UC San Diego Health

This policy applies to: UCSD Health	Last Approval Date: 04/27/2021
Name of Policy: Patient Complaint and Grievance Monitoring (PARS) Policy	Page 1 of 2
Policy Number: MSP 025	
Departments Affected: All Departments	

Policy

Complaints or grievances filed by patients, family members, or concerned others ("Patient Complaints") within the UCSDH Patient Experience Office are analyzed for patterns related to UCSDH physicians and Advanced Practice Professionals ("Practitioners"). Practitioners with high numbers of Patient Complaints receive stepwise, tiered levels of intervention, commencing with peer- delivered feedback. If complaints persist, the Practitioner is escalated through the tiered levels of intervention, with the potential for corrective/disciplinary action.

PARS Peer Messenger Committee

1. The PARS Peer Messenger Committee is a standing committee of the UCSDH Medical Staff. All data, materials, communications, and processes referenced in this policy are confidential and privileged under Evidence Code Section 1157, and other applicable federal and state law.

2. PARS Peer Messenger Committee members are peer professionals trained as "messengers" to deliver data to professionals associated with high numbers of Patient Complaints.

3. The PARS Peer Messenger Committee will conduct itself according to the process described in the PARS Peer Messenger Committee Charter (**Appendix A**).

Process

1. **Identification of Patterns of Patient Complaints**
    a. Patient Experience collects and centralizes Patient Complaints within the UCSDH Patient and Guest Services office for service recovery and complaint and grievance resolution.
    b. Vanderbilt's Center for Patient and Professional Advocacy ("CPPA"), utilizing the Patient Advocacy Reporting System® ("PARS®"), analyzes Patient Complaints and converts the data into calculated Risk Scores ("Risk Index Score"). The algorithm weights the number of complaints incurred by a Practitioner over 4 years; those more recent have greater impact on the score than those recorded in previous years.
    c. CPPA identifies Practitioners with qualifying Risk Index Score for intervention, generally at or above the 95th percentile of their local or national peer group.
    d. CPPA compiles complaint data for identified Practitioners, using reports and graphic representations of professional-specific and comparative data to demonstrate patterns of complaints. Compiled data may include:
        i. The Patient Experience-documented Patient Complaint reports with which the Practitioner was associated;
        ii. Summary of relevant excerpts from Patient Complaint reports;
        iii. An analysis of complaint types sorted into six categories: Care and Treatment, Communication, Concern for Persons, Access and Availability, Safety of Environment, and Billing Related to Care and Treatment;

iv. Individual versus UCSDH and national Risk Index Score comparisons; and
v. Risk Index Score trend over time.

2. PARS Peer Messenger Committee Interventions

a. Each year, the PARS Peer Messenger Committee Chair/co-Chair provide(s) notification to the Chief of Medical Staff or his/her designee, Chief Medical Officer or his/her designee, the Chair of the UCSDH Physician Well-Being Committee, Director of UCSDH Risk Management or his/her designee, and UCSDH Chief Health Council or his/her designee of all professionals receiving an intervention as identified by the CPPA. At the exclusive discretion of the PARS Peer Messenger Committee Chair/Co-Chairs, other senior UCSDH leaders may also be advised of those professionals receiving an intervention as identified by the CPPA.
b. Following the meeting, the PARS Peer Messenger Committee will review the information provided by the CPPA and determine the type of intervention necessary. The intervention will be based upon various factors including, but not limited to, the number of years an individual participates in the PARS program, the Risk Index Score, and any factors identified during the discussion set forth in subsection (a).
c. The PARS Peer Messenger Committee has the ultimate discretion to determine the appropriate intervention for each Practitioner. Practitioners may be advanced more rapidly or slowly through the different interventions. Interventions may also be deferred for a year based on the sole discretion of the Committee.
d. Interventions are conducted pursuant to the process identified in **Appendix B**.
    i. For Practitioners subject to a PARS intervention in 2021, as the result of the COVID-19 Pandemic, interventions will be conducted pursuant to the process identified in **Appendix C**.
e. The PARS Peer Messenger Committee may also perform an "Early Awareness Intervention". An Early Awareness Intervention applies to Practitioners with less than two (2) years' affiliation with UCSDH and a number of Patient Complaint reports that suggest an emerging pattern.
    i. In an Early Awareness Intervention, the Peer PARS Peer Messenger Committee member-messenger meets with the Practitioner to share his/her data. These Practitioners are provided with their data as feedback to promote awareness.
    ii. If follow-up data are improved the year following the "Early Awareness" intervention, meetings are suspended.
    iii. If a pattern of Patient Complaints persists, Level 1 interventions commence in accordance with the process identified in **Appendix B**.
f. Nothing in this policy is intended to override or conflict with existing UCSDH Medical Staff Bylaws, Policies, Procedures, and/or Rules that define when corrective/disciplinary action is appropriate.

