2011 Longitudinal Clinical Peer Review Effectiveness Study

Overview of Questionnaire Items without Response Scales

Caution: This document matches item number and order but does not match website paging

1) Medical Staff Engagement in Quality & Safety

Which statement best describes the degree to which your medical staff is engaged with efforts to improve quality and safety at the hospital?

2) Quality Impact

What is the likelihood that your Peer Review Program makes a significant ongoing contribution to the quality and safety of patient care at the hospital?

3) Relative Importance

How important is your Peer Review Program in relation to all other quality and safety improvement activity at the hospital?

4) Medical Staff Perception

Which statement best describes how your medical staff perceives the Peer Review process?

5) Program Scope

While peer review methods are widely applied, not all such use is locally defined as being within the scope of the medical staff's peer review program. Prior study has shown wide variation in program scope. What types of activities are included within the scope of your Peer Review Program?

Check all that apply

- ❑ Retrospective medical record review
- ❑ Comparative evaluation of performance measures (e.g., complication rates, core measures, patient satisfaction)
- ❑ Concurrent medical record review
- ❑ Morbidity & Mortality case conferences
- ❑ Case-specific, individually-targeted recommendations to improve performance
- ❑ Comparative evaluation of aggregate data from Peer Review
- ❑ Proctoring
- ❑ Other forms of direct observation
- ❑ Benchmarking to normative data (e.g. NSQUIP, STS, UHC, Premier, etc.)
- ❑ Focused Professional Practice Evaluation for new privileges
- ❑ Root cause analysis
- ❑ Conducting quality improvement studies and/or projects
- ❑ Producing educational programs for groups of clinicians
- ❑ Ongoing Professional Practice Evaluation
- ❑ Development and/or review of clinical policies, order sets, etc.
- ❑ Focused individual review of quality when serious concerns are raised
- ❑ Disruptive behavior management
- ❑ Physician Health Program administration (impaired physician assistance and management)

6) Peer Review vs. Credentialing

Which statement best describes the relationship between peer review and credentialing at your hospital?

7) Standardization of Process (choice of most applicable description of degree of program process standardization)

8) Clinical Performance Measurement During Case Review (choice of most applicable description of care review form documentation – online examples omitted)

9) Recognition of Excellence (choice of most applicable description of care review form documentation – online examples omitted)

10) Governance of Process (choice of most applicable description)

11) Rating Scales (choice of most applicable description of care review form rating scale – online examples omitted)

12) Reviewer Participation

Which statement best describes the level of participation by Reviewers in the Peer Review process?

13) Integration with Performance Improvement Activity (choice of most applicable description)

14) Identification of Improvement Opportunities (choice of most applicable description)

15) Board Involvement (choice of most applicable description of communication with trustees)

16) Performance Feedback (timeliness of feedback of review findings)

17) Case Review Volume (in relation to hospital volume)

18) Documents Examined During Case Review (choice of most applicable description)

19) Adverse Events (use of event rates as a monitor of program outcomes)

20) Self-Reporting

Medical staff members frequently report adverse events, near misses and/or hazardous conditions affecting their own patients for peer review.

21) Leadership

If we found compelling reasons to change our peer review process, we would not be hampered by a lack of leadership.

22) Resources

If we found compelling reasons to change our peer review process, we would not be hampered by a lack of access to resources (budget, staff, information systems, etc.).

23) Resistance to Change

If we found compelling reasons to change our peer review process, we would not be hampered by general inertia and resistance to change.

24) Physician-Hospital Relations

Please rate the overall quality of physician-hospital relations on the following scale:

25) Case Identification Criteria

Rank order the 3 most commonly applied criteria used to identify cases for peer review at your hospital. **Assign #1 to the most frequently used method.**

- ❑ Generic screens for or "triggers" suggestive of adverse events (e.g., mortality, readmission, return to OR, long length of stay, unplanned transfer to critical care, etc.)
- ❑ Unexplained deviation from protocols, pathways or specified clinical standards
- ❑ Physician or hospital staff "concerns"
- ❑ Patient complaints
- ❑ Quality improvement studies
- ❑ Statistical monitoring of process and/or outcomes measures
- ❑ Core measures variances
- ❑ Clinically "interesting" cases
- ❑ Review of new privileges (FPPE)
- ❑ Random selection

26) Sources of Cases for Review

Rank order the 3 most common sources/methods by which the case identification criteria are applied to identify potential cases for peer review. **Assign #1 to the most frequently used method.**

