# Pursuing Professionalism: Addressing Stories that May Need Investigation

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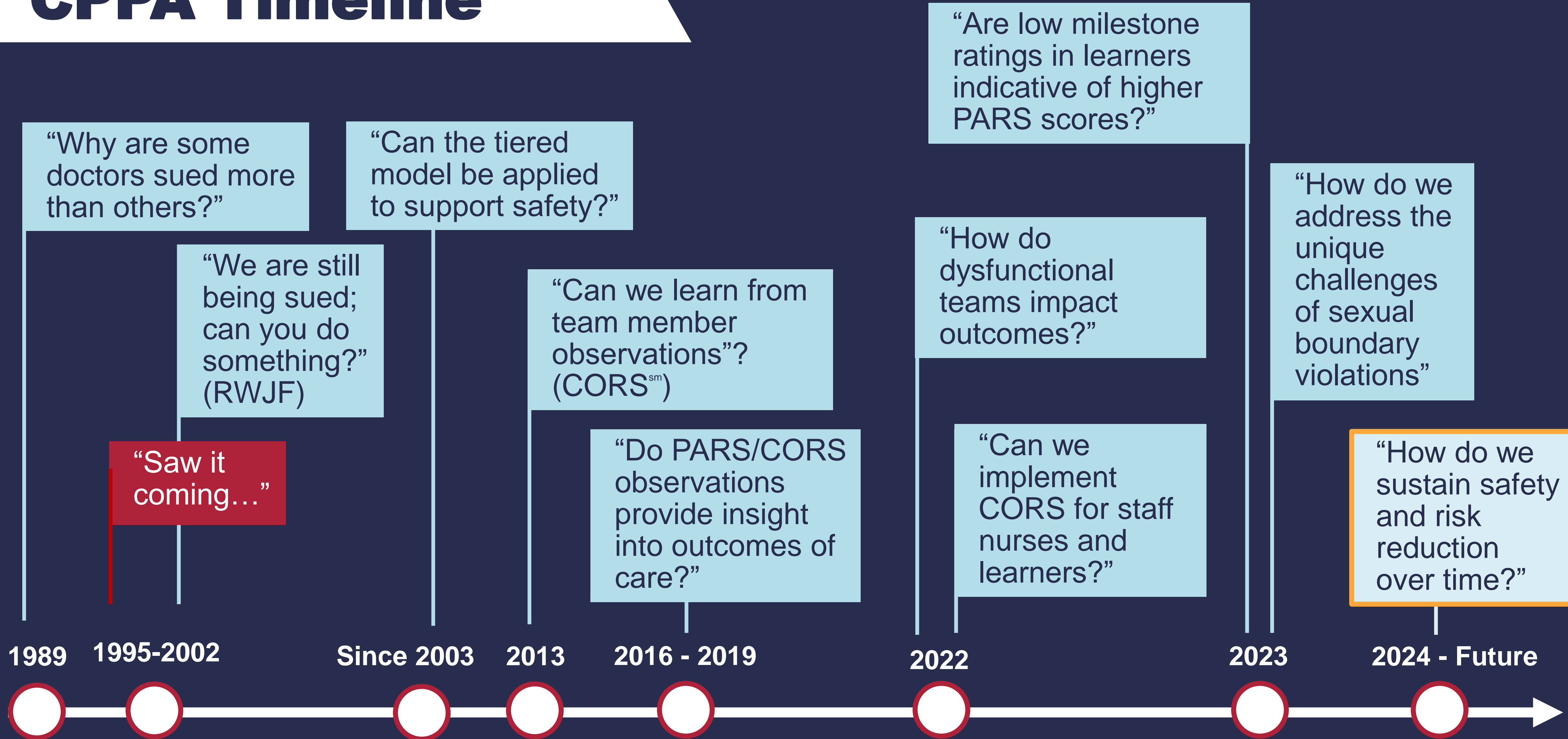



Hickson, et al., JAMA, 1992 | Entman, et al., JAMA, 1994 | Hickson, et al., JAMA, 1994 | Hickson, et al., JAMA, 2002 | Talbot, et al., Infect Control Hosp Epidemiol., 2013 | Webb, et al., TJCJQPS, 2016
Cooper, et al., JAMA Surg, 2017 & 2019 | Cooper, et al., Annals of Surg, 2022 | Baldwin, et al., TJCJQPS, 2022 | Han, et al., JAMA Network Open, 2023 | Cooper, et al., TJCJQPS, 2023 | Doub, et al., J of Bone & Joint Surg, 2024

**Predictable or haphazard?**[1]

"3-8% high risk by specialty"

**Does the past predict the future?**[2]

"High risk today = High risk tomorrow"

**Can high-risk physicians be identified?**[3]

"Pay attention to what patients say."

**Do coworkers experience things?**[4]

"Pay attention to coworkers."

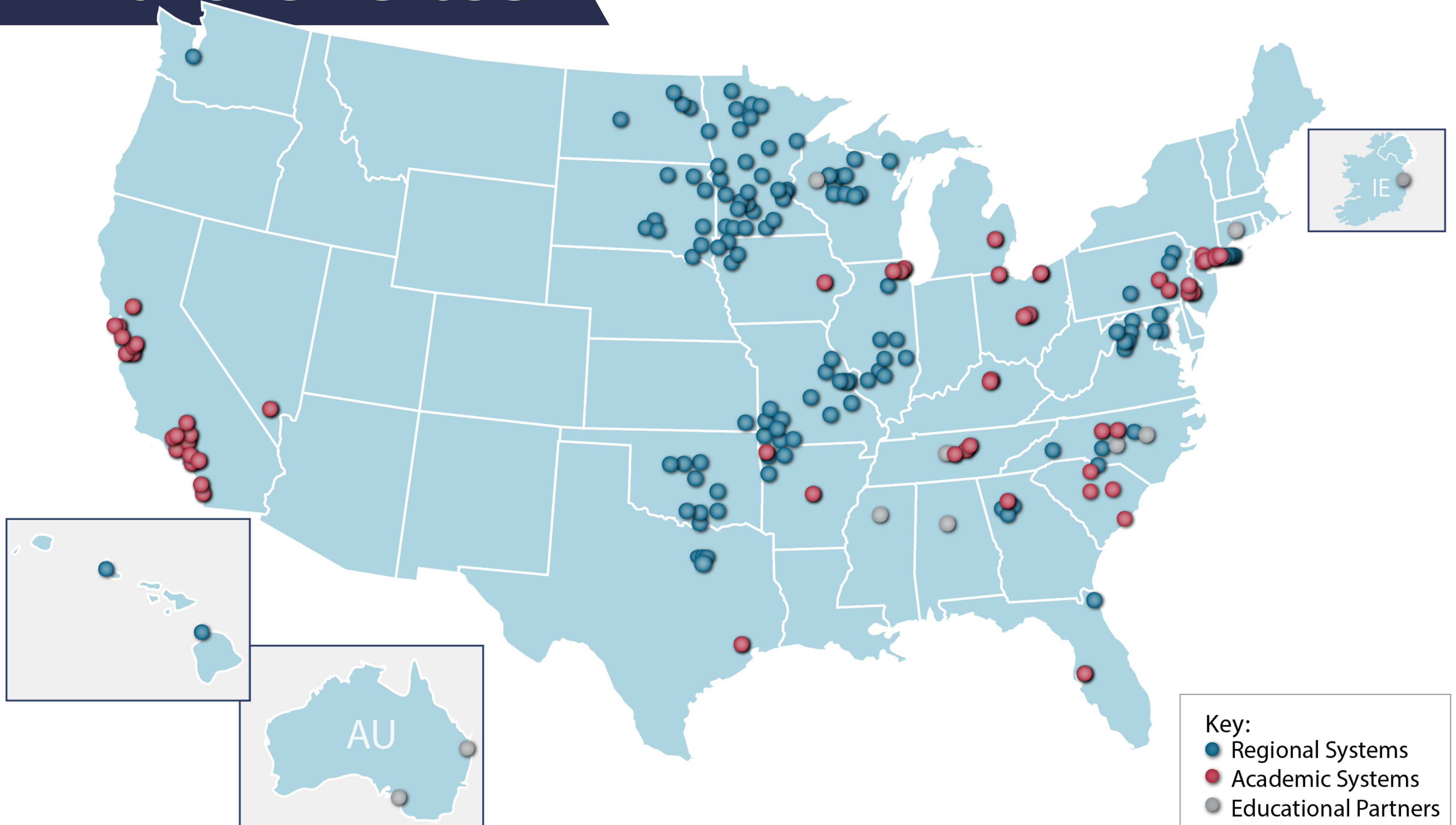
**Does disrespect link to outcomes?**[5]

"Yes."

"And high-risk professionals respond…"

1 Sloan, JAMA, 1989
2 Bovbjerg & Petronis, JAMA, 1994
3 Hickson, et al., JAMA, 2002
4 Webb, et al., Jt Comm Journal on Quality and Patient Safety, 2016
5 Doub, et al., Journal of Bone and Joint Surgery, 2024

# CPPA Partner Sites



# High Reliability

Reliability: **failure-free** operation over time

Health care should be safe, effective, efficient, timely, patient-centered, and equitable.

However, an institution cannot achieve high reliability and safety on will alone, it requires a plan.

Vision / Goals / Core Values

Leadership / Authority

A **Safety** Culture Includes:

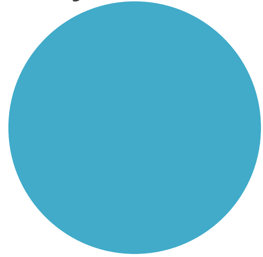
- **Psychological Safety**
- **Trust**

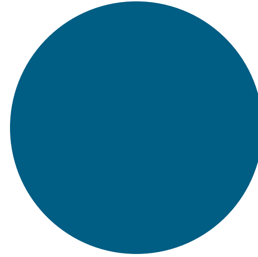
Nolan, et al., Institute of Medicine, 2001 | Nolan, et al., Institute for Healthcare Improvement, 2004 | Hickson, et al., Joint Commission Resources, 2012

# Safety and High Reliability Require the Right Balance

Intentionally Designed Systems

Accountable Professionals





Hickson, et al., Joint Commission Resources, 2012 | Talbot, et al., Infect Control Hosp Epidemiol., 2013 | Cooper, et al., JAMA Surgery, 2017 | Cooper, et al., JAMA Surgery, 2019

# Three Characteristics Define a Profession: Justice Louis Brandeis

Body of knowledge that requires extensive preliminary training and is owned by the profession; distinguished from mere skill.

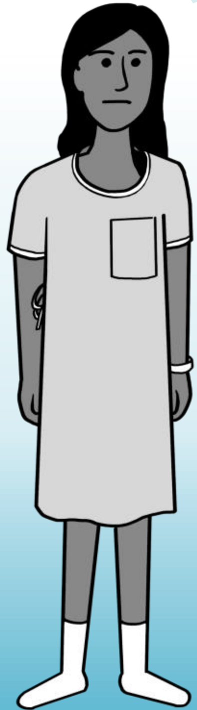
Occupation pursued largely for others; financial return not the accepted measure of success.

