

Physician evaluation: welcome and introduction

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Physician Evaluation

- Physician evaluation has 2 areas of interest
 - Credentials
 - Performance or competence

Physician Evaluation

- Credentials are documents that attest to training, legal and professional requirements
- Credentials must be verified from the issuing agency
- Verification because:
 - Fraudulent credentials are a world-wide problem
 - Many countries are shifting from lifelong credentials to requiring periodic renewal

Physician Evaluation

Credentials do not ensure competence



Physician Evaluation

- JCI choose the “6 Competencies” as the method for evaluation
- Are aware that it may not be right for every system, but it does encourage local context with indicators

- Annual review of “performance”
- Annual review becomes a new credential
- Data is the best indicator, but opinions can be used

Physician Evaluation

- Patient Care
- Medical/Clinical Knowledge
- Practice based Learning
- Interpersonal/Communication Skills
- Professionalism
- System based Practice

6 Competencies for evaluation

Physician Evaluation

- Appropriate surgical performance
 - Literature agrees
 - Proper documentation
 - Complication rate
 - Pre and Post-op diagnosis agreement with tissue
- **Comparison to standards of care and other benchmarks**
- “Appropriate Drug Therapy”
 - Best drug for the condition (or is it just the newest drug on the market?)
 - Recommended time of therapy (or is it just the best guess?)
 - Is it really indicated (or is it just used to do something?)
- **Comparison of what the doctor does to known standards of care**

Physician Evaluation

Hospital #1

- 10 days @ \$2,000/day

- \$20,000

Hospital #2

- 6 days @ \$3,000/day

- \$18,000

Which hospital is better (Does it imply better doctors)?

Which hospital would you choose as a 3rd party payer?

Physician Evaluation

- Assure all physician that this is not a witch hunt
- Evaluation assures that physicians are involved with quality data
- Comparisons validate that “I am doing the best I can for my patients”

to summarize

Standard SQE. 10: The Assignment of Clinical Privileges

Standard

SQE.10 The organization has a standardized objective, evidence-based procedure to authorize all medical staff members to admit and treat patients and provide other clinical services consistent with their qualifications.

Measurable Elements of SQE.10

- 1. There is a standardized procedure to grant privileges to practitioners on initial appointment and on reappointment. (*Also see AOP.3, ME 5 and MMU.4.2, ME 2*)
- 2. The procedure is documented in policies, is followed, and can be demonstrated as to how privileging decisions are reached.
- 3. The procedure considers sources of information as identified in the intent as relevant to the practitioner and also considers the findings of the annual performance review of the practitioner.
- 4. The privileges authorized for each medical staff member are made known to appropriate individuals and units of the organization and are updated as appropriate.

Standard SQE.11: Ongoing Monitoring and Evaluation of Medical Staff Members

Standard

SQE.11 There is an ongoing professional practice evaluation of the quality and safety of the clinical care provided by each medical staff member.

Measurable Elements of SQE.11

- 1. There is an ongoing professional practice evaluation of each medical staff member that includes evaluation when indicated by the findings of quality improvement activities. (*Also see QPS.1.1, ME 1*)
- 2. The ongoing professional practice evaluation of each medical staff member considers available evidence at least annually through a standardized procedure established by the organization.
- 3. Appropriate information from the professional practice evaluation process is documented in the medical staff member's credentials or other file.

Physician Feedback 360°

Locarno Hospital 2008

ELENCO COMPETENZE	Area da migliorare 1 - 2		Adeguito 3		Punti di forza 4 - 5	
1 Assistenza sanitaria e professionalità					Auto	Feedback 360°
2 Propensione all'apprendimento e al miglioramento continuo				Feedback 360°	Auto	
3 Capacità organizzativa			Auto	Feedback 360°		
4 Leadership		Feedback 360°	Auto			
5 Costruzione rapporti sociali			Auto	Feedback 360°		
6 Gestione e sviluppo collaboratori		Feedback 360°	Auto			
7 Autonomia decisionale				Feedback 360°	Auto	
8 Pianificazione e controllo			Auto	Feedback 360°		
9 Contributo all'innovazione e orientamento allo sviluppo				Feedback 360°	Auto	
10 Analisi e sintesi (Problem Solving)				Feedback 360°	Auto	

 Auto
 Feedback 360°

the agenda of the meeting

9.30 Apertura e obiettivi della giornata - Merlini (CH)

9.45 Nodi concettuali - De Pietro (I)

10.15 Esperienza 1 - Capponi (AO Novara - I)

10.45 Esperienza 2 - Ferreira Recio e García Megido (Fundacion Centro Regional de Calidad y Acreditación Sanitaria - ES)

11.15 Pausa

11.30 Esperienza 3 - Trombin Valente e Gallo (EOC Ticino - CH)

12.00 Esperienza 4 - Piacentini (IEO Milano - I)

12.30 Wrap-up - Trombin-Valente e De Pietro

13.00 Pausa pranzo

14.00 Esperienza 5 - Pellicoli (AO Seriate - I)

14.30 Esperienza 6 - Faccini e Pozzi (ASL Milano - I)

15.00 Esperienza 7 - Lucchetti (AUSL 10 Firenze - I)

15.30 Sintesi della giornata - Trombin-Valente e De Pietro

(16.00 Fine)



“The ringing in your ears?...I think I can help.”