

Improving the Clinical Performance of Radiologists: Multisource Expansion of a Peer Review Program beyond Comparisons of Diagnostic Errors and Discrepancies Jonathan Kruskal, MD, PhD, Chun-Shan Yam, PhD, Phillip M. Boiselle, MD, Paul W. Spirn, MD

PURPOSE

Peer review of radiologist performance is being widely adapted in response to regulatory requirements and hospital credentialing policies. The vast majority of currently used peer review programs are uni-dimensional, focus mainly on diagnostic discrepancies and are limited by bias and underreporting. Other metrics of radiologist performance, including technical and teaching skills, procedural skills, outcomes and complications, and communication errors, are not routinely incorporated into the peer review process.

In order to establish a more comprehensive and clinically applicable peer review process with the goal of benchmarking clinical skills and identifying opportunities for performance improvement, we designed and implemented a system that is web-based, anonymous and permits a spectrum of useful clinical metrics to be collected and managed.

Uni-dimensional Process

Uni-dimensional Peer Review implies that a single process is used to evaluate radiologist performance. The commonest methodology in use is peer review of diagnostic cases, such as the ACR's RADPEER system. Many similar systems are available. Our system (RadReview) parallels the ACR process but also integrates errors

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detected outside of the peer review process. Below we illustrate this system.



Simply providing radiologists with retrospective performance review data from a uni-dimensional diagnostic discrepancy perspective does not readily allow for data to be benchmarked and analyzed, and used in a constructive manner for purposes of improving performance.

Multi-dimensional Peer Review Process

Multi-dimensional Peer Review provides a more comprehensive evaluation of a radiologist's performance by including the following components:

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ection #1 - Clinical Skills		Expe	tation	
Contributes a fair share of workload	Exceeds	Meets	Below	NA
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omment:				
2] Produces clear and accurate reports				
uses appropriate language in reports and accurately answers intended questions)	0	0	0	0
'omment:				
3] Consults well with clinical colleagues				
accessible to referring clinicians and effectively engages in consultation)	0	0	0	0
omment:				
 Contributes to quality improvement 				
dentifies quality issues and promotes quality improvement in daily work)	0	0	O	0
omment:				
5] Technical skills				

Evaluation of Clinical Skills

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dedicated to meeting the expectations and needs of patients and referring physicians) mment:						(provides support and mentorship to section members with respect to research and educational projects)	Solution_Disp	lay.aspri able 👻 🚪		• Bing	
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idely trusted and seen as direct and truthful) ament:						(+) Encourages unpremember of new technologies (encourages evaluation of the latest imaging technologies and subsequent implementation as appropriate)	[1] Provides information to help you order the most appropriate exam	0	0	0	0
Accepts feedback constructively	0	0	0	0	0	Comment:	[2] Is available for consultation when needed	0	0	0	0
comes constructive feedback and shows willingness to make changes when appropriate)	0	0	0	0	0	[5] Promotes quality assurance in the section (ensures that the section holds quality assurance meetings on a regular basis and monitors and encourages	[3] Communicates results promptly for emergency examinations	0	0	0	0
nment						(ensures that the section holds quality assurance meetings on a regular basis and monitors and encourages participation in (A activities)	[4] Communicates results promptly for routine (non emergent) examinations	0	0	0	0
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nment						[6] Holds section meetings regularly	[5] Communicates unexpected findings appropriately	~	0	~	~
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seen as a team player, is cooperative and builds effective working relationships)	0	C	0	0	C		[7] Facilitates scheduling appropriate additional studies	0	0	0	0
mment:						Done 🚱 Internet	[8] Observes HIPAA regulations during the communication process	0	0	0	0
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an de selec	11/13/2010	1			and a subject of	Please check techical parameters for this study. Part of exam is underpene
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-20 	11/8/2010				reviewed	CT read as portal vein thrombus. Appeares it is actually biliary obstructi
	11/8/2010	2			assigned (11/8/2010)	Right PICC line is malpositioned, was not mentioned in the report
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Evaluation by Referring Clinician(s)

Multisource or 360° feedback solicits **confidential responses** from a spectrum of peers and coworkers, including:

- referring physicians
- residents and fellows
- technologists
- administrative staff

Such feedback is used for leadership training, improving competence and skills, and for guiding career advancement.

The referring physician survey meets criteria for participating in an ABR PQI project.



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An **Online QA and Error Reporting System** allows for all technical and clinical errors, discrepancies, near misses and procedural complications to be reported, analyzed and managed.

After root cause analysis, all data pertaining to individual radiologists is linked to their performance profile. Discrepancies are also added to the diagnostic peer review statistics.

A Multi-dimensional Radiologist

Peer Review Process such as we have developed, that has minimal impact on workflow and collects anonymous practice- and radiologist-specific data from multiple sources, provides a comprehensive, fair and balanced peer evaluation that enhances radiologist participation and can be used to guide continuous performance improvement.

NOV For more information, visit our website at: http://www.inforadiology.org





