Consultant Report

Provincial Privileging Dictionaries:

Report on the Current Status of Deployment Across British Columbia

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Prepared for: BC Medical Quality Initiative

Prepared by: Parkins Consulting

Executive Summary

To determine the current state of deployment of the new provincial privileging dictionaries across the province, the BC Medical Quality Initiative engaged the consultant to undertake a scan of BC health authorities and the College of Physicians & Surgeons of BC. During February and March 2017, interviews were conducted with sixteen key informants to identify the current uptake of the privileging dictionaries in each organization, and to solicit feedback on user experiences to date.

Key findings of the scan are as follows:

1. Uptake of the privileging dictionaries is still in early stages and use varies across the province.
2. There is perception that the dictionaries are not being used properly.
3. The dictionaries are not being used as fully intended (i.e., in planned periodic performance reviews).
4. Issues with dictionary content and CACTUS software are impeding process efficiency and effectiveness.

Feedback from the scan suggests that improvements are desirable in several areas, but the following stand out as important areas for attention to enable and support full uptake of the dictionaries as intended:

- Ensuring adequate training and supports for medical leaders to undertake meaningful performance reviews using the dictionaries
- Promoting increased understanding on how to use the dictionaries amongst practitioners and medical leaders
- Developing a provincial framework for practitioner performance review/enhancement that leverages the various review processes currently in place across the province.

This information will be used to inform future decisions regarding “readiness” to undertake a meaningful evaluation of the dictionaries and related processes. It is important to note that the scan was not intended to provide an in-depth review of current status. Nor was it intended to address dictionary content or CACTUS software issues.

Introduction

In response to the 2011 Cochrane report[1], 62 discipline specific privileging dictionaries were developed to support privileging processes in BC health authorities. The dictionaries identify an appropriate set of activities or procedures for each specialty or practice area, and set consistent benchmarks for practitioners seeking privileges in BC. In November 2015, a new provincial practitioner credentialing and privileging system (also known as CACTUS software), which included these criteria-based dictionaries, was rolled out to BC health authorities and the College of Physicians & Surgeons of BC.

A provincial project team worked with the participant organizations[2] to harmonize systems and processes at seven BC health authorities to achieve the launch of AppCentral, an on-line module of the CACTUS software that allows practitioners to submit their appointment and re-appointment applications via the internet when required to do so. AppCentral contains the new discipline specific dictionaries which practitioners are required to complete when applying for privileges. In 2015, ongoing system development and operations support transitioned to the BC Medical Quality Initiative (BC MQI).

The overall aim of the dictionaries is to help ensure patient safety by specifying what each practitioner is allowed to perform at a specific facility based on qualifications and current experience, and by guiding priorities for continuing professional development and practitioner-led improvement work. It was anticipated there would be full uptake of the new credentialing and privileging system across the province by the end of 2016.

Since their introduction, there has been intent by BC MQI to conduct an evaluation to assess the impact of the dictionaries on various user groups (e.g., participant organizations, practitioners, credentialing staff, medical leaders) in order to demonstrate the effectiveness of the process, and to inform future revisions and improvements to the credentialing and privileging system. However, deployment of the dictionaries currently varies among the health authorities. Thus, it is not feasible to evaluate overall impact or effectiveness at this time. Instead, a scan was undertaken to determine current deployment of the dictionaries across the province, and solicit feedback on user experience to date. This report provides a compilation of the findings, along with observations and recommendations for improvement.

Purpose, Scope & Approach

The scan was intended to identify the current uptake of the privileging dictionaries in BC to inform future decisions regarding "readiness" to undertake a fulsome evaluation of the dictionaries and related processes. The scan was not intended to provide an in-depth review of current status. Nor was it

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[1] Investigation into medical imaging, credentialing and quality assurance: Phase 2 report. D.Cochrane. BC Patient Safety & Quality Council. 2011.

