



Part of the West Orange Healthcare Family

Policy & Procedure

DEPARTMENT: Administrative/Medical Staff	ORIGINAL: 1/2004	PAGE: Page 1 of 9
POLICY: Practitioner Performance Improvement	REVIEWED: 2004, 2005, 2006, 2007, 2008, 2009	
APPROVAL: Medical Executive Committee 4/2008 Board of Trustees 4/2008	DATE: 03/2009	REVISED: March 2009

I. POLICY AND PURPOSE

The Medical Staff of Health Central function in a leadership role in improving organizational performance. The purpose of the Practitioner Performance Improvement Policy is to define the process for focused and on-going professional practice evaluation (hereinafter the “Program”) to continuously monitor and improve the appropriateness and effectiveness of care provided at Health Central. The role of the medical staff in the Program is to provide focused and continuous evaluation of performance, to ensure that quality services are provided to Health Central patients.

A. SCOPE OF SERVICES

This Program applies to all practitioners holding clinical privileges at Health Central, including but not limited to physicians, dentists, podiatrists, psychologists, PAs, ARNPs and CRNAs (hereinafter the “practitioner”).

B. DEFINITIONS

A “peer” is defined as any qualified practitioner of similar training or experience who can render an unbiased opinion on the quality or conduct of care for the patient.

C. RESPONSIBILITY

Each medical staff section is responsible for monitoring and evaluating activities related to patient care, including the evaluation of high risk, high volume and problem prone aspects of care for the purposes of analyzing, reviewing and evaluating the quality of care within the service. Such monitoring and evaluation activities shall be ongoing.

Oversight of the Program is delegated to the Practitioner Performance Improvement Committee pursuant to Health Central Medical Staff Bylaws Article V, Section 5.

D. QUALITY IMPROVEMENT AND MEDICAL STAFF INTEGRATION

The medical staff performance improvement process provides a mechanism for practitioners to review quality improvement data and to make recommendations on policy and procedure changes, process changes, standards of care, etc. The data is collected using a variety of sources. These methods include, but are not limited to, ICD-9 codes, DRG's, UR screens,



Part of the West Orange Healthcare Family

Policy & Procedure

DEPARTMENT: Administrative/Medical Staff	ORIGINAL: 1/2004	PAGE: Page 2 of 9
POLICY: Practitioner Performance Improvement	REVIEWED: 2004, 2005, 2006, 2007, 2008, 2009	
APPROVAL: Medical Executive Committee 4/2008 Board of Trustees 4/2008	DATE: 03/2009	REVISED: March 2009

pathology reports, autopsy logs and reports, internal and external databases, clinical staff referrals and medical staff referrals. This collection is done on an ongoing basis.

Relevant information resulting from the focused evaluation process is integrated into performance improvement activities (MS.08.01.01)

The Quality Improvement Program focuses on and reports data to Medical Staff Credentialing on the following areas:

- Credentials/Competency – JCAHO/AHCA
- Invasive, Operative, and Non-invasive Procedures – JCAHO/AHRQ
- Blood Usage – JCAHO/AHRQ
- Medication Use and Monitoring – JCAHO/CMS
- Medical/Surgical Mortality Review - AHRQ/AHCA
- Safety Management – CMS/JCAHO/AHRQ
- Risk Management - AHCA
- Infection Control – JCAHO/AHCA/CMS
- Resource Management (UR) – JCAHO/CMS
- Customer Satisfaction & Complaint Review – JCAHO/CMS
- Sentinel Event Review – AHCA/JCAHO
- Pathology & Clinical Laboratory/Autopsy Results JCAHO/AHCA
- Assessment of Patients –JCAHO/CMS
- Education of Patients and Family – JCAHO/CMS
- Management of Information –JCAHO/AHCA
- Leadership – JCAHO/AHCA

E. PERFORMANCE MONITORING PROCEDURE

a. PROFESSIONAL PRACTICE EVALUATION – Initial Request for Privileges

All practitioners requesting privileges (initial) will be subject to a focused professional practice evaluation (the “evaluation”). The scope and criteria of the evaluation and performance monitoring is as follows:

- Focused review of 3-5 episodes of care for each privilege, procedure and/or treatment granted in accordance with this Program. The Practitioner Performance Improvement



Part of the West Orange Healthcare Family

Policy & Procedure

DEPARTMENT: Administrative/Medical Staff	ORIGINAL: 1/2004	PAGE: Page 3 of 9
POLICY: Practitioner Performance Improvement	REVIEWED: 2004, 2005, 2006, 2007, 2008, 2009	
APPROVAL: Medical Executive Committee 4/2008 Board of Trustees 4/2008	DATE: 03/2009	REVISED: March 2009

Committee may expand or change the method of review based on recommendations from physicians in same specialty/subspecialty, physician consultants or established literature.

- The review will commence 30 days after initial privileges are granted and continue until such time as the practitioner has met thresholds for volume and competence.
- The following criteria will also be assessed during review:
 1. Level of activity
 2. Clinical Competence
 3. Technical Skill and Judgment
 4. Professional Performance Based on Results of Quality Performance Monitoring
 5. Adherence to Medical Staff By-Laws
 6. Ability to Perform Procedures Requested

b. PROFESSIONAL PRACTICE EVALUATION - Ongoing

The process for ongoing professional practice evaluation includes information from the following sources:

- Credentials/Competency – JCAHO/AHCA
- Invasive, Operative, and Non-invasive Procedures – JCAHO/AHRQ
- Blood Usage – JCAHO/AHRQ
- Medication Use and Monitoring – JCAHO/CMS
- Medical/Surgical Mortality Review - AHRQ/AHCA
- Safety Management – CMS/JCAHO/AHRQ
- Risk Management - AHCA
- Infection Control – JCAHO/AHCA/CMS
- Resource Management (UR) – JCAHO/CMS
- Customer Satisfaction & Complaint Review – JCAHO/CMS
- Sentinel Event Review – AHCA/JCAHO
- Pathology & Clinical Laboratory/Autopsy Results JCAHO/AHCA
- Assessment of Patients –JCAHO/CMS
- Education of Patients and Family – JCAHO/CMS
- Management of Information –JCAHO/AHCA
- Leadership – JCAHO/AHCA



Part of the West Orange Healthcare Family

Policy & Procedure

DEPARTMENT: Administrative/Medical Staff	ORIGINAL: 1/2004	PAGE: Page 4 of 9
POLICY: Practitioner Performance Improvement	REVIEWED: 2004, 2005, 2006, 2007, 2008, 2009	
APPROVAL: Medical Executive Committee 4/2008 Board of Trustees 4/2008	DATE: 03/2009	REVISED: March 2009

100% of patient care, procedures and treatment will be reviewed in accordance with this Program.

The review will be ongoing by the departments collecting the required information

The performance measures and data will be reported to the Practitioner Performance Improvement Committee on a monthly basis

The Practitioner Performance Improvement Committee will use the following criteria during ongoing professional practice evaluations to determine if the practitioners existing privileges require revisions or revocation prior to or at the time of renewal (MS.08.01.03)

1. Level of activity
2. Clinical Competence
3. Technical Skill and Judgment
4. Professional Performance Based on Results of Quality Performance Monitoring
5. Adherence to Medical Staff Bylaws
6. Ability to Perform Procedures Requested

Action taken as a result of the Practitioner Performance Improvement may include: changes in policy, procedures or processes, counseling of an employee or practitioner, and/or written notification of the findings and/or tracking and trending occurrences, privilege revision or revocation.

c. PROFESSIONAL PRACTICE EVALUATION - Focused

When a trigger event occurs regarding a particular practitioner’s performance, the medical staff is responsible for determining the use of such information in performance improvement and/or other periodic evaluations of the practitioner's competence, in accordance with the procedure for appointment and reappointment. A trigger event may be a single incident representing a deviation from the standard of care, or evidence of a clinical practice trend. Triggers that indicate the need for focused performance monitoring are:



Part of the West Orange Healthcare Family

Policy & Procedure

DEPARTMENT: Administrative/Medical Staff	ORIGINAL: 1/2004	PAGE: Page 5 of 9
POLICY: Practitioner Performance Improvement	REVIEWED: 2004, 2005, 2006, 2007, 2008, 2009	
APPROVAL: Medical Executive Committee 4/2008 Board of Trustees 4/2008	DATE: 03/2009	REVISED: March 2009

Trigger Event	Deviation or Clinical Trend That Prompts Focused Review	Period of Focused Review and Action
ORYX Complications	The practitioner's rate of ORYX Complications is 50% greater than the benchmark 3 times within 6 months. The benchmark is defined as VHASE hospitals	3 month prospective
Mortality Rates	The practitioner's mortality rate is 50% greater than the benchmark 3 times within 6 months. The benchmark is defined as VHASE hospitals	3 month prospective
Core Measure Performance	The practitioner fails to meet benchmark on 75% of the indicators applicable to his practice for 3 consecutive months	3 month prospective
Returns to Surgery	Major Postoperative Complications causing return to surgery. Major Postoperative Complications are defined by MSDRG and ICP 9 indicators and include excessive bleeding, wound dehiscence and infection. Three or more returns to surgery for major postoperative complications in 1 month will trigger focused review	3 month retrospective and 3 month prospective
Medical Record Delinquencies and Dictation Compliance	Physician suspension and loss of privileges due medical record deficiencies	3 month prospective after privileges are restored or permanent suspension from medical staff
Blood Usage	6 or more transfusions found inappropriate per quarter	3 month prospective
Patient Satisfaction	3 or more complaints that are deemed confirmed and deviate from the standard of care per month	3 month prospective
Malpractice claims/risk and variance reports	3 sentinel events within 1 year	3 month prospective



Part of the West Orange Healthcare Family

Policy & Procedure

DEPARTMENT: Administrative/Medical Staff	ORIGINAL: 1/2004	PAGE: Page 6 of 9
POLICY: Practitioner Performance Improvement	REVIEWED: 2004, 2005, 2006, 2007, 2008, 2009	
APPROVAL: Medical Executive Committee 4/2008 Board of Trustees 4/2008	DATE: 03/2009	REVISED: March 2009

A practitioner may be placed on focused review as a result of a trigger event. A focused review is defined as a thorough review of all the quality improvement indicators, deviations from standards of care, and untoward events in the thirty six (36) months prior to being placed on intensified review and for twelve (12) months thereafter. The Practitioner Performance Improvement Committee may expand or change the method of review based on recommendations from physicians in same specialty/subspecialty, physician consultants or established literature.

The involved practitioner receives written notification of the intensified review and the findings. The practitioner may request a hearing when a recommendation unfavorable to him/her has been made to the Medical Executive Committee. Article VIII - Part A through D of the Medical Staff Bylaws will be followed.

F. CONFIDENTIALITY

The peer review/quality improvement activities are immune to discoverability according to the Florida State Statutes. All activities are to be kept confidential. Only authorized persons have access to the monitoring data and/or retrieval of this information. Authorized persons include medical staff leaders, the hospital CEO, hospital Vice Presidents; medical staff services personnel, and the quality management personnel. Medical Staff members are identified by practitioner number to increase confidentiality protection.

II. PROCEDURE

SECTION/DEPARTMENT CHIEF OR DESIGNEE

Quality Management/Performance Improvement Office will log in all Quality/Peer Review concerns received. Examples of Quality/Peer Review concerns include:

- Failure to follow rules and regulations, clinical protocols or guidelines
- Patient complaints
- Sentinel events
- Hospital and/or Medical Staff referrals
- Quality indicator outlier
- Compliance concerns



Part of the West Orange Healthcare Family

Policy & Procedure

DEPARTMENT: Administrative/Medical Staff	ORIGINAL: 1/2004	PAGE: Page 7 of 9
POLICY: Practitioner Performance Improvement	REVIEWED: 2004, 2005, 2006, 2007, 2008, 2009	
APPROVAL: Medical Executive Committee 4/2008 Board of Trustees 4/2008	DATE: 03/2009	REVISED: March 2009

- Liability risks

Quality Management/Performance Improvement Office will conduct an initial review and assemble all information for physician and/or peer review. The information will be sealed in a confidential envelope and delivered to the section chief, or designee, for review and disposition.