Obligation for self-regulation.

Professionals commit to…

regulation of behavior and performance

# Patients and families may not use... but they observe...



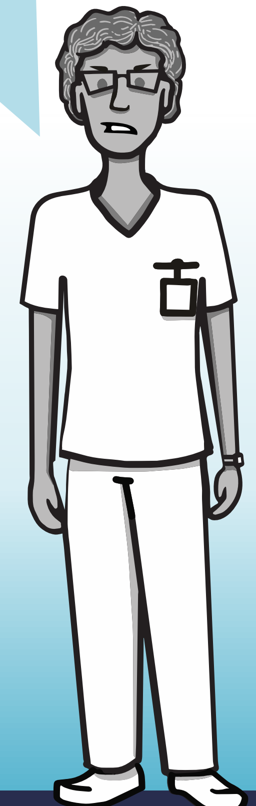
# Fellow team members see things too…

Dr. AA asked me if I hated my job because I did it so badly…

Called for timeout, Dr. BB responded, 'Let me put my foot in the room so you can get started…'

Offered NP CC a pair of gloves…said, 'No thanks,' and dropped them in the trash and continued.

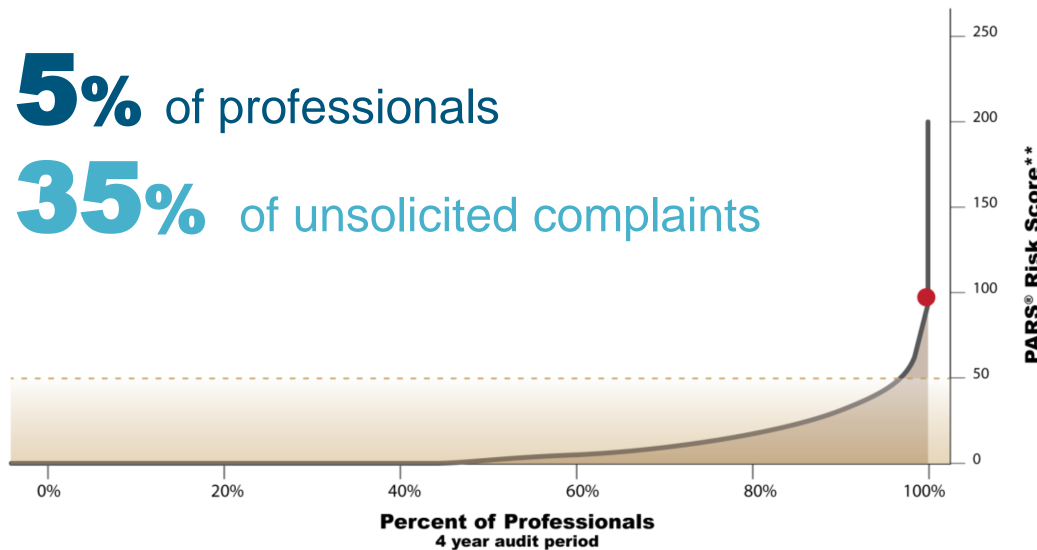
During time out, I (circulator) stated, '2 gm of Ancef given…', Dr. DD stated loudly, 'Ancef? She's allergic.' I replied, 'No, she isn't.'… Dr. DD replied, 'Just joking… hahaha.'



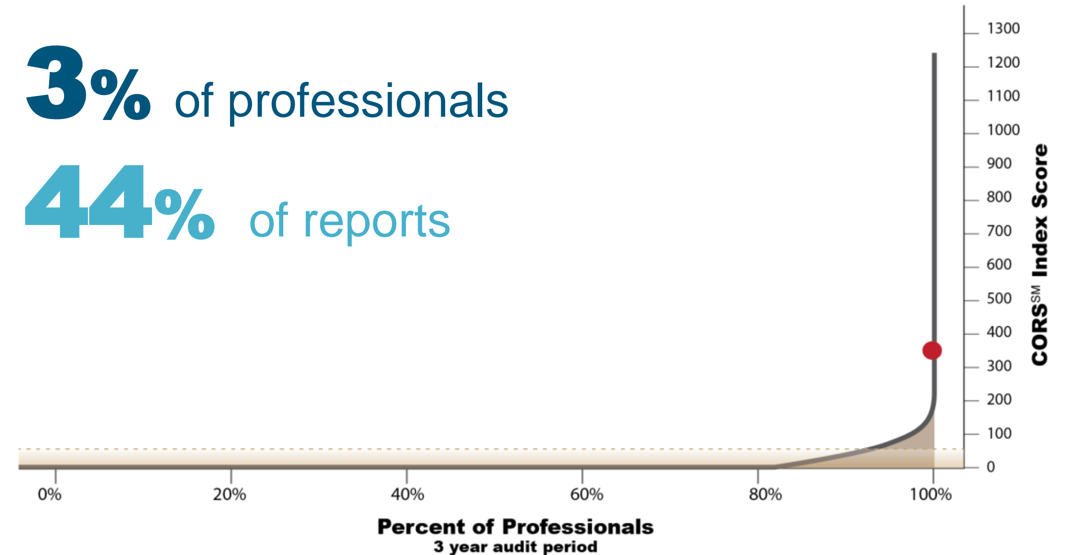
# What We've Learned

## Cumulative Distributions

### By Patient Complaints



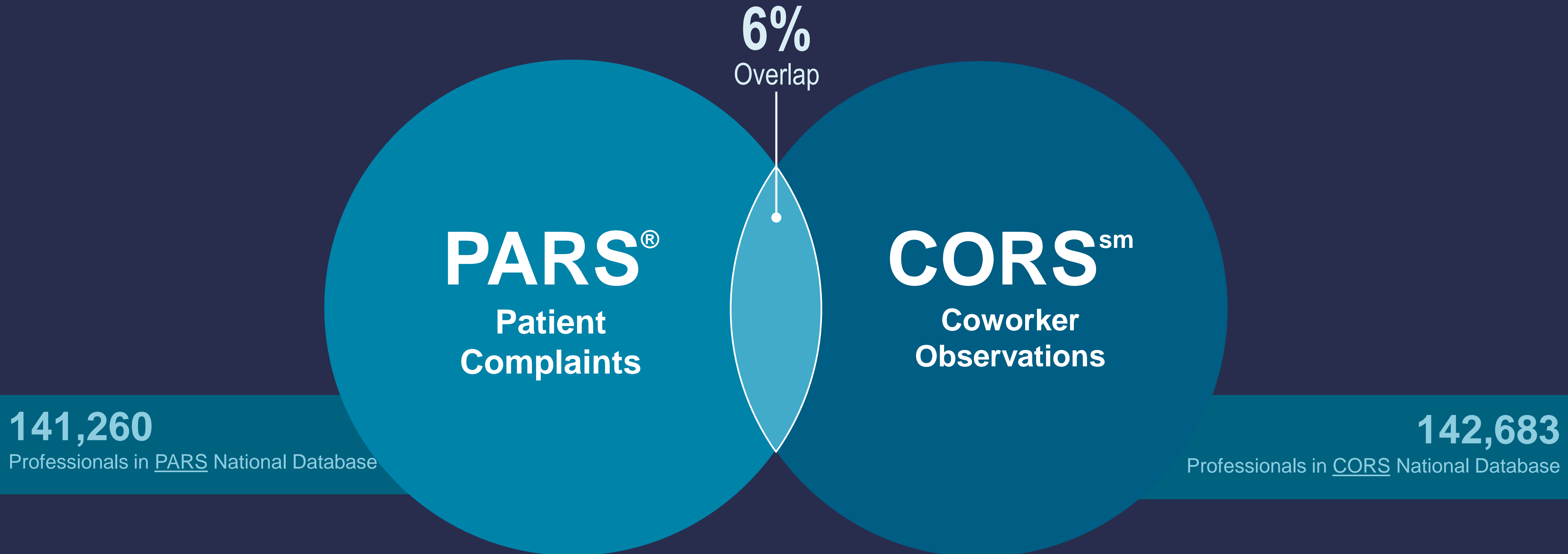

### By Coworker Observations





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

# Caution: Program Findings Overlap




Source: Vanderbilt Center for Patient and Professional Advocacy July 2024

# Why is it important to address?

**Patients under the care of disrespectful physicians:**

**20-30%**
more likely to have a surgical site infection…

**20-40%**
more likely to develop sepsis…

**24-30%**
more likely to die if trauma care is required

**Physicians who model disrespect account for:**

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

**Disrespectful team members create a ripple effect that impacts culture, performance, and retention:**

| INCREASED | DECREASED |
|---|---|
| • Withdrawal | • Creativity |
| • Anxiety | • Learning |
| • Jousting | • Motivation |

Hickson, et al., JAMA, 2002 | Moore, et al., Vanderbilt Law Review, 2006 | Felps, et al., Research & Organizational Behavior, 2006
Hickson, et al., So Med J, 2007 | Cooper, et al., JAMA Surgery 2017 & 2019 | Cooper, et al., Annals of Surgery, 2022

