CHARTIS

The right call in peer review: Umpiring your program with standardized/robust interrater reliability

Monthly webinar series

August 21, 2025

The webinar will start at the top of the hour.

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MONTHLY INSIGHTS

Webinar schedule & topics

SPECIAL DATES

10AM Pacific, 1PM Eastern

September 25

Behind Joint Commission's Accreditation 360, Part 1

Physical Environment

October 1

Behind Joint Commission's Accreditation 360, Part 2

Everything Else

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35 RESULTS

Webinar CLEAR ALL

Behind Joint Commission's Accreditation 360, Parts 1 & 2

Tune in to our two-part webinar series on The Joint Commission's Accreditation 360 to be prepared for surveys and the accreditation process in January 2026 and beyond.

The right call in peer review: Umpiring your program with robust inter-rater reliability

Join our faculty of experts as they help you create and maintain a credible and reliable peer review process, including internal and external reviews, with tips for high degrees of standardization and optimized inter-rater reliability.

Artificial intelligence in healthcare: Implications for regulatory/accreditation compliance

AI has become an increasingly critical part in healthcare, and holds many future implications. But are there regulatory or accreditation requirements that we need to be concerned about? Join our experts as they discuss where AI regulation/accreditation requirements are currently, and where they

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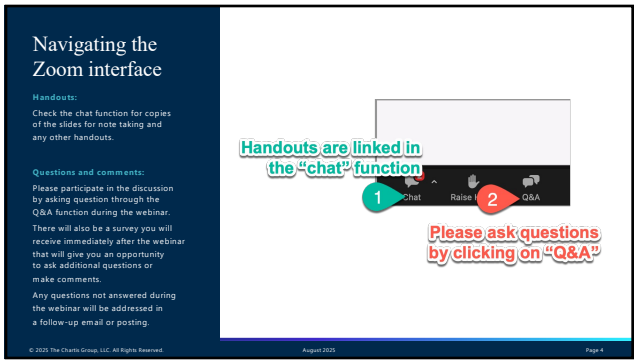
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Healthcare challenges are not siloed.
Neither are we.
Chartis has six lines of business that together craft singular solutions.
1000+ Professionals
Mission: to materially improve healthcare
Ranked Best Overall Management Consulting Firm by KLAS
Charis acquires Greeley in 2019, became Chartis Clinical Quality Solutions in 2022
Greeley brand brought back in 2024 to cover Medical Staff Services Related Offerings and now part of Clinical Transformation
Digital & Technology Transformation
Clinical Transformation (Chartis/Greeley)
Strategic Transformation
Communication & Change Management (Jarrard)
Payer Advisory (HealthScape)
Financial Transformation
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High Reliability Care
UNPARALLELED BREADTH AND DEPTH
Our clients are all striving toward the same goal of providing safe, high-quality care—something that's becoming even more important with the many distractions and disruptions in healthcare today. We help clients achieve their organizational reliability, quality, and safety goals, leading to results in areas that matter most—improved care outcomes, staff engagement, operational stability, and total cost of care, enhanced reputation, and better patient experience.
High Reliability Organization (HRO)
High reliability organizational design and infrastructure
Quality, Value, and Performance Improvement
Quality ratings and rankings optimization
Patient safety / harm reduction / safety and reliability culture
Adverse event response and remediation / RCA
High fidelity measurement / Clinical Documentation Integrity (CDI)
Care facilitation
Clinical Compliance, Regulatory, and Physical Environment Solutions
Adverse event response
Adverse action regulatory response and remediation
Accrediting body readiness assessment
Regulatory readiness rehearsal / mock surveys
Life safety and environment of care assessment
Policy simplification
Infection prevention program
Bylaws, Rules and Regulations, and Peer Review
Bylaws and rules and regulations assessment and redesign
Peer review assessment and redesign
Medical staff / medical director structure and governance
Credentialing, OPPE
External Peer Review
Physician/advanced practice professional external peer review
Focused Professional Practice Evaluation (FPPE)
Ongoing case review in support of OPPE/FPPE
Medical necessity reviews
Patient safety/carequality case reviews
MEMBERSHIP AND PROFESSIONAL EDUCATION SERVICES
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Today's *discussion*

Today, we'll define high reliability organizing and the importance of interrater reliability in healthcare, list methods of evaluating a hospital's internal peer review program, and describe the benefits and tactics to leveraging external peer review services.

