



What Can Peer Review Do For You?

CASE 13: PEER REVIEW DURING THE COVID-19 CRISIS

In this time of COVID-19 related illnesses, many physicians, nurses, and others on the front lines are feeling great stress and fatigue due to the demands of long hours and unprecedented challenging conditions. Responding to high patient volume and high patient acuity can require haste and improvisation. In some cases, providers are working in unfamiliar facilities or have been deployed from their usual specialties to care for patients with COVID-19 viral illness. Together, these factors can naturally result in patient care errors, delays in documentation, and opportunities for miscommunication.

▲ PERFORMING PEER REVIEW DURING CRISIS:

In this context of overwhelming pressure on providers, monitoring of usual performance metrics and outcome data becomes even more important. Performing peer review during this crisis, including OPPE and FPPE processes, remains vitally important. As unusual and potentially overwhelming as the current crisis may be, hospitals must remain vigilant regarding patient safety and provider competency, and must remain focused on positive outcomes.

In hospitals where many patients with COVID-19 viral illness are being admitted, tracking readily available data can identify areas of patient care that may begin to falter under the weight of high patient volumes and acuity. Some of these include:

- Length of stay, especially non-COVID-19 related illnesses and injuries
- Time from order to discharge
- Early return after discharge from the ED or in-patient units

- OR procedure times and turnover times
- Days on ventilator per patient (for non-COVID-19 patients)
- Compliance with central line care, Foley catheter care, ventilator management, and other standard core measure bundles

Despite the extreme duress of this pandemic, peer review can continue to improve outcomes even among patients with COVID-19. For example, tracking the use of order sets for COVID-19/pneumonia can monitor physicians' compliance with expedited workup tools. "One-click order sets in the ER ensure that all steps and tests are performed," says Donald Lefkowits, MD, Medical Director at MDReview. Metrics from easily accessible data may include standing orders, care pathways, and protocols, not only for Emergency Medicine but for Internal Medicine, Pulmonology, Critical Care, and other specialties. In addition to ensuring that key tests or steps are not missed or delayed, standing orders and protocols can also help to minimize unnecessary patient contact/exposure. In time, peer reviewed data will be able to demonstrate the effects of care path/protocol utilization on patient outcomes.

Monitoring provider compliance with appropriate use of personal protective equipment may seem punitive, but if done properly, can instead demonstrate concern for providers' well-being and identify where shortages are occurring. Are your quality and safety teams encouraging the best practice of having a "donning and doffing buddy"; a colleague to witness and make sure PPE are put on and taken off in the appropriate order to maximize provider protection?

Dr. Lefkowits also suggested that timely completion of records may need to temporarily take a back

seat to urgent patient needs. "Some leniency in timelines for chart completion is reasonable during this healthcare crisis. However, efforts to provide seamless remote access to allow providers to complete charts from home can help ease the time crunch."

At a recent webinar on the topic of external peer review in the era of COVID-19, MDReview was asked whether hospitals should track physician performance and behavior during this crisis. Sharon Beckwith, CEO of MDReview, explained, "If the provider is a great provider, the data will support it. If the provider is on the other end of the spectrum, this may be an opportunity for that to surface. It may become very clear which providers excel at caring for patients in the hospital setting and which need additional support or refocusing."

As always, the primary intent of peer review should never be used or perceived as punitive but as a means to identify where shortages may be developing and when and where to provide essential support for providers. Given the patient care burden the current crisis is placing on frontline providers, MDReview would advise that in all instances,

actions taken with staff members identified as possible outliers should always begin with collegial interactions and additional support, stress relief, and wellness efforts rather than punitive measures and sanctions.

MDReview can help develop or improve your hospital's peer review strategy, please give us a call today: 866-725-1784.

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