Implementing a Peer Learning Program For ACR's Physician Quality Assurance Accreditation Pathway

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Abbreviations: OPPE: Ongoing Professional Practice Evaluation
Grant Support: None
Presentation: Not previously presented
Acknowledgements: Special thanks goes to Jennifer Broder, MD, who provided insights and support throughout the process of designing and implementing our PL program.

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The American College of Radiology recently established a new pathway for facility accreditation that incorporates Peer Learning (PL) rather than traditional score-based random peer review [ACR accreditation checklist]. Following the example of many radiology practices, our faculty wanted to adopt PL in lieu of traditional random score-based peer review, i.e. use of the American College of Radiology's RadPeer™ [Lee 2020, Larson 2020, RadPeer].

Our Opportunity

In December of 2020, our academic radiology program incorporated an additional pediatric site into our practice and added substantially to our pediatric neuroradiology faculty, resulting in a separation of pediatric from adult neuroradiology service lines. This created an opportunity for implementing a new PL program for the pediatric neuroradiologists who previously participated in RadPeer™ jointly with the adult neuroradiology division.

Initial Planning

In planning our PL program we first thoughtfully examined others' experiences [Broder 2021, Larson 2011, Royal College]. Approval by radiology and system leadership was established before the team began designing and implementing a PL program. System Quality leadership required that each participating radiologist filed a signed system confidentiality agreement related to peer review.

Similar to traditional peer review, our PL program is protected under state law. To benefit from this protection, all saved files and written communications must be labeled as "CONFIDENTIAL PEER REVIEW MATERIALS", and any written communications related to peer review must contain a specific phrase marking it as protected content under state peer review law.

Mapping to the ACR PL Accreditation Checklist

The ACR PL program checklist requires that eligible programs have (1) a written policy that talks about program culture, goals, definitions of learning opportunities, describes the program structure and organization, defines program targets, outline the process for quality improvement, commitment to reporting separately from performance evaluations, as well as (2) annual documentation of the number of cases submitted, percentage of radiologists meeting targets, compliance with facility practice policies, and a summary of improvements.

Written Policy. Our policy has been updated to match the ACR checklist items, mirroring the checklist order and structure and merely filling in our program's specific information [ACR 2021 accreditation checklist].

Culture. Our written policy explicitly refers to the program as "PL". Many medical specialties at our institution still use the term "Morbidity and Mortality" (M&M) conferences, which has traditionally been experienced as a "blame game" [Walker 2016]. Continuing use of this label may explain why some participants still blame others during case discussions [Stocker 2021]. Our policy states explicitly that blaming or shaming is not tolerated in our PL program.

We foster the culture of PL in various ways: the department chair and radiology department faculty leaders all equally participate in PL; trainees are encouraged to participate in PL meetings. Each PL session starts with a slide that reinforces participants' commitment to the goal of PL, as well as to not tolerating any blaming or shaming (Figure 1).

Goal. Learning environments are sometimes referred to as "safe" when they allow learners to build trust and freely exchange information [Holley 2005]. Learners in safe learning climates feel secure to take risks, express their views, and share and explore their knowledge, attitudes, and behaviors [Holley 2005]. To create such a safe learning environment for our PL meetings we remind participants at the beginning of each session of the confidential nature of the meeting, the importance of maintaining anonymity, and the common goal of learning from mistakes (Figure 1).

Definitions of PL Opportunities. Our section uses multiple avenues for collecting cases for the PL program. In general, cases may be discrepancies, good calls, interesting cases, or illustrating other issues for discussion. Cases are mostly identified during review and interpretation at the workstation when prior imaging studies are reviewed, but may also arise

during clinical conferences, consultations, or teaching sessions. Additional sources through which discrepancies are identified include our hospital's event reporting system and a radiology department provider feedback tool. On occasion, providers may directly email the radiology quality director or section chief with discrepancies. Pl program leaders consolidate all case submissions prior to the monthly meeting into a shared spread sheet and select as many cases as possible, on average we review 14 cases per PL meeting, ranging from 6- 24 cases.