Robin Jones
Director,
External Peer Review

Paul D. Murphree, D.O.
Partner,
Governance and Peer Review

Steve Mrozowski, FACHE, CPPS
Partner,
High Reliability Care

> "Keeping up with change, planning for tomorrow

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Today's *agenda*

- Introduction of topic and case example
- Reliability overview
- Interrater reliability and checks and balances
- Summary & discussion

Questions should be posted in the webinar interface throughout the presentation.
We will respond to any unanswered questions in writing following the webinar.

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Goal statement

Enhance a standardized and reliable peer review process by strengthening interrater reliability and incorporating external validation to ensure objective, consistent evaluations that drive clinical excellence, regulatory compliance, and a culture of continuous improvement.

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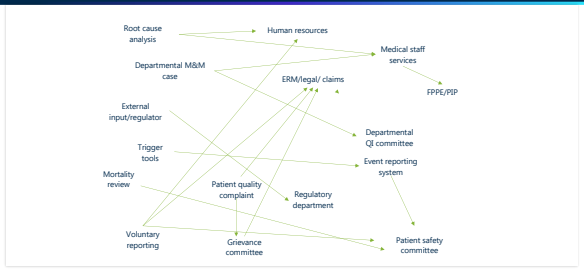
HOW COORDINATED IS YOUR SYSTEM?

Goal: consistent and sustainable



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Case example

July 2023	A Surgeon has an *unusual complication.* Peer review committee has some concerns but finalizes as "appropriate" care.
Mar 2024	The same surgeon has a potential *delay* in taking the patient to the OR. The Department Chair deems the care appropriate and comments that this is all "operational" issues.
Oct 2024	The same surgeon has a *Retained Surgical Item* on their case. The counts were off before closing, but the surgeon did not stop closing until resolved. There is a policy that supports stopping closure, but the surgeon said they didn't know about that "rule." The Department Chair reviews the case and deems this a "system issue."
Nov 2024	A safety event was entered because the surgeon was using non-radiopaque "*blue towels*" in the abdominal cavity which is against the policy. The Department Chair reviewed and closed the case because there was not a retained item and didn't merit peer review.

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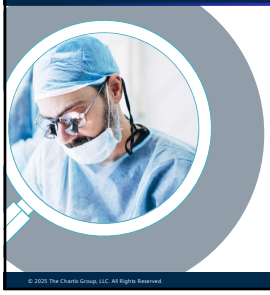
Case example



- The surgeon now has a very ***bad event***. The entire OR staff has for months been grumbling about the unusual surgical techniques and shortcuts this surgeon has been taking.

The MEC is referred the case and now is ready to remove them from Medical Staff.

What are your thoughts?

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CHAT QUESTION:

Should this surgeon have their privileges revoked due to the last case?

Yes | No

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CHAT QUESTION:

Do you believe there was a missed opportunity to avoid this last case (patient harm)?

Yes | No

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The organizational impact of getting peer review "calls" wrong

Clinical and patient safety	Organizational and finance	Legal and regulatory	Culture and workforce
Patient harm	Financial consequences	Malpractice risk	Decline in provider and non-provider morale
Loss of clinical programs (e.g., cardiac, spine, etc.)	Reputational damage	Regulatory jeopardy	Erosion of hospital culture
	Loss of accreditation/specialty certifications	Legal/litigation exposure	

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What is a high reliability organization?

A high reliability organization is one that operates in a complex, dynamic, high-consequence environment for long periods without serious accidents or failures.



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What does it mean to be a high reliability organization?

