Promoting Respect in the Workplace Requires Collaboration and a Plan (and Professionalism is Key…)

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Beyond the New Normal – Supporting the Work of Regulatory Excellence

Financial Disclosure

- Dr. Gerald Hickson receives royalties from Cognitive Institute (Australia) from a CPPA developed Professionalism Course. Royalties are paid directly to Vanderbilt University which then distributes funds to departments/authors via internal policies.

- He is also member of the Medtronic Speaker's Bureau and a member of the RLDatix Advisory Council.

CLEAR: So, what are you collectively about?

"…Safe and competent doctors…innovation…public safety…"

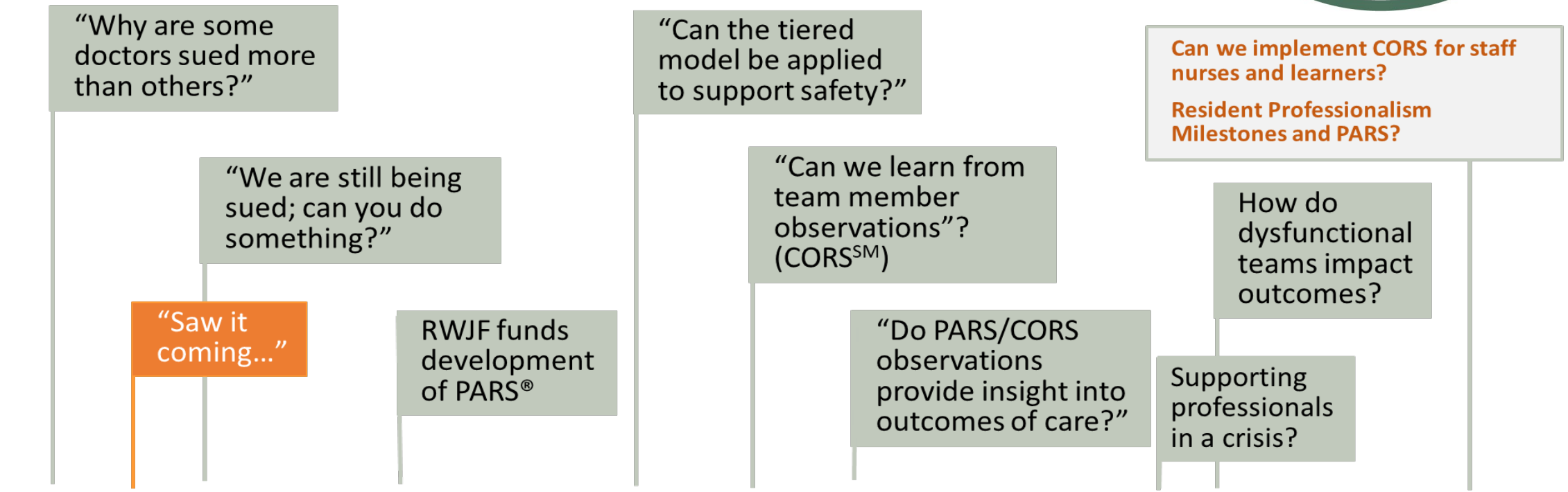
"…Safety, quality…regulatory best practices…"

"…Trust in regulated health practitioners…"

"…integrity, respect and collaboration…"

"…respect, diversity, collaboration and commitment…"

Vanderbilt Center for Patient and Professional Advocacy



JAMA The Journal of the American Medical Association | SHEA The Society for Healthcare Epidemiology of America | The Joint Commission Journal on Quality and Patient Safety | JAMA Surgery | BMJ Leader | ANNALS OF SURGERY

Hickson et al., *JAMA*, 1992. Entman et al., *JAMA*, 1994. Hickson et al., *JAMA*, 1994. Hickson et al., *JAMA*, 2002. Talbot TR et al., Infect Control Hosp Epidemiol., 2013. Webb et al., The Joint Commission Journal on Quality and Patient Safety, 2016. Cooper, et al., JAMA Surgery. 2017. Cooper, et al., JAMA Surgery, 2019. Cooper, et al., *BMJ Leader*, 2021. Cooper, et al., Annals of Surgery, 2022.

Characteristics of a professional?

Word Cloud

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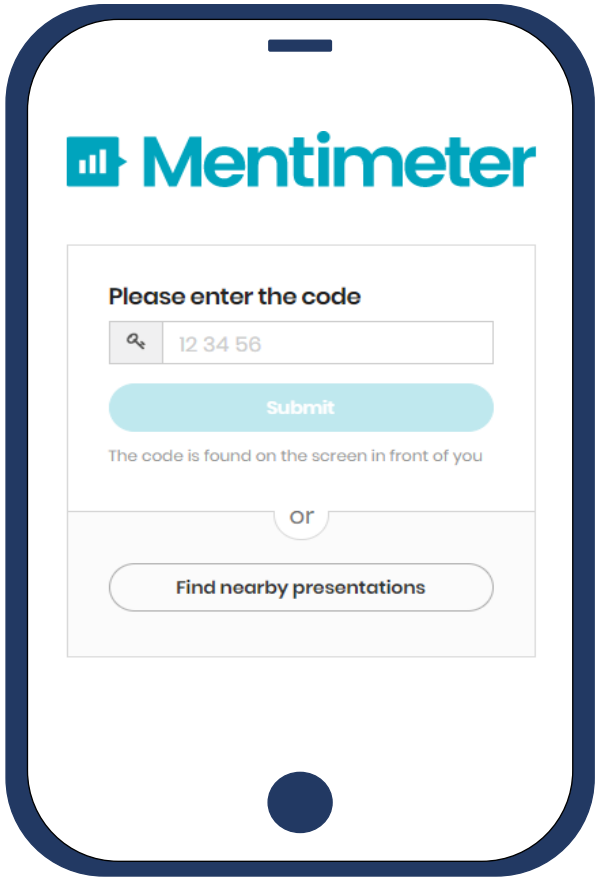
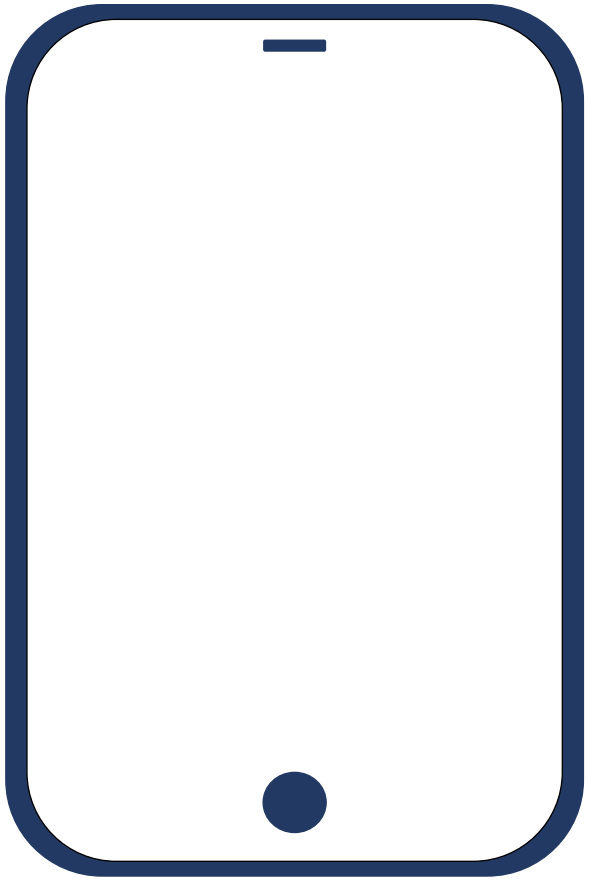


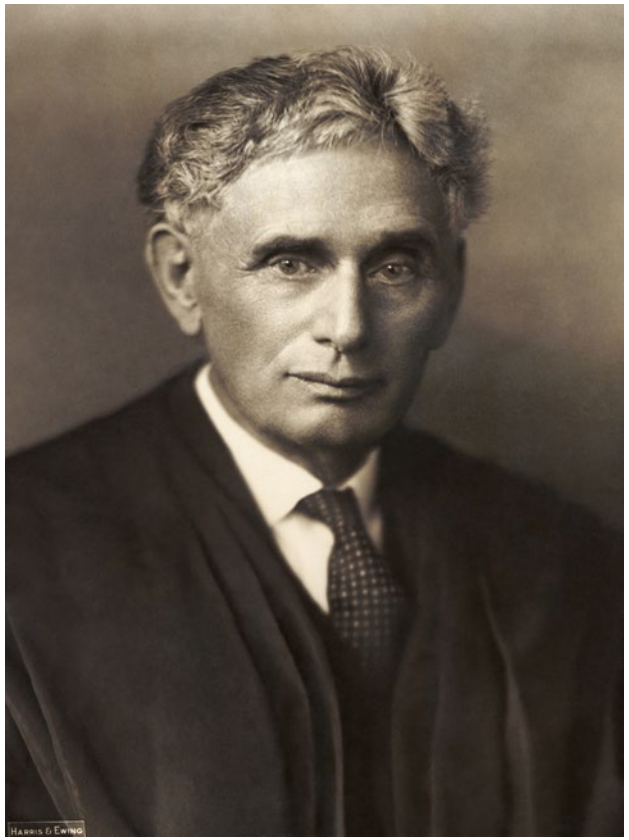


Three Characteristics Define a Profession: Justice Louis Brandeis

Body of knowledge that is owned by the profession; distinguished from mere skill.

Occupation pursued largely for others; financial return not the accepted measure of success.

Obligation for self-regulation.



Case: Dr. Lilly

- Recognized expert in oncology
- A patient reports:

> "I just had one last question about my medication and Dr. Lilly got very angry when I asked her…She said, 'Look, I'm the doctor here not you' and left."

