

**COMMUNITY HEALTH NETWORK, INC.
MEDICAL STAFF POLICIES & PROCEDURES**

Community Hospital North
 Community Hospital East

Community Hospital South
 Community Heart and Vascular Hospital

TITLE: MEDICAL STAFF PEER REVIEW

POLICY: The Board of Directors of Community Health Network, Inc. (“Board”), through its Quality of Care Committee, serves as the governing body (as defined in federal and state laws and regulations) that provides oversight of the quality of care provided in its affiliated hospitals (“Hospitals”). The Hospitals and their medical staffs are responsible for the quality of care provided to the patients seen at the respective Hospitals. It is the policy of the Hospitals to support medical staff peer review, its process, and related activities. Many types of peer review activities occur in the Hospitals. This policy governs the routine retrospective case reviews conducted by the medical staff with the assistance of the quality department. The results of peer review conducted by the medical staff will be forwarded to the Board as described in Medical Staff Bylaws or policies. Nothing in this Policy precludes the Medical Staff Executive Committee or the Board from taking immediate action against a Privileged Practitioner when warranted.

DEFINITIONS:

“**Peer Review**” means evaluating the: (1) qualifications of professional health care providers; (2) patient care rendered by professional health care providers; or (3) merits of a complaint against a professional health care provider that includes a determination or recommendation concerning the complaint, and the complaint is based on the competence or professional conduct of an individual health care provider, whose competency or conduct affects or could affect adversely the health or welfare of a patient or patients.¹

“**Evaluation of Patient Care**” relates to (1) the accuracy of diagnosis; (2) the propriety, appropriateness, quality, or necessity of care rendered by a professional health care provider; and (3) the reasonableness of the utilization of services, procedures, and facilities in the treatment of individual patients.²

“**Privileged Practitioner**” means any professional health care provider who has obtained clinical privileges or membership through the medical staff or equivalent process approved by the Medical Executive Committee and Board.

“**Personnel of the Peer Review Committee**” means not only committee members, but all of the committee’s employees, representatives, agents (such as Reviewers, Panelists, and External Reviewers) attorneys, investigators, assistants, clerks, staff, and any other person or organization who serves a peer review committee in any capacity. Such personnel, including individual Reviewers, Panelists, External Reviewers, are entitled to the same peer review protections as committee members.

¹ IC 34-6-2-99(1)(A)-(C).

² IC 34-6-2-44.

"**Reviewer**" means a Privileged Practitioner selected to assist the medical staff peer review committee in conducting retrospective case reviews. In selecting reviewers the following factors are considered. The selection should strive to use a Privileged Practitioner licensed in the same profession as the individual whose patient care is under review. If specialty skills and technique is in question, then the selection should strive to use a Privileged Practitioner with the same clinical privileges.

"**External Reviewer**" means a practitioner selected to assist the medical staff peer review committees in conducting retrospective case reviews. The selection should strive to engage a practitioner licensed in the same profession as the individual whose patient care is under review. If specialty skills and technique is in question, then the selection should strive to use a practitioner with the same clinical privileges. However, such practitioner does not require an Indiana license but may be licensed in another state.

PROCEDURE:

The Medical Staff Bylaws describe the standing committees authorized to conduct peer review on behalf of the Medical Staff. These committees may convene ad hoc committees as needed to conduct peer review matters and assist the standing committees. In addition, the Medical Staff Departments are authorized to conduct peer review activities and appoint committees to carry out this function on behalf of the Departments (*i.e.* conduct patient care review for the purposes of analyzing the quality and appropriateness of care and treatments provided to patients within the Department).

Through routine quality and case management activities, cases are identified for indicators requiring retrospective peer review. The types of cases that may be reviewed include but are not limited to the circumstances listed below. The first five indicators require peer review:

- All deaths with exceptions determined by the specific medical staff department; *e.g.* unexpected death
- Unexpected complications in patient condition and/or care or treatment, including those that result in major permanent loss of function, not related to the natural course of the patient's illness or underlying condition
- Post-operative complications, as defined by the Departments under which those procedures are governed, and/or QA Council of MEC
- Patient suicide
- Patient grievances regarding any Privileged Practitioner.
- Moderate to severe adverse drug reactions
- Transfusion reactions
- Patient complaints regarding any Privileged Practitioner
- Staff complaints, grievances or concerns regarding any Privileged Practitioner related to the management of patient care and/or the disruption of unit function
- Utilization issues in regard to hospital admission
- Iatrogenic events
- Inappropriate use of blood and blood components
- Inappropriate use of medications including opioids
- Inappropriate use of nutritional products