# Impact of Rudeness on Performance

**Residents who Performed Below Expected Level**

**8.8%** vs. **36.4%**

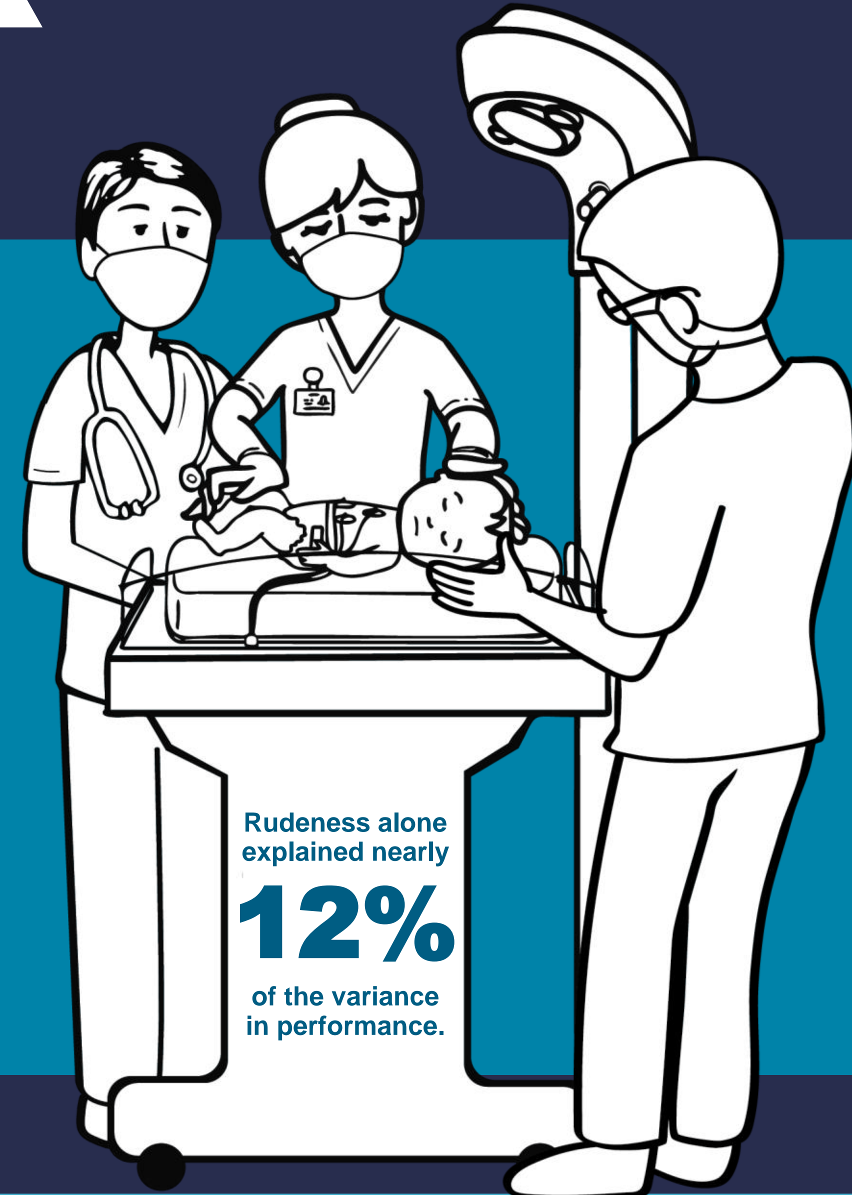
Control Condition | Rudeness Condition

Vigilance – Communication – Teamwork

Individuals exposed to rudeness during an emergency were 4 times more likely to underperform.

Katz, et al., BMJ, 2019 | Weinger, et al., Anesthesiology, 2017

Teams exposed to disrespect don't share information and don't seek help, and as a result the team underperforms.




Riskin, et al., Pediatrics, 2015

To ***“DO SOMETHING”***
requires more than a commitment to professionalism and personal courage.

**CAUTION**

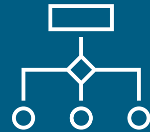
**Serving coffee may be dangerous unless…**

# Pursuit of Accountability and Reliability Requires an Infrastructure

## PEOPLE

**Strong alignment throughout the organization and program to drive results**

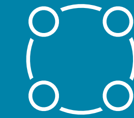
- Committed leadership
- Project champions
- Implementation teams



## ORGANIZATIONS

**Clarity & organizational structures to enable organizational objectives**

- Clear goals and values
- Policies and procedures
- Sufficient resources
- Tiered intervention model



## SYSTEMS

**Data and training to ensure fidelity of the processes**

- Tools, data, and metrics
- Reliable review process
- Training

Hickson, et al., Joint Commission Resources, 2012

# CPPA's Approach: Promoting Professionalism Pyramid

We utilize a tiered intervention model to provide the right-level of conversation / action at the right time.

**LEVEL 3: Intervention through Formal Process**

**LEVEL 2: "Guided" Intervention by Authority**
Delivered by PARS: Authority
CORS: Authority

**LEVEL 1: "Awareness" Intervention**
Delivered by PARS: Peer Messenger
CORS: Peer or Authority Messenger

**INFORMAL: "Cup of Coffee"**
Delivered by PARS: Patient Relations
CORS: Peer Messenger

No Change

Pattern Persists

Apparent Pattern

Single Concern
*(merit?)*

Egregious

Mandated

Majority of Professionals No Concerns Reported;
Respond To Routine Feedback In The Moment

Peer Messenger

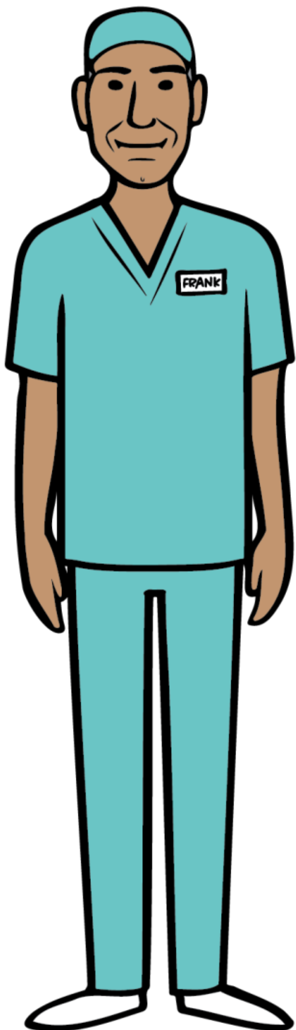
Dr. Frank

"Dr. Frank was about to make an incision, but I stopped him so we could perform the time out first. He mumbled, 'Aren't you a bossy cow.'"

Hickson, et al., Acad. Med., 2007 Nov

# What if Dr. Frank gets more reports?

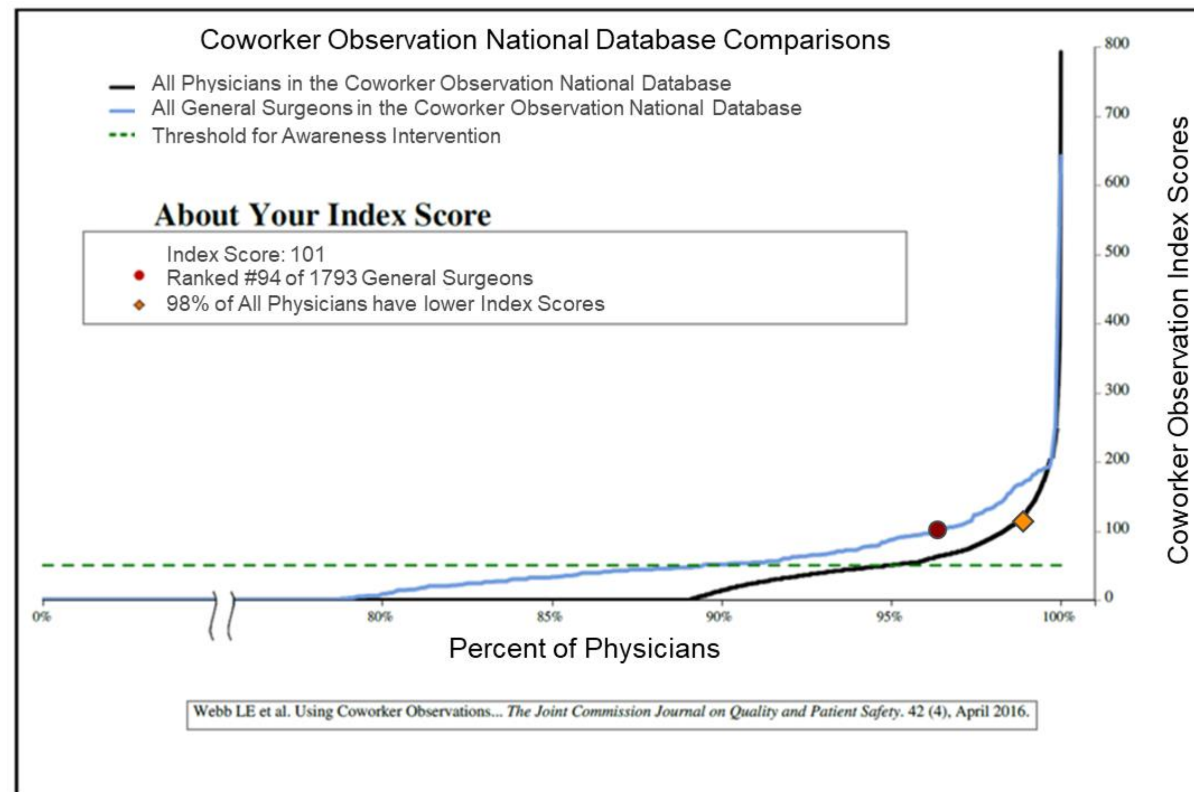
A few *reports*:



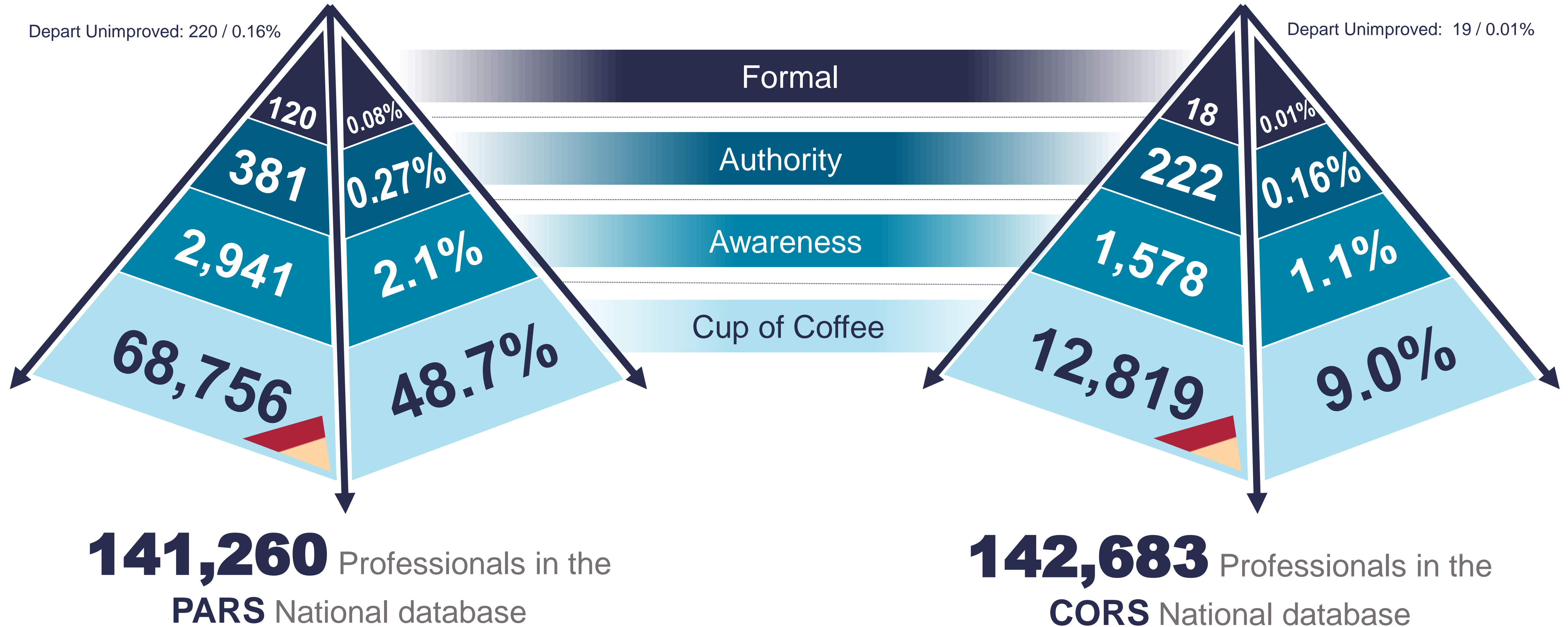

Nurse reported: "After scrubbing in noted that no initial count done…I asked if x-ray was needed…Dr. Frank began whistling…"

Scrub Nurse reported: "Dr. Frank asked me if I hated my job because I did it so badly."

