

PREP UPDATE

I. As of June 1, 2001:

SUMMARY

(a) These boards have voted to participate:

BOARDS OF MEDICINE

- (1) California
- (2) Minnesota
- (3) Missouri
- (4) North Carolina
- (5) Oregon
- (6) Rhode Island

BOARDS OF NURSING

- (1) Colorado
- (2) Maryland
- (3) Nebraska
- (4) North Carolina
- (5) Oregon
- (6) South Carolina
- (7) West Virginia (LPN)

(b) These boards are still considering participating in the program, and may consider joining the programs next year (2002):

BOARDS OF MEDICINE

- Florida
- New York*
- Oklahoma

BOARDS OF NURSING

- Florida
- Kentucky
- Minnesota

* The New York Board's former executive director Anne Saile, had agreed to have the NY BOM participate. Ms. Saile recently resigned and New York will reconsider when its newly appointed executive director, Mr. Dennis Graziano, is fully briefed on the project and makes a decision.

II. STATE-BY-STATE SUMMARY

1. Boards of Medicine

(a) *California:*

California reports as follows:

- We have four hospital systems, a health plan, and a medical group who are currently interested in participating in the PREPS Pilot Project. At this point, representatives from these organizations have reviewed a draft plan and remain supportive. A more detailed plan will be developed by Medical Board of California staff. The final version of this plan will need to be approved by each organization. This approval is not expected before the end of 2001.
- We have met twice with above organizations—once as part of a larger advisory meeting (2/9/01), and once as a smaller workgroup (5/14/01).
- As mentioned above, a workgroup representing the entities described in (1) was convened on 5/14/01. It reviewed the draft plan for the pilot project. After several hours of discussion, all parties retained interest in the pilot. A number of constructive comments and suggestions were made and will be incorporated into a revised plan for the pilot project.
- As mentioned above, a revised plan including operational guidelines will be developed, by July 2001.

[NOTE: The draft plan can be found on the PREP website under “RESOURCES”]

(b) *Minnesota*

Minnesota continues discussions with a few large hospitals/systems in that state. They expect it will be the end of the summer before they have specific participating partners.

A special board committee has adopted a 3-part resolution to:

- Ask the Federation of State Medical Boards to draft model legislation to allow medical boards to have an impact on system safety issues
- Begin working with state legislative members and staff to bring them up to speed on PREP and other system safety issues
- Begin to develop an outreach program to providers

(c) *Missouri*

The board has a meeting scheduled with the Missouri State Medical Association (MSMA), the Missouri State Osteopathic Association (MAOPS), and the Missouri Hospital Association on July 26th to

discuss PREP. In discussions with Tina Steinman, the Executive Director of the Missouri Board, we have told Ms. Steinman that she may be well advised to seek out a few interested hospitals as a way to overcome skepticism.

(d) *North Carolina*

Executive Director Andy Watry reports that the North Carolina medical board plans to launch its PREP program with the same 7 hospitals that are participating with the North Carolina board of nursing. (See below, under N.C. BON, for list of these 7 hospitals). The board of medicine will initiate contacts with all seven over the summer.

(e) *Oregon*

Executive Director Kathleen Haley reports that the Oregon board of medicine plans to launch PREP in that state with 3 or 4 participants. Two of them (Kaiser and Mercy Medical Center) have already met with the BOM, and a follow up meeting with Mercy is scheduled in June. The other possible participants are Corvallis hospital and an unnamed health system.

Kathleen Haley reports that PREP has not had the attention it needs during the first six months of 2001 because of her time-consuming involvement with the state legislature. She plans to give PREP high priority attention as soon as the legislature ends its session (expected to happen by July 2001)

(f) *Rhode Island*

Bruce McIntyre, General Counsel of the Rhode Island Board of Medicine, report as follows:

- The Rhode Island Board of Medical Licensure and Discipline is in the process of evaluating its approach to the PREP.
- The plan is to utilize one hospital group: LifeSpan. It may work out that a subset of the large group participates. The goal is to keep it simple at the outset. Donna Slemon will be the Rhode Island Administrative Coordinator. Her e-mail address is donnas@doh.state.ri.us. All communications regarding the program will go through her. She will be responsible for all initial and final reports as well as data gathering.

- We plan to meet with the hospitals in June in order to map out the plan and process. I believe we will utilize the California template to initiate the program.

2. BOARDS OF NURSING

(a) *Colorado*

Not much progress in Colorado during the first 5 months of 2001. Executive Director Patricia Uris hopes for a more positive report by fall.

(b) *Maryland*

Maryland reports that they still plan to be operational on or about July 1, 2001. They have been developing the Maryland PREP program in close collaboration with the Maryland Hospital Association.