PARS® : Patient Advocacy Reporting System

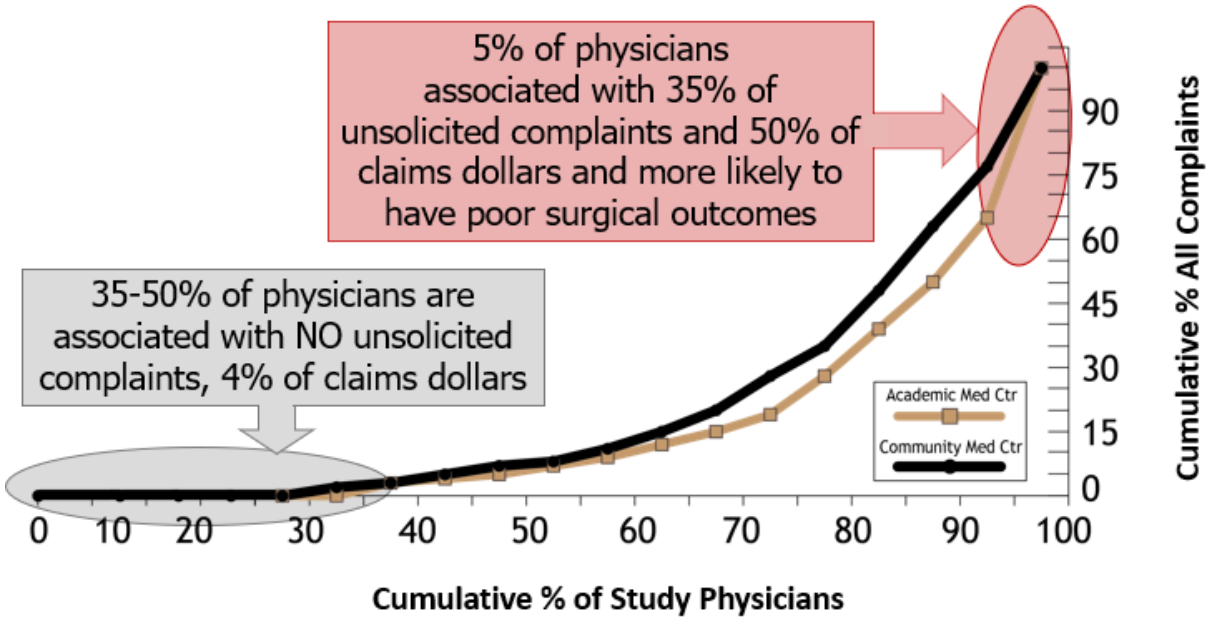
Patient Complaints

"While asking Dr. Lilly about my diagnosis, she responded that my questions were annoying…"

"When I mentioned I was going to reach out to the patient advocate, Dr. Lilly said, 'No need, I'm the one in charge of your care.'"

"Dr. Lilly was rude. I was 7 minutes late she looked at the clock and said, 'That's 7 minutes I won't have for you.'"

Cumulative Distributions of Physicians by Patient Complaints



JAMA The Journal of the American Medical Association

Hickson et al., *JAMA*, 2002; Moore et al, *Vanderbilt Law Review*, 2006; Hickson et al., *So Med J*, 2007.

Case: Dr. John

- Highly productive orthopedic trauma surgeon
- A colleague reports:

> "Dr. John took a personal call during the time-out. Told the team, 'Let me know when you are ready to proceed, I don't have time for this'."

CORS^{sm}: Co-worker Observation Reporting System

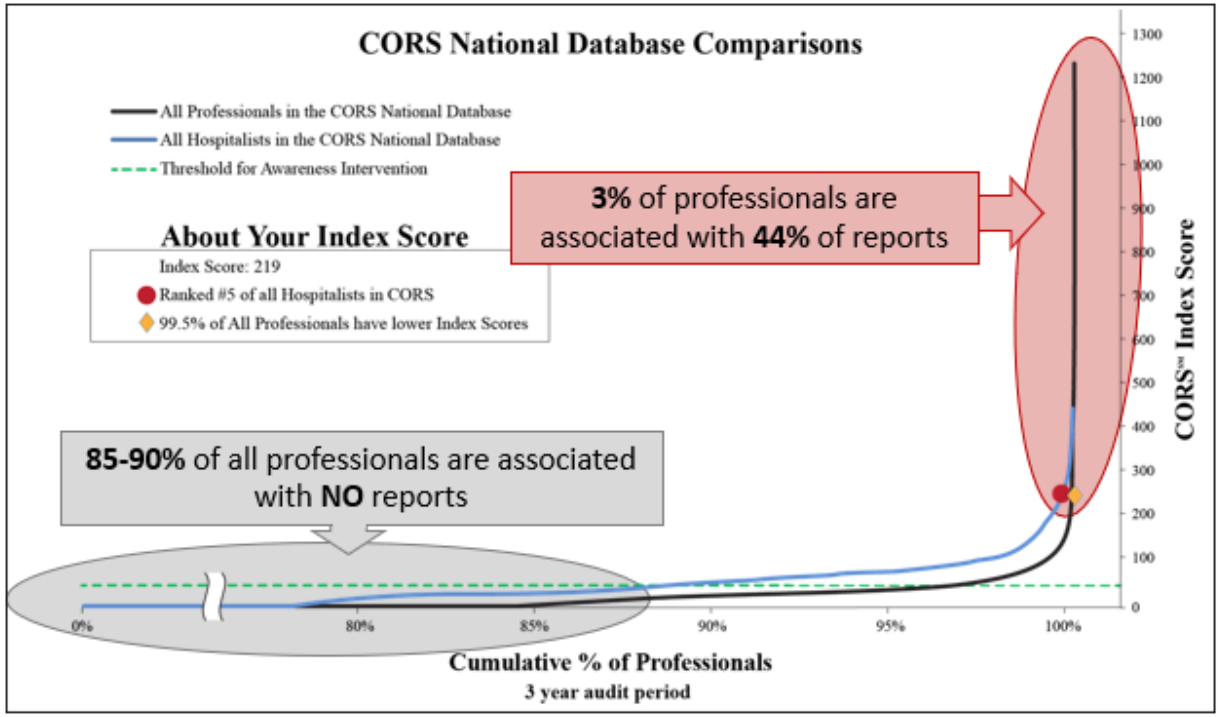
Co-worker Concerns

"I offered Dr. John a pair of gloves for the procedure …responded 'No thanks,' and dropped them in the trash."

"Dr. John asked me if I hated my job because I did it so badly."

"I stated 'we needed to do the timeout before incision.' Dr. John mumbled, 'You're a bossy, cow.'"

Co-Worker Report Distribution



JAMA Surgery

Webb et al., *The Joint Commission Journal on Quality and Patient Safety,* 2016; Martinez et al. *Journal of Patient Safety*, 2018; Cooper et al. JAMA Surgery, 2019.

Physicians who model disrespect account for:

50-70% of your organization's **malpractice claims experience and cost**

And if you personally need care under these disrespectful physicians:

You are **20-30%** more likely to have a *__surgical site infection__

You are **20-40%** more likely to **develop Sepsis**

You are **24-30%** more likely to **die if you require trauma care**

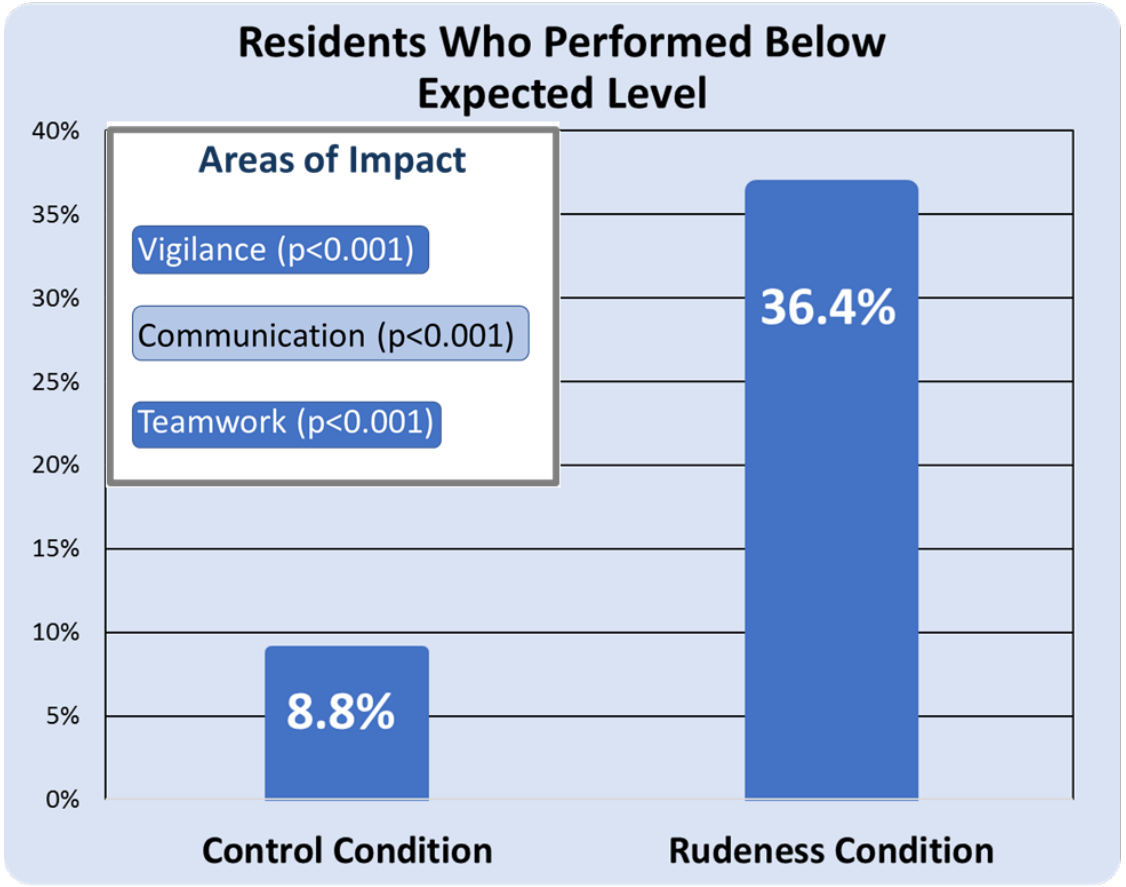
*Includes surgical site infections, wound disruptions, and medical complications (e.g. pneumonia, embolism, stroke, MI, UTI)

