PARS reduces malpractice risk

UC Davis Health System has enlisted in a program that has proven successful at other institutions in diminishing the incidence of malpractice actions. Physicians, administrators and patients have mutual dread of medical malpractice. The physical, emotional and financial implications of malpractice cause great apprehension among everyone involved in medical treatment processes.

The program, called the Patient Advocacy Review System (PARS), was developed in the mid-1990s by Vanderbilt University Medical Center. The Vanderbilt model is based on the concept that the nature and outcome of complaints that patients file against individual physicians can be predictable in the event of eventual malpractice actions. UC Davis Health System has contracted with Vanderbilt University for PARS and is currently in the process of implementing it.

PARS is a scientifically validated process that evaluates unsolicited patient complaints over a period of time and applies an algorithm with data to determine the risk of subsequent malpractice actions. While UC Davis Health System has signed a confidentiality agreement regarding the program, it is critical to understand the process in order to measure the effectiveness of complaint outcomes.

UC Davis Health System, working with the Vanderbilt University Medical Center, has implemented the PARS system. An initial pilot program was conducted at UC Davis. The feedback from this pilot program determined the success of the PARS system.

PARS is a means through which to distribute data of concern that we collected in a cohesive way. Physicians know when patients complain about them, and gives them useful feedback about that.

—Lynette Scherer

The PARS process can isolate “serial complainers,” and has the ability to distinguish between physician transgressions and reasonable patient expectations. It also provides feedback to complaining patients. They’re very careful to avoid throwing a blanket on everyone, and assume that complaints are specifically related to the physician under the bus with everything else.

The PARS process ascertains that a patient may complain about,” Kirk observed. This is crucial to distinguish between physician expectations or system-related obstacles and patient behaviors.

When a patient complains, they don’t necessarily report that to anybody and assumes that good doctors don’t get complaints. What is different is reported, and assumes that good doctors who acknowledge problems and take corrective action.

Callahan said.

PARS REDUCES MALPRACTICE RISK

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A critical look in the mirror

Nathan Fairman practices palliative medicine

Fairman, who currently works as an attending physician on the Palliative Care Consult Service and the Psychosomatics Consult Service in San Francisco, has helped patients with diseases ranging from cancer to heart disease to chronic pain.

“I am on call and I can help patients face their days, weeks and months with dignity,” Fairman said.

His additional interactions with UC Davis physicians Joseph Silva and Ezra Fairman, who are also palliative care specialists and are based in Sacramento, have bolstered his knowledge.

“I enjoy sharing my knowledge with the large number of residents who join us at the Medical Center,” Fairman said.

Nandini Gandhi is a specialist in internal medicine and gastroenterology.

Kamali was born in the town of Kabul, Afghanistan. His father, a professor of medicine at Kabul University, was serving as a faculty associate in the UC Davis Department of Internal Medicine.

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AZIZ KAMIL TO RESTORE HOPE THROUGH A HOSPITAL IN AFGHANISTAN

The UC Davis Internal Medicine residents who compiled with volunteer colleagues at UC Davis Alumni_Kamil to restore hope_The UC Davis Alumni_Kamil to restore hope_Aziz Kamil was impressed by his medical expertise and his passionate drive. Waqar, a former student who had been inspired by Kamil's kindness and his humanitarian efforts, knew Aziz as a mentor, among the most revered professors in their medical school. For more than a decade, Kamil has worked to uplift Afghan people by broadcasting Afghan language-countrywide radio and TV programs. He established a hospital in Afghanistan through a partnership with UC Davis and the Afghan government.

Kamil, 35, is a doctor of Afghanistan’s National University. He has dedicated his life to the development of the fledgling hospital in Afghanistan, which he hopes will one day be a world-class institution that provides quality healthcare to the people of Afghanistan. Kamil is working closely with UC Davis and the Afghan government to ensure that the hospital is fully equipped with state-of-the-art medical equipment and staffed with experienced professionals.

Kamil believes that healthcare is a fundamental human right and that everyone should have access to quality medical care. He is committed to improving the healthcare system in Afghanistan and working towards a future where all Afghans have access to affordable, high-quality healthcare.

Kamil’s passion for healthcare started at a young age. He was born in the city of Jalalabad and witnessed the devastation caused by the Taliban. As a child, he dreamed of becoming a doctor and helping others in need. Despite the challenges he faced, Kamil persevered and worked hard to achieve his goal.

Today, Kamil is a respected leader in the Afghan healthcare community and continues to inspire others to make a difference in the lives of those less fortunate.
A WELCOME TO NEW FACULTY COLLEAGUES

Each edition of the Faculty Newsletter introduces several faculty colleagues who recently joined the UC Davis Health System community. For more clinical and research staff members in the next issue.

AZAM KAMILI TOOLS TO RETOUR HOPE THROUGH A HOSPITAL IN AFGHANISTAN

The UC Davis internal medicine resident who consulted with colon cancer patient Azam Kamili noted Kamilis care was improved by his medical expertise and his reassuring manner. The patient had been further inspired by his humanity and his humor, Kamil was able to respond. Azam Kamil is an intern, among the most revered professors at the University of the Rockies. For more than a decade, Kamil has returned to help Afghan people by broadcasting a Voice of America medical program and running one of the worlds most technologically advanced television programs in the Farsi and Dari languages.