Description of program structure and organization. Our PL meetings are 60-minute long live monthly virtual meetings. Two physician leaders are assigned to the program to distribute the workload. The leaders alternate preparing and leading the monthly PL meetings. Leaders commit to 1 year of service in this role.

The physician leaders' responsibilities and monthly time commitment include selecting and preparing anonymized PowerPoint slides for each case (1 hour), leading the monthly PL conference (1 hour), and administrative tasks, such as collating cases, submitting CME materials, and documenting program statistics for the annual report (1 hour). A member of the quality team assists the quality leaders by collating case submissions from two of our reporting sources on a monthly basis (0.5 hours).

Our workflow for case submissions involves faculty submitting the case accession number along with a description of the issue to either a tool that is valid for current faculty (RadPeer®), or a tool that can be used if the faculty has left the organization (EPIC®, Epic Systems Corporation, Madison, WI, USA). Each discrepancy requires an email notification to an active faculty member (or to the quality director for departed faculty members) at the time of case discovery, without awaiting a PL meeting discussion. The initial email should contain identifying patient information, a description of the discrepancy, and any follow-up actions, such as a report addendum or calls to providers, or no follow-up required. It is at the discretion of the faculty member receiving this feedback to agree with the feedback and to act upon it, to get additional opinions informally, or to wait and hear a broader discussion of the discrepancy during the PL meeting. Most of the time there is agreement with the feedback and action is taken in a timely fashion.

The PL leads collate case submissions from multiple sources into a shared spread sheet and the goal is to review all submitted monthly cases. Leftover cases may be shown during the next monthly meeting or can be omitted entirely at the discretion of the PL program leads.

Definition of targets. The Division Chief for Pediatric Radiology stipulated that (1) all members of the section should participate in PL 100% of the time, (2) PL meetings should occur monthly, and that (3) each faculty member should submit up to 5 PL cases per month.

Our faculty determined that a monthly noon-time meeting would allow for maximum faculty participation. The meetings are scheduled using Microsoft Teams® (Microsoft 365®, Microsoft Corporation, Redmond, WA, USA), which allows for screen sharing and session recordings, facilitating both virtual and asynchronous participation. The PL leader posts the session recording link to a shared folder in OneDrive® (Microsoft 365®, Microsoft Corporation, Redmond, WA, USA) after conclusion of each session, so that faculty who could not attend the live meeting are able to meet the 100% participation target. An email attestation of asynchronous session reviewing counts towards PL participation.

Quality Improvement. The session moderator notes any improvement actions that are suggested during the discussion of a case on the case review form (Table 1). When improvement actions are identified, the moderator will ask for a faculty volunteer to be accountable for this task and to provide a due date. A follow-up email summarizing all improvement actions along with accountable faculty names and due dates is sent to the faculty after conclusion of the meeting. At the beginning of the next PL meeting the status of all ongoing improvement items is reviewed until they are either completed or dismissed. Improvements usually require minimal effort, such as communicating practice changes, sharing educational materials, or modifications to existing imaging protocols or report templates etc. More involved improvement requests can be referred to the department's quality team.

Reporting. A monthly scorecard is distributed to each radiologist showing their number of cases submitted to the PL program and their PL meeting attendance. In addition, the program leads track the number and nature of improvement actions and learning points that arise during each PL meeting and that are documented on the case review form. All data collected in conjunction with our PL program are for learning purposes only, although we are

currently still obligated to share RadPeer® submissions for ongoing professional practice evaluation purposes (OPPE).

Annual Documentation. The program leads generate an annual report summarizing the annual PL program metrics. The report shows the monthly faculty participation (target 100%), the number of cases submitted for PL, the number of cases reviewed during PL conferences, and the number and completion status of improvement actions that were taken.