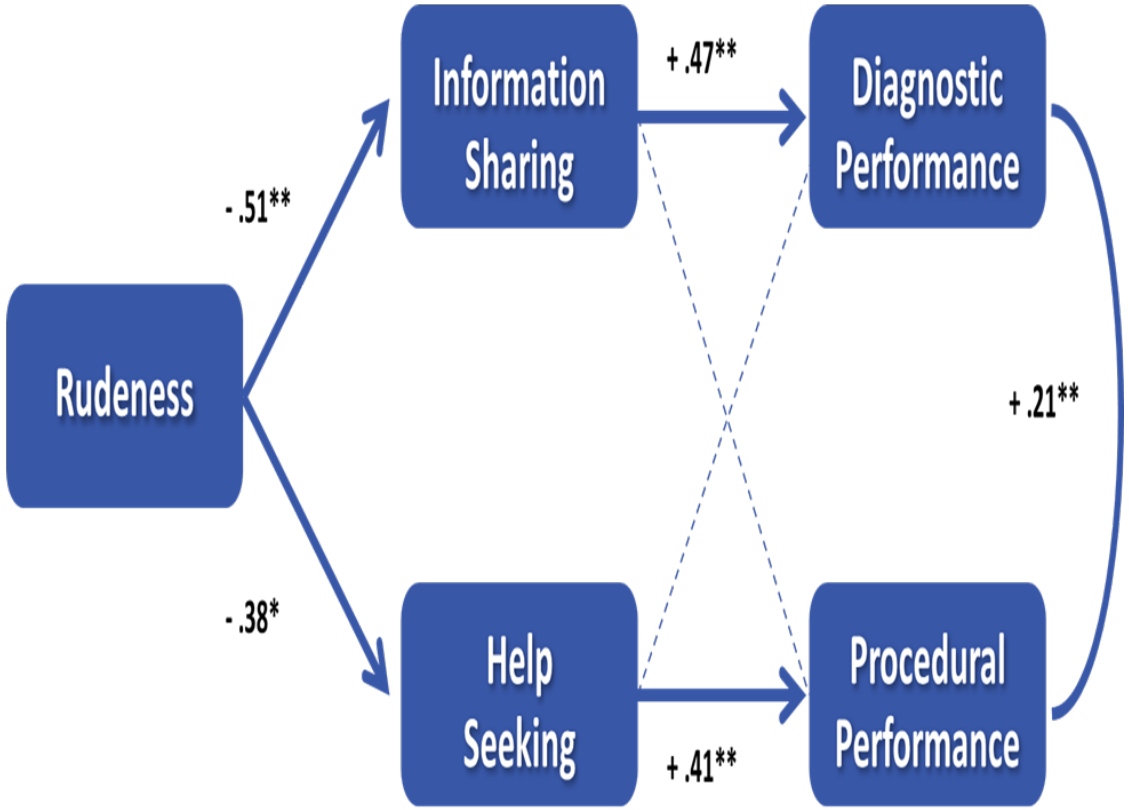
JAMA Surgery Cooper, et al., *JAMA Surgery*. 2017 & 2019

JAMA The Journal of the American Medical Association
Hickson et al., *So Med J*, 2007.
Moore et al, *Vanderbilt Law Review*, 2006.
Hickson et al., *JAMA*, 2002.

ANNALS OF SURGERY Cooper, et al., Annals of Surgery 2022

The Impact of Rudeness on Individual & Team Performance





BMJ Katz et al., BMJ, 2019.

PEDIATRICS Riskin et al., Pediatrics, 2015

To "do something"
requires more than a commitment to professionalism and personal courage.

It requires a plan (people, process and systems).

At a system level…and maybe beyond

Pursuit of Accountability and Reliability Requires an Infrastructure

PEOPLE

- Committed Leadership
- Project Champions
- Implementation Teams

ORGANIZATION

- Clear Goals and Values
- Policies and Procedures
- Sufficient Resources
- Tiered Intervention Models

SYSTEMS

- Tools, Data and Metrics
- Reliable Review Process
- Training

Joint Commission Resources | Hickson et al., Joint Commission Resources, 2012.

VUMC Values

VANDERBILT UNIVERSITY MEDICAL CENTER

Credo

it's who we are

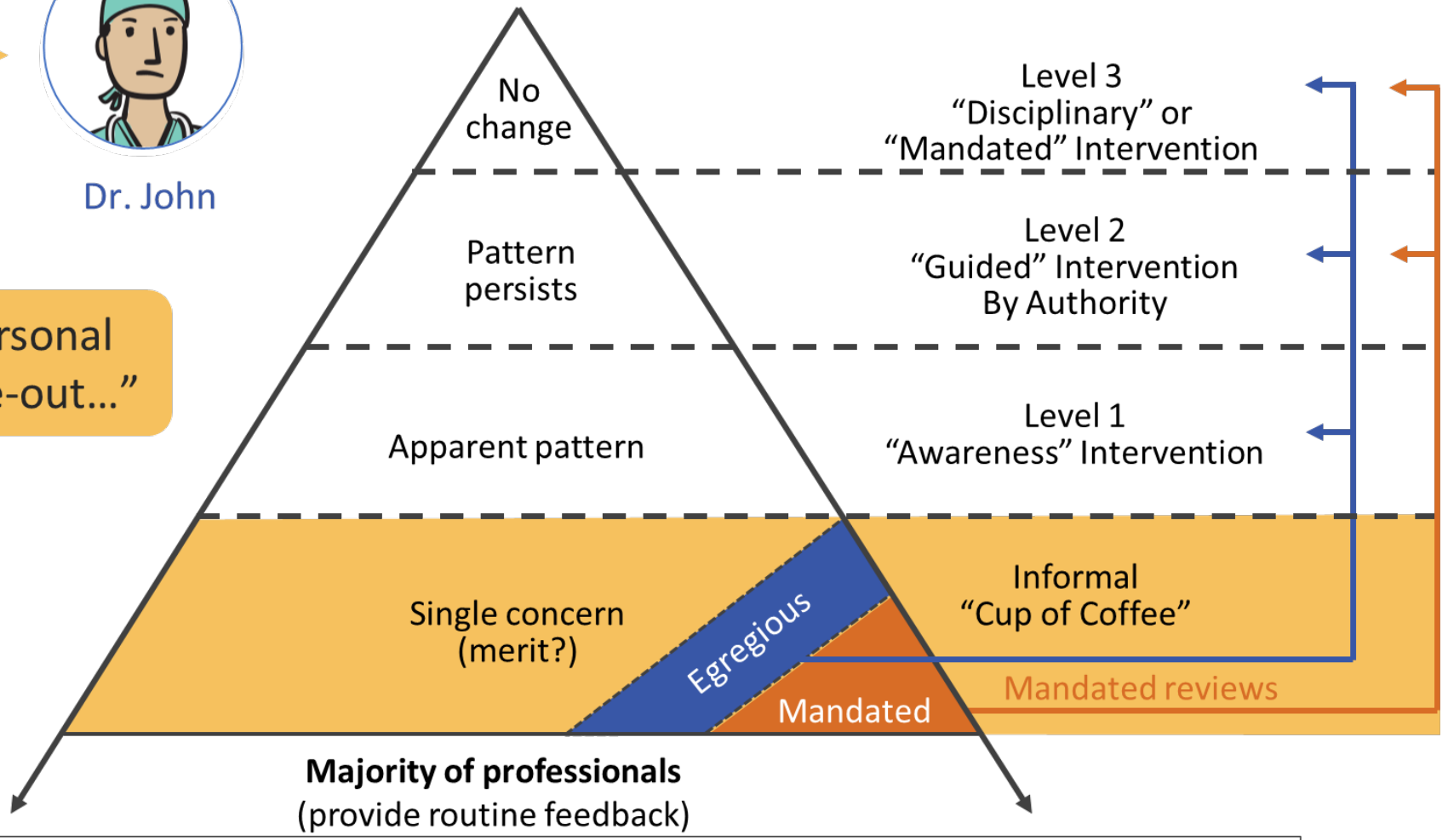
- **I** make those I serve my highest priority.
- **I** respect privacy and confidentiality.
- **I** communicate effectively.
- **I** conduct myself professionally.
- **I** have a sense of ownership.
- **I** am committed to my colleagues

Promoting Professionalism Pyramid

Peer Messenger

Dr. John

"Dr. John took a personal call during the time-out…"