(c) *Nebraska*

Nebraska continues to prepare their program by working internally to agree on an approach. No specific hospitals have been recruited to the point. (See comment below, at page 7 of this report.)

(d) *North Carolina*

The North Carolina program became operational on June 1, 2001. This is the first PREP program to become operational. Immediately upon the program becoming operational, two(2) cases were referred for participation in their PREP program.

The seven participants are:

1. New Hanover Regional Medical Center-Wilmington, NC
2. Pitt County Memorial Hospital-Greenville, NC
3. Forsyth Medical Center-Winston-Salem, NC
4. Catawba Memorial Hospital-Hickory, NC
5. Rowan Regional Medical Center-Salisbury, NC
6. Carolinas Medical Center-Charlotte, NC
7. Mission-St. Joseph's Health System-Asheville, NC

[NOTE: Eleven (11) documents describing in detail the N.C. program are available on the PREP web site, under "RESOURCES".]

(e) *Oregon*

Executive Director Joan Bouchard reports no progress on PREP. She reports that when the legislative session ends (July), PREP will become a priority. She, too, has found most of her time taken up with legislative activities.

(f) *South Carolina*

Board Administrator Martha Bursinger reports that the South Carolina Board of Nursing met with eleven (11) facilities from all areas of South Carolina on May 25, 2001. She is hopeful that many of them will enter the PREP program in that state. The summer will be spent following up with each of them.

[NOTE: A copy of Ms. Bursinger's follow up letter to the 11 hospitals, and minute of the May 25, 2001 meeting, can be found on the PREP website under "RESOURCES"]

(g) *West Virginia (LPN)*

Executive Director Lanette Anderson reports as follows:

Three hospitals to date in West Virginia have agreed to participate in PREP; two are mid-sized with quite a few LPNs employed, and one is a smaller rural facility. We are in the process now of securing the Memorandum of Understanding with these facilities, and anticipate to be up and running sometime in June. I met with a group of Directors of Nursing from several smaller hospitals, and sent mailings to some of the mid-sized and larger facilities around the state. I have spoken to the Directors of Nursing individually from the facilities which will participate. We have drafted licensee and facility intake forms for use initially in determining whether an LPN is eligible for PREP.

[NOTE: West Virginia licensee and facility intake forms for use in determining whether a LPN is eligible for PREP can be found on the PREP web site under "RESOURCES"]

3. COMMENTS ON PROGRESS TO DATE

- a. Overall, significant progress has been made during the first 5 months of 2001. One state (NC BON) is already operational and has actually received its first two nurse participants; two others (MD BON and West VA BON) plan to become operational this summer. A fourth BON, in South Carolina, is also well its way to becoming operational.

As for BOM, California is moving ahead as planned, even though its target date for becoming operational remains December 2001. Minnesota is also well on its way, and Rhode Island, and Oregon appear to be headed for success.

The least amount of progress so far has been in Colorado (BON), Nebraska (BON), Oregon (BON), Missouri (BOM), and North Carolina (BOM). In summary, 8 of 13 boards seem well on their way, and only Nebraska (BON) and Missouri (BOM) seem bogged down.

III. OTHER ACTIVITIES

1. PREP WebSite

The PREP website, 4 patientsafety.net, is up and running. It now features an electronic newsletter (3 issue plus a special issue on D. Swankin's participation in an international meeting on Patient Safety in Salzburg, Austria). All of the back issues are available on the website [click on "ADVISORY"]. Under the "resources" page, the website makes available operational documents from the participating states as they begin to implement PREP. Currently, documents from California (BOM), North Carolina (BON), South Carolina (BON) and West Virginia (BON-LPN) are posted.

2. Formal support of PREP by the National Council of State Boards of Nursing (NCSBN).

On Feb. 14, 2001, NCSBN informed CAC that the organization's Board of Directors had endorsed PREP and pledged full support. NCSBN's Associate Executive Director wrote as follows:

“The National Council is supportive of efforts that promote patient safety programs designed to reduce the occurrence of medical errors. In addition, the project's secondary goal to create collaborative partnerships between health care organizations and boards of nursing should yield benefits far beyond the accomplishments of this particular project.

The National Council and its Board of Directors had included support for this project in its fiscal year 2001 Strategic Initiative Outcomes and Tactics. Specifically, the Board of Directors agreed to collaborate with the CAC on this project, enabling staff to support participating pilot State Boards of Nursing and by serving on the steering committee.

Finally, the National Council Board of Directors has identified as one of its additional outcomes to develop a plan to address nursing, regulatory, and public protection issues raised in the IOM report. This project enables us to pursue a proactive and influential role regarding this national matter and provides a mechanism for participating boards of nursing to fulfill their mission.

Thank you again for considering the National Council, and the member state boards of nursing to be part of this groundbreaking, timely initiative.”