APPENDIX A

PARS Peer Messenger Committee Charter

Purpose
The PARS Peer Messenger Committee consists of UCSDH Medical Staff who serve as peer messengers to conduct intervention meetings with Practitioners associated with high frequency of patient complaints and grievances ("Patient Complaint").

Goal
Provide oversight and consistency for the PARS program at UC San Diego Health and perform intervention meetings with Practitioners associated with a large number of Patient Complaints as defined by the benchmarking tool from the Vanderbilt's Center for Patient and Professional Advocacy ("CPPA"), utilizing the Patient Advocacy Reporting System® (PARS®).

Scope
- Oversee the PARS program at UCSDH.
- Conduct peer to peer coaching when Practitioners are identified through the PARS program as being at greater risk for medical complications and patient/team dissatisfaction.
- Develop policies, procedures, and processes for the evaluation, review, and management of PARS program data.
- Conduct training and offer resources to allow Practitioners to become more aware of potential safety, quality, or risk management issues and assist in promoting positive change.

Responsibilities
1. Oversee PARS Program at UCSDH
   - Review all UCSDH PARS data and calculated Risk Scores for UCSDH identified Practitioners.
   - Evaluate the timeliness and effectiveness of processes/procedures conducted by the PARS Peer Messenger Committee.
   - Promote the identification of system improvement opportunities.
   - Act as a resource to provide and/or identify training materials to assist Practitioners participating in the PARS Program.
   - Promote positive change to the culture at UCSDH by recognizing Practitioners who have significantly improved their Risk Scores and are no longer subject to intervention by the Committee.

2. Conduct Peer Coaching Through Guided Interventions
   - Review the information provided by the CPPA and based on the processes identified in **Appendices B and C** of the Patient Complaint and Grievance Monitoring (PARS) Policy, determine the type of intervention necessary.
   - Conduct guided interventions. This includes meeting privately with a Practitioner to whom he/she is assigned to share compiled Patient Complaint data and to promote awareness. During an intervention, the peer messengers will focus on sharing the data, not providing advice, direction, or punishment. The messengers are responsible for establishing the expectation that the Practitioner will take steps to correct the pattern of Patient Complaints and advise that follow-up data will be provided annually.

APPENDIX A

Membership

The committee will consist of Members In Good Standing appointed by the Chief of Medical Staff. The Chair of the PARS Peer Messenger Committee shall serve in his/her role for a period of two (2) years, renewable up to two (2) times, for a total of six (6) years. The Vice Chair of the PARS Peer Messenger Committee is the Chief Experience Officer and/or his/her designee. The Chief Medical Officer and/or his/her designee shall serve as a non-voting member. The Chair, in consultation with the Chief of Medical Staff, may appoint additional non-voting members as warranted.

Members are required to be educated on the UCSDH PARS Peer Messenger Program within 1 year of member appointment. If a member fails to fulfill their responsibilities, they will be replaced by the process used for initial appointment to the Committee. Committee members will be expected to participate in appropriate educational programs provided by the UCSDH Medical Staff to increase their knowledge and skills in performing PARS Peer Messenger Committee responsibilities.