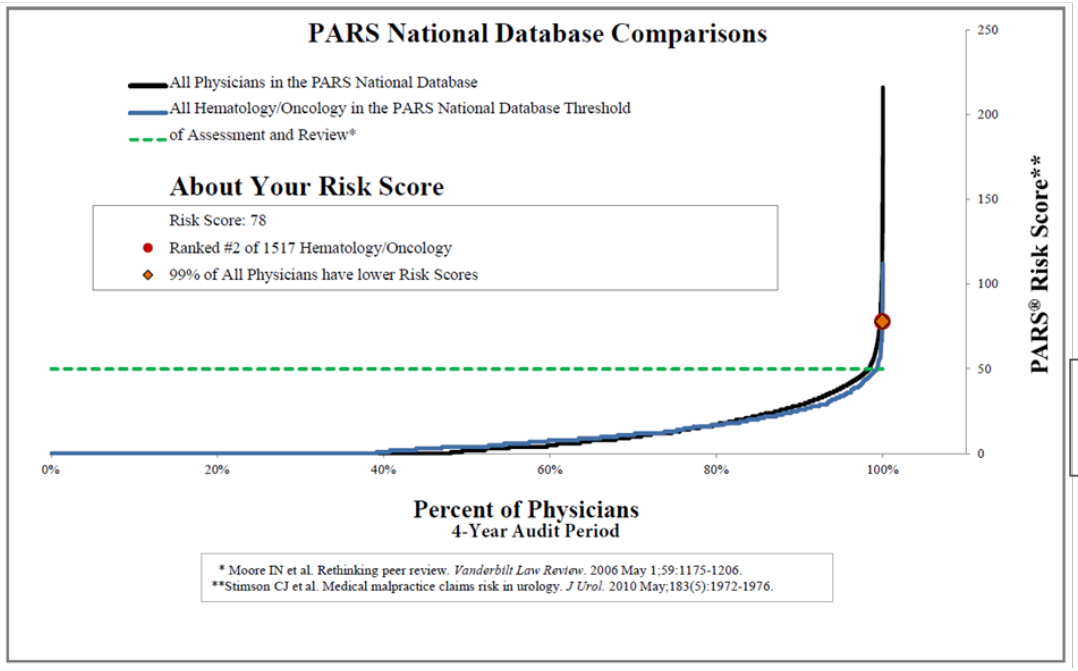


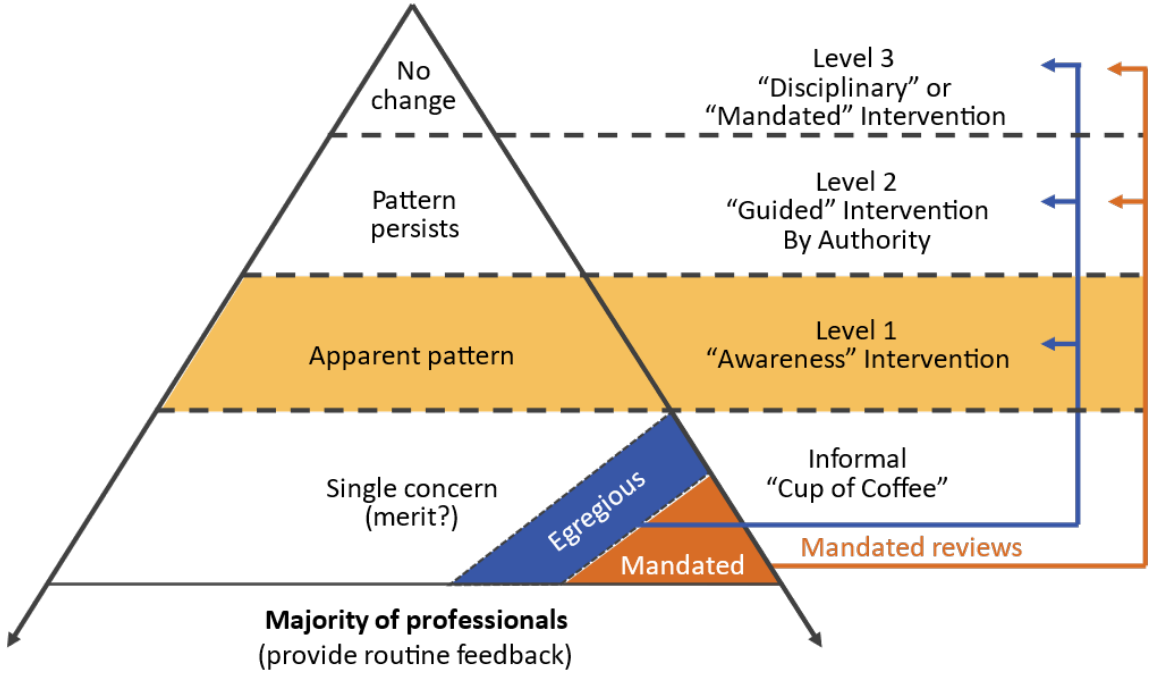
Adapted from: Hickson GB, Pichert JW, Webb LE, Gabbe SG. A complementary approach to promoting professionalism: Identifying, measuring, and addressing unprofessional behaviors. Acad. Med. 2007 Nov;82(11):1040-1048.

Promoting Professionalism Pyramid

Peer Messenger

Dr.Lilly





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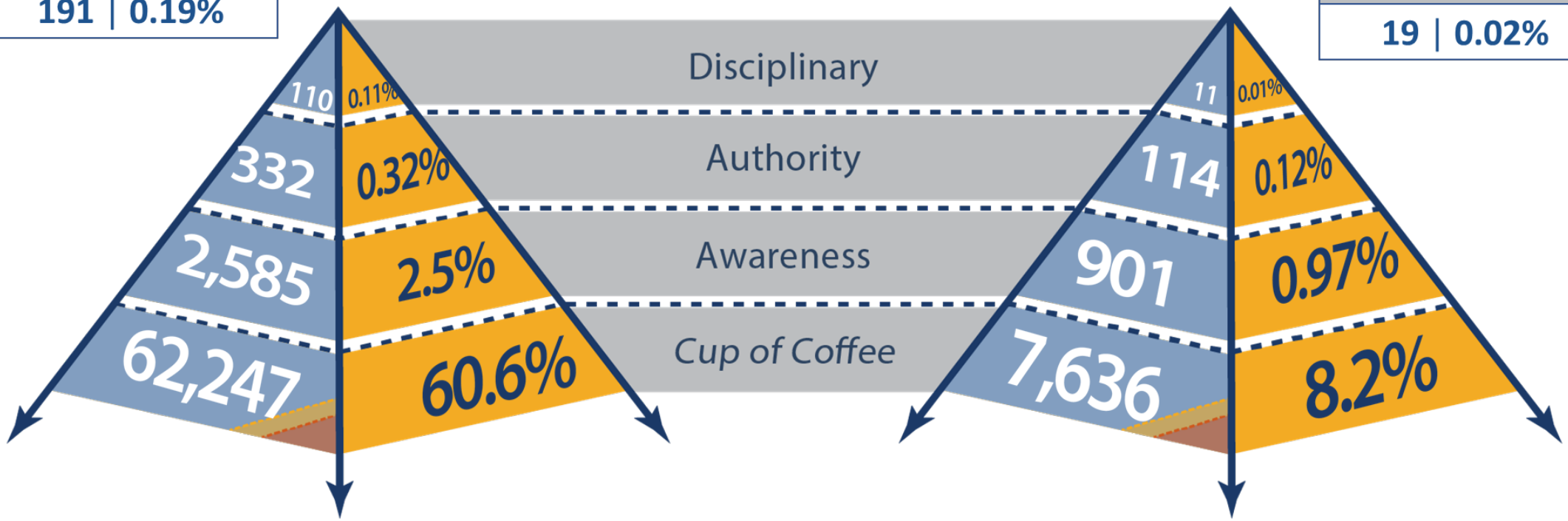
CPPA National Experience

Depart Unimproved
191 | 0.19%



Depart Unimproved
19 | 0.02%

102,744 Physicians in the **PARS** National database

93,050 Professionals in the **CORS** National database

When should regulators have access…?

Multiple choice:

a) Never
b) Cup of Coffee Level
c) Appearance of Pattern
d) Authority based Intervention
e) I'm looking at the data at the same time….
f) Another option