Nurse reported: "I asked Dr. Frank to pause before closing because we had no tech to do a count with…completely ignored me and started to close."



# Our Findings: Most Professionals Respond...



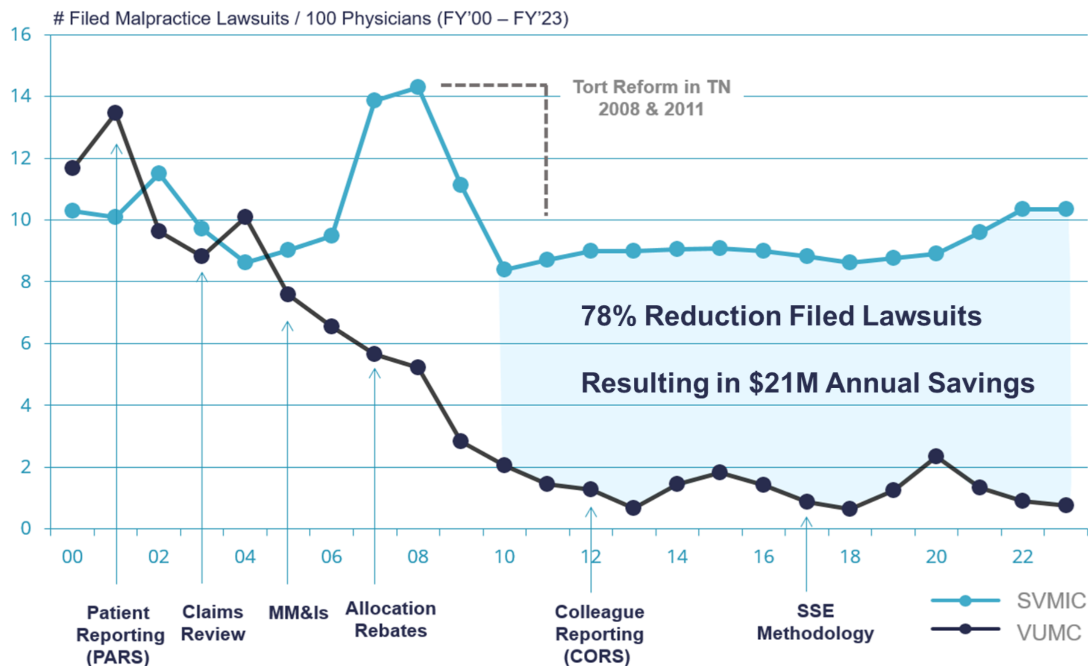

**141,260** Professionals in the **PARS** National database

**142,683** Professionals in the **CORS** National database

Confidential. Do Not Distribute.

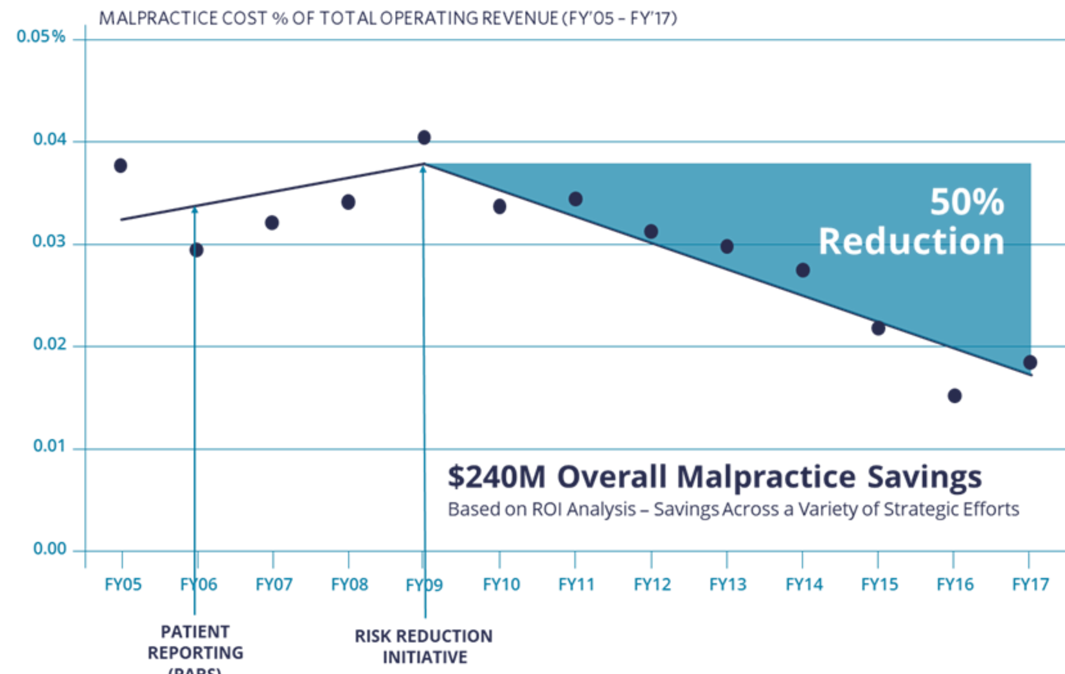
# Results: Malpractice Financial Savings

## Vanderbilt University Medical Center




Confidential and privileged information under the provisions set forth in T.C.A. §§ 63-1-150 and 68-11-272; not to be disclosed to unauthorized persons.*Data sources: ASHRM/Aon Hospital and Physician Professional Liability Annual Reports; State Vol Mutual Insurance Company.

## Penn Medicine




Adapted from: Diraviam, et al., Journal on Quality and Patient Safety, 2018

**"The central lesson… has been the value of physician involvement in malpractice risk reduction."**

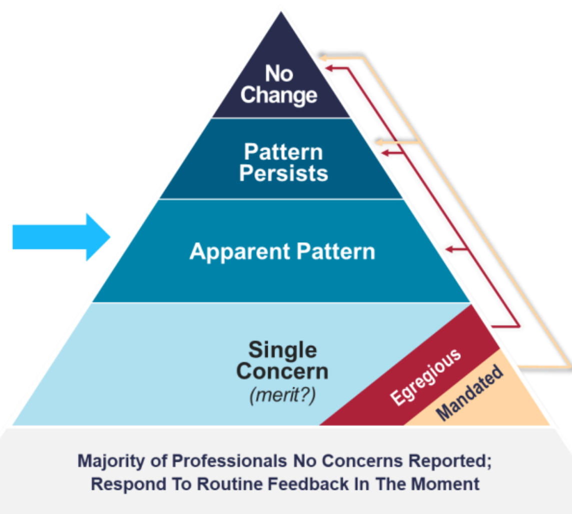
# Recent Study

**260 professionals**

**42 high risk**

**302 peer visits**

**83% reduction in claims and $**




## Orthopedic Surgical Group

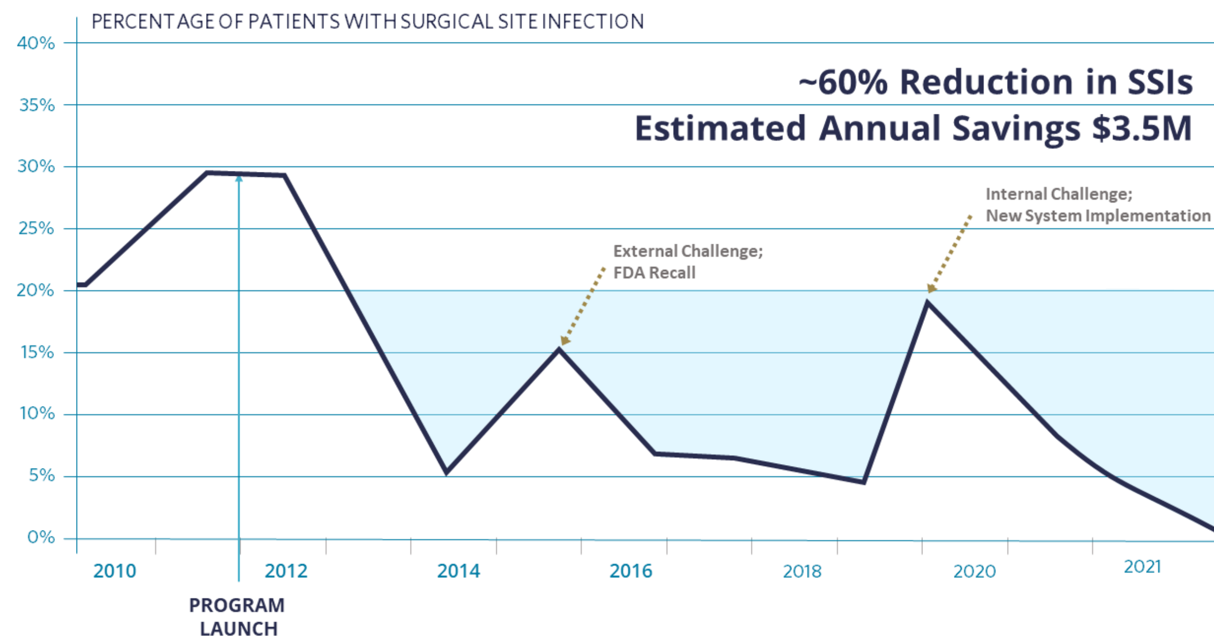
# Results: Quality & Safety Outcomes

Patients treated by professionals exhibiting unprofessional behaviors are 20-30% more likely to have surgical site infections. CPPA partner results below.

Through the introduction of the Colorectal Surgical Bundle Program supported by the Professional Accountability Pyramid, the organization was able to decrease patients with surgical site infections by 60%.

