The Center for Patient and Professional Advocacy (CPPA)  
Vanderbilt University Medical Center (VUMC)

CPPA’s Process
The CPPA employs a seven-step process for promoting professionalism:

1. CPPA currently partners with more than 180 hospitals and medical groups who have contracted with CPPA and executed Business Associates Agreements to utilize our Patient Advocacy Reporting System (PARS) and Co-Worker Reporting System (CORS) services. These partnerships have led to the creation of CPPA’s repository of more than 1.5 million patient complaint reports and co-worker observations associated with the practices of more than 75,000 physicians and advanced practice professionals.

2. CPPA employs computerized natural language processing to screen reports for clinician-related observations, after which trained staff review and code all remaining reports for specific types of complaints and observations. We assess coder reliability twice annually.

3. CPPA calculates separate PARS (patient complaint related) and CORS (co-worker observation related) scores for each clinician using algorithms that weight codes by recency and severity.

4. All reports for clinicians with high-risk PARS or CORS scores undergo multiple levels of review by CPPA staff, CPPA clinicians, and key partner site clinicians. When systematically aggregated, the codes identify the small subset of clinicians whose practices generate disproportionate dissatisfaction, many or most of whom remain unaware without feedback.
(5) CPPA produces feedback materials including local and national comparative data to create awareness of evidence of risk status.

(6) CPPA provides the materials to partner sites’ peer messengers who received CPPA training.

(7) Confidential interventions commence. The cycle (Steps 1-7) continues with feedback about progress or, if performance fails to improve, suggestion of escalation based on Vanderbilt’s widely adopted “Promoting Professionalism Pyramid.”

**The Vanderbilt Professionalism Pyramid**

The pyramid illustrates a tiered intervention approach that supports pursuit of professional accountability. CPPA designed PARS and CORS to promote successful self- and group-regulation. The Pyramid reminds us that most clinicians do great work and are never or only rarely associated with a complaint. Recorded reports are reviewed to ensure allegations do not require mandated reviews or investigations (e.g., impairment, bias, inappropriate touch, fraud, harassment,), but can simply be shared in a respectful, non-directive fashion during an informal conversation such as one might have with a colleague over a cup of coffee. When patterns appear to emerge, CPPA supports peer-delivered Level 1 Awareness interventions with local and national peer comparisons as described above. Most clinicians respond to awareness interventions. Some, however, are unable or unwilling, and these clinicians are escalated to Guided Interventions by Authority (Level 2). Level 2 interventions include a written corrective plan developed by the individual’s authority figure (a department chair, Chief Medical Officer or other leader). A very small number may not respond to the plan and are elevated to a Level 3 disciplinary action as defined by organizational policies, bylaws, contracts or other governing documents.

**Essential Elements for Promoting Professionalism**

CPPA’s experience across health systems and medical groups has identified three pillar elements essential for creating and sustaining a culture of safety and risk reduction. All hospitals and medical groups undergo pre-launch readiness review and development phases so their people, processes and systems are aligned for successful PARS and CORS implementation.

**The Patient Advocacy Reporting System® (PARS®) Program**

CPPA’s early work focused on developing the Patient Advocacy Reporting System (PARS). PARS leverages the value of patient/family observations and experiences reported as unsolicited patient complaints (UPCs) to Offices of Patient Relations to identify and address the small subset of clinicians with excess risk of malpractice claims.
In brief, PARS provides national, discipline-specific, peer-comparative benchmarks for effective peer-delivered interventions that support improvements in care delivery. For example, the “figure” on the right shows a high-risk physician’s rank (represented by the dots) relative to all active physicians in the PARS database (the black line) and to physicians within their specialty (the blue line). CPPA’s data also yield sub-specialty comparisons, such as individualized graphs of orthopedic sub-specialists in spine, ankle, shoulder, or wrist surgery. CPPA similarly benchmarks other specialties and their subspecialties.

PARS also:
- Supports medical groups as they pursue professionalism and professional accountability;
- Provides national patient relations benchmarks that promote best practices in service recovery;
- Enables surveillance system-wide for disrespectful/unsafe behaviors that undermine a safety culture;
- Identifies surgeons at greater risk for surgical complications and patient/team dissatisfaction.

The Co-worker Observation Reporting System℠ (CORS℠ Program)
Organizations routinely capture staff-reported observations about co-workers. CPPA faculty speculated that the same processes, systems, and tiered interventions could be applied in support of teamwork and patient safety. CPPA’s CORS program became operational in 2013 and now supports more than 22,000 clinicians. These clinicians manifest, as with PARS scores, the same non-random distribution of CORS scores (panel at right). PARS and CORS processes are similar with two exceptions: 1) patient relations specialists promptly share each PARS report vs. peer clinicians deliver each CORS report; and 2) PARS Level 1 and 2 interventions occur annually while CORS interventions occur as soon as a clinician’s CORS Score exceeds thresholds. Those receiving PARS and/or CORS interventions are similarly responsive (see pie chart below).

