**Appendix 1:**

**The PARS® Program at OrthoCarolina**

OrthoCarolina has partnered with the Center for Patient and Professional Advocacy (CPPA) at Vanderbilt University to systematically detect and address patterns of patient dissatisfaction through use of the Patient Advocacy Response System (PARS®).

We use PARS® because we believe that most physicians and physician assistants at OrthoCarolina would answer “yes” to the following questions:

* If high volume of patient complaints is associated with increased malpractice claims risk, wouldn’t you want to lower that risk by seeing changes in the practices or behaviors related to those complaints?
* If you or a colleague were repeatedly perceived negatively by patients, wouldn’t you (or your colleague) want an opportunity to address that situation?

In 2002, Hickson and colleagues\* demonstrated that unsolicited patient complaints are correlated with risk for medical malpractice claims. Four to eight percent of physicians who generate the highest volume of patient and family complaints account for over half of all risk management losses; those figures hold true in both academic and regional medical centers. They have also shown that 60% of those at high risk are able to significantly reduce their risk once they are made aware of the data and make adjustments in their style and/or practice.

PARS® is a fair, systematic process involving routine surveillance for all physicians and physician assistants. It identifies and intervenes with those who stand out because of high patient complaint levels; promotes a fair/just culture; reduces medical malpractice risk/cost; addresses unprofessional behavior; satisfies regulatory requirements; and helps improve clinical efficiency and outcomes by improving interactions with patients and with other members of the health care team. PARS® data for the individual can be presented against local and national norms or placed in the context of specialties.

The PARS® Subcommittee of the OrthoCarolina Clinical Quality Committee was formed to implement the PARS® program at OrthoCarolina. Once a physician or physician assistant is determined through PARS® to have a high risk score, a member from the subcommittee will discreetly and confidentially meet with him/her to review the data and answer questions about the process. The process is peer-based and intended to be collegial. Most physicians and physician assistants respond favorably to the information and reduce their risk in one to two years.

If you’d like more information about the PARS® program, it can be accessed at <http://www.mc.vanderbilt.edu/centers/cppa/>.

\*JAMA 287:2951-2957 (2002)