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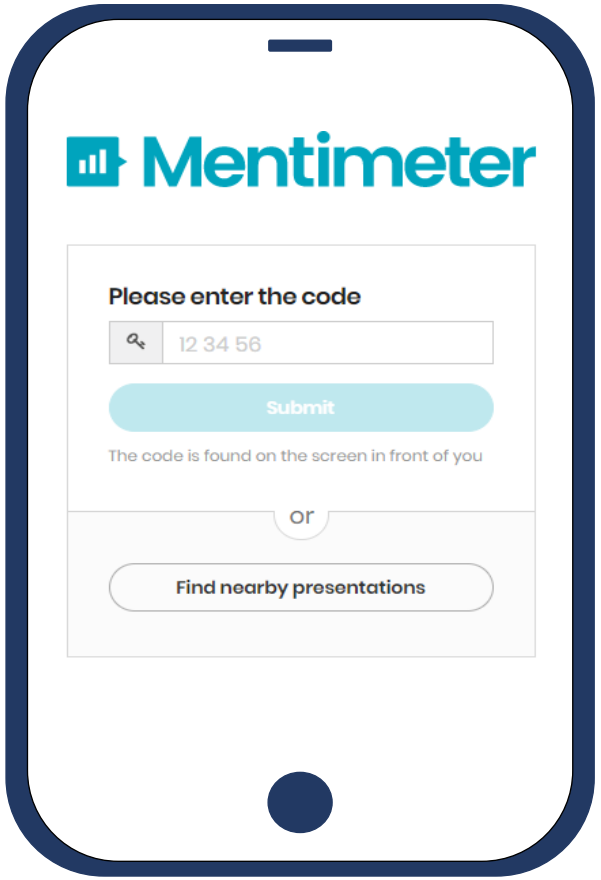
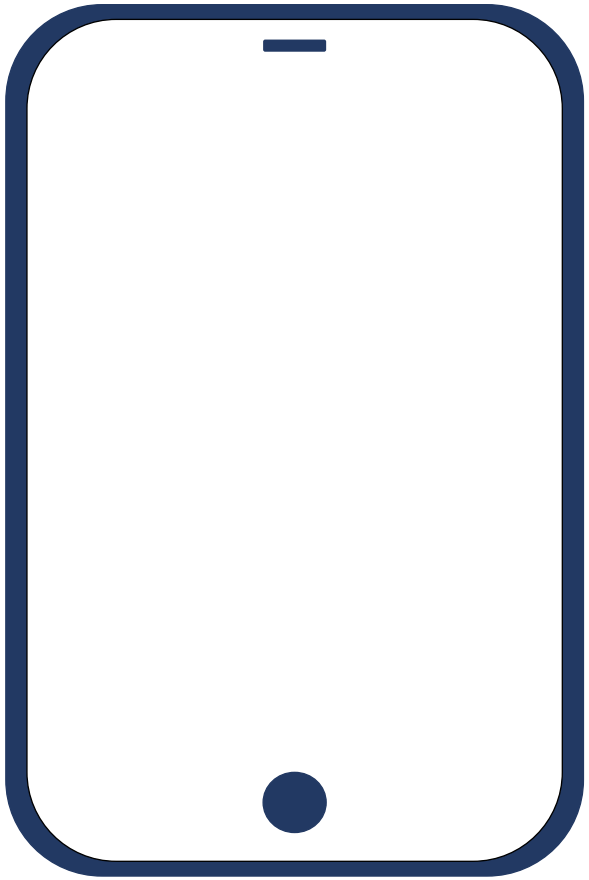
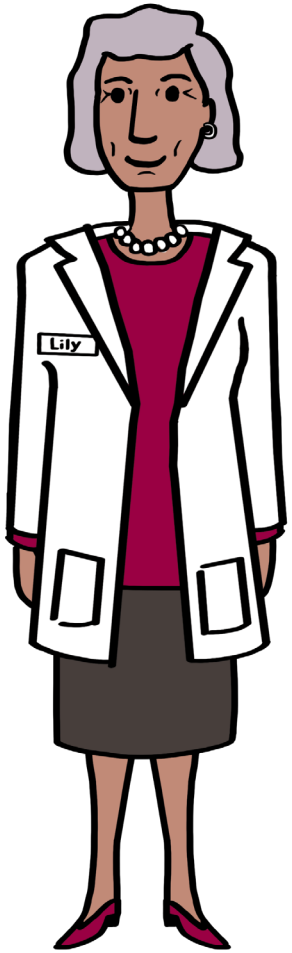




Dr. Lilly continues to generate reports…

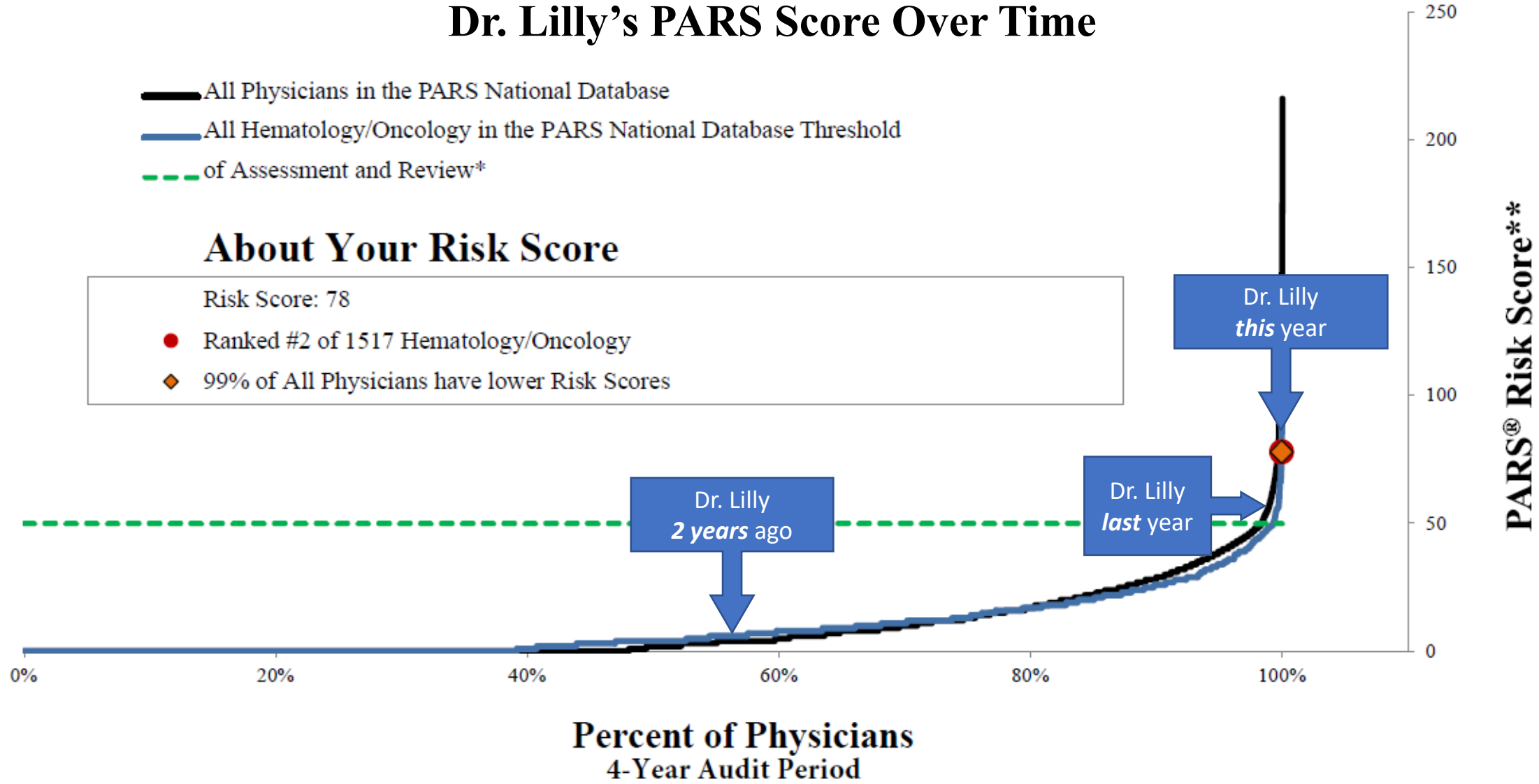


"Dr. Lilly ended our conversation saying, 'I'm signing off and turning your care over to Dr. XX' with no other explanation."

"Dr. Lilly seemed to forget everything from my last visit."

"Dr. Lilly was very absent from my appt. I would ask questions and I am not sure she understood."

Dr. Lilly's PARS Score Over Time



* Moore IN et al. Rethinking peer review. *Vanderbilt Law Review*. 2006 May 1;59:1175-1206.
**Stimson CJ et al. Medical malpractice claims risk in urology. *J Urol*. 2010 May;183(5):1972-1976.

Any other data…?

There are data…accessible, connected, used?

- How does individual compare with practice group?
- Any themes or patterns we can identify?
- What legal or regulatory questions about the individual or case does this raise?
- Any need for a system review?

Professionalism Dashboard – Last Year

				Professionalism & Interpersonal & Communication Skills	Patient Care			Medical Knowledge	Systems-based Practice	Practice-base Learning	
Name	Department	PARS	CORS	Patient Satisfaction % Likely to Recommend	Breast Cancer Dx to Chemo	Hospice > 3 Days	Mortality Morbidity & Improvement	Service Recovery Completed	Operative Note Suspension	Coder Query Response Rate	FPPE - date if applicable. Reassess 6 mos.
Dr. Lilly	Hem/Onc	L1	L0								N/A
*******	Hem/Onc	L0	L0								N/A
*******	Hem/Onc	L1	L0								N/A
*******	Hem/Onc	L0	L0								N/A
*******	Hem/Onc	L0	L0								N/A
*******	Hem/Onc	L0	L0								N/A
*******	Hem/Onc	L0	L0								N/A
*******	Hem/Onc	L0	L0								N/A
*******	Hem/Onc	L0	L0								N/A
*******	Hem/Onc	L0	L1								N/A