[2] "Participant organizations" include the College of Physicians & Surgeons of BC, Fraser Health, Interior Health, Island Health, Northern Health, Provincial Health Services, Vancouver Coastal Health and Providence Health Care.

intended to address dictionary content or CACTUS software issues, as this is the focus of BC MQI's technical support team and the dictionary review and refresh task group. However, this report does include feedback on dictionary content and software issues to the extent it was viewed by informants as a barrier to process effectiveness.

In February and March 2016, sixteen key informants from the participant organizations were interviewed with regard to uptake of the privileging dictionaries within their organizations. An initial list of informants was provided by BC MQI. Several names were added to this list as suggested by these informants. Appendix A contains a full list of interviewees.

Interview questions sought to determine the extent to which the dictionaries are currently being used within each organization with respect to (1) credentialing and privileging and (2) practitioner performance review/enhancement. Informants were also asked to provide feedback regarding impacts of the new process on people and practice, potential barriers to full uptake and suggestions for improvement (see Appendix B for a list of the questions asked).

Key Findings

1. Uptake of CACTUS software and the privileging dictionaries is still in early stages and use varies across the province.

With the exception of Fraser Health, all health authorities and the College of Physicians & Surgeons of BC have implemented CACTUS and are using the dictionaries as part of the approval process for new and renewal medical staff appointment applications.

- Interior Health, Northern Health, Providence Health Care, Vancouver Coastal Health are in the second year of using the dictionaries for both new applicants and renewals.
- Provincial Health Services Authority, Island Health and the College of Physicians & Surgeons of BC used the dictionaries only for new applications last year. They are just now starting to use the dictionaries for renewals for the first time.
- Fraser Health has not fully implemented CACTUS (i.e. practitioners are not required to use the system to submit new or renewal applications), and is not yet using the dictionaries. New applications are still processed manually, with credentialing staff entering the data into AppCentral. Renewals are done every two years, and occur throughout the year on the anniversary of the medical staff member's appointment. They are starting to implement CACTUS for renewals using a phased approach (i.e., as groups of renewals come up). This will incorporate use of the dictionaries.

2. There is perception that the dictionaries are not being used properly.

Feedback suggests the dictionaries are not being used properly due, in part, to a lack of understanding about how to use the dictionaries, and the time required for medical leaders to undertake meaningful

reviews. Informants indicated there is still a huge learning curve for practitioners and medical leaders on how to use the dictionaries. While there is a user guide and a video for AppCentral, they focus on how to use the system vs. how to use the dictionaries to assess the appropriateness of requests for privileges. Concern was expressed that practitioners and medical leaders may be presuming a practitioner's ability to perform all core privileges, without going through the dictionary in detail to ensure the practitioner is actually current in each core activity or procedure listed. Questions were raised about the legal ramifications of not verifying current experience or competency of practitioners. Suggestions included the development of clear guidelines on how to use the dictionaries, including "return to practice". It was also suggested that the obligations of medical leaders to verify declarations made by applicants be clearly expressed on the application approval form to promote awareness and due diligence.

3. The dictionaries are not being used as fully intended (i.e. in planned periodic performance reviews).

Achieving full uptake of the dictionaries (i.e., as a starting point for medical leaders to discuss current experience with practitioners, and develop strategies for ensuring maintenance of skills) was identified as the biggest challenge going forward. Informants expressed the desire for a consistent framework and tools to guide practitioner performance reviews. While practitioner review processes are in place in each organization, feedback suggests they lack the consistency or rigor required to support full uptake of the dictionaries. This points to the need for a provincial framework and systems for practitioner performance review/practice enhancement. The main concern is the lack of change management resources and supports for medical leaders to enable and sustain such large-scale change. However, there was consensus among informants that change needs to occur. As one informant stated, "one province, one methodology, and it should be housed on one site where all who need to access it can do so".