**Does It Work?**
Yes. To date, CPPA’s interventions reduced future complaint reports for 80% of PARS and 83% of CORS intervention recipients. While interventions have reduced risk management expenses and yielded positive returns on investment, CPPA programs’ principal benefits include promoting an organization’s interest in exceptional patients experiences and inter-professional teamwork consistent with its aspirational values.
Risk score distributions for particular medical and surgical specialty groups may be compared via CPPA “Heat Maps.” For example, the figure below shows the relative numbers of general surgeons with current scores reflecting high risk (red) to the left of the threshold (black vertical line), and moderate (yellow) and low (green) risk scores. Leaders use heat maps to assess and address systems, leadership and/or culture issues that impact significant proportions of their specialty group members.

Finally, in addition to addressing patient and co-worker concerns, CPPA’s Professionalism Pyramid process has improved sustained adherence to OR timeouts, surgical bundles, checklists, and other safety, quality and risk prevention initiatives. For example, VUMC’s hand hygiene initiative received recognition from the Society for Healthcare Epidemiology in America.

**How Many Receive Interventions?**

Based on 20 years of experience tracking 73,916 physicians, 43,904 received at least one patient complaint associated with their practice. Of clinicians tracked in our review, only 3% proceed to develop a pattern and, most benefit from Level 1 Awareness Interventions. Specifically, as a result of the 2,023 Level 1 interventions, only 291 (0.4% of the 73,916) required Authority Guided (Level 2) interventions. Of the 291 tracked in our analysis, 56 (0.1%) of the total group required Disciplinary action due to persistent patterns. Finally, 137 (0.2%) departed their group or organization without demonstrating improvement after receiving Level 1 or Level 2 interventions.

**CPPA’s Research**

CPPA team members and individuals from partner sites throughout the U.S. have collaborated on studies examining:

- Impacts of unprofessional clinician behavior on outcomes of care;
- How best to identify the small subset of clinicians who, due to disrespectful workplace behaviors, increase risk for adverse outcomes, patient and staff dissatisfaction, and high malpractice claims experience;
- Strategies that make high-risk clinicians aware and promote risk-reducing practice changes;
- How a tiered intervention strategy can also be used to address quality and safety challenges ranging from improving hand hygiene practice to promoting adherence to best practices in medical and surgical care.

CPPA's original 2002 charge included translating what was learned to improve bedside and clinic practice. Toward that end, CPPA and VUMC faculty and partner site collaborators have more than 145 publications in leading research journals, book chapters, editorials and invited commentaries (Click here for CPPA faculty publication list). CPPA remains committed to understand how best to support clinicians who, for whatever reason, are challenged in working with fellow team members and patients. Recent publications include:
- **JAMA Surgery** (2017, 2019): Patients whose surgeons have high numbers of unsolicited patient complaints or have co-worker concerns about rudeness, unclear communication, and poor responses to concerns have increased risk of complications.
- **JAMA Ophthalmology** (2018): Older ophthalmologists are less likely to receive unsolicited patient complaints than younger ones. The findings have practical implications for patient safety, routine surveillance, clinical education, and practice management.
- **American Journal of Geriatric Psychiatry** (2018): A team of multi-center collaborators content analyzed patient complaints (stories) for key words (e.g., forget, odd, confuse, uncomfortable) and were able to identify physicians with evidence of early cognitive decline. One implication is that patients’ reports may help leaders identify clinicians with early cognitive impairment.

Other studies currently underway that have the potential to translate theory into practice include:
- Relationships between co-worker reports of concerns about unprofessional physician behavior, risk management experience, and patient outcomes. This line of research complements and extends CPPA’s research on unsolicited patient complaints;
- Reliability of natural language processing for computerized coding of narrative patient complaints. This research has great potential to permit effective, efficient mining of narrative reports of concerns from patients and co-workers, permitting early (near real-time) identification and intervention of high-risk clinicians;
- Outcomes of using PARS and CORS to address nurses with high PARS and CORS risk scores.
- Distributions and predictors of patient complaints and co-worker concerns within medical and surgical specialties and subspecialties,
- Relationships between physician burnout and patient complaints before and after intervention. This research has potential for suggesting both how burnout affects care and how organizations can move to identify and intervene effectively with clinicians experiencing burnout.

Please visit CPPA’s website at: [https://ww2.mc.vanderbilt.edu/cppa/](https://ww2.mc.vanderbilt.edu/cppa/)