Meetings

The PARS Peer Messenger Committee shall meet as often as is necessary.

Records and Reporting

1. The PARS Peer Messenger Committee will maintain a record of the information provided each year by CPPA. The Committee will also keep a record of each intervention performed, who performed the intervention, and any actions that were taken as a result of the intervention.
2. As a peer review body of the Medical Staff, records of the PARS Peer Messenger Committees are subject to protections afforded under California Evidence Code, Section 1157, and other applicable federal and state law.
3. Minutes will be kept of all PARS Peer Messenger Committees meetings.
4. Documentation regarding any Level 2 or Level 3 intervention will be placed in the Practitioner's Medical Staff Credentials file and a copy will be provided to the Member. This shall include any correspondence between the PARS Peer Messenger Committee and the Member, and any applicable information regarding the intervention, including copies of any agreements.
5. UCSDH Medical Staff Credentials Committee or UCSDH Medical Staff Professionalism Committee ("MSPC") may request information be provided regarding specific interventions from the PARS Peer Messenger Committee. The PARS Peer Messenger Committees can also, at its discretion, provide information to the Credentials Committee and/or MSPC regarding a Practitioner.
6. The PARS Peer Messenger Committees is a committee of the Medical Staff and shall report to the Medical Staff Executive Committee ("MSEC") as needed.

APPENDIX B

UCSDH PARS Process

Year in PARS Program	Risk Score	PARS Committee Action	Notified Parties	Medical Staff/Faculty Action
Year 1	**LEVEL 1**, Risk Score Less Than 90	Initial Intervention: a. The PARS Peer Messenger Committee Chair/co-Chair assign(s) a peer PARS Peer Messenger Committee member-messenger to meet with a Practitioner associated with high numbers of complaints after review of the assignment for potential conflict of interest and appropriateness of the match. b. Peer meets privately with the Practitioner to whom he/she is assigned to share compiled patient complaint data and to promote awareness. The purpose of the meeting is to share the data, not to provide advice, direction, or punishment. c. Peer establishes expectation that the Practitioner will take steps to correct the pattern of patient complaints and that follow-up data will be provided annually.		
	LEVEL 1.5, Risk Score Greater Than 90	Initial Intervention: a. The PARS Peer Messenger Committee Chair/co-Chair assign(s) a peer PARS Peer Messenger Committee member-messenger to meet with a Practitioner associated with high numbers of complaints after review of the assignment for potential conflict of interest and appropriateness of the match. b. Peer meets privately with the Practitioner to whom he/she is assigned to share compiled patient complaint data and to promote awareness. The purpose of the meeting is to share the data, not to provide advice, direction, or punishment. c. Peer establishes expectation that the Practitioner will take steps to correct the pattern of patient complaints and that follow-up data will be provided annually.	The PARS Peer Messenger Committee Chair/co-Chair informs the Authority Figure that a Practitioner has qualified for a Year 1 – **LEVEL 1.5** Intervention given Risk Score. For purposes of this process, the Authority Figure will be the Clinical Service Chief	

APPENDIX B

			of the Practitioner's Service, unless the Practitioner is the Clinical Service Chief and/or SOM Department Chair. If the Practitioner is the Clinical Service Chief and/or SOM Department Chair, then the Chief of Medical Staff ("COMS"), or Chief Medical Officer ("CMO") shall serve as the Authority Figure.	
Year 2	**LEVEL 1**, Improved or Unchanged Risk Score	Peer PARS Peer Messenger Committee member-messenger meets privately with the Practitioner to share compiled follow-up patient complaint data and to continue to promote awareness.		
	LEVEL 1.5, Worsening Risk Score or Accelerating complaint pattern	Peer PARS Peer Messenger Committee member-messenger meets privately with the Practitioner to share compiled follow-up patient complaint data and to continue to promote awareness unless there is a reason to advance to **LEVEL 2** Intervention Guided by Authority.	PARS Peer Messenger Committee Chair/co-Chair notifies Authority Figure of the Year 2 - **LEVEL 1.5** intervention.	
	LEVEL 2, Risk Score Greater than 90	PARS Peer Messenger Committee evaluate and make the following determination: 1. Defer Escalation to a **LEVEL 2** until next year (Treat as **LEVEL 1.5**, see above) 2. Escalate to a **LEVEL 2** Intervention Guided by Authority	Authority Figure is involved in **LEVEL 2** process.	MSEC is notified in Executive Session of the individuals who are at **LEVEL 2**. Chairs of the PWBC, PCPRC, MSPC, and Credentials are also notified.