4. Dictionary content and CACTUS system issues impede process efficiency and effectiveness.

Dictionary content was viewed as problematic and time-consuming on several fronts. Informants indicated that content concerns cause confusion and interpretation challenges because "grey areas exist" and some practitioners "fall between dictionaries". For example, some practitioners require privileges that are not listed in their specialty-specific dictionary because it's either related to another discipline, or unique to another site. Numerous issues were identified related to non-core privileges, urban vs. rural specialists, tertiary vs. community vs. rural sites. Lack of alignment with residency training programs or international recruits was also cited as an issue. There were also concerns about the recommended current experience numbers, particularly with respect to the angst that still exists in rural and smaller sites.

Though beyond the scope of this review, the current functionality of CACTUS software has impacts for deployment and use of the dictionaries. Increased workload related to the software was cited as the biggest concern for credentialing staff and medical leaders. The current requirement to print all application documents, including the privilege request forms, is extremely cumbersome. Informants

complained that the printouts from AppCentral are voluminous and hard to read (small font, no text formatting) which may result in information being missed. Medical leaders recommended the development of a summary report for Health Authority Medical Advisory Committees and Boards to save time and minimize potential for mistakes. They also recommended development of a summary page for each application that pulls out only the privileges for which an applicant has applied to facilitate review and approval by medical leaders. Feedback indicated it is easy to miss things when scrolling through lengthy dictionaries, and that there is still a huge learning curve for practitioners and medical leaders. One informant provided examples where it was clear the applicants had not gone through the whole dictionary and suggested, “instead of a bunch of check boxes for non-core privileges, force people to write down what privileges they want”. Other suggestions for improvement included reducing duplication by adding a link for certificates of added competence and how they are maintained.

Other software related issues that were identified by informants mirror those already cited in BC MQI’s August 2016 report “Physician Feedback on Re/Appointments in AppCentral (CACTUS Software)”, including duplication of processes and access to other organization’s credentialing and privileging data by all who need the information.

Observations & Considerations

Current deployment of the dictionaries varies across the province as each organization deals with the internal pressures of implementing what the informants considered a wide-scale change, and the related growing pains.

- With the exception of Fraser Health, all participant organizations are using the dictionaries to process new medical staff applications.
- 50% of the organizations are in their second year of using the dictionaries for renewals. These organizations stated they expect the renewal process to be “easier” this time around as the system is now pre-populated with medical staff member data. Increased workload and limited resources to support credentialing staff and medical leaders were cited as the biggest challenges related to implementation.
- The remaining 50% of the organizations are just starting to use the dictionaries for renewals this year. Fraser Health’s renewals process differs from the other organizations in that it occurs throughout the year. Thus, they are beginning to use a phased approach to implement the dictionaries with small groups of medical staff as they come up for renewal. Informants in these organizations felt it is too early in the process for them to know exactly what impacts the dictionaries will have on systems, processes and practice. However, they anticipate the same challenges as indicated above.

The main barriers preventing fulsome use of the dictionaries were identified as:

- Lack of adequate resources (time, staff and money)
    - Training and support for medical leaders to use the dictionaries for practitioner reviews
    - Increased workload for credentialing staff and medical leaders
    - Compensation for medical leaders' time to conduct reviews
- Lack of provincial framework for performance review/enhancement
- Lack of systems or tools to measure/report data to review current experience
- Lack of (or unenforced or ineffective) accountability systems to ensure compliance
- Lack of change management process/supports to develop and implement performance review systems and tools
- Resources and mechanisms (such as access to clinical settings) to help practitioners address current experience deficiencies.

Although implementation of the dictionaries is still in early stages, feedback suggests that without adequate supports and accountability mechanisms in place to ensure sufficient rigor is used in the application of the dictionaries, the desired quality outcomes will not be achieved.

Conclusion

All informants of this scan viewed the privileging dictionaries as extremely positive in establishing consistent benchmarks to assess a practitioner's scope of practice, and ensure appropriate granting of privileges to perform defined clinical activities within the practitioner's area of competence. However, feedback suggests there is much work to be done in order to achieve full uptake of the dictionaries in BC.

