

**Medical Affairs Advisory Committee Meeting
December 18, 2019**

Members Present: Feyi Adunbi, Stephanie Chervin, Sami Malek, Suomya Rangarajan, Rishindra Reddy (Chair), John Tranfaglia, Marshall Runge (Dean)

Presenters: Marie Lozon, MD

Professor, Department of Emergency Medicine
Professor, Pediatric Emergency Medicine
Chief of Staff, Michigan Medicine
Associate Chief Clinical Officer, C.S. Mott Children's and Von Voigtlander Women's Hospital

Topic of Discussion: PARS (Patient Advocacy Reporting System)/CORS (Co-worker Observation Reporting System) Process

Dr. Reddy opened the meeting and the minutes from October 16, 2019 and November 20, 2019 were approved.

Subcommittee of the Medical Staff Quality Committee: "Professional Report" Process

- Nine months of data flow to Vanderbilt
- Vanderbilt reviews and sends information back
- Peer monitor determined
- Match rank
- Person not in same department

Michigan Medicine leadership is formalizing the process for managing egregious or otherwise urgent reports about aberrant faculty behavior. The Professionalism Committee co-chairs will notify this leadership/oversight group of an egregious incident or pattern of report concerns.

- We are currently chaperoning the process in place/building the plane while flying it.
- The reporting of 'Touching' issues have increased over time, last 1.5 years. Most cases of touching after further review have NOT been deemed to be concerning, but strict review of every case will continue, due to the Nasser case, etc.
- They work closely with Patient Relations to address issues.
- Dr. Runge asked if people feel more comfortable to report incidents, and it was confirmed that they do report more.
- The current process is clunky, but will smooth itself out.
- This process will be rolled out soon to; nursing, APP and students.
- Dr. Reddy shared that medical student complaints process is difficult, as complaints could come years later due to retaliation.
- Dr. Runge shared some issues around medical students:
 1. Students may no longer be here, open loop with no closure.
 2. If anonymous process, we need to think about how to handle.
 3. High volume of cases.
 4. May have to 'bucket the themes'; sexual misconduct, dismissive comment to learner, etc.
- Dr. Lozon shared a personal experience she had with a patient. Dr. Lozon explained the procedure to the patient and the patients' chaperone. It was a standard physical exam, but the patient did become distressed. After the exam the patient's mother had forgotten to share a traumatic event that happened prior and the patient was triggered by part of the exam. There is a need to work with other departments and care givers to ensure that patients feel safe.

- Dr. Lozon shared a success story. A seasoned physician had received three concerns in three months, so an investigation was initiated. The case involved a wife, her husband was in the room when his wife was examined. The police, OIE, psychologists, OGC were involved. They simulated the exam, and he was able to self-reflect. What was determined/learned that the physician was less able to pick up on social cues that patients may be giving. The physician has been able to adjust, and there haven't been any more issues.

CORS National Database Comparisons

- 90% of all physicians are associated with **NO** reports.
- 3% of physicians are associated with 44% of reports. (Doctors with egos, don't want to be in this group.)

National Response to Interventions

	PARS	CORS
Successful Interventions	80%	83%
Unimproved/Worse	12%	13%
Departed/Unimproved	8%	4%

NOTE: Unimproved/Worse & Departed/Unimproved – depart institution, retire, or find success elsewhere.

Comments at the end of presentation:

- Dr. Reddy commented that some student feedback may come 5-6 years later, and it is hard to address when that much time has passed. With the surgery faculty, there are some inter-generational issues.
- Dr. Lozon shared that medical students want to be asked questions that they know the answers too. Otherwise, they feel pimped if they don't know the answer.
- Dr. Runge feels that we should use this tool with sensitivity. There is a broad area where improvements need to occur. We do a lot of internal benchmarking, but do not do enough external benchmarking.
- Dr. Lozon feels that there is some pushback with the quality of the data. We need to ensure that we measure appropriate care.