APPENDIX B

		a. PARS Peer Messenger Committee Chair/co-Chair meets with Authority Figure of Practitioner eligible for escalation to **LEVEL 2** to discuss and review the Practitioner's patient complaint data. b. Authority Figure and Practitioner meet (peer and/or PARS Peer Messenger Committee Chair/co-Chair may also attend at Authority Figure's discretion) to review the complaint data and clarify expectations. i. Authority Figure develops action plan with the Practitioner to substantially reduce patient complaints within a specified timeframe and presents the plan to the PARS Peer Messenger Committee Chair/co-Chair and COMS for review and approval. 1. Plan must include the following requirements: a. The Practitioner must engage with UCSDH Patient Experience for at least 6 months. This may include participation in modules offered by Vanderbilt and/or coaching by Patient Experience staff. b. The Practitioner must meet quarterly with their Authority Figure. 2. Plan may also one of the following: communication course, 360 evaluation, behavior coach, and/or DISC assessment.		If Practitioner is up for reappointment in next year, may recommend to Credentials Committee that any **LEVEL 2** Practitioner be granted shortened reappointment (6 months -1 year) Notification to MSPC that Practitioner is at **LEVEL 2.**
Year 3	**LEVEL 0**, 2nd Year of Improved Risk	Peer PARS Peer Messenger Committee member-messenger informs Practitioner, and meetings are no longer needed.		

APPENDIX B

	Score and Score Below Threshold for **LEVEL 1** Intervention			
	Level 1, 2nd Year of Improved Risk Score	Peer PARS Peer Messenger Committee member-messenger meets privately with the Practitioner to share compiled follow-up patient complaint data and to continue to promote awareness.		
	LEVEL 1.5, 1st Year of Improved Risk Score	Peer PARS Peer Messenger Committee member-messenger meets privately with the Practitioner to share compiled follow-up patient complaint data and to continue to promote awareness.	PARS Peer Messenger Committee Chair/co-Chair notifies Authority Figure of the Year 3 - **LEVEL 1.5** intervention.	
	LEVEL 2, Unimproved or Worsening Risk Score	PARS Peer Messenger Committee evaluate and make the following determination: 1. Defer Escalation to a **LEVEL 2** until next year (Treat as **LEVEL 1.5,** see above) 2. Escalate to a **LEVEL 2** Intervention Guided by Authority a. PARS Peer Messenger Committee Chair/co-Chair meets with Authority Figure of professional eligible for escalation to **LEVEL 2** to discuss and review the Practitioner's patient complaint data. b. Authority Figure and Practitioner meet (peer and/or PARS Peer Messenger Committee Chair/co-Chair may also attend at Authority Figure's discretion) to review the complaint data and clarify expectations. i. Authority Figure develops action plan with the Practitioner to substantially reduce patient complaints within a specified timeframe and presents the plan to the PARS Peer Messenger Committee Chair/co-Chair and COMS for review and approval.	Authority Figure is involved in **LEVEL 2** process.	MSEC is notified in Executive Session of the individuals who are at **LEVEL 2**. Chairs of the PWBC, PCPRC, MSPC, and Credentials are also notified. If Practitioner is up for reappointment in next year, recommendation to Credentials Committee that any **LEVEL 2** Practitioner be granted shortened reappointment (6 months -1 year) Notification to MSPC that Practitioner is at **LEVEL 2**