1. HROs understand that they operate in a **hypercomplex and high-risk environment**
2. There is tight coupling from the **board to the bedside** and **across units** supported by **clear communication**, **information**, and **alignment** to a **unified mission**
3. Through consistent compliance with expected behavior bundles, there is a degree of **accountability** that does not exist in most organizations
4. They maintain constant **situational awareness** and identify small failures and **near misses**, viewing each as an opportunity for **learning** and **improvement**

HROs embrace a culture where core values and behaviors reflect a collective mindfulness and commitment by all that emphasizes quality and safety over competing priorities

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HRO principles		HRO practices		Peer review practices
Preoccupation with failure	Regarding small, inconsequential errors as a symptom that something's wrong	Naval aviation:	All carrier landings "graded" – near misses discussed and documented	Evaluating and building countermeasures against both over- and under-scoring cases
Sensitivity to operations	Paying attention to what's happening on the front-line	Nuclear power	Daily check-in	Ensuring all the cases that need to be reviewed reported or found are detected ■ Worklists/Triggering criteria ■ Transparent Process ■ Culture of Safety ■ Systems approach
		Naval aviation	Walk the deck	
Reluctance to simplify	Encouraging diversity in experience, perspective, and opinion	NASA	Requirement for someone to represent the minority or dissenting view ["devil's advocate"]	Removing bias through diverse perspectives in peer review
Commitment to resilience	Developing capabilities to detect, contain, and bounce-back from events that do occur	Nuclear power	Mandatory adoption of lessons learned from all utilities	Helping peers improve when other choices should have been made [not just scoring]; share learnings broadly
Deference to expertise	Pushing decision making down and around to the person with the most related knowledge and expertise	Manufacturing	"Stop the line" capability on the production line	Ensuring all relevant information is present to evaluate a decision

"Quality is **good**, but consistency is **king**"

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Managing performance issues, the right way

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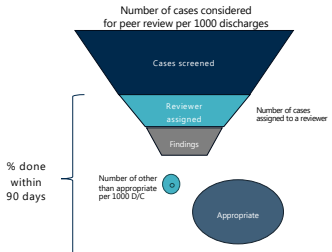
Evaluation of your program



Checklist

- Too few cases considered – *look at all sources and worklists.*
- Too few cases being reviewed – *are the screening criteria too strict?*
- **Underscoring evaluation.**

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Countermeasures to prevent underscoring

- Include justifications for "why it is appropriate" along with all relevant items in a consent agenda.
- Chair Reviews all appropriate cases prior to the meeting
- Chair pulls 5%+ "appropriates" into discussion
- Multidisciplinary Committee with Patient Advocacy
- Sample using EPR when "other than appropriate" is low
- Provide an annual report to the MEC and/or Board detailing the number of findings in each category, along with any other notable trends observed.

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Case	Committee	EPR
Unusual case	Appropriate	Appropriate
Delay	Appropriate	Finding
RSI	Appropriate	Finding
Blue towel	Appropriate	Finding
Very bad event	Significant finding	Finding
	1/5	4/5

Agrees only 2 out of 5 cases =

40%

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External peer review benefits

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Leveling the playing field: How a neutral "umpire" *protects quality, builds trust, and drives learning*

- **Ensures consistency and objectivity:**
  - ✓ External peer review provides regular, unbiased feedback, avoiding gaps seen in infrequent internal reviews.
- **Validates internal assessments:**
  - ✓ Confirms alignment with national standards, preventing blind spots and underscoring in "appropriate" care ratings.
- **Focuses on systemic improvement, not blame:**
  - ✓ Identifies broader trends to improve processes rather than isolating individual errors.
- **Builds trust through fairness:**
  - ✓ Seen as educational and collaborative, shifting peer review from punitive to a true learning culture.
- **Reduces bias & adds credibility:**
  - ✓ Third-party validation counters favoritism and increases confidence in findings.
- **Supports organizational decisions:**
  - ✓ Provides defensible data that strengthen contracting, privileging, and quality initiatives.
- **Empowers excellence:**
  - ✓ Validating "appropriate" care ensures quality is real and helps medical staff sustain and replicate best practices.