- Appropriateness, timeliness, completion and legibility of medical record content
- Department specific defined performance indicators, as established and approved by the specific medical staff department

This list is not exhaustive. This list may be revised at any time, as deemed appropriate by the Quality Assurance Council of the Medical Executive Committees, the Medical Staff Departments and the Credentials Committees (when applicable) of the Medical Staffs. Revisions to the first five indicators on the list must meet approval of both the Quality Assurance Council of the Medical Executive Council/Committee and the Board. Events not described above may also be reviewed when warranted.

PEER REVIEW PROCESS

The peer review committees of the Medical Staff may enlist the assistance of an individual Reviewer, a group of Reviewers, or External Reviewer(s) and others in carrying out their peer review responsibilities.

Use of Individual Reviewer

When the peer review involves a member of the reviewing committee, the member being reviewed will be excused from that part of the meeting.

Medical Staffs of CHNw-affiliated entities are encouraged to establish routine, reciprocal review by similarly credentialed providers from one CHNw entity for a separate but affiliated CHNw entity.

The fact that a Reviewer or committee member is also a Network employee does not automatically preclude the Reviewer or committee member from participating in the review.

An individual functioning as a Reviewer will not have performed any medical management on the patient whose case is under review. However, opinions and information may be obtained from participants involved in the patient's care.

Use of Multiple Reviewers

More than one Reviewer may be selected in certain circumstances when additional consideration is necessary or when more peers of a specific specialty are needed to adequately review a specific case. Reviewers may be selected for their expertise in (1) a given subject of medicine or in a specific medical or surgical specialty, or (2) in the applicable standard of care for any non-physician Privileged Practitioner regardless of whether the panelist is credentialed at a CHNw-affiliated Hospital, so long as appropriately licensed and credentialed in Indiana to practice in the same specialty as the Privileged Practitioner whose case is under review.

Use of External Review

Circumstances that require external peer review may include, but may not be limited to:

- Need for specialty review when there are no medical staff members with the identified specialty within the Hospital
- The peer review committee cannot make a determination and requests external review.

- The individual whose case is under review requests external peer review. The individual will be responsible for costs incurred for the external peer review. An external review requested by the individual must include appropriate safeguards to maintain the peer review privilege, and does not preclude review within the Hospital by a Medical Staff peer review committee.
- External reviewers do not have to be licensed in the State of Indiana.
- The Quality Assurance Council of the Medical Executive Council/Committee, and/or the Medical Executive Council/Committee request external review.
- When dealing with the potential for litigation.
- When dealing with ambiguous or conflicting recommendations from internal Reviewers or medical staff peer review committees or when there does not appear to be a strong consensus for a particular recommendation.
- When a Privileged Practitioner has been granted additional privileges to utilize new technology or perform a procedure new to the Hospital and the Medical Staff does not have the necessary subject matter expertise to adequately evaluate the quality of care involved.
- When the Medical Staff needs an expert witness for a fair hearing, for evaluation of a credential file, or for assistance in developing a benchmark for quality monitoring.

Classification System for Peer Reviews

The Reviewer or External Reviewer will complete the form approved by the Medical Executive Committee after conducting the case review and submit it to the appropriate peer review committee for review and recommendation. The peer review committee is not bound to the Reviewer's recommendations concerning the code assignment.

Peer Review findings will be classified using the codes below.

<u>Finding Code</u>	<u>Description</u>
#1	No issue and no action required
#1A	No issue, but needs referral to another department
#1B	No issue, but FYI letter to Practitioner
#2	Education letter of intervention – learn something
#2A	Collegial Conversation/Verbal education or counseling
#3	Focus review monitoring – watch to make sure it is not a problem. Define time period and type of focus review.
#4	Immediate threat to patients or employees – severe issue requiring immediate action and possible privilege intervention

Routine peer review, such as performance monitoring and case reviews, are not generally considered peer review Investigations as defined in the Medical Staff Bylaws. However, all code 4 determinations will be immediately referred to the appropriate Medical Staff officer or Medical Staff Department Chair and notice that a formal investigation may be initiated will be given to the Privileged Practitioner in accordance with any notice requirements set forth in the applicable Medical Staff Bylaws.