Good
Monitor
Address

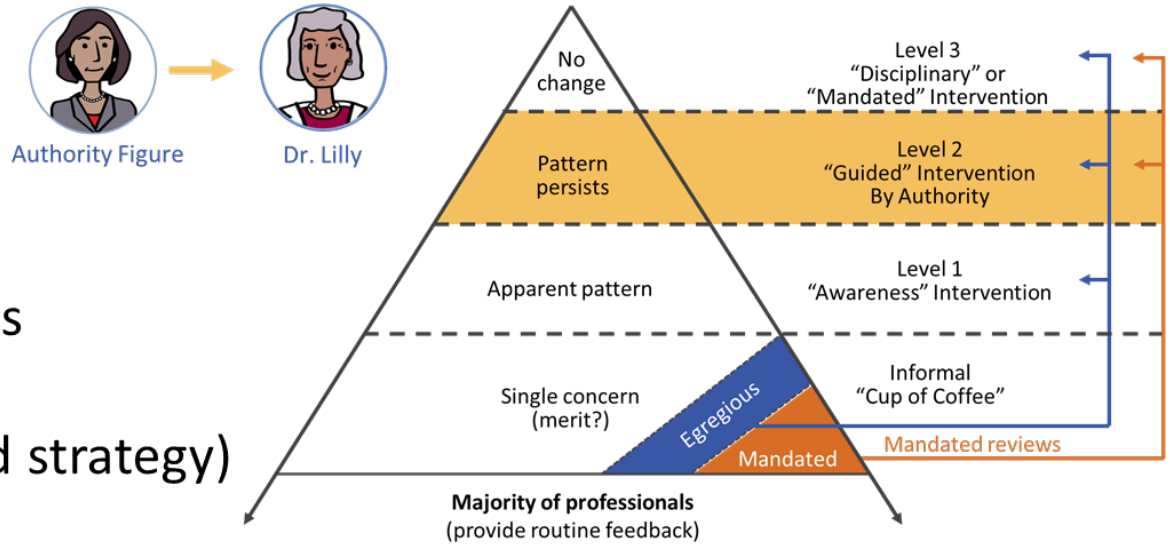
Professionalism Dashboard – This Year

				Professionalism & Interpersonal & Communication Skills	Patient Care			Medical Knowledge	Systems-based Practice	Practice-base Learning	
Name	Department	PARS	CORS	Patient Satisfaction % Likely to Recommend	Breast Cancer Dx to Chemo	Hospice > 3 Days	Mortality Morbidity & Improvement	Service Recovery Completed	Operative Note Suspension	Coder Query Response Rate	FPPE - date if applicable. Reassess 6 mos.
Dr. Lilly	Hem/Onc	L2	L0								N/A
*******	Hem/Onc	L0	L0								N/A
*******	Hem/Onc	L0	L0								N/A
*******	Hem/Onc	L0	L0								N/A
*******	Hem/Onc	L0	L0								N/A
*******	Hem/Onc	L0	L0								N/A
*******	Hem/Onc	L0	L0								N/A
*******	Hem/Onc	L0	L0								N/A
*******	Hem/Onc	L0	L0								N/A
*******	Hem/Onc	L0	L1								N/A

Good
Monitor
Address

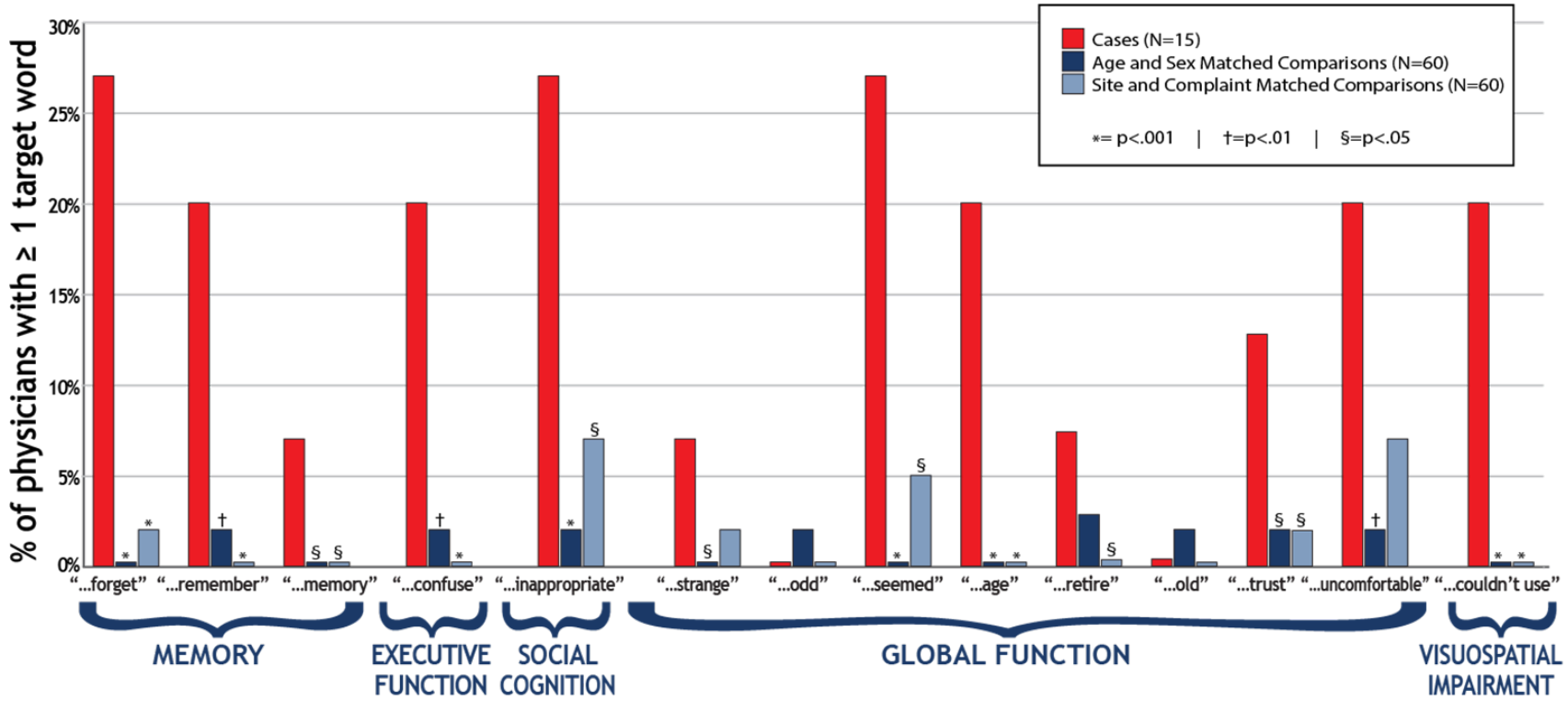
Best Practices to Support the Non-Responder

- Design Game Plan
- Determine Policies and Procedures
- Understand Professionalism Standards
- Engage Leaders (including end around strategy)
- Identify Evaluation and Wellness Resources
- Access to System and Individual Data
- Plan for Refusal to Cooperate



Adapted from CPPA Roundtable, October 2017 https://ww2.mc.vanderbilt.edu/cppa/45373

Can Natural Language Processing Help Identify Clinicians at Special Risk? Words Linked to Cognitive Impairment



AAGP American Association for Geriatric Psychiatry

Cooper, et al., *American Journal of Geriatric Psychiatry, 2018.*

You just received another report about Dr. John…

A nurse reports: "I was in the OR prepping when all of sudden Dr. John shoved me away from the patient…"

Reports that might need investigation

Culture/Bias

- "Dr. came in and said, 'If you report me again'..."
- "Did not use my name… but said, 'that black woman'…"

Aggressive/ Violent

- "… grabbed my ID badge…"
- "…Dr. headbutted fellow…'That's a knucklehead move'…"

Boundary Issues

- "What does it for me, in addition to your hair, is that tattoo…"
- "Dr. grabbed the nurse's arm pulled her close..."

Integrity

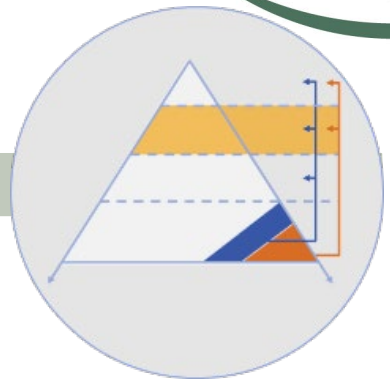
- "Dr. looked at celebrity's medical record…"
- "Dr. cosigns 100% of our notes, but rarely assesses…"

Impairment

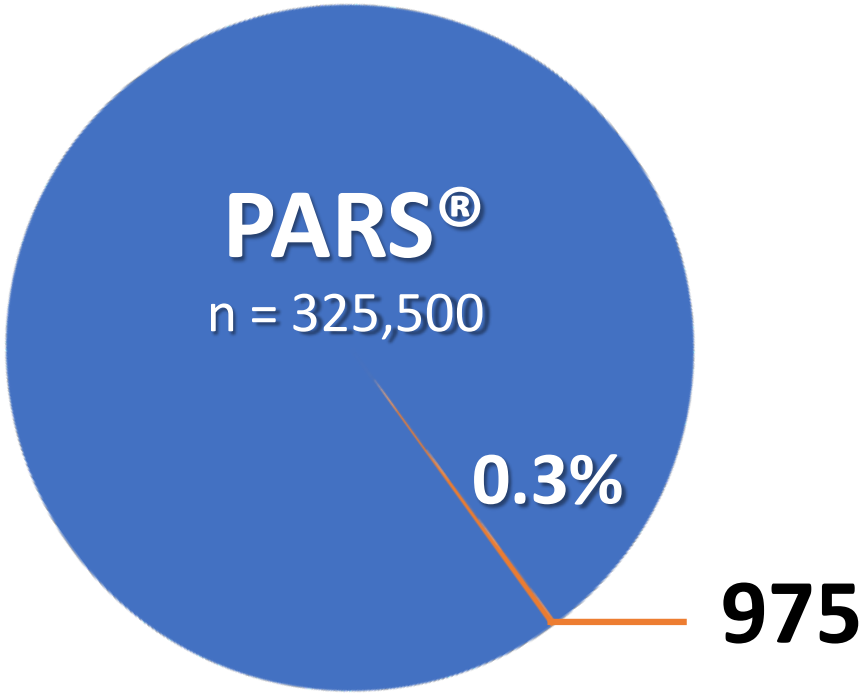
- "Dr. kept forgetting the patient's treatment plan…"
- "APN smelled like alcohol…"