APPENDIX B

		1. Plan must include the following requirements: a. The Practitioner must engage with UCSDH Patient Experience for at least 6 months. This may include participation in modules offered by Vanderbilt and/or coaching by Patient Experience staff. b. The Practitioner must meet quarterly with their Authority Figure. 2. Plan may also one of the following: communication course, 360 evaluation, behavior coach, and/or DISC assessment.		
	LEVEL 2.5, Unimproved Risk Score Over 90	Authority Figure and Practitioner meet to review the complaint data and clarify expectations. The PARS Peer Messenger Committee Chair/co-Chair and COMS may also attend at Authority Figure's discretion. 1. Authority Figure creates or revises action plan with the Practitioner to substantially reduce patient complaints within a specified timeframe and presents the plan to the PARS Peer Messenger Committee Chair/co-Chair and COMS for review and approval. a. Plan must include the following requirements: i. The Practitioner must engage with UCSDH Patient Experience for at least 1 year. This may include participation in modules offered by Vanderbilt and/or coaching by Patient Experience staff. ii. The Practitioner must meet monthly with their Authority Figure.	Authority Figure, COMS, and PARS Peer Messenger Committee Chair/co-Chair are involved in **LEVEL 2.5** process.	MSEC is notified of the individuals who are at **LEVEL 2.5**. Chairs of the PWBC, PCPRC, MSPC, and Credentials are also notified. Notified that Practitioner has score over 90. The COMS also informs the EBG of any Practitioner at **LEVEL 2.5.** If Practitioner is up for reappointment in next year, recommendation to Credentials Committee that any **LEVEL 2.5** Practitioner be granted shortened reappointment (6 months- 1 year)

APPENDIX B

		iii. Plan <u>may</u> also one of the following: communication course, 360 evaluation, behavior coach, and/or DISC assessment.		Notification to MSPC that Practitioner is at **LEVEL 2.5.**
<u>Year 4</u>	**<u>LEVEL 0</u>**, 2nd Year of Improved Risk Score and Score Below Threshold for **LEVEL 1** Intervention	Peer PARS Peer Messenger Committee member-messenger informs Practitioner, and meetings are no longer needed.		
	<u>LEVEL 1</u>, 2nd Year of Improved Risk Score	Peer PARS Peer Messenger Committee member-messenger meets privately with the Practitioner to share compiled follow-up patient complaint data and to continue to promote awareness.		
	<u>LEVEL 1.5</u>, 1st Year of Improved Risk Score	Peer PARS Peer Messenger Committee member-messenger meets privately with the Practitioner to share compiled follow-up patient complaint data and to continue to promote awareness.	PARS Peer Messenger Committee Chair/co-Chair notifies Authority Figure of the Year 4 - **LEVEL 1.5** intervention.	
	<u>LEVEL 2</u>, 1st Year of Unimproved or Unchanged Risk Score	PARS Peer Messenger Committee evaluate and make the following determination: 1. Defer Escalation to a **LEVEL 2** until next year (Treat as **LEVEL 1.5,** see above) 2. Escalate to a **LEVEL 2** Intervention Guided by Authority a. PARS Peer Messenger Committee Chair/co-Chair meets with Authority Figure of professional eligible for escalation to **LEVEL 2** to discuss and review the Practitioner's patient complaint data.	Authority Figure is involved in **LEVEL 2** process.	MSEC is notified in Executive Session of the individuals who are at **LEVEL 2**. Chairs of the PWBC, PCPRC, MSPC, and Credentials are also notified. If Practitioner is up for reappointment in next year, recommendation to