Participation by the Privileged Practitioner under Review

All individuals whose cases are identified as not meeting the expected standard of care and requiring further review shall be notified of the medical record number and date of admission of the case to be reviewed, in addition to the reason for review, at least two weeks prior to the scheduled peer review meeting date. In cases of immediate referral to the peer review committee, as determined by the Medical Staff Department/Clinical Service Quality Assurance Chair, the Privileged Practitioner whose case is under review shall be notified of the reason for the review and the scheduled date of review, as soon as the Medical Staff Department/Clinical Service Quality Assurance Chair makes the determination that the case must be referred for immediate committee review. Before the peer review committee issues a determination of 4, the Privileged Practitioner whose case is under review will be given an opportunity to provide information to the peer review committee, if not already provided. A formal peer review Investigation may be only initiated as set forth in the applicable Medical Staff Bylaws.

Time frames

Cases forwarded to Medical Staff Departments/Clinical Service Committees/QA Council of MEC for peer review are to be reviewed within one month of receiving the case review request, as appropriate.

Cases are identified for review through retrospective record review that is performed on an ongoing basis upon completion of the medical record and its coding.

Cases are identified on a concurrent basis during routine quality and case management activities. Those cases requiring immediate action will be referred to the Hospital Physician Executive and designated Medical Staff officer for determination. Cases determined to require immediate Committee review by the Medical Staff Department QA Chair will be referred to the appropriate Medical Staff Committee within the month.

Cases determined by the Medical Staff Department QA Chair not to require immediate review will undergo the medical record completion process prior to referral to the Medical Staff Department/Clinical Service Committee, but at no time shall referral be greater than a two-month time period from issue identification to Medical Staff Department QA Chair.

Peer Review Results

Results of peer review activities are aggregated and reported to the Quality Assurance Council of the Medical Staff Executive Council/Committee from time to time.

Results of peer review activities specific to each Privileged Practitioner is compiled and reported before medical staff reappointment and renewal of clinical privileges recommendations are made to provide for practitioner-specific appraisal of competency. A Privileged Practitioner's specific performance profile is completed and forwarded to the Credentials Committee/QA Council of the Medical Staff Executive Committee prior to Privileged Practitioner's reappointment.

On behalf of the Medical Staff Department QA Committee, the Medical Staff Department QA Chairperson shall forward the results of peer review activities of a Privileged Practitioner to the QA Council of MEC whenever a pattern of concern may be developing.

Results of peer review activities are utilized in the hospital-wide performance improvement program, via a report to the Quality Assurance Council of the Medical Executive Council/Committee to allow for organizational improvement as necessary.

The peer review activities of the Medical Staff are an ongoing component of the hospital-wide performance improvement program and a routine component of each Medical Staff Department.

The conclusions, outcomes, recommendations, and actions resulting from peer review by the Medical Staff are monitored for effectiveness. Results of follow-up, effectiveness and monitoring are reported to the QA Council of the Medical Executive Council/Committee and to the Network Quality of Care Committee.

Related Medical Staff Policies

Focused Professional Practice Evaluation
Ongoing Professional Practice Evaluation
Disruptive Medical Staff Member Policy
Physician Impairment
Reappointment Policy
Credentialing for New Procedure
Credentials Files of Practitioners
Quality Assurance Files of Practitioners
Tissue Review
Medical Record Chart Requirements

Originated:	4/02 (EN); 12/02 (CHVH)
Reviewed by CHS Bylaws Committee:	11/16/05
Approved by East & North Medical Executive Council:	6/18/02; 6/21/05; 3/17/15; 01/14/20 20
Approved by South Medical Executive Council:	02/13/06; 10/8/12; 3/10/15; 04/14/2020
Approved by CHNw Board of Directors:	8/5/02; 7/11/05; 4/13/15; 05/11/2020
Approved by CHVH Medical Executive Council:	1/27/03; 3/27/06
Approved by CHVH Board of Managers:	1/27/03; 4/24/06