partnership for identifying physicians at increased risk for medical malpractice claims. Key elements of Complaint Capture are: 1) the number of recorded reports and 2) the percentage of complaints that identify the involved physician(s) by name.

#### **Complaint Report Capture**

Figure 1 depicts the four year (February 1, 2006 through January 31, 2010) trend for UNCHCS' overall report count. PARS® benchmarking data show that institutions similar to UNCHCS enter the *Best Practice* "green zone" with the collection of approximately 3,000 reports per year. UNCHCS' report collection peaked in 2008-2009 at just over 4,000 reports and has fallen slightly to just under 3700 for this past year. We anticipate that UNCHCS is now in a "steady

state,” and annual report collection will remain in this range. This *Best Practice* is exceptional since it reflects a two to three fold increase over the 1,500 reports in 2004-2005 generated at the commencement of the UNCHCS’ PARS® program.

Figure 1.

### Reports Compiled by UNCHCS Patient Relations Annually, 2006-2010

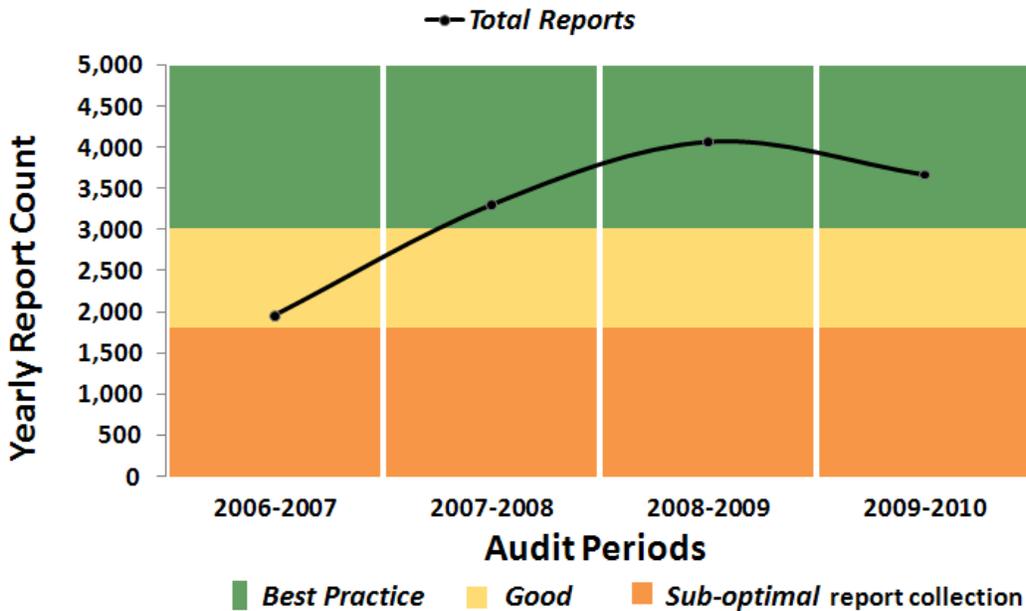


Table 1 breaks down UNCHCS’ report and complaint collection by year. The Table shows that eighty percent (80%) of all reports generated contain complaints. Examples of complaints might include assertions such as “my doctor was rude,” “I rang for my nurse, but no one came,” and “the food was poor.”

Table 1.

#### Summary Report for UNC: Audit Period 2/1/2006 - 1/31/2010

	2/1/06 - 1/31/07	2/1/07 - 1/31/08	2/1/08 - 1/31/09	2/1/09 - 1/31/10	TOTAL
	# (% of all reports)				
All Reports Compiled by Patient Relations	1960 (100)	3305	4070	3667	13002
Reports with Complaints	1557 (79)	2608 (79)	3247 (80)	3023 (82)	10435 (80)
Reports with Physician Complaints	649 (33)	1017 (31)	1379 (34)	1048 (29)	4093 (31)
# Complaints Associated with Physicians	1518	2309	2766	2148	8741
# Complaints with Named Physicians	777	1626	1865	1599	5867