*Improving outcomes while contributing to annual savings.*

## >800 Bed Academic Medical Center



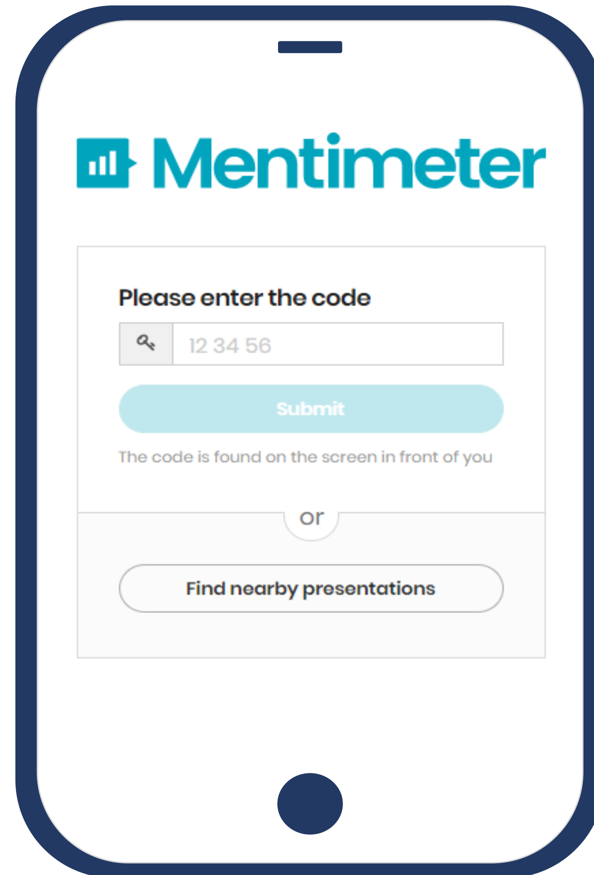

INTERNAL STUDY- Not Published

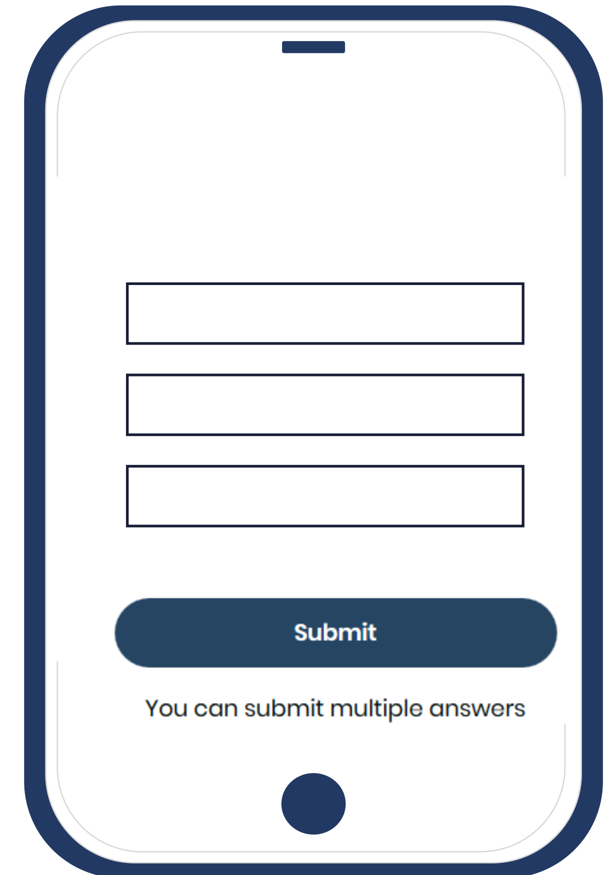
**Most reports, PARS/CORS do no need formal investigation...just share.**
**But what about...**

# What percent of the time would this story be shared with patient relations or another designated office?

*likert*

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



# Patient relations representative shares with Dr. B's leader…

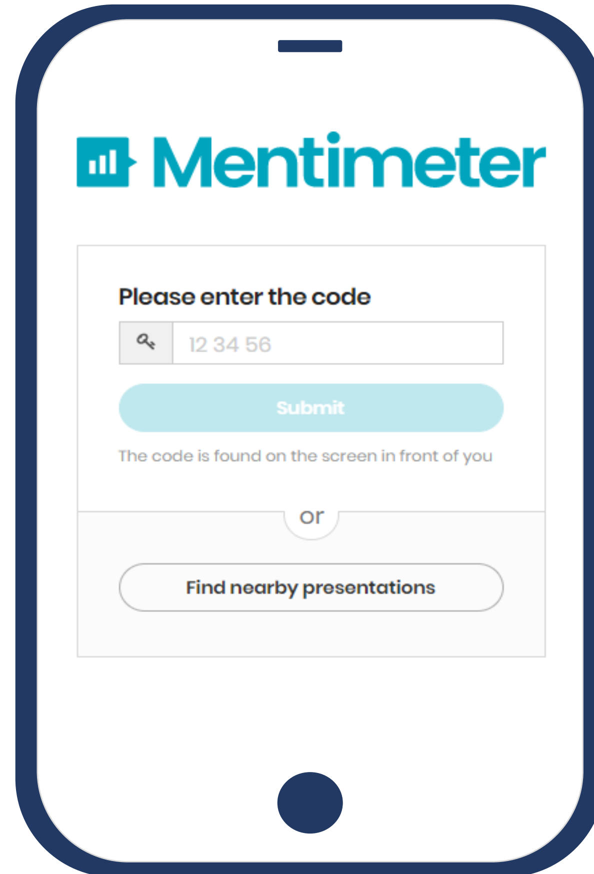
"…Dr. B. was very close during my exam… …private area kept touching my leg…not sure…but…"

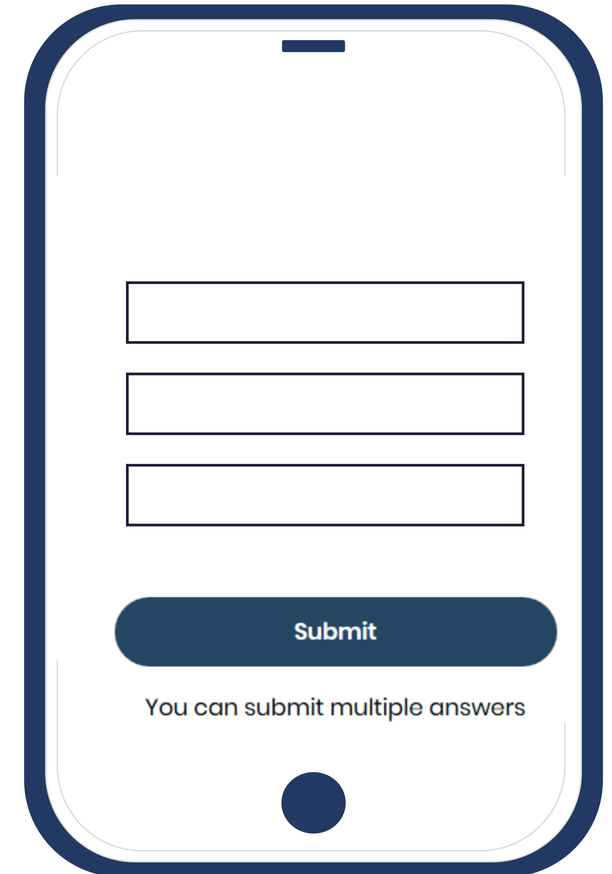
I know Dr. B...during exam, you can bump into the patient… patients can be sensitive.

# What percent of the time would this story be investigated?

*likert*

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



5 minutes

# Discussion

Talking with people around you, within your health system, what offices might receive reports about potential boundary violations and any silos?

# Four months later…a nurse gets a report from a patient…who shares with Dr. B's leader:

"Dr. B told me he was going to do an exam… reached up my skirt… said, 'Aren't you in great shape'… made me feel uncomfortable."

# Identifying Reports That Need Investigation *(6-9%)*

## Culture/Bias

- “Nurse came in and said, ‘If you report me again’...”
- “Did not use my name… but said, ‘that black woman’…”

## Aggression/ Violence

- “…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…”
- “Grabbed the nurse's arm pulled her close...”

## Integrity

- “Nurse looked at celebrity’s medical record…”
- “Dr. cosigns 100% of our notes, but rarely assesses…”

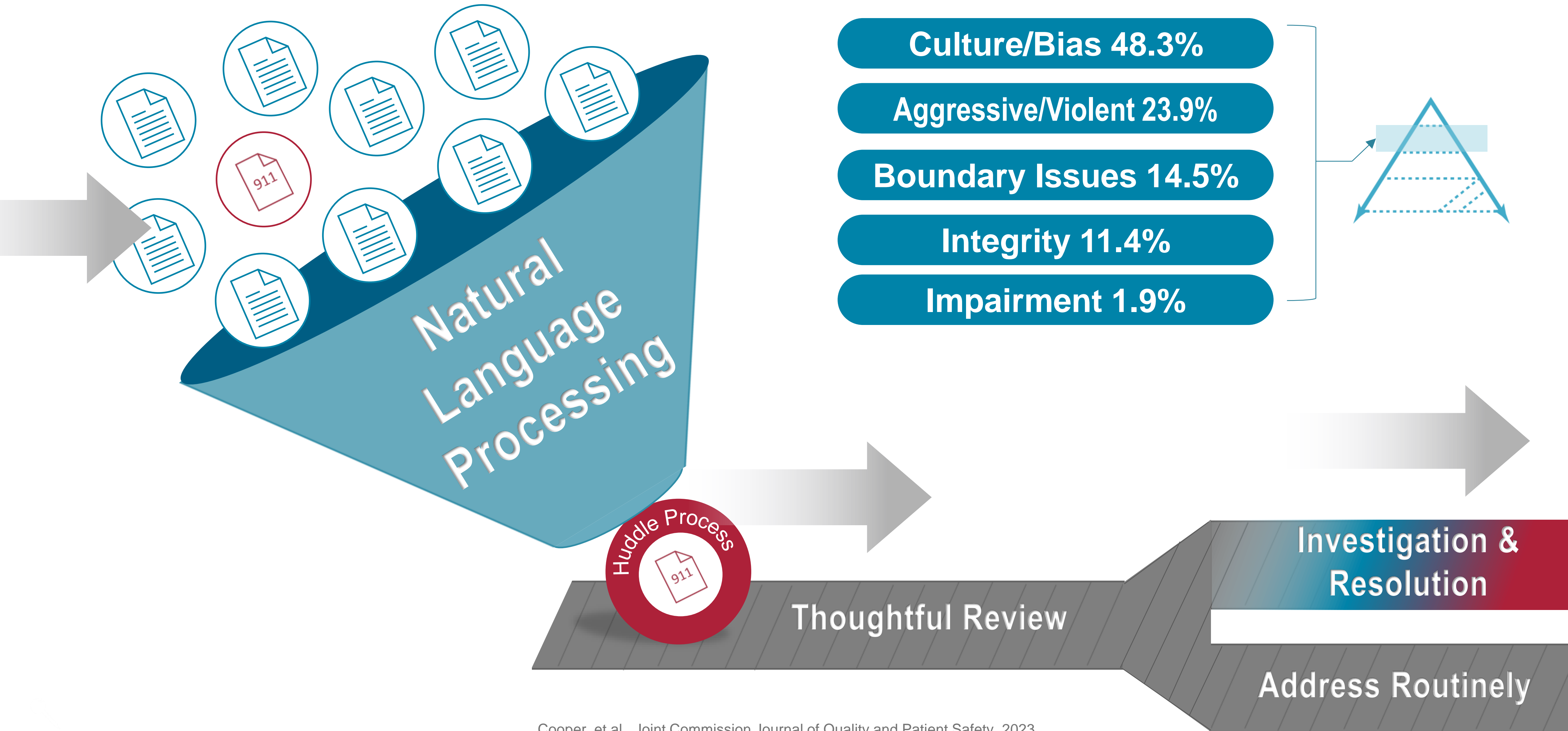
## Impairment

- “Dr. kept forgetting the patient’s treatment plan…”
- “APN smelled like alcohol…”