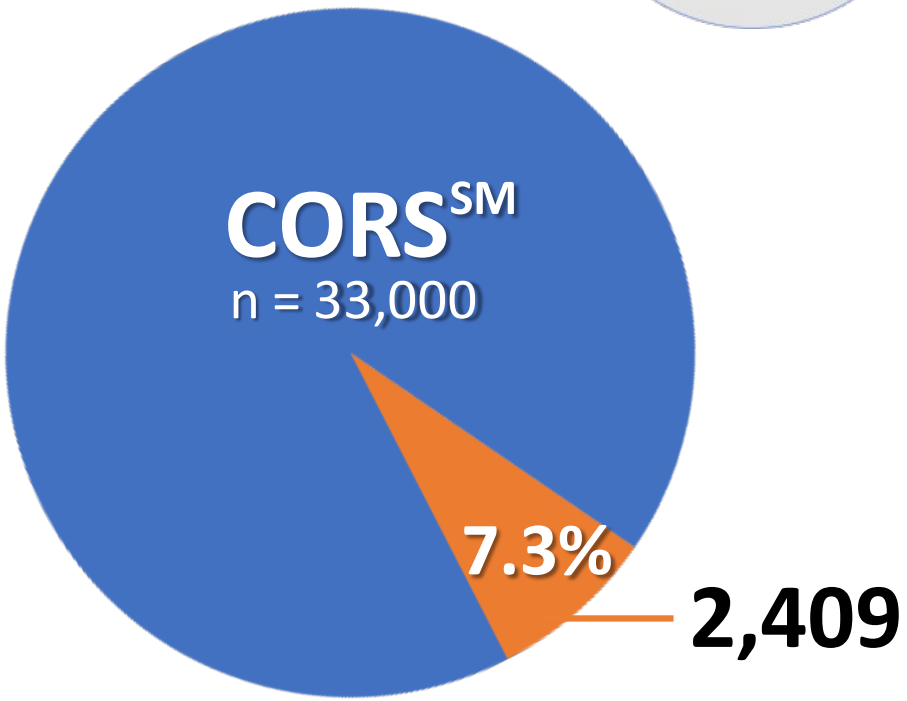
CY 2017– CY 2022

Reports identified for investigation?

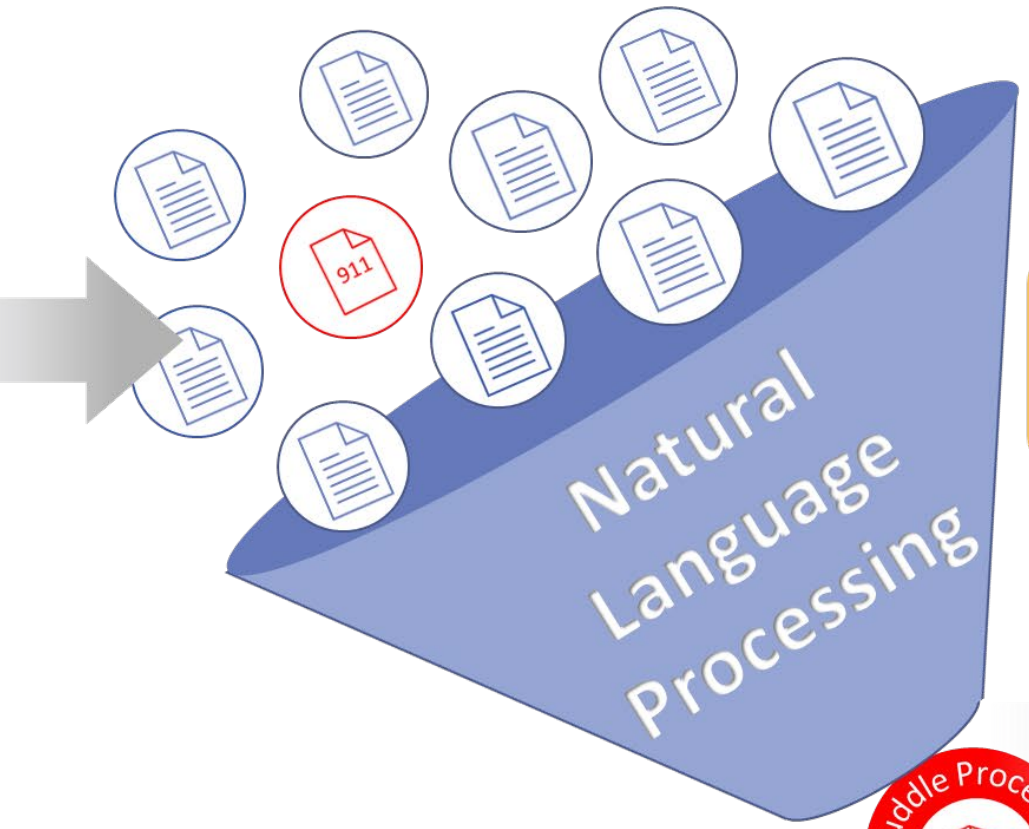


2017 - 2022





Identification of Reports Requiring Investigation



"I was in the OR prepping when all of sudden Dr. John shoved me away from the patient…"

- Culture/Bias 48.3%
- Aggressive/Violent 23.9%
- Boundary Issues 14.5%
- Integrity 11.4%
- Impairment 1.9%

Huddle Process

CPPA PARS/CORS Huddle Procedure & Script

For Internal Use Only

Purpose

To facilitate a huddle with VUMC leadership for review of potentially egregious reports (Including behavior mandated to be investigated by law, regulation, or policy), and to coordinate appropriate next steps.

Pre-Huddle:

1. Determines if a huddle should be scheduled
2. Schedules conference call or in person meeting as soon as possible with a minimum of 3 appropriate leaders *(CMO, VPMA, Human Resources, GME, Faculty Affairs, Legal Affairs, Risk Management, etc.)*.
3. Distributes report as a protected document:
   - Transmits un-redacted report and/or pertinent information to huddle participants securely *(e.g., using encryption or password)*.
   - Document cites relevant law - e.g., peer review or quality improvement statute(s) - related to privilege and confidentiality.

Huddle Script:

Huddle facilitator follows the huddle script to ensure fidelity of the huddle process:

1. "Please confirm who is on the call."
2. "Did anyone not receive the report to be discussed?"
3. "The purpose of today's huddle is to assess whether report #_____ appears to warrant further investigation."
4. "Is anyone aware of any action that has already been taken on this report?"
5. "Would each person on the call provide his/her perspective on whether the report might warrant further investigation and, if so, by whom?"
6. Provides information on whether there have been previous reports for the professional involved.
7. Seeks consensus from participants on whether the report may warrant further investigation.
8. "Who else needs to be made aware of the report and/or action that needs to be taken?"
9. "Is there any concern about this clinician's ability to safely practice at this time?"
10. "Is there any concern about the clinician's well-being at this time?"
11. "Is there any concern about the reporter's well-being at this time?"
12. Summarizes the recommended actions of the group and confirms the individuals accountable for any follow up action.

Post-Huddle:

Huddle facilitator

1. Records all huddle actions and accountabilities in '911 huddle log'.
2. Forwards un-redacted report to officials evaluating the report for investigation and redacted report* to department/service line official as determined *(Note: Privacy of reporter's name should be protected, except for those who are asked to review the report for further investigation)*.
3. Follows up with those accountable for further review of the report to document the disposition of the report and inform huddle call members of the status of the investigation.

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Medical Staff

Service Chief

Nurse Admin

Risk

HR

Prof Committee

- Does the report **warrant investigation** and by **what office**?
- **Who** is accountable for follow up and **when**?
- **Who** notifies the **local leader**?
- Are there **concerns** about:
  a. *the reported individual and their ability to **continue to work today**?*
  b. *the **reporter** and **team's wellbeing**?*
  c. *the **patient**?*

Promoting Professionalism Pyramid

Authority Figure

Dr. John

Investigated…
Confirmed

Delivered By:

PARS: Patient Relations
CORS: Peer Messenger

PARS: Peer Messenger
CORS: Peer or Authority Messenger

PARS: Authority
CORS: Authority

PARS: Authority
CORS: Authority

No change

Pattern persists

Apparent pattern

Single concern (merit?)

Egregious

Mandated

Level 3
"Disciplinary" Intervention

Level 2
"Guided" Intervention
By Authority

Level 1
"Awareness" Intervention

Informal
"Cup of Coffee"

Mandated reviews

Majority of professionals
(provide routine feedback)

Adapted from: Hickson GB, Pichert JW, Webb LE, Gabbe SG. A complementary approach to promoting professionalism: Identifying, measuring, and addressing unprofessional behaviors. Acad. Med. 2007 Nov;82(11):1040-1048.

Professionalism Dashboard

					Professionalism & Interpersonal & Communication Skills	Patient Care			Medical Knowledge	Systems-based Practice		Practice-base Learning	
	Name	Department	PARS	CORS	Patient Satisfaction % Likely to Recommend	Unplanned Return to OR	Surgical Site Infection	Mortality Morbidity & Improvement	Service Recovery Completed	Operative Note Suspension	Coder Query Response Rate	FPPE - date if applicable. Reassess 6 mos.
→	John	Ortho	L1	L2	80.7		19%	No	No		47	?
	*******	Ortho	L0	L0	75.4		6%	Yes	Yes		79	N/A
	*******	Ortho	L1	L2	93.2		15%	No	No		46	N/A
	*******	Ortho	L0	L0	70.8		7%	No	Yes		74	N/A
	*******	Ortho	L0	L1	71.6		10%	Yes	Yes		90	N/A
	*******	Ortho	L0	L2	90.2		18%	Yes	Yes		87	N/A
	*******	Ortho	L1	L2	78.8		12%	No	No		50	N/A
	*******	Ortho	L0	L0	95.1		4%	Yes	Yes		95	N/A
	*******	Ortho	L0	L2	93.1		15%	Yes	Yes		60	N/A
	*******	Ortho	L1	L0	72.8		4%	No	No		75	N/A

Good
Monitor
Address

What are your hypotheses?

