IMPLEMENTING FORMATIVE PHYSICIAN PERFORMANCE REVIEWS

THE OTTAWA HOSPITAL

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OBJECTIVES

- Share background/rationale
- Understand the prerequisites to introducing performance reviews
- Learn about the development and implementation of a physician performance feedback process
DRIVERS OF PHYSICIAN ASSESSMENT

- External
  - Regulatory Colleges
  - The Public

- Internal
  - The Board/CEO
  - Chief of Staff
  - Department/Division Heads & Physicians
  - Management
Feedback

- ‘Right now performance evaluation is more a formality – no substance to it’
- How do I improve quality?

2012 Physician Engagement Survey:

The way my performance is managed does a good job of identifying my strengths and improvement areas - 25%

The way my performance is measured makes sense to me - 29%
PRE-REQUISITES TO PERFORMANCE REVIEWS

Develop common values and expectations ➢ Focus group discussions

Translate into observable behaviours ➢ Engagement agreement

Communicate the “Why” ➢ Dialogue, Departmental Vision Tour

Train physician leaders ➢ Interactive workshops
# THE OTTAWA HOSPITAL / PHYSICIAN ENGAGEMENT AGREEMENT

<table>
<thead>
<tr>
<th>The Hospital's Commitment to Physicians</th>
<th>Values of The Ottawa Hospital</th>
<th>Physicians' Commitment to The Hospital</th>
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<tbody>
<tr>
<td><strong>Commitment to Quality</strong></td>
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<tr>
<td>Foster a culture of excellence in quality of care within an academic environment.</td>
<td>Champion the development and adoption of organizational processes, practices and policies that drive excellence in quality of care within an academic environment.</td>
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<td>Strive to develop a culture infused with, and informed by, our organization's four values.</td>
<td>Provide quality patient care. Measure progress.</td>
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<td>Support this commitment to quality by choosing measures that are relevant, context sensitive, meaningful and objective.</td>
<td>Actively work with the hospital. Acknowledge your key role in improving individual and hospital care processes to boost quality and safety.</td>
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<td>Cultivate a culture of trust. To that end, evaluations of processes, systems and people must be timely, candid and constructive.</td>
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<td><strong>Compassion</strong></td>
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<td>Create an environment that contributes to physical and emotional health.</td>
<td>Recognize patients as the primary focus of our collective efforts and advocate on their behalf.</td>
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<td>Provide care in a manner consistent with patient- and family-centred principles.</td>
<td>Protect patient privacy and dignity.</td>
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<td>Promote physician and staff health and well-being.</td>
<td>Communicate with patients and families in a clear, timely, supportive, engaged and empathetic manner.</td>
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<td><strong>Working Together</strong></td>
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<td>Make decisions and allocate resources in a consultative manner: listen to stakeholders, be transparent and assume accountability for those decisions.</td>
<td>Engage with others, actively listen to them, communicate respectfully, and consider their ideas.</td>
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<td>Share information and communicate directly and proactively in an honest, consistent and meaningful way.</td>
<td>Participate in decision-making. Practice in accordance with group decisions.</td>
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<td>Ensure that organizational processes and clinical systems are effective; that they recognize and respect the relationship of physicians with the hospital and patients, and align with the hospital’s core values.</td>
<td>Use resources in an appropriate way and be accountable for utilization.</td>
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<td>Recognize and celebrate the accomplishments of physicians and staff.</td>
<td>Work within and respect organizational processes and clinical systems.</td>
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<td>Demonstrate clear, effective and transparent leadership.</td>
<td>Treat co-workers as you would like to be treated.</td>
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<td><strong>Respect for the Individual</strong></td>
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<tr>
<td>Treat everyone at The Ottawa Hospital with fairness, equity and respect.</td>
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<td>Value and respect diversity.</td>
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Dr. Jack Kitts, TOH President & CEO
Status Review / Change

Formative
Division / Department oversight

Physician

Measured Outcomes

Anticipated
Systematic
- Hospital
- Department
- Individual

Unanticipated
Exceptional Reports

Formative

Recognition
Education
Development
Health & wellness
Practice change

Personal Development Plan

Appointment

Credential Committee

Critical threshold
- Single severe
- Persistent trend

Status Review / Change

Regulatory
Chief of Staff, MAC, Board oversight
3 STAGES:

Engagement Agreement

- Commitment to common values

Professionalism Model

- Obligation to patients, colleagues, profession

Performance Feedback

- Support professional growth & development
PERFORMANCE FEEDBACK - OBJECTIVES

- Help all physicians reach their potential
- Identify and recognize high performers
- Create clarity and awareness of expectations
- Align physicians with organizational goals
PRINCIPLES

- Consistent process across departments
- Relevant, valid metrics
- Aligned with TOH’s mission and values
- Improves performance and engages physicians
1. Professionalism / Engagement
2. Quality / Clinical Performance
3. Academic
APPROACH TO IMPLEMENTATION

Phase I
▶ Implement standardized, formal process
▶ Leader training and support

Phase II
▶ Feedback and adjustment of process
▶ Discussion around metrics

Phase III
▶ Metric driven
▶ IT system support
Performance Management metrics

Leader’s Observations

Self-assessment

Reports: PLS, patients, trainees, peers, MSF

Performance Improvement Process (PIP)

INPUT

STANDARDIZED PROCESS

OUTPUT

OUTCOME

Personal Development Plan

Credentialing: TOH Reappointment

University: Academic Reappointment

Engaged Medical Staff providing High Quality Care
EXPECTATIONS OF PHYSICIANS

- Self-reflection on past year
- Review own performance metrics
- Complete performance review form
- Draft objectives for next year
EXPECTATIONS OF LEADERS

- Get training / coaching
- Meet face-to-face with each physician
- Ask them how they are doing
- Discuss performance review process
- Give feedback: use form as guide
- Develop objectives: identify supports & resources
- Sign off
LEADERSHIP TRAINING

- Program utilizing a Behaviour Modeling Technique, included:
  - Overview of the process
  - Introduction to skills required to provide effective feedback
  - Video demonstration of these skills
  - Skills practice (role-playing)
  - Immediate feedback on application of the skills
Is this pass / fail?
What about the bottom 5%?
Is my leader the right person to give me feedback?
RESULTS

- Leadership training evaluation – 98% (43) of leaders agreed or strongly agreed that the training was useful and that training objectives were met
  - Need for additional support identified, including requests for scripts to increase comfort in providing feedback.
- 98% (861) of eligible physicians participated in the process in year 1
RESULTS

- 2015 Physician Engagement Survey
  - “The way my performance is managed does a good job of identifying my strengths and improvement areas” – 39% (25% in 2012)
  - “The way my performance is measured makes sense to me” – 36% (29% in 2012)

- Quantitative metrics under development
  - Corporate Physician Quality Measurement Committee
QUALITATIVE FEEDBACK (n = 172)
Top 5 themes (number of responses):

1. Too long, cumbersome (52)
2. Too focused on academics (17)
3. Leader did not follow process (16)
4. Redundant data collection (13)
5. Need objective metrics (12)
SUMMARY

+ Good opportunity for self-reflection
+ Felt supported – received positive feedback
+ Appreciate focus on outcome measures
  - Leaders not all aligned
  - Didn’t understand “Why”
  - Need an electronic solution
  - IT system support
“It is the inner life of performance, the inward turn, that allows us to develop, to grow, to move forward having learned” – Glenn Kurtz