APPENDIX B

		b. Authority Figure and Practitioner meet (peer and/or PARS Peer Messenger Committee Chair/co-Chair may also attend at Authority Figure's discretion) to review the complaint data and clarify expectations. i. Authority Figure develops action plan with the Practitioner to substantially reduce patient complaints within a specified timeframe and presents the plan to the PARS Peer Messenger Committee chair/co-chair and Chief of Medical Staff for review and approval. 1. Plan <u>must</u> include the following requirements: a. The Practitioner must engage with UCSDH Patient Experience for at least 6 months. This may include participation in modules offered by Vanderbilt and/or coaching by Patient Experience staff. b. The Practitioner must meet quarterly with their Authority Figure. 2. Plan <u>may</u> also one of the following: communication course, 360 evaluation, behavior coach, and/or DISC assessment.		Credentials Committee that any **LEVEL 2** Practitioner be granted shortened reappointment (6 months -1 year) Notification to MSPC that Practitioner is at **LEVEL 2**
	<u>LEVEL 2.5</u>, 2nd Year of Unimproved or Unchanged Risk Score	PARS Peer Messenger Committee evaluate and make the following determination: 1. Defer Escalation to a **LEVEL 2.5** until next year (Treat as **LEVEL 2,** see above) 2. Escalate to **LEVEL 2.5** Intervention Guided by Authority	Authority Figure, COMS, and PARS Peer Messenger Committee Chair/co-Chair are involved in **LEVEL 2.5** process.	MSEC is notified of the individuals who are at **LEVEL 2.5**. Chairs of the PWBC, PCPRC, MSPC, and Credentials are also notified. Notified that Practitioner has

APPENDIX B

		a. Authority Figure and Practitioner - meet to review the complaint data and clarify expectations. The PARS Peer Messenger Committee Chair/co-Chair and COMS may also attend at Authority Figure's discretion. i. Authority Figure revises action plan with the Practitioner to substantially reduce patient complaints within a specified timeframe and presents the plan to the PARS Peer Messenger Committee Chair/co-Chair and COMS for review and approval. 1. Plan must also one of the following: communication course, 360 evaluation, behavior coach and/or DISC assessment. 2. Plan should include at a minimum, requirement that individual engage UCSDH Patient Experience for at least 1 year. 3. Plan should also include escalation to monthly meetings with Authority Figure		score over 90. The COMS also informs the EBG of any Practitioner at **LEVEL 2.5**. If Practitioner is up for reappointment in next year, recommendation to Credentials Committee that any **LEVEL 2.5** Practitioner be granted shortened reappointment (6 months- 1 year) Notification to MSPC that Practitioner is at **LEVEL 2.5**.
	LEVEL 3, Unimproved Risk Score Over 90	PARS Peer Messenger Committee Chair/co-Chair evaluate and make the following determination: 1. Defer Escalation to a **LEVEL 3** until next year (Treat as **LEVEL 2.5,** see above) 2. **LEVEL 3:** Referral to Medical Staff Executive Committee ("MSEC") for evaluation and action in accordance with UCSDH policies and the UCSDH Medical Staff Bylaws.	If a **LEVEL 3**, MSEC is involved.	
Year 5	**LEVEL 0**, 2nd Year of Improved Risk Score and Score	Peer PARS Peer Messenger Committee member-messenger informs Practitioner, and meetings are suspended	PARS Peer Messenger Committee Chair/co-Chair notifies Authority Figure.	

APPENDIX B

	Below Threshold for **LEVEL 1** Intervention			
	LEVEL 1, 1st Year of Improved Risk Score and Score Below Threshold for **LEVEL 1** Intervention	Peer PARS Peer Messenger Committee member-messenger meets privately with the Practitioner to share compiled follow-up patient complaint data and to continue to promote awareness.		
	LEVEL 1.5, 1st/2nd Year of Improved Risk Score	Peer PARS Peer Messenger Committee member-messenger meets privately with the Practitioner to share compiled follow-up patient complaint data and to continue to promote awareness.	PARS Peer Messenger Committee Chair/co-Chair notifies Authority Figure of the Year 5 - **LEVEL 1.5** intervention.	
	LEVEL 2, 1st Year of Unimproved or Unchanged Risk Score	PARS Peer Messenger Committee evaluate and make the following determination: 1. Defer Escalation to a **LEVEL 2** until next year (Treat as **LEVEL 1.5,** see above) 2. Escalate to a **LEVEL 2** Intervention Guided by Authority a. PARS Peer Messenger Committee Chair/co-Chair meets with Authority Figure of professional eligible for escalation to **LEVEL 2** to discuss and review the Practitioner's patient complaint data. b. Authority Figure and Practitioner meet (peer and/or PARS Peer Messenger Committee Chair/co-Chair may also attend at Authority Figure's discretion) to review the complaint data and clarify expectations. i. Authority Figure develops action plan with the Practitioner to substantially reduce patient complaints within a specified	Authority Figure is involved in **LEVEL 2** process.	MSEC is notified in Executive Session of the individuals who are at **LEVEL 2**. Chairs of the PWBC, PCPRC, MSPC, and Credentials are also notified. If Practitioner is up for reappointment in next year, recommendation to Credentials Committee that any **LEVEL 2** Practitioner be granted shortened reappointment (6 months -1 year)