CY 2017 – CY 2022

Cooper, et al., Joint Commission Journal of Quality and Patient Safety, 2023

# Identifying Reports That Need Investigation




Cooper, et al., Joint Commission Journal of Quality and Patient Safety, 2023

# Huddle Process

## *Let's do one…*

### 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:

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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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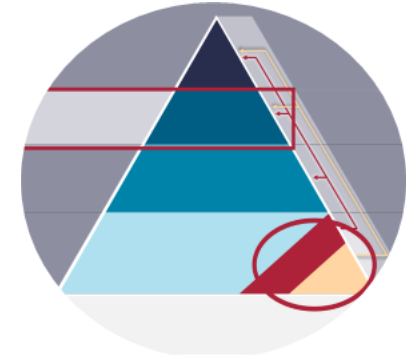
- Medical Staff
- Service Chief
- Nurse Admin
- Risk
- HR
- Prof Committee

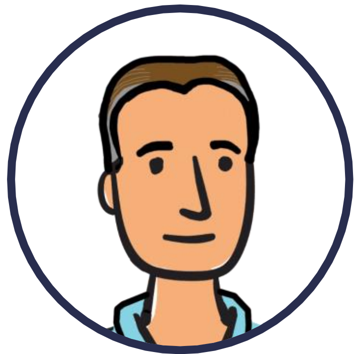
- Does the report warrant investigation and by what office?
- Who is accountable for follow up and when?
- Who notifies the local leader?
- Are there concerns about:
  a. *the reported individual and their ability to continue to work today?*
  b. *the reporter and team's wellbeing?*
  c. *the patient?*

Cooper, et al., Joint Commission Journal of Quality and Patient Safety, 2023

# An investigation was conducted...



Additional reports were found:



- Nurse reported: “Dr. B commented about what I was wearing…I hesitated to report…I have to work with him.”
- Patient reported: “Dr. B made inappropriate comments…flirtatious, offered to buy me coffee and asked, ‘How about walking down to Starbucks with me?’”

**Do the elements of your reporting systems link?**
**Are there any *secret files*? Does Dr. B have any protectors?**

**5 minutes**

# Discussion

Talking with people around you, if you discover 4 reports over 5 months, is action required? Might a leader blink?

# Best Practices to Support Those Struggling

Design Game Plan

Determine Policies and Procedures

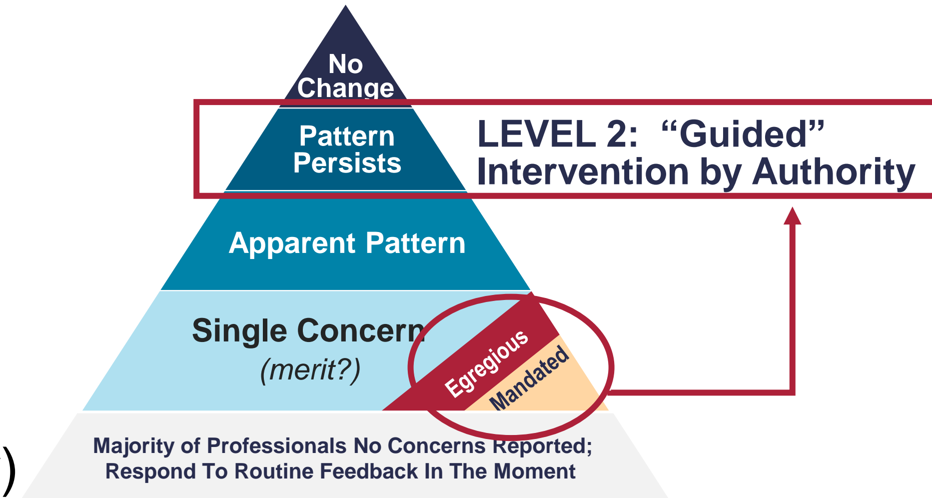
Understand Professionalism Standards

Engage Leaders (including end around strategy)

Identify Evaluation and Wellness Resources

Access to System and Individual Data

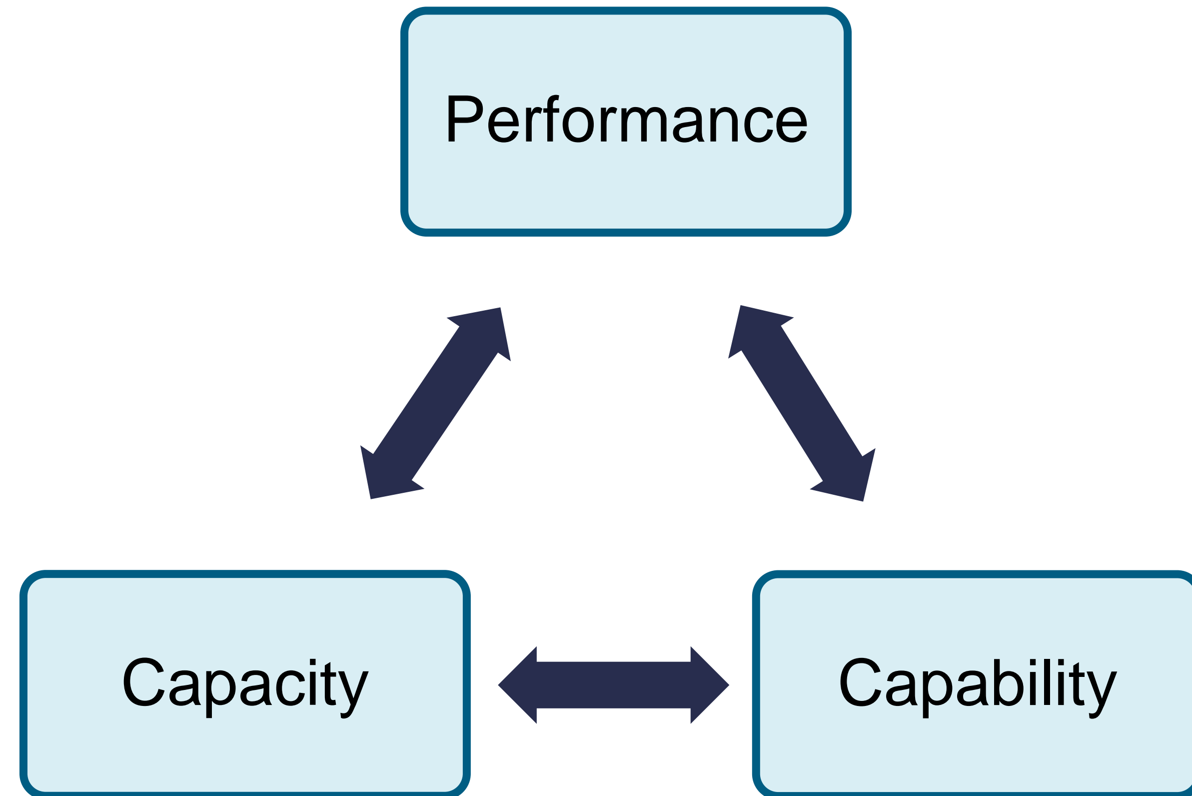
Plan for Refusal to Cooperate




Brenner, et al., Otolaryngol Clin N AM, 2022

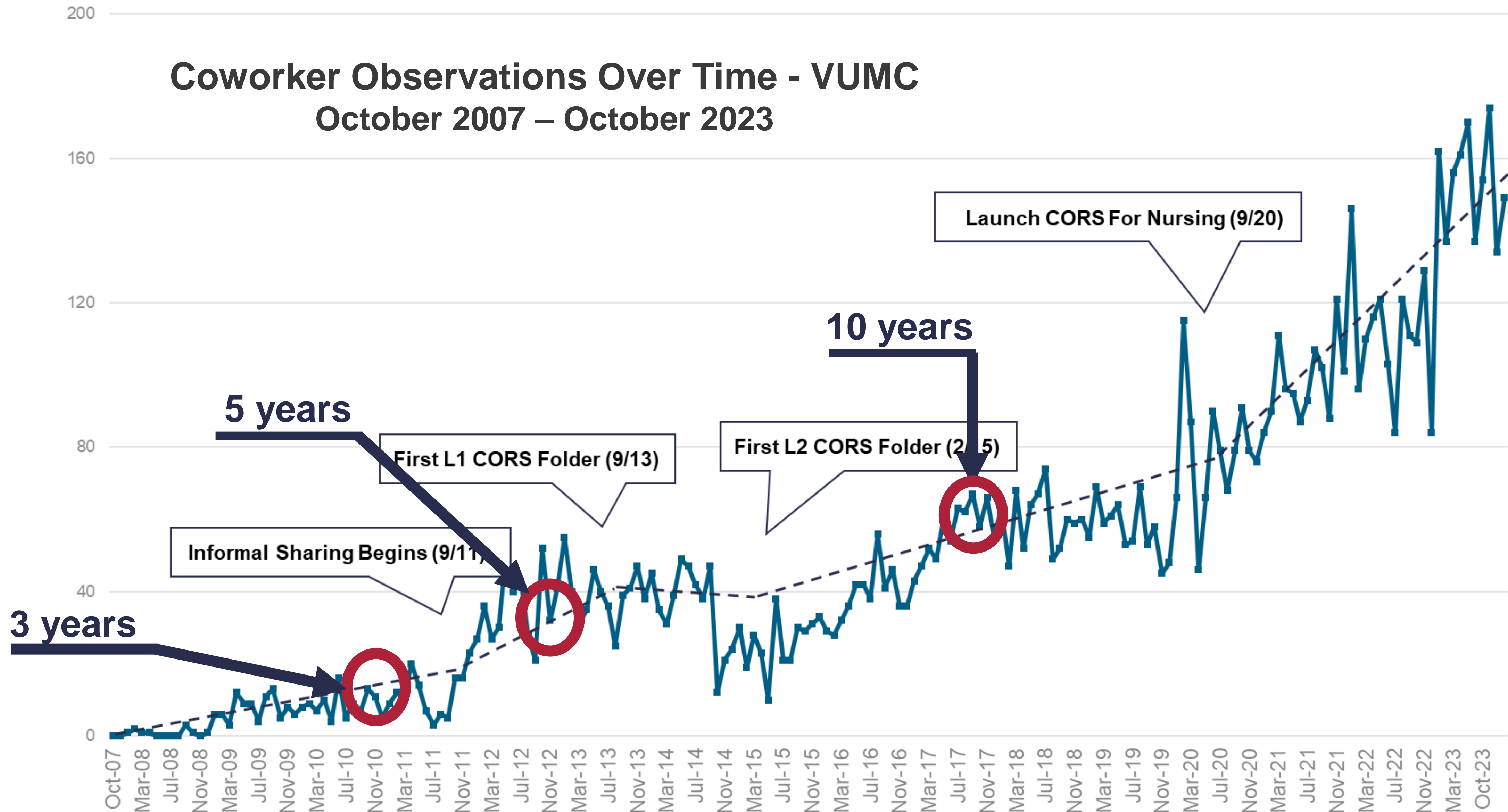
# Performance – All Professionals

- **Capacity**-The individual's broad capacity to perform
- **Capability-** knowledge/skills, required for their task
- **Performance**- implementation in the moment and maintenance over time.