His main mission, though, is to fulfill the lifelong ambition of his father, Mohammad Shirin Kamil, who dreamed of establishing a hospital in Afghanistan. Kamil found it almost entirely beyond him when he went into emergency medicine in Medicine, where he is the co-principal investigator of the Pediatric Eye Disease Investigation Group and the director of the Ocular Genetics and Genomics Laboratory.

For the past year, Francis Lu, M.D. and Edward J. Callahan, Ph.D., have been leading the patient-focused research initiative, Health Care for All, at UC Davis Medical Center. Callahan’s project team includes several of Kamali’s family members, some of whom have been practicing medicine for over 150 years. The program’s goals include improving health outcomes for underserved communities, reducing disparities in health care access and reducing costs.

Nandini Gandhi treats children and adult ambulatory

Nandini Gandhi, M.D., is an assistant professor of medicine and serves as the director of clinical medicine at the University of California, San Francisco. She is known for her expertise in the treatment of pediatric patients with chronic diseases, such as cystic fibrosis and inflammatory bowel disease. Gandhi is also an advocate for the use of genomic medicine in clinical practice. She has been recognized for her contributions to the field, including her work on the development of new treatments for pediatric cancer.

The UC Davis Health System and other programs serve as a valuable resource for researchers who have arrived at a point in their careers who are interested in partnering with academic institutions and developing new treatments for pediatric cancer.

John Fairman practices psychiatry as the first fellow in palliative medicine for the UC Davis School of Medicine. He is board-certified in psychiatry and is an instructor in the UC Davis School of Medicine, where he has been a faculty associate in the UC Davis Department of Psychiatry since 2008.

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Fairman also is an assistant professor of psychiatry and behavioral sciences. He is a member of the UC Davis Health System’s Palliative Care Program, which provides comprehensive care to patients with serious physical and psychosocial symptoms, or need family members who are making difficult decisions, Fairman said.

Fairman’s current research includes investigating cell trafficking and psychosocial factors during inflammatory reactions. He is investigating the role of cytokines in early disease progression, and the use of novel devices for screening and treatment of amblyopia. She is preparing to apply for a grant that will advance the use of community-based health services and devices that can be easily transported and used in rural and underserved settings. Gandhi also is interested in applying her expertise in genomics to the development of precision medicine strategies for children with cancer.

Gandhi is a member of the American Academy of Pediatrics, the American Association for the Study of Cataracts and Refractive Surgery, and the American Medical Association. She is a member of the American Society for Clinical Investigation and the American Society for Academic Emergency Medicine.

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Patient satisfaction is goal of Patient Advocacy Reporting System

UC Davis Health System faculty members.

The program, called the Patient Advocacy Reporting System (PARS), was developed in the mid-1990s by Vanderbilt University Medical Center. The Vanderbilt model is based on the notion that patients and outline complaints that patients file against individual physicians can be predictors of eventual malpractice actions.

UC Davis is now among 70 medical institutions worldwide that use PARS, an electronic system that tracks complaints of all types. Patients may complain about the physical, emotional and financial effects of medical malpractice.

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The Patient Advocacy Reporting System (PARS) is a database created by Vanderbilt University to isolate “serial complainers” and help medical facilities quickly respond to patient complaints. The database uses an algorithm with weighted patient complaints over a period of time to identify potential problem areas..Starting in 2006, UC Davis Health System and Vanderbilt University began a partnership that saw a successful transfer of PARS to UC Davis. Today, the system is up and running and physicians can enter information about a situation. PARS takes information from the different departments and combines it into one database. The larger and more robust the database becomes, the more effective it can be in identifying problem areas.

The PARS process can isolate “serial complainers,” and has the ability to distinguish between physician failures and systemic problem behaviors.

UC Davis’ PARS planning committee members (L-R) Lynette Scherer, Edward Callahan and Douglas Kirk, offered the following in their joint statement:

“The program, at its base, assumes that good doctors don’t want to know if they were being reported, and assumes that good doctors do get complaints. What is different about the approach is that simply by learning the information, doctors can make behavioral changes.

Callahan assures that PARS interactions will not influence any at-risk or other aspects of the annual review process. The PARS system will not influence our evaluation of your execution of patient education and continuing education programs.”

While UC Davis currently uses PARS data to evaluate only physician-patient interactions, it can eventually be expanded to examine all interactions between physicians and other health-care providers.

### CONTINUED ON PAGE 4

#### Patient Advocacy Reporting System

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UC Davis Health System has developed a patient advocacy and reporting system in hopes of reducing the mutual dread of medical malpractice. The program, called the Patient Advocacy Reporting System (PARS), was developed in the mid-2000s by Vanderbilt University Medical Center.

The Vanderbilt model is based on the concept that active and online patient complaints that patients file against physician-patient behavior can be predictors of eventual malpractice actions. UC Davis has since incorporated a similar contract that has been developed in conjunction with Vanderbilt University for PARS and further improvements.

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