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Critical plays: Knowing *when to bring in external review*

(1 of 2)

High-complication or outlier performance

- Validate clinical outcomes and scoring consistency
- Identify system-level gaps and quality improvement needs
- Support focused review for practitioners with performance variation

Specialty services oversight, particularly diagnostic and interpretive disciplines:

- Radiology: Delays in reads, discrepancies, or missed findings
- Pathology: Diagnostic variation, specimen labeling, turnaround issues
- Anesthesiology & emergency medicine: High-risk decision-making, documentation gaps
- Surgical services: Case appropriateness, outcomes review, technique-related variance

Contracting and accountability

- Use objective data to inform contract renewals or terminations
- Identify outliers with volume, and how it ties into pay for performance.
- Guide corrective actions, performance remediation, or service realignment
- Provide independent validation for medical executive committee decisions

Credentialing and privileging support

- For new procedures, borderline cases, or reappointment challenges

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Critical plays: Knowing *when to bring in external review*

(2 of 2)

Enhancing medical necessity and compliance through external validation:

- Builds credibility with regulators, payers, and internal teams
- Improves clinical documentation aligned with specialty guidelines
- Strengthens financial performance and protects high-value service lines
- Supports compliance and proactive risk mitigation
- Drives quality improvement and consistency of care
- Promotes a culture of accountability and learning

Priority areas for medical necessity review:

- Cardiac cath: Appropriateness, complications
- Neuroscience (spine): Multi-level fusions, implant use
- Orthopedics: Joint replacements, conservative therapy review
- Oncology: Treatment sequencing, high-cost drug use, genetic testing
- Pain management: Epidurals, stimulator justification
- Pulmonary and sleep medicine: Sleep studies, use of CPAP/BiPAP

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Are we calling every pitch a strike?

Case studies in "All appropriate" peer review outcomes

Scenario 1:
The OB/GYN department has 3 physicians, all from the same private practice group. They conduct their own internal peer review—meaning they review each other's cases. They also supervise 7 midwives, whose cases may be involved in reviews. Over the past 12+ months, they've reviewed over 40 cases, and every single one has been scored as "Care Appropriate."

CONCERNS:

- Potential conflicts of interest
- Lack of independent review
- Risk of "protecting the home team"

VALIDATION ACTIONS:

- Sample 5–10% for External Peer Review (EPR) to cross-check ratings
- Rotate in cross-department reviewers or use External Peer Review
- Create standardized policies and procedures to promote objectivity and fairness
- Consider external audits of midwife-supervised cases

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Are we calling every pitch a strike?

Case studies in "All appropriate" peer review outcomes

Scenario 2:
The Neurosurgery Chair is requesting peer reviews of a new orthopedic spine surgeon, who is also their only competitor in that specialty. The Chair assigns neurosurgeons from their own team (i.e., not neutral reviewers) to review only the complicated cases from this new surgeon over the past 6 months. The Chair sends the completed reviews directly to the Peer Review Committee—after they've already been reviewed by potentially biased individuals.

CONCERNS:

- Conflict of interest & reviewer bias
- Pre-filtered review process bypassing peer committee's independence
- Use of review for competitive advantage, not improvement

VALIDATION ACTIONS:

- Require reviews be assigned independently (not performed competitors)
- Flag cases for external review due to high risk of bias
- Enforce committee review prior to departmental submission

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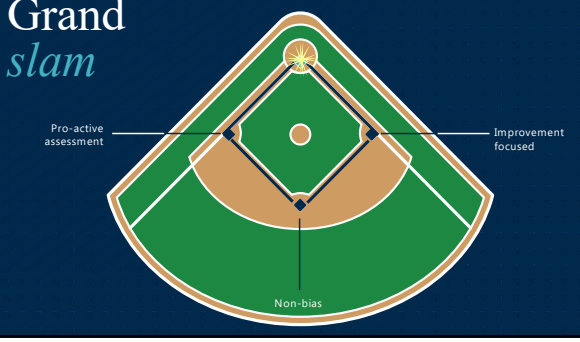
Grand *slam*



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Questions/discussion

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Thank *you*

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Appendix

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IRR as percent agreement

	EPR "Appropriate" (Negative)	EPR " Other than Appropriate" (positive)
Committee "Appropriate" (negative)	1 (TN)	3
Committee "Other than Appropriate" (positive)	0	1 (TP)

Percent Agreement = (1+1)/5 = 2/5 = 40%

	EPR "Appropriate" (Negative)	EPR " Other than Appropriate" (positive)
Committee "Appropriate" (negative)	Agree (True Negative)	Underscore? (False Negative)
Committee "Other than Appropriate" (positive)	Overscore? (False Positive)	Agree (True Positive)

Percent Agreement: (TN+TP)/(Total) x 100%

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