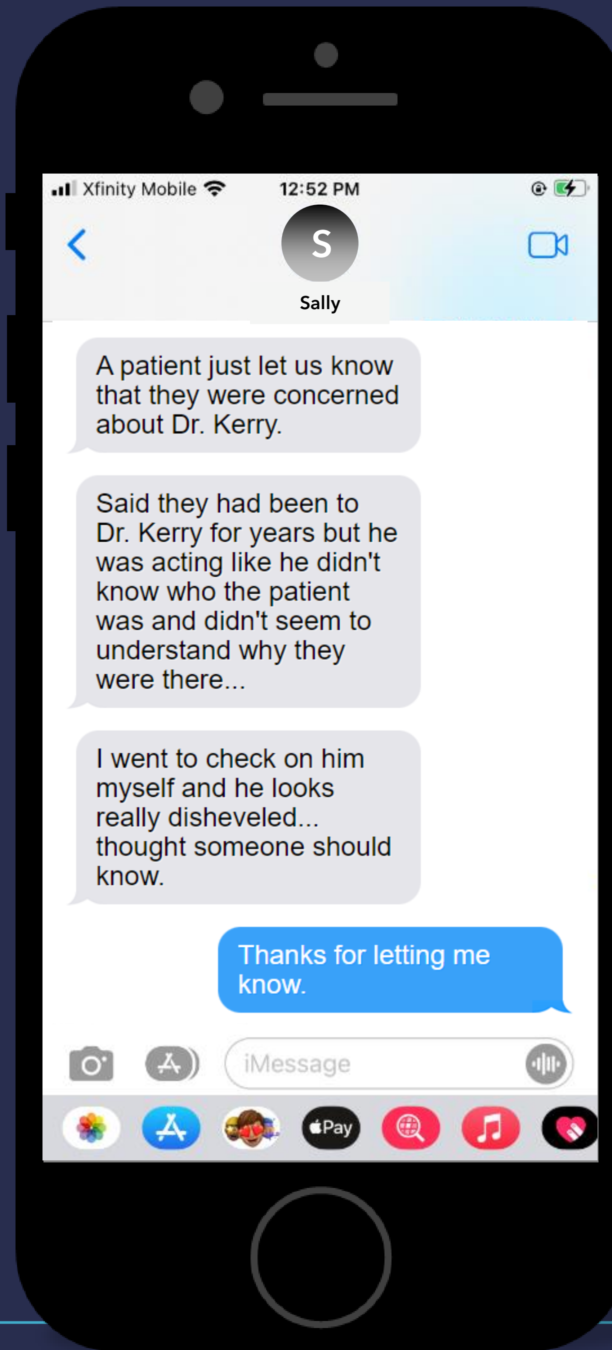



Williams, B. & Williams, M., Thorac Surg, 2020

# Team members will report if…and it doesn't happen overnight…

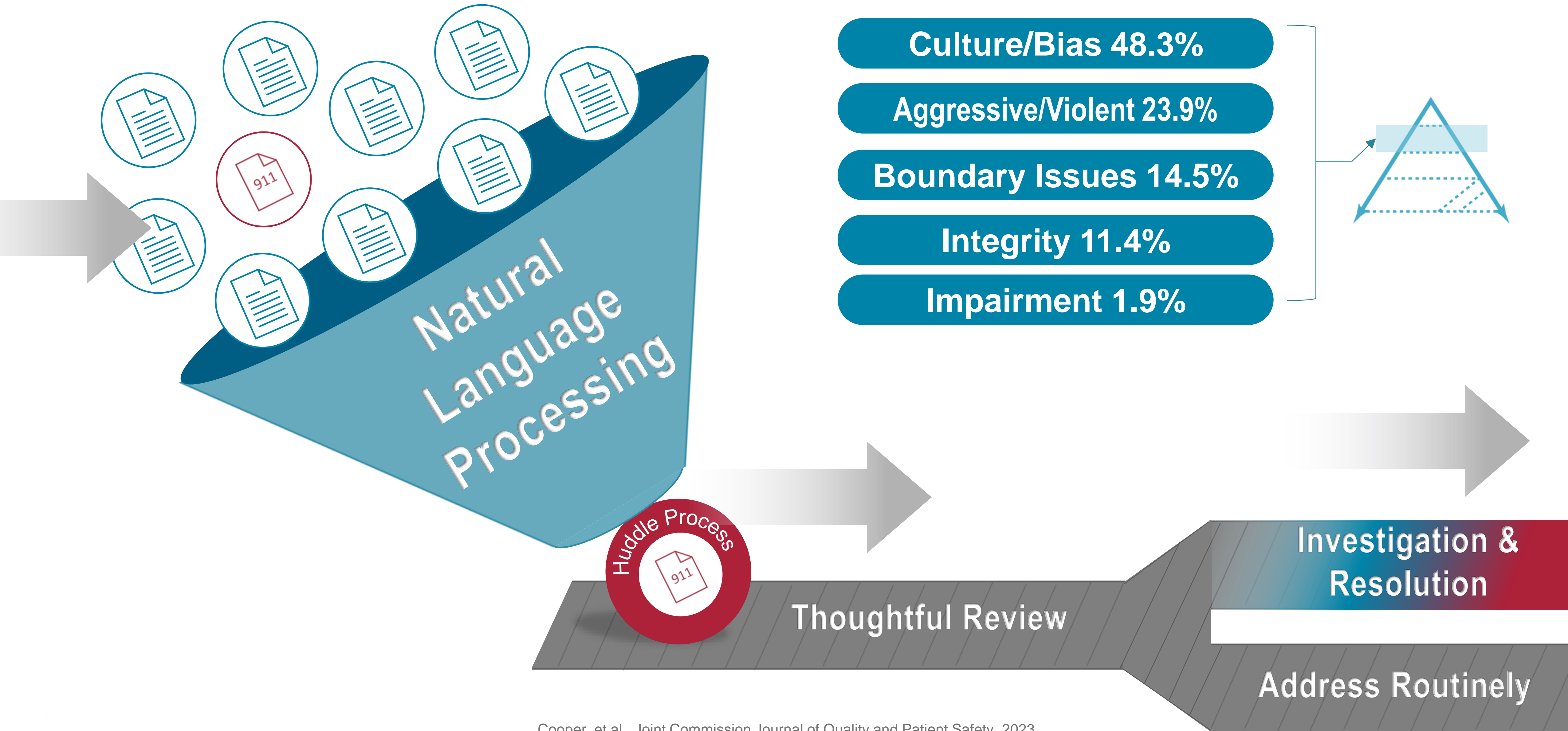


You receive a text from someone in Dr. Kerry's medicine clinic…




"… I went to check on him myself and he looks really disheveled… thought someone should know…"

# Identifying Reports That Need Investigation

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Cooper, et al., Joint Commission Journal of Quality and Patient Safety, 2023

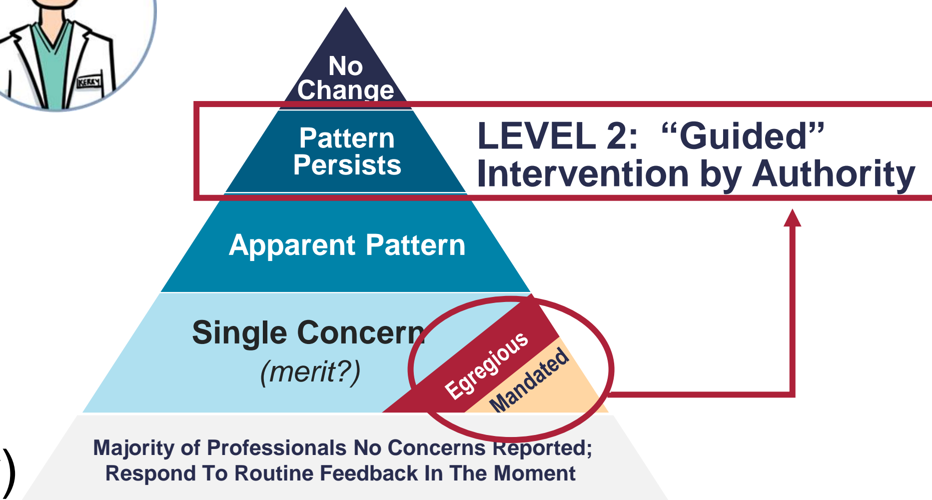
# Best Practices to Support Those Struggling