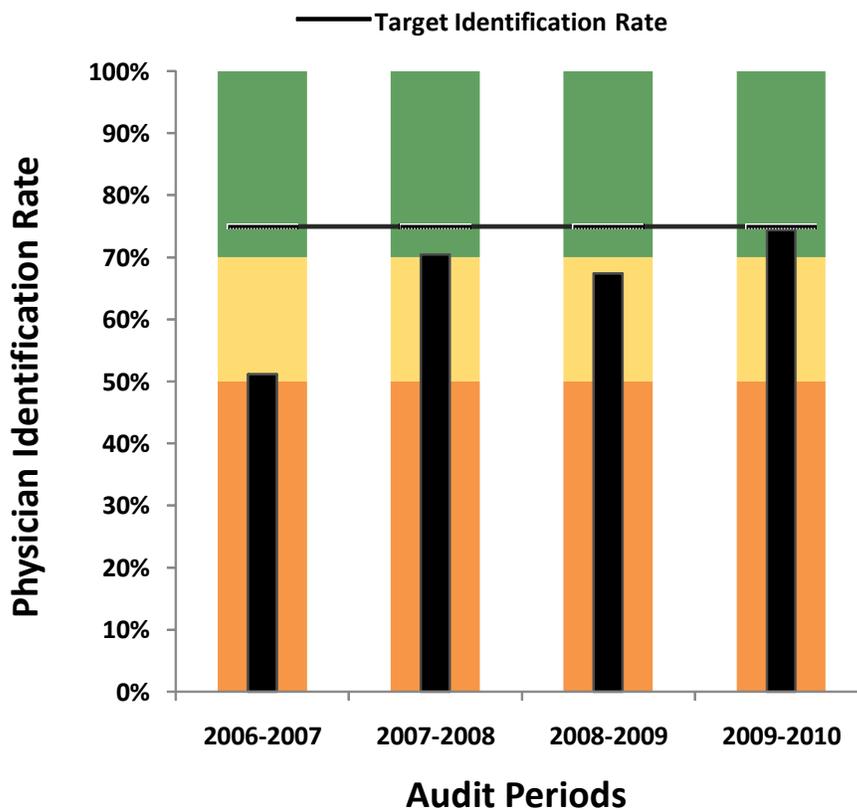
The Table further demonstrates that over 31% of the 13,000 patient relations reports generated over the four year audit period included at least one complaint about a physician. Physicians whose complaint profiles stand out from their peers’ are considered eligible for interventions designed to reduce patient/family dissatisfaction and unnecessary risk for medical malpractice suits.

**Associating Physician Names with Patient/Family Complaints**

Between February 2009 and January 2010, UNCHCS Patient Relations representatives achieved a 74% identification rate of physicians associated with complaints (Figure 2). This is just below the *Best Practice* target identification rate of 75%. Accurate identification of the physician associated with each complaint allows PARS® analysis to distinguish those physicians who may benefit from intervention.

**Figure 2.**

**Reports Compiled by UNCHCS Patient Relations  
Annually, 2006-2010**



## **Section 2: Physician Interventions**

This Section summarizes UNHCS' Physician Intervention activity. Physicians are identified for intervention through analysis of complaint records. All complaint records are coded and an algorithm applied to create a "risk score." The algorithm and decisions regarding eligibility for intervention take into account the number of filed reports, the number of complaints embedded within the report, the timing of the complaint reports, and their intensity. Relevant data and information are assembled in an "intervention folder." A member of the UNHCS Patient Complaint Monitoring Committee ("PCMC") is assigned to a high risk physician and meets with him/her to deliver the folder.

### **Current intervention cycle:**

The PARS® team visited UNHCS on June 11, 2009. For the 2009 cycle, 28 attending physicians received either initial, follow-up, or "recidivist" visits. "Recidivist" refers to physicians with worsening risk scores who had previously received "awareness" interventions, and then were returned to routine faculty surveillance due to improved risk score response. Unfortunately, three physicians qualified for "recidivist" status this year based on worsening risk scores.

In spring 2009, ten "early awareness" interventions were conducted with five "new hire" physicians and five residents and fellows. Follow-up data are being provided to UNHCS this month for these ten physicians as well as other newly hired physicians and housestaff who by PARS® criteria qualify for intervention. The 2009 interventions are summarized in Table 2.

2010 interventions will be summarized after our visit to UNHCS in June of this year.

**Table 2.**

**2009 UNHCS Physician Interventions**

<b>Type of Intervention</b>	<b># of Physicians (proposed/delivered)</b>
Initial Interventions	7/7
Follow-up Interventions	18/18
Recidivist	3/3
<i>"Early Awareness" Activities</i>	
New Hires	5/5
Residents/fellows	5/4*

*\*one resident intervention canceled; local assessment that resident not cause of complaints*

Interventions are time-sensitive. We find that 12 month cycles represent an optimal balance between presenting ongoing feedback to physicians and affording enough time for meaningful trends to emerge and so always encourage that all the interventions take place within four to six weeks of the PARS® team's visit. We also note that physicians respond best to data that are recent. Folder delivery within six weeks of the site visit is considered *Best Practice*.

**Cumulative intervention experience:**

Table 3 summarizes intervention outcomes for physicians who received a first intervention between 2004 and 2008. Of the 30 attending physicians with whom messengers met, 26 had follow-up meetings. Of the four remaining physicians, three physicians left UNHCS prior to follow-up. The fourth did not require further meetings, as the appearance of the physician's name on complaint reports was later determined to be related to an administrative, not clinical, role. This physician's risk score is actually low.