3. Significant Recognition of PREP by HHS-OIG

The latest report of the HHS-Office of the Inspector General (OIG) is entitled “Managed CAC Organization Nonreporting to the National Practitioner Data Bank (NPDB)”, issued in May, 2001, contains the following language and supporting footnote

“Dealing with unsafe practitioners as part of patient safety efforts

How can this best be accomplished? What kind of initiatives appear to be most promising and why? The IOM report suggests that these are important questions worth addressing. Within HHS, AHRQ serves as a focal point for promoting patient safety. Through its research, demonstration, and public education efforts, it could play a valuable role in helping MCOs, hospitals, physician practice groups, and other health care providers determine how identifying and responding to poor performers could be integrated into system reform efforts intended to promote patient safety. In this regard, AHRQ could devote particular attention to the kind of educational and remedial efforts that could be directed to practitioners who have been experiencing performance problems. Given that an implicit aim of the Data Bank is to help protect the public from harm caused by such practitioners, HRSA’s Division of Quality Assurance, which operates the Data Bank, could play a helpful collaborative role in determining how best to deal with unsafe practitioners.³³”

Footnote 33 reads:

“HRSA supported follow-up inquiries to our prior work on hospital reporting. More recently, it funded another promising effort exploring ways to improve the dialogue between health care providers and State licensure boards. Its grant to the Citizen Advocacy Center seeks to foster collaboration between licensure boards and hospitals in developing remedial, educationally-oriented approaches for helping practitioners who have knowledge and/or practice deficiencies while at the same time ensuring that the patients remain adequately protected.”

4. Baseline Survey

On May 29, CAC sent to all participating PREP boards a request that they complete the Baseline Survey by June 30, 2001. The survey form is also on the PREP web site, and can be completed on-line.

5. Communication from Dr. Lucian Leape supporting PREP

Dr. Leape, who attended (and was on the faculty) the Salzburg (Austria) Seminar on patient safety, wrote the following message to CAC concerning PREP:

“On the plane home I was able to digest the stuff you gave me about the PREP program. I think it is great, and will be very interested in how it goes. The California people seem to have taken on the issues and want to do something.

My main observation is the old saw, ‘The devil is in the details’. Meaning, that for me the big challenge in all this is developing performance standards or, rather, getting doctors to develop performance standards. And, then, applying them uniformly, and regularly, to all physicians on the staff. That is the only way I can see of moving the whole process of monitoring MD behavior in order to discover early signs of trouble in a way that will be acceptable.

For example, the CA folks’ criteria for identifying doctors who might be candidates for remediation include: ‘deterioration in physician performance noted by colleagues’, ‘don’t want doctor to provide care for their patients’, and ‘are concerned that deficiencies...may eventually lead to restrictions..’ These kinds of things are VERY hard to operationalize, fraught with bias, and wide open to challenge by the victim (which is how they characterize themselves) claiming jealousy, personality conflicts, power struggles, etc. Maybe you can do this sort of thing, but I suspect it will be a passel of problems.

Much better, to my way of thinking, would be detailed behavioral specs measured by some reproducible method which, could include peer ratings but they have to be of everyone, not just the one in question. That is, if we are going to judge performance, we must be scrupulously fair and measure everyone, regularly, and use the same yardstick. Otherwise, these things degenerate into personality fights, complete with deep and rancorous feelings.

Having said all that, I still haven't found anyone (hospital staff) willing to take it on so I have no evidence whatsoever of either the soundness of this approach nor its feasibility!

So, as I said, keep me informed. Maybe they will come up with a simpler method that works.

Lucian”

6. Upcoming Meetings re: PREP

Two meetings have been scheduled for the fall of 2001 to update the 50 state medical boards on PREP. Both meetings will “piggy back” the regional meetings of the Administrators in Medicine (AIM), a CAC partner in developing PREP:

- In Washington D.C., on Wed, Oct 10th, from 1pm to 4pm, PREP will be presented to the medical boards from the eastern and southeastern United States.
- In San Francisco, CA on Thursday, Oct 18th, from 1pm to 4pm, PREP will be presented to the medical boards from the midwestern and western states.

At both meetings, presenters will include representatives from the boards of medicine and boards of nursing in those respective regions. The presenters will describe their programs, how they put them in place and otherwise share their views on the significance of PREP from their perspectives.

A similar type meeting is being planned for all boards of nursing at the March 2002 mid year meeting of NCSBN.

7. Outreach Program on Reporting Responsibilities of Hospitals, Managed Care Organizations and Other Provider Institutions

CAC and AIM are in the process of developing a model outreach program for regulatory boards to present to hospitals, MCOs, and other health provider institutions. It will include information on reporting responsibilities under NPDB, various state incident reporting laws, and PREP. The program will be explored at the October informational meetings mentioned in paragraph 6. (above.)