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

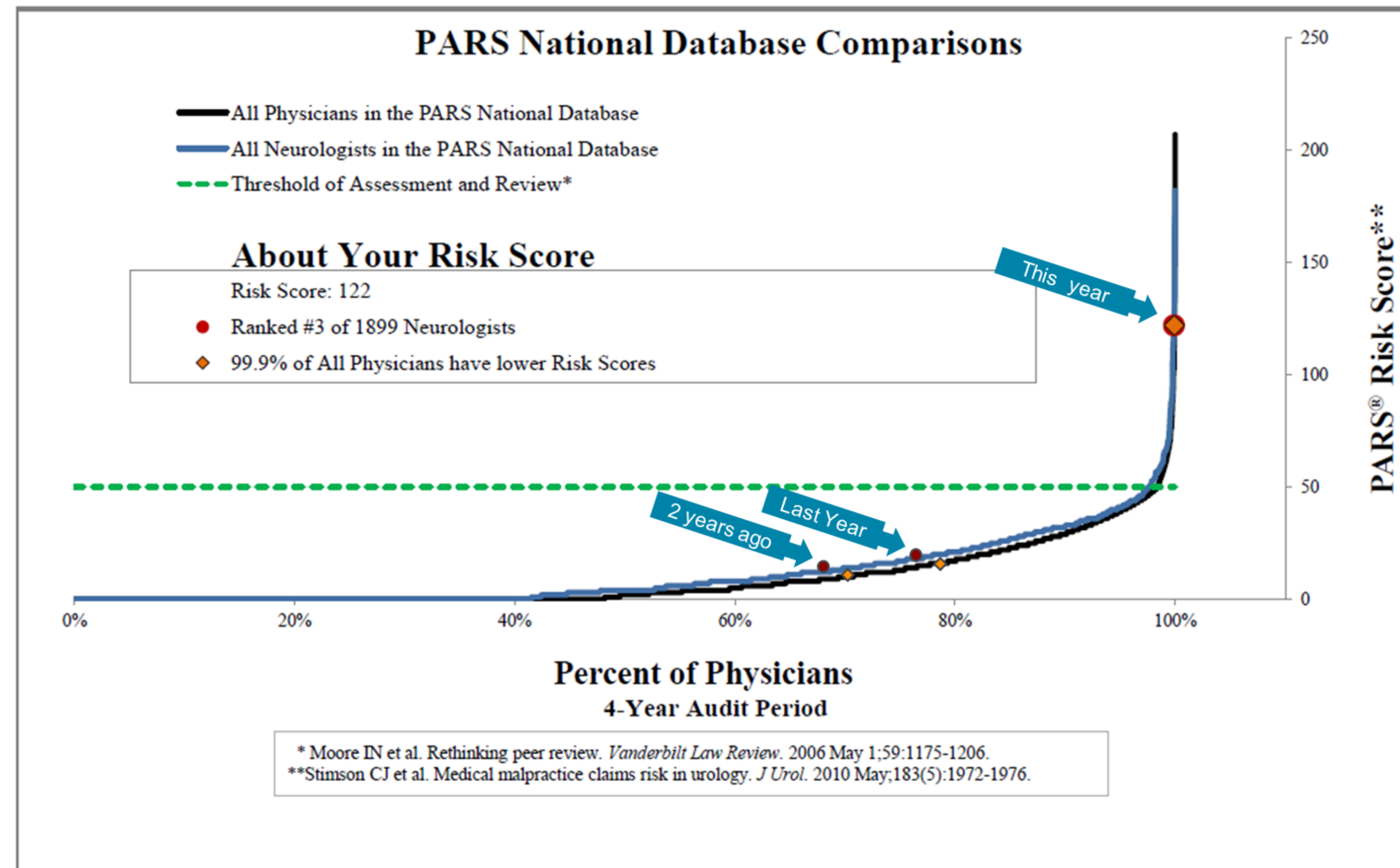
Brenner, et al., Otolaryngol Clin N AM, 2022

Dr. Kerry is referred for neuropsychiatric testing and is found to have moderate-severe cognitive impairment

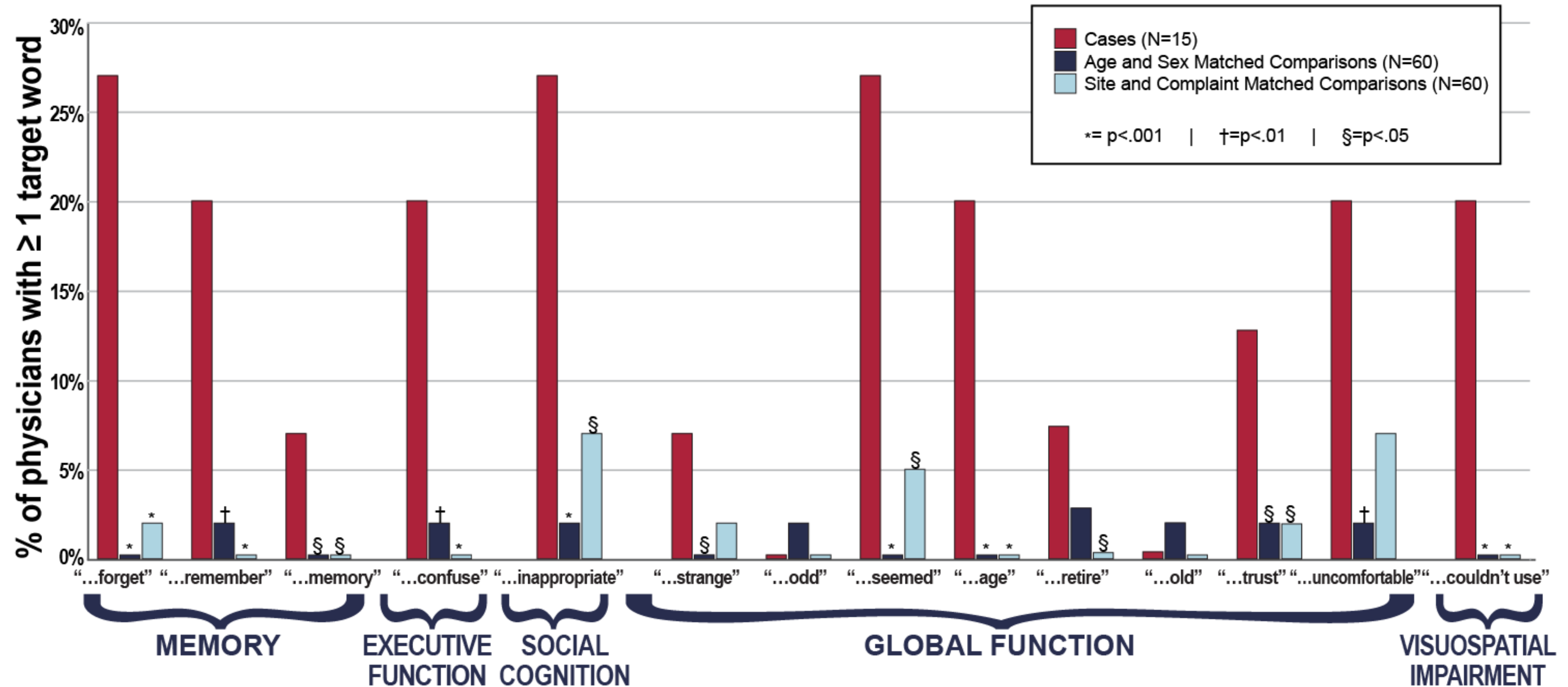
# Can we get upstream?

Patient Complaint Examples:

- “Dr. Lilly seemed elsewhere… I did not have her full attention.”
- “Dr. Lilly seemed to get irritated with everything during my visit.”
- “Dr. Lilly asked the nurse to turn on a piece of equipment… said, ‘I hate this new stuff…’”



# Frequency of Individual Words Related to Impairment, Matched Controls Analysis




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

# How Wellness Affects Professionalism

## Burnout

Occupational distress and sleep-related impairment[1]

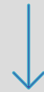
*Patient report:*

"Dr. X came in, didn't greet me, looked at the computer, just stared off, and then said, 'What do you want me to do for you?'"

[1] Welle, et.al., Mayo Clinic Proceedings, 2020

## Relationships

Adverse impact of work on personal relationships[2]



*Physician report:*

"In the past year, my job has made it harder for me to develop new meaningful personal relationships."

[2] Trockel, et al., Mayo Clinic Proceedings, 2022

## Cognitive impairment

Interaction descriptions include Neuro-cognitive Disease diagnostic domain words[3]

*Patient reports:*

"Dr. Y kept forgetting things we had just discussed." (RECENT MEMORY)

"Dr. Y had difficulty using the equipment in the room." (VISUOSPATIAL IMPAIRMENT)

[3] Cooper, et al., American Journal of Geriatric Psychiatry, 2018

# Remember, there are lots of possibilities

Is there a safety issue?

May there be other problems facing our colleagues?

Should I share?

*And how can we support unless we engage?*

# Three Characteristics Define a Profession: Justice Louis Brandeis

Body of knowledge that requires extensive preliminary training and 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.

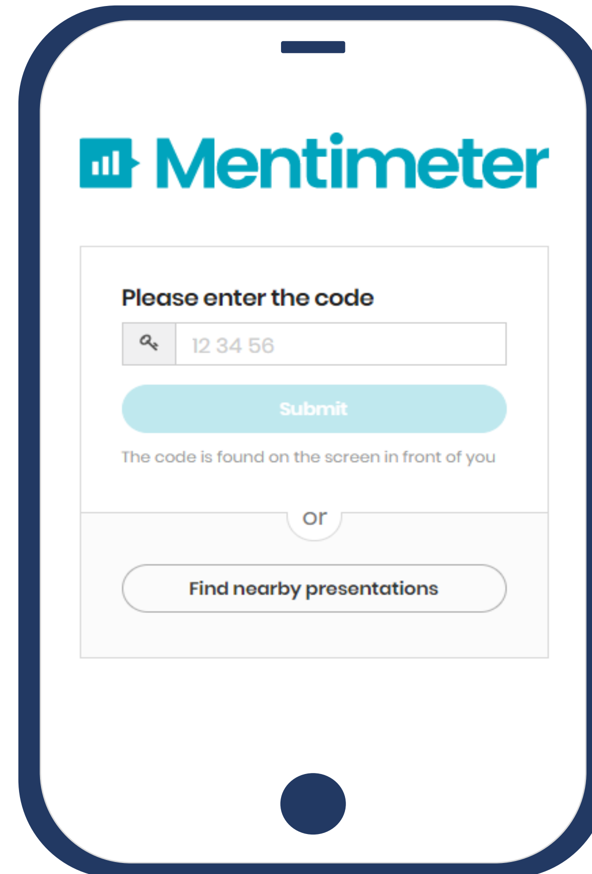
Professionals commit to…

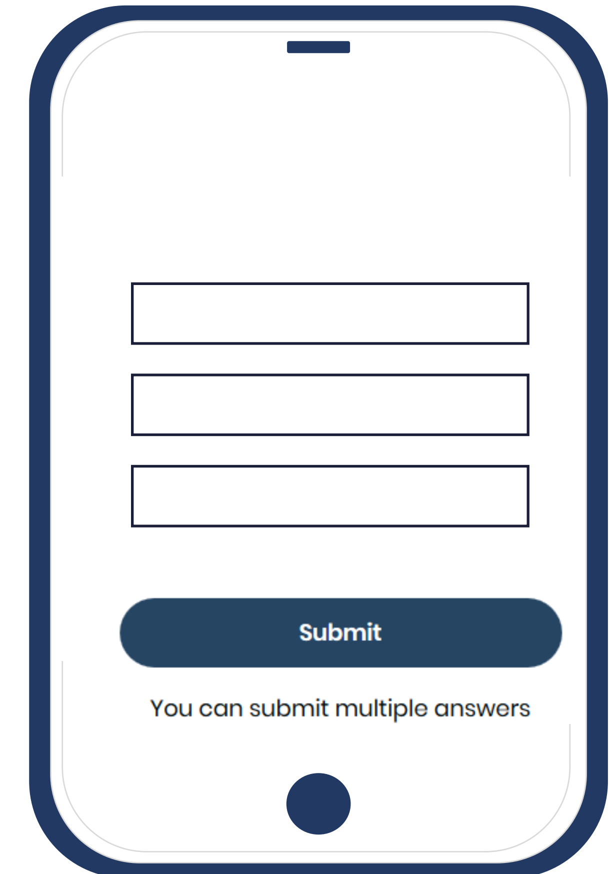
regulation of behavior and performance

# What can you do in our collective pursuit professionalism?

*Scrolling grid*

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



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# Thank you

*Let Us Hear Your Comments and Questions*

www.vumc.org/cppa