Scrolling Grid

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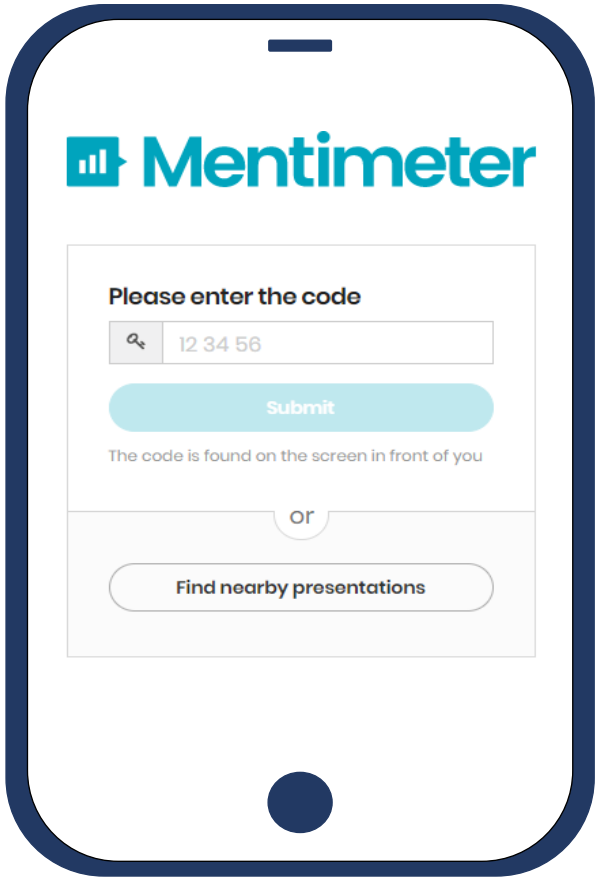
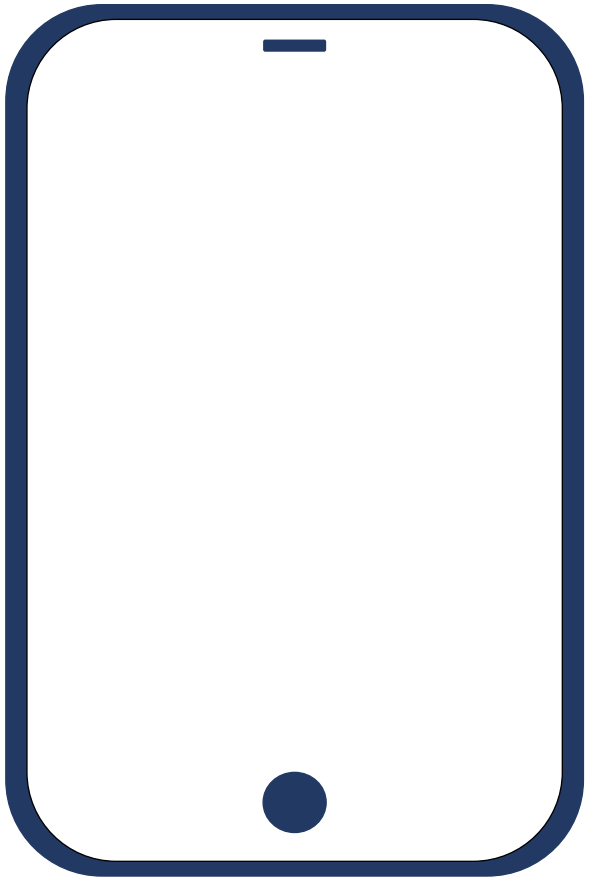
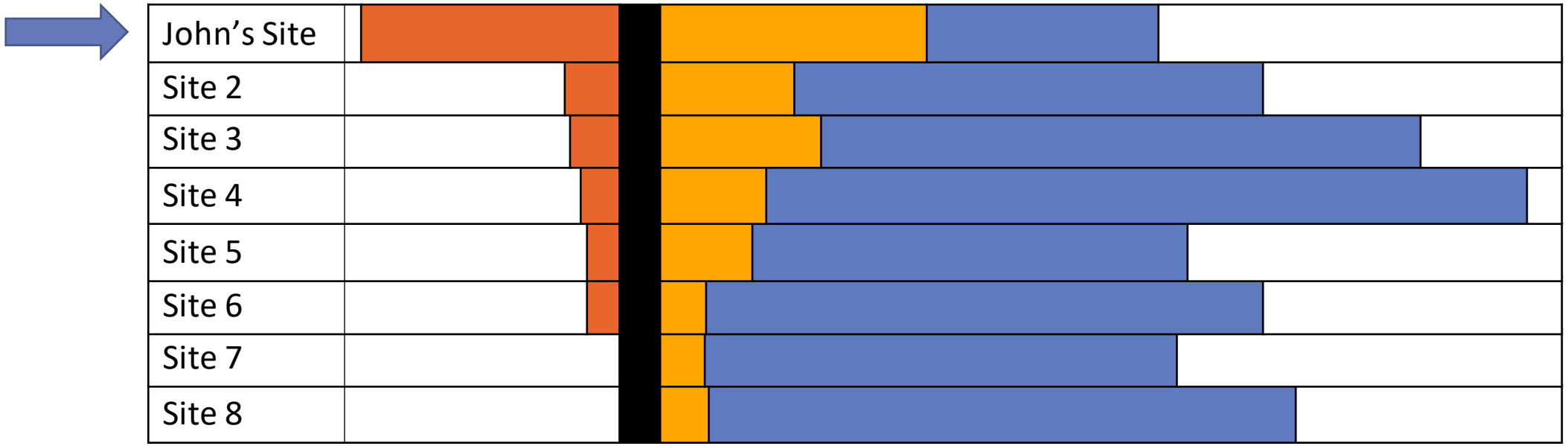




Dr. John's Practice Group National Comparison

National Comparison Among Sites
Patient Complaint Risk Score Distribution by Surgery
4-Year Audit Period



Screening reveals Dr. John has been under stress at home. His wife has been diagnosed with gastric cancer… but also, no leadership….

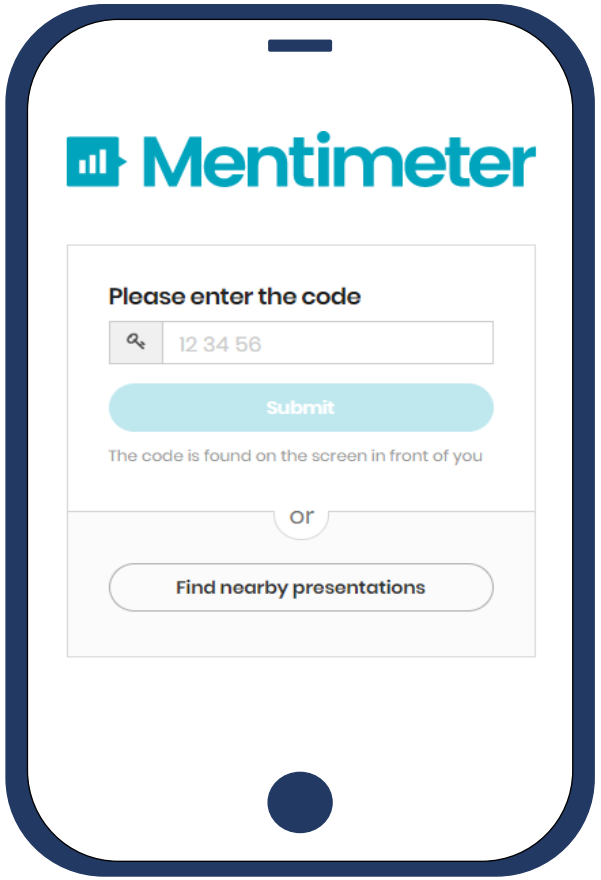
Screening reveals Dr. Lilly has evidence of early cognitive impairment.

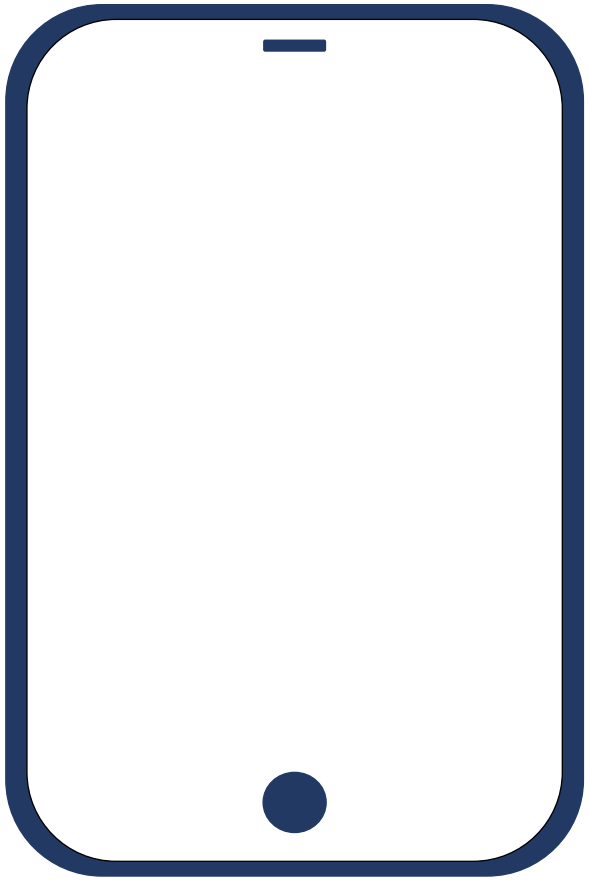
And you and I would be struggling too…

So how can we partner to elevate professional and team performance?

Scrolling Grid

Please take out your electronic devices and go to: www.menti.com and use the code displayed on the screen





Thank you

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