The procedure for review of the packet by the Section Chief/Department Chair or Designee is as follows:

The Section Chief/Department Chair or designee will obtain additional information, including input from the practitioner, if needed.

Review the information personally, or assign to a colleague.

The Section/Department Chief or Designee will note one or more of the following dispositions in the Action Section on the Health Central Physician Quality and Peer Review Form.

1. No issue, unconfirmed. Packet will be returned to Quality Management so noted.
2. Notify practitioner if additional information was sought from practitioner
3. Report to Practitioner Performance Improvement Committee
4. Educational letter to practitioner. A copy of the letter will be attached to the packet and returned to Quality Management.
5. Collegial intervention and report to Practitioner Performance Improvement Committee
6. Refer to Medical Executive Committee (Very serious incident requiring immediate attention)
7. System issue identified – refer to applicable hospital department. The packet will be returned to Quality Management so noted. Quality Management will refer the concern to the applicable hospital department.

PROCEDURE PRACTITIONER PERFORMANCE IMPROVEMENT COMMITTEE

The Practitioner Performance Improvement Committee will review information from Quality Management and the Section/Department Chief (Designee).



Part of the West Orange Healthcare Family

Policy & Procedure

DEPARTMENT: Administrative/Medical Staff	ORIGINAL: 1/2004	PAGE: Page 8 of 9
POLICY: Practitioner Performance Improvement	REVIEWED: 2004, 2005, 2006, 2007, 2008, 2009	
APPROVAL: Medical Executive Committee 4/2008 Board of Trustees 4/2008	DATE: 03/2009	REVISED: March 2009

The Practitioner Performance Improvement Committee will review prior determinations for trends.

The Practitioner Performance Improvement Committee will obtain additional clinical expertise if needed from a physician on the Medical Staff or external reviewer. Circumstances that would require external review include, but are not limited to:

1. When there is only one practitioner in the specialty;
2. When the only other practitioner in the specialty is a direct competitor, partner or associate; or
3. When specialty-specific expertise is required.

The Practitioner Performance Improvement Committee Chair will notify the practitioner that his/her practice is under review and obtain input from the practitioner.

Concerns brought to the Practitioner Performance Improvement Committee will have one or more of the following dispositions noted:

No further review required

Collegial intervention

Performance Improvement Plan (PIP) consisting of one of more of the following:

Focused prospective review

Additional education/CME

Second opinions/counseling

Concurrent monitoring/proctoring

Participation in a formal evaluation/assessment program

Refrain from practicing until additional training complete

Educational leave of absence

Referral to Medical Executive Committee - physician refuses or failed to comply with PIP

Possible system issue present. Forward to appropriate hospital department.

PROCEDURE MEDICAL EXECUTIVE COMMITTEE

The Medical Executive Committee shall make determinations and recommendations in accordance with the Medical Staff Bylaws and Credentialing Policies.

REPORTING



Part of the West Orange Healthcare Family

Policy & Procedure

DEPARTMENT: Administrative/Medical Staff	ORIGINAL: 1/2004	PAGE: Page 9 of 9
POLICY: Practitioner Performance Improvement	REVIEWED: 2004, 2005, 2006, 2007, 2008, 2009	
APPROVAL: Medical Executive Committee 4/2008 Board of Trustees 4/2008	DATE: 03/2009	REVISED: March 2009

Quality Management will present a summary of performance improvement dispositions and trending to the Practitioner Performance Improvement Committee monthly. The Practitioner Performance Improvement Committee will present the information and determinations to the Medical Executive Committee quarterly