- ❑ Case management - when those who routinely review the medical record for other business purposes thereby indirectly identify cases warranting peer review, regardless of the role moniker used in your organization
- ❑ Committee – referral from any other peer review, medical staff or hospital committee
- ❑ Data review - the process of reviewing reports of hospital administrative data to identify cases that might meet peer review criteria, regardless of who does the work
- ❑ Medical staff – cases involving other physicians' care practices
- ❑ Self-reported – cases involving a physician's own care practices or outcomes (excluding FPPE)
- ❑ Nursing – cases referred by bed-side nurses and nurse managers
- ❑ Residents – cases referred by medical students, residents and/or fellows
- ❑ Risk management referrals
- ❑ Study – i.e., incidental to a specific quality improvement study or initiative

27) Secondary Case Screening

What proportion of identified cases receive secondary screening prior to assignment for Peer Review?

28) Reviewed Clinician Input

Thinking of case review in general, (not a Morbidity & Mortality Case Conference or a Serious Occurrence investigation), how likely is it that one or more clinicians involved in that patient's care will be solicited for input to the review process?

29) Committee Discussion of Case Reviews

What proportion of case reviews are presented and discussed in a committee prior to final decision-making?

30) Multi-Specialty Committee Discussion of Case Reviews

What proportion of case reviews are presented and discussed in a committee having **multi-specialty representation** prior to final decision-making?

If applicable, please provide any information needed to understand the nuance of how committees and multi-specialty review fit into your program. Also indicate whether nurses or other disciplines participate.

31) Quality of Case Review

Rate the general quality of case reviews on the following scale

32) Reviewer Qualifications

Are there any criteria to become a reviewer other than being a member in good standing of the medical staff in whatever categories may be specified and with privileges appropriate to the assigned role?

If there are additional criteria, please list the criteria used (e.g., must be a service chief or associate chief; highly rated by peers; etc.):

33) Reviewer Appointment

How are most new reviewers identified? Pick the best single answer. If peer review is a responsibility of physician leaders who have other responsibilities, such as service chiefs, answer in terms of how they were identified for that overall role.

34) Reviewer Training

Do new reviewers routinely receive orientation and/or training?

35) Training Content

If reviewers receive training, what components are routinely included?

Check all that apply

- ❑ Program policy and procedures
- ❑ Use of review forms/documentation of findings & conclusions
- ❑ Chart review methods
- ❑ Quality improvement methods (e.g., root cause analysis, Pareto analysis, etc.)
- ❑ Legal & risk management issues (confidentiality, peer review protections, etc.)
- ❑ Role expectations
- ❑ Interpersonal skills (e.g., communication with reviewees, group dynamics, etc.)
- ❑ Practice reviews

Please describe any Other Training Content:

36) Reviewer Compensation

Are Reviewers compensated in any way for their activity?

37) Data Capture During Case Review

What data is systematically captured and retained in the case review process?

Check all that apply

- ❑ Overall quality of care rating for an individual clinician
- ❑ Categorization of an event type (e.g., morality, readmission, etc.)
- ❑ Rating of whether an adverse event was preventable
- ❑ Rating of the degree of any associated patient harm
- ❑ Rating of whether an individual clinician could have prevented an adverse event
- ❑ Identification of contributory factors to an adverse event (e.g., high risk patient or procedure)
- ❑ Identification of process of care issues involving other disciplines, information systems, organizational policy/procedures, etc.
- ❑ Identification of clinician to clinician issues (gaps in communication, call coverage, supervision, coordination among clinicians, etc.)
- ❑ Identification of excellence in clinical care
- ❑ Rating of appropriateness or deviation from standard of care
- ❑ Rating the likelihood that another provider would have handled the case differently
- ❑ Categorization of type of error made (e.g., diagnosis, treatment, performance, etc)
- ❑ Categorization of reason for error (e.g., knowledge, skill, habits, situational factors, etc.)
- ❑ Any recommendations for improved performance of an individual clinician
- ❑ Other recommendations or actions for improvement (e.g., group educational program, correction of system or process problem, initiation of a QI study, external review, etc.)
- ❑ Written case analysis
- ❑ Overall rating of completeness of medical record or quality of documentation
- ❑ Structured ratings of specific elements of individual performance (legibility, quality of history & physical exam, differential diagnosis, orders, etc.)
- ❑ None of the above

38) History of Program Change

In what Medicare fiscal year did your medical staff last make major changes to peer review program structure, process and/or governance?

Please describe what prior changes were made at that time:

39) Future Change Likelihood

What is the likelihood that your medical staff will make significant changes in the Peer Review Program structure, processes or governance in the coming year?

40) Comments, clarifications and feedback about your responses or any aspect of this survey: