COMMUNITY HOWARD REGIONAL HEALTH  
KOKOMO, INDIANA  

MEDICAL STAFF POLICY  

POLICY #11. QUALITY PROFESSIONAL PRACTICE EVALUATION

As part of the performance improvement efforts of Community Howard Regional Health (CHRH), the services provided by practitioners granted Clinical Privileges are continuously monitored. CHRH performs quality professional practice evaluation through routine internal reviews, internal focused professional practice reviews, internal ongoing professional practice reviews, and external reviews. The purpose of this policy is to set out the process or structure of these various reviews.

I. Focused Professional Practice Evaluation

The purpose of focused professional practice evaluation (FPPE) is to provide a mechanism for monitoring, evaluating, documenting, and reporting the performance of practitioners granted clinical privileges at CHRH. At initial appointment, case logs are reviewed and the presence of past quality issues is evaluated and discussed. A focused review is then conducted at least one time during the first year of privileges. Focused reviews may also be conducted on established practitioners if quality/performance issues emerge or a new privilege or program is established.

Criteria developed for FPPE are based on the practitioner specialty, common diagnoses treated, procedures performed, required CMS elements, and common complications. Additionally, input from Members or Allied Health Professionals in each specialty is sought. The criteria used for evaluation may include, but are not limited to:

   a) Review of the practitioner’s assessment and treatment of patients.
   b) Review of invasive and non-invasive clinical procedures performed and their outcomes.
   c) Blood utilization, medication management, and morbidity and mortality data.
   d) Requests for tests and procedures, use of consultants and response times, length of stay and medical records compliance.
   e) Other relevant criteria as directed within the Bylaws of the Medical Staff and/or the Medical Audit and Review Committee (MARC) and/or the Medical Executive Committee (MEC)

The duration of a focused review will be based on the issues identified and at the direction of the MARC and/or the MEC.
The triggers that indicate the need for performance monitoring include the established criteria, as well as individual events or possible trends that may be brought to the attention of the Medical Staff Services Department or the Quality Department.

The type of monitoring conducted may include direct observation by peers, direct observation by team members, retrospective chart review, discussion with other practitioners involved in the care of specific patients, sentinel event data, or external peer review.

The measures employed to resolve performance issues are clearly defined and consistently implemented as outlined in Medical Staff Policy #10, Handling of Concerns, and in the Bylaws, Article 5, Section 5.1, Handling of Complaints and Concerns.

II. Ongoing Professional Practice Evaluation

The purpose of Ongoing Professional Practice Evaluation (OPPE) is to provide a mechanism for ongoing monitoring, evaluating, documenting, and reporting the performance of practitioners with privileges at CHRH. OPPE will be performed on all practitioners at least bi-annually. This process allows any potential problems with a practitioner’s performance or trends that impact quality of care and patient safety to be identified and resolved in a timely manner. The OPPE also fosters an efficient, evidence-based privilege renewal process. The information resulting from OPPE is used to determine whether to continue, limit, or revoke any existing privileges.

The criteria developed for OPPE are the same as outlined above for FPPE, as well as individual events or possible trends that may be brought to the attention of the Medical Staff Services Department or the Quality Department. The same monitoring options are also employed for OPPE as for FPPE.

There may be circumstances where an event or trend is identified through the OPPE process that may trigger a FPPE. If so, this will be conducted according to established policy. Likewise, the measures employed to resolve performance issues are clearly defined and consistently implemented as outlined in the medical staff policies and Bylaws as cited above.

III. Internal Case Review

A list of the clinical quality indicators to be internally reviewed as part on the ongoing performance improvement plan shall be maintained by the Hospital. In addition to these cases, anyone can bring an issue to the attention of the Medical Staff Services for consideration for review. The issue is given to the Medical
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Staff Quality Coordinator for retrospective review of the chart. The evaluation may include a review of the current medical literature. The Quality Coordinator will summarize the chart. The Quality Coordinator will contact a Member or Allied Health Professional from the Physician Reviewer List in a similar specialty to review the case. The Department Chiefs update the Physician Reviewer List annually and reassign reviewers as deemed appropriate. The reviewer is expected to complete an assessment within 30 days of request for review. Exercising his professional judgment, the Physician Reviewer will recommend outcome and action codes based on his/her review chart and available information. The case and recommendation is sent to MARC for the consideration.

The Medical Director of Quality or his designee presents the reviewed case to MARC. MARC may agree with the Physician Reviewer's recommendation of outcome and action codes or change them. The Committee may request additional information or follow up, as it deems necessary. The case and the MARC recommendations are sent to the MEC. The MEC may agree with the assigned outcome and action codes, change the codes, or request additional information, as they deem necessary.

Either MARC or MEC may recommend an external review of the case. The Medical Staff Quality Coordinator will keep trends by Member or Allied Health Professional that will be shared with MARC/MEC for consideration of further action. If MARC raises questions, the individual designated by MARC will notify the Member or Allied Health Professional concerning the case under review. The Member or Allied Health Professional will be given opportunity to provide clarification and additional information. This information may be done via letter or in person.

If MARC and MEC determine there is:

- inappropriate behavior as defined in Medical Staff Bylaws, Rules and Regulations, or Policies,
- documentation issues, or
- variation from the expected level of care.

action will be taken as outlined in the Medical Staff Bylaws, Rules and Regulations, and Policies, and shared with the involved Member or Allied Health Professional by the Chief of Staff, Vice Chief of Staff, or designee. A copy of the case review and final codes assigned to the case will be maintained in the Quality and considered at reappointment or as warranted.

IV. External Case Review

Whenever an external review of a case or cases is deemed necessary, the Member or Allied Health Professional whose services are being reviewed will be
notified in writing by designee of MARC or MEC, that an external review has been requested. This notification will include the identity of external reviewer being considered. Unless the Member or Allied Health Professional has a reasonable objection submitted in writing within one week to the external reviewer, the external review will be conducted as scheduled.

The Medical Staff Quality Coordinator will contact an external reviewer at the direction of the MARC or MEC. The results of the external case review will be discussed at the meetings of MARC and MEC. The Chief of Staff, Vice Chief of Staff, or designee will notify the Member or Allied Health Professional of the results of the external review. The Member or Allied Health Professional being reviewed will be given the opportunity to express their issues/concerns. This can be done via letter or in person.

If MARC and MEC determine there is:

- inappropriate behavior as defined in medical staff Bylaws, Rules and Regulations, or Policies,
- documentation issues, or
- variation from the expected level of care.

action will be taken as outlined in Medical Staff Bylaws and Policies, shared with the involved Member or Allied Health Professional by Chief of Staff, Vice Chief of Staff, or designee, and a copy will go in the peer review file of the Member or Allied Health Professional to be considered at reappointment or when warranted.

The Medical Staff Quality Coordinator will maintain the results of all external reviews for trending per Member or Allied Health Professional that will be shared with MARC/MEC for consideration of further action.

Approved by Medical Staff Executive Committee of Community Howard Regional Health on March 17, 2016.

Approved by President of Community Howard Regional Health on May 10, 2016.

Approved by Board of Directors of Community Howard Regional Health on May 24, 2016.