Remaining barriers

Our current system of submitting cases is complex. We are currently looking to create a single case submission tool in RedCap (RedCap, Vanderbilt University, U.S.) that can automatically notify the original radiologist, omitting this notification step from the workflow for the radiologist who discovered the case.

There is currently a relatively high administrative burden on the physician program leads. The aforementioned RedCap submission tool would allow the PL program leads to use this database tool to mark cases that were reviewed during the PL conference, count them, as well as document and tabulate educational and improvement events during PL meetings. This would significantly decrease monthly and annual administrative reporting efforts related to manual counting and transcribing into a shared spread sheet.

Our department is currently working with the Ongoing Physician Practice Evaluation (OPPE) team to pilot an alternative radiology performance assessment process that does not involve the use of score-based random peer review data and would allow us to stop using the RadPeer® tool to more clearly separate PL as a learning activity from any performance assessments.

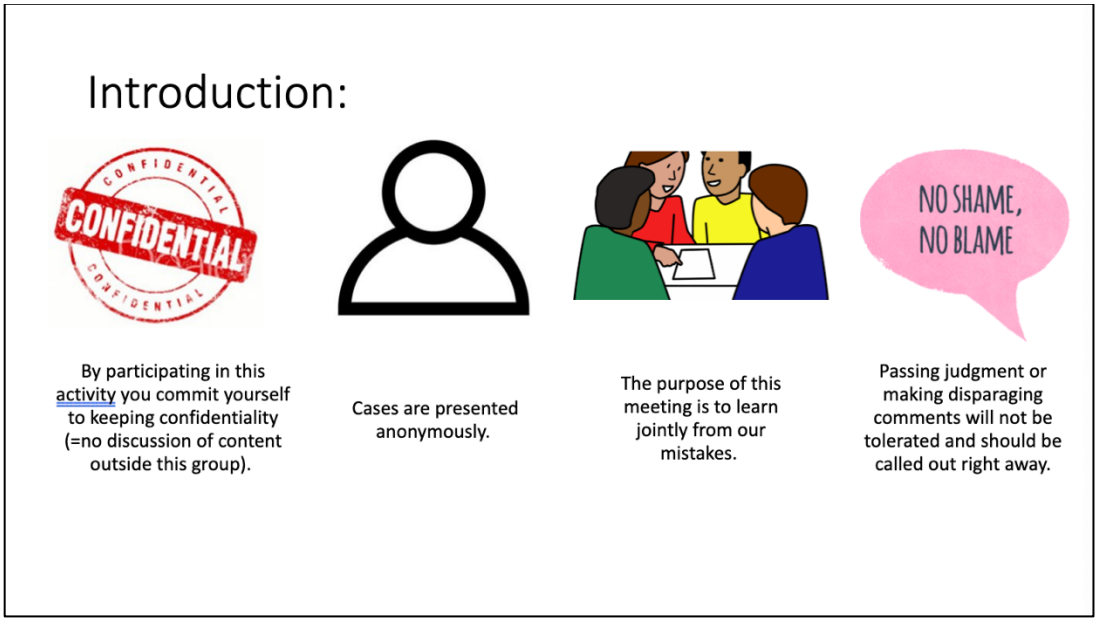
Tables and Figures

Table 1: Case Evaluation Form

This form is used during the conference. The information on this form is used to determine faculty attendance, record the number of cases reviewed, capture valuable lessons learned, summarize improvement tasks in an email to the group, and is required to be submitted for CME credit. F1-6: faculty member names (Participation is mandatory for full-time pediatric neuroradiologists, optional for general pediatric radiologists who participate in neuroradiology at 50% or less effort, and optional for any locums radiologists covering the neuroradiology service.

Meeting date:	
Team member attendance:	
Mandatory	□F1 □F2 □F3
Optional	□F4 □F5 □F6 □Locums
Case #	
Case Issue:	
Lessons learned:	
Improvement actions:	
Task assigned to:	
Due date:	

Figure 1: Setting the tone for the session



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