The PARS® team will provide an update on the cumulative experience including outcomes for first time 2009 interventions when we visit in June 2010.

**Table 3.****Follow-up Outcomes for UNHCS Attending Physicians through June 2009**

<b>Interventions</b>	<b># of Physicians</b>	<b>% of Interventions</b>
<b><i>Physicians with <u>Initial</u> Interventions between 2004-2008</i></b>	<b>30</b>	
Departed before follow-up	(3)	
Misattribution (intervention not indicated)	(1)	
<b><i>Status at last Follow-Up Intervention</i></b>	<b>26</b>	
<b>Improved</b>	11	42%
<u>Special notes:</u>		
<i>New hire physician (2007)</i>	1	
<i>Departed UNC</i>	1	
<i>Former L2*; remain at UNC</i>	2	
<b>Unimproved</b>	15	58%
<u>Special notes:</u>		
<i>L2; remain at UNC</i>	3	
<i>L2; departed UNC</i>	1	
<i>L1*; departed UNC</i>	1	
<i>Recidivist (one has since departed)</i>	4	

\*L1: "awareness" intervention L2: "authority" intervention

Of the 26 physicians with follow-up meetings, 11 (42%) have improved risk scores. Fifteen (58%) have not shown overall improvement, including one recidivist physician in 2008 and three in 2009 (one of whom has since departed from UNHCS). An additional three physicians who received follow-up interventions are no longer affiliated with UNHCS, one of whom departed with an improved score. One of the 26 physicians with follow-up was a newly hired faculty member.

Nationally, we typically observe that about 60% of physicians improve their risk score simply by being made aware of their data. UNCHCS' complaint capture has grown tremendously over the last 4 years and has had an impact on the proportion of Improved: Unimproved risk scores over time. Our experience at other medical centers with similar complaint capture growth patterns suggests that risk score improvement tends to reach national norms (60%) after a steady state of complaint capture is achieved. Therefore, UNCHCS risk scores should be less influenced by growth in complaint capture now that steady state of capture appears to have been achieved and true improvements in risk scores should be evident in future reports.

### **Section 3: Role of Your Vanderbilt PARS® Team**

Program Manager:	Marbie Sebes
Client Services Representative II:	Mallory Ross
Client Services Representative II:	Kelly Blumenberg
Physician Liaison:	Ilene N. Moore, MD, JD, FCLM
Chief Operating Officer:	Tom Catron, PhD
Director:	Gerald Hickson, MD
Co-Director:	James W. Pichert, PhD

To ensure that the physician intervention process at UNCHCS is fully supported and successful, your Vanderbilt PARS® team will:

- Continue to facilitate data transfer with the help of Michelle Anderson at UNCHCS. The PARS® data team will work with the UNCHCS data team in order to ensure that the data transfer process runs smoothly.
- Analyze patient complaint data received from the Office of Patient Relations.
- Provide periodic feedback to Patient Relations regarding complaint capture and physician identification rates to assure that the data are adequate to achieve program goals.
- Track interventions and provide feedback to the PCMC chair, Dr. Robert Gwyther, as well as communicate about special or concerning circumstances involving physicians receiving intervention materials.
- Provide information in response to special requests from Dr. Gwyther to help complete interventions.
- Compile intervention folders for “new hire” physicians or residents and fellows annually whose complaint profiles stand out from their peers’.
- Visit UNCHCS in June 2010 to provide physician intervention materials and training updates for current members of the PCMC, and to visit with UNCHCS staff integral to the process.
- Provide periodic progress reports that summarize the status of the interventions, and complaint capture and physician linkage trends.

**UNCHCS Patient Complaints Monitoring Committee (PCMC) Members**

<b>Chair:</b> Robert E. Gwyther, MD, MBA	Professor of Family Medicine, Director of Medical Student Programs, Dept of Family Medicine
Timothy S. Carey, MD, MPH Julia R. Fielding, MD	Sheps Center for Health Services Research Associate Professor of Radiology, Chief, Abdominal Imaging
David Ontjes, MD William W. Shockley, MD	Professor of Medicine & Pharmacology Professor and Vice-Chair, Otolaryngology/Head and Neck Surgery
Sidney C. Smith, Jr., MD	Professor of Medicine, Director, Center for Cardiovascular Science & Medicine
James L. Larson, MD Matthew G. Ewend, MD C. Scott Hultman, MD Linmarie Sikich, MD	Clinical Medical Director, Emergency Department Division Chief, Neurosurgery Division Chief, Plastic and Reconstructive Surgery Associate Professor, Child and Adolescent Psychiatry
<b><u>Ex-Officio Members:</u></b>	
Karen McCall	Vice President, Public Affairs & Marketing
Vic O'Neal	Director of Patient Relations
Michelle Anderson	Patient Relations Specialist