Improvements are desirable in several areas, but the following stand out as important areas for attention to enable and support fulsome use of the dictionaries:

- Ensuring adequate training and supports for medical leaders to undertake meaningful performance reviews using the dictionaries
- Promoting increased understanding on how to use the dictionaries amongst practitioners and medical leaders
- Developing a provincial framework for practitioner performance review/enhancement that leverages the various review processes currently in place across the province.

It is important to note that the dictionaries are living documents that are still in their first iteration. BC MQI is currently in month six of a three-year project to "review and refresh" content in each of the version one dictionaries. All feedback submitted to BC MQI will be brought forward to subject-matter experts or an advisory committee in an effort to resolve emerging issues and to keep the dictionaries current and relevant.

Appendix A – List of Interviewees

College of Physicians & Surgeons of BC
Pat Fawcus, Director, Non-Hospital Medical & Surgical Facilities Program
Krista Fairweather, Senior Coordinator, Quality Improvement & Accreditation

Fraser Health
Dr. Peter Blair, Executive Medical Director, Medical Affairs

Interior Health
Dr. Peggy Yakimov, Executive Medical Director, Physician Support & Practice Enhancement
Dr. Susan MacDonald, Executive Medical Director, East Kootenay/Kootenay Boundary
Jennie Rowland, Manager, Credentialing & Privileging

Island Health
Dr. Margaret Kilshaw, Medical Director, Credentialing
Dr. Manjeet Mann, Executive Medical Director, Medical Director, Heart Health & Division Chief, Cardiology
Dr. William Cunningham, Medical Director, Urban Greater Victoria & Department Head, Primary Care
Dr. Alan Buckley, Division Chief, Gastroenterology

Northern Health
Dr. Becky Temple, Medical Director, Northeast
Donna Taylor, Coordinator, Credentialing & Privileging

Providence Health Care
Astrid Levelt, Director, Medical Affairs

Provincial Health Services Authority
Heather Paterson, Leader, Medical Affairs & Credentialing Operations

Vancouver Coastal Health
Wendy Lo, Regional Leader, Physician Relations & Compensation
Dr. Brenda Wagner, Senior Medical Director, Richmond

Appendix B – Interview Questions

1. **Uptake**
   a. What is the present state (uptake) of the privileging dictionaries? i.e. how are privileges being used?
   b. What is required to reach 100% uptake of the dictionaries as intended?
   c. What are facilitators and barriers to 100% uptake by health authorities?
   d. What are facilitators and barriers to 100% uptake by practitioners?

2. **Impact – Practice and Staff**
   What is the impact of the dictionaries (both intended and unintended consequences):
   a. On practice?
   b. On practitioners?
   c. On health authorities?

3. **Impact – Systems and Processes**
   What is the impact of the dictionaries on health authority systems and processes for:
   a. Credentialing and privileging?
   b. Monitoring practitioner performance?

4. **Supportive processes**
   a. Have health authorities developed or introduced processes to support use of the new dictionaries as intended?
   b. How do medical leaders need or want to be supported?

5. **Intended use**
   a. Are medical leaders using the new dictionaries to review and support practitioner currency and maintenance of skills?
   b. What are the facilitators and barriers to achieving this intended use of the dictionaries?

<u>Definitions:</u>

Uptake
At a minimum, uptake would include use of the dictionaries to identify privileges requested (by practitioners) and privileges supported/granted (by medical leaders on behalf of health authorities). This level of uptake ensures that there is a common definition and standard reference for practitioner credentials and the activities/procedures they undertake in health authority facilities across BC.

Intended use
Fulsome use of the provincial privileging dictionaries would include uptake of the dictionaries for credentialing and privileging and would extend to use of the guidelines as a starting point for medical leaders to discuss current experience with individual practitioners and to develop strategies for ensuring maintenance of skills.