APPENDIX B

		timeframe and presents the plan to the PARS Peer Messenger Committee Chair/co-Chair and COMS for review and approval. 1. Plan must include the following requirements: a. The Practitioner must engage with UCSDH Patient Experience for at least 6 months. This may include participating in modules offered by Vanderbilt and/or coaching by Patient Experience staff. b. The Practitioner must meet quarterly with their Authority Figure. 2. Plan may also one of the following: communication course, 360 evaluation, behavior coach, and/or DISC assessment.		Notification to MSPC that Practitioner is at **LEVEL 2**
	LEVEL 2.5, 2nd Year of Unimproved or Unchanged Risk Score	PARS Peer Messenger Committee evaluate and make the following determination: 1. Defer Escalation to a **LEVEL 2.5** until next year (Treat as **LEVEL 2,** see above) 2. Escalate to **LEVEL 2.5** Intervention Guided by Authority a. Authority Figure and Practitioner meet to review the complaint data and clarify expectations. The PARS Peer Messenger Committee Chair/co-Chair and COMS may also attend at Authority Figure's discretion. i. Authority Figure revises action plan with the Practitioner to substantially reduce patient complaints within a specified timeframe and presents the plan to the PARS Peer	Authority Figure, COMS, and PARS Peer Messenger Committee Chair/Co-Chair are involved in **LEVEL 2.5** process.	MSEC is notified of the individuals who are at **LEVEL 2.5**. Chairs of the PWBC, PCPRC, MSPC, and Credentials are also notified. Notified that Practitioner has score over 90. The COMS also informs the EBG of any Practitioner at **LEVEL 2.5**. If Practitioner is up for reappointment in next year, recommendation to Credentials Committee that

APPENDIX B

		Messenger Committee Chair/co-Chair and Chief of Medical Staff for review and approval. 1. Plan must also one of the following: communication course, 360 evaluation, behavior coach and/or DISC assessment. 2. Plan should include at a minimum, requirement that individual engage UCSDH Patient Experience for at least 1 year. 3. Plan should also include escalation to monthly meetings with Authority Figure		any **LEVEL 2.5** Practitioner be granted shortened reappointment (6 months- 1 year) Notification to MSPC that Practitioner is at **LEVEL 2.5**.
	LEVEL 3, 3rd Year of Unimproved or Unchanged Risk Score or Risk Score Over 90	**LEVEL 3** Referral to MSEC for evaluation and action in accordance with UCSDH policies and the UCSDH Medical Staff Bylaws.		

APPENDIX C

2021 PARS Process

Year in PARS Program	Risk Score	PARS Committee Action	Notified Parties	Medical Staff/Faculty Action
Year 1	**LEVEL 1**, Risk Score Less Than 90	Initial Intervention: a. The PARS Peer Messenger Committee Chair/co-Chair assign(s) a peer PARS Peer Messenger Committee member-messenger to meet with a Practitioner associated with high numbers of complaints after review of the assignment for potential conflict of interest and appropriateness of the match. b. Peer meets privately with the Practitioner to whom he/she is assigned to share compiled patient complaint data and to promote awareness. The purpose of the meeting is to share the data, not to provide advice, direction, or punishment. c. Peer establishes expectation that the Practitioner will take steps to correct the pattern of patient complaints and that follow-up data will be provided annually.		
	LEVEL 1.5, Risk Score Greater Than 90	Initial Intervention: a. The PARS Peer Messenger Committee Chair/co-Chair assign(s) a peer PARS Peer Messenger Committee member-messenger to meet with a Practitioner associated with high numbers of complaints after review of the assignment for potential conflict of interest and appropriateness of the match. b. Peer meets privately with the Practitioner to whom he/she is assigned to share compiled patient complaint data and to promote awareness. The purpose of the meeting is to share the data, not to provide advice, direction, or punishment. c. Peer establishes expectation that the Practitioner will take steps to correct the pattern of patient complaints and that follow-up data will be provided annually.	The PARS Peer Messenger Committee Chair/co-Chair informs the Authority Figure that a Practitioner has qualified for a Year 1 – **LEVEL 1.5** Intervention given Risk Score. For purposes of this process, the Authority Figure will be the Clinical Service Chief of the Practitioner's Service, unless the Practitioner is the Clinical Service Chief and/or SOM Department Chair. If the	

APPENDIX C

			Practitioner is the Clinical Service Chief and/or SOM Department Chair, then the Chief of Medical Staff ("COMS"), or Chief Medical Officer ("CMO") shall serve as the Authority Figure.	
Year 2-5	**LEVEL 0**, 2nd Year of Improved Risk Score and Score Below Threshold for **LEVEL 1** Intervention	Peer PARS Messenger Peer Committee member-messenger informs Practitioner, and meetings are no longer needed		
	LEVEL 1, Improved or Unchanged Risk Score	Peer PARS Peer Messenger Committee member-messenger meets privately with the Practitioner to share compiled follow-up patient complaint data and to continue to promote awareness.		
	LEVEL 1.5, Worsening Risk Score	Peer PARS Peer Messenger Committee member-messenger meets privately with the Practitioner to share compiled follow-up patient complaint data and to continue to promote awareness unless there is a reason to advance to **LEVEL 2** Intervention Guided by Authority.	PARS Peer Messenger Committee Chair/co-Chair notifies Authority Figure of the **LEVEL 1.5** intervention.	
	LEVEL 2, Risk Score Greater than 90 or Participation in the PARS Program for 3 or More Years	PARS Peer Messenger Committee evaluate and make the following determination: 1. Defer Escalation to a **LEVEL 2** until next year (Treat as **LEVEL 1.5**, see above) 2. Escalate to a **LEVEL 2** Intervention Guided by Authority a. PARS Peer Messenger Committee Chair/co-Chair meets with Authority Figure of Practitioner eligible for escalation to **LEVEL 2** to discuss and review the Practitioner's patient complaint data. For those who	Authority Figure is involved in **LEVEL 2** process	MSEC is notified in Executive Session of the Practitioners who are at **LEVEL 2**. Chairs of the PWBC, PCPRC, MSPC, and Credentials are also notified.

APPENDIX C

		have participated in the PARS Program for 3 or more years, the COMS may also be invited to attend. b. Authority Figure and Practitioner meet to review the complaint data and clarify expectations. i. Authority Figure develops action plan with the Practitioner to substantially reduce patient complaints within a specified timeframe and presents the plan to the PARS Peer Messenger Committee Chair/co-Chair and COMS for review and approval. 1. Plan <u>must</u> include the following requirements: a. The Practitioner must engage with UCSDH Patient Experience for at least 6 months. This may include participating in modules offered by Vanderbilt and/or coaching by Patient Experience staff. b. The Practitioner must meet quarterly with their Authority Figure. 2. Plan <u>may</u> also one of the following: communication course, 360 evaluation, behavior coach, and/or DISC assessment.		If Practitioner is up for reappointment in next year, may recommend to Credentials Committee that any **LEVEL 2** Practitioner be granted shortened reappointment (6 months -1 year). Notification to MSPC that Individual is at **LEVEL 2.**