

Peer Review



Objectives

- **Historical Review**
- **Regulatory Requirements**
- **Components of Peer Review**
- **Models**
- **Peer Review Challenges**



Historical Review

- **American College of Surgeons**
- **Codman**
- **JCAHO**



REGULATORY REQUIREMENTS



Health Care Quality Improvement Act

- **HCQIA provides immunity from civil money damages for participants in professional review actions (peer review), except for damages relating to civil rights actions. In addition, immunity from damages shall not be available to any one who knowingly provides false information to a professional review body.**
- **Creation of the National Practitioner Databank**



What is a Professional Review Action under HCQIA?

- A “professional review action” means an action or recommendation by a professional review body which is taken or made during a professional review activity.
- The action or recommendation must be based on the (i) competence or (ii) professional conduct of an individual physician and (iii) which affects (or may affect) adversely the physician’s clinical privileges or membership in a professional society.
- A professional review action includes a formal decision to not take action or make a recommendation.



Time Frames for Reporting to the National Practitioner Data Bank.

- **Malpractice Payments.** The entity making the payment must submit information to the Data Bank within **30 days** from date payment is made. If required under Section 60.7, the information must be submitted simultaneously to the appropriate state licensing board. (see: 45 C.F.R. Section 60.5(a)).
- **Licensure Actions.** The Board of Medical Examiners must submit information to the Data Bank within **30 days** from date action was taken. (see: 45 C.F.R. Section 60.5(b)).
- **Health Care Entity Adverse Action.** A health care entity must report an adverse action to the Board of Medical Examiners within **15 days** from the date the adverse action was taken. The Board of Medical Examiners must submit the information received from the health care entity within 15 days from the date it received the information. (see 45 C.F.R. Section 60.5(c)).



Medical Staff

Condition of Participation

- **§482.22(a)(1) - The medical staff must periodically conduct appraisals of its members.**

The medical staff must at regular intervals appraise the qualifications of all practitioners appointed to the medical staff/granted medical staff privileges. In the absence of a State law that establishes a timeframe for periodic reappraisal, a hospital's medical staff must conduct a periodic appraisal of each practitioner. CMS recommends that an appraisal be conducted at least every 24 months for each practitioner.

Tag A-0340



§482.22(a)(1)

- **The purpose of the appraisal is for the medical staff to determine the suitability of continuing the medical staff membership or privileges of each individual practitioner, to determine if that individual practitioner's membership or privileges should be continued, discontinued, revised, or otherwise changed.**



Governing Body

Condition of Participation

[The governing body must:]

- **§482.12(a)(6) Ensure the criteria for selection are individual character, competence, training, experience, and judgment; and**

The governing body must assure that the medical staff bylaws describe the privileging process to be used by the hospital. The process articulated in the medical staff bylaws, rules, or regulations must include criteria for determining the privileges that may be granted to individual practitioners and a procedure for applying the criteria to individual practitioners that considers:

- Individual character;
- Individual competence;
- Individual training;
- Individual experience; and
- Individual judgment.

Tag A0050



Maine Revised Statutes

- **Title 32 Sec. 2596-A - Establishment Of Protocols For Operation Of A Professional Review Committee**



Maine Revised Statutes

- **Title 32 Sec. 2599 - Records Of Proceedings Of Hospital Medical Staff Review Committees Confidential**



Maine Revised Statutes

- **Title 32 Sec. 2596 - Review Committee Member Immunity**



Statutory Authority

“This policy is based on the statutory authority of the Health Care Quality Improvement Act of 1986 42 U.S.C. 11101, et seq. and Maine State Law. All minutes, reports, recommendations, communications, and actions made or taken pursuant to this policy are deemed to be covered by such provisions of federal and state law providing protection to peer review related activities.”



The Six Competencies in the Joint Commission Standards

- **Patient Care.** Practitioners are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and managing the end of life.
- **Medical/Clinical Knowledge.** Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, as well as the application of their knowledge to patient care and the education of others.
- **Practice-based Learning and Improvement.** Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate and improve patient care practices.
- **Interpersonal and Communication Skills.** Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of health care teams.
- **Professionalism.** Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession and society.
- **Systems-based Practice.** Practitioners are expected to demonstrate both an understanding of the contexts and systems in which health care is provided and the ability to apply this knowledge to improve and optimize healthcare.



The Joint Commission

- **What is FPPE?**

The intent of FPPE is to confirm competence for practitioners with new privileges and to confirm whether concerns regarding existing privileges are valid.



MS.08.01.01 - Focused professional practice evaluation

FPPE is a process whereby the organization evaluates the privilege-specific competence of the practitioner who does not have documented evidence of competently performing the requested privilege at the organization.

This process may also be used when a question arises regarding a currently privileged practitioner's ability to provide safe, high quality patient care.

Focused professional practice evaluation is a time-limited period during which the organization evaluates and determines the practitioner's professional performance.

The Joint Commission

What is OPPE?

- **Routine monitoring of current competency for current medical staff members (peer review) .**



MS.08.01.03 - OPPE

The ongoing professional practice evaluation allows the organization to identify professional practice trends that impact on quality of care and patient safety. Such identification may require intervention by the organized medical staff. The criteria used in the ongoing professional practice evaluation may include the following:

- Review of operative and other clinical procedure(s) performed and their outcomes**
- Pattern of blood and pharmaceutical usage**
- Requests for tests and procedures**
- Length of stay patterns**
- Morbidity and mortality data**
- Practitioner's use of consultants**
- Other relevant criteria as determined by the organized medical staff**



Components of Peer Review

- **Standardizing and coordinating the case review process to ensure reliability**
- **Ensuring consistent interpretation of physician performance data**
- **Selecting relevant physician measures for all performance dimensions or general competencies**
- **Ensuring that data is systematically collected and analyzed**
- **Ensuring that identified performance improvement opportunities are addressed**
- **Ensuring availability of physician performance data for feedback and reappointment**
- **Prioritizing the use of resources for measuring physician performance**

Medical Staff Leader Connection, July 28, 2011

2012 Maine Association for Healthcare
Quality

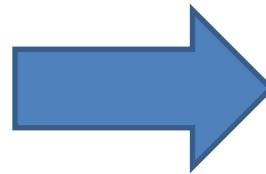


Peer Review at Pen Bay Healthcare

Artisan



Accountable



Sole Provider

Collaborative

PURPOSE:

- **To ensure that the hospital, through the activities of its medical staff, assesses the ongoing professional evaluation (OPPE) of individuals granted clinical privileges and uses the results of such assessments, when necessary, to perform focused professional practice evaluation (FPPE) and improve patient care.**



GOALS:

- **Monitor and evaluate the ongoing professional practice of individual practitioners with clinical privileges**
- **Create a culture with a positive approach to peer review by recognizing physician excellence as well as identifying improvement opportunities**
- **Perform focused professional practice evaluation when potential physician improvement opportunities are identified**
- **Provide accurate and timely performance data for physician feedback, ongoing and focused professional practice evaluation and reappointment**
- **Promote efficient use of physician and quality staff resources**
- **Ensure that the process for peer review is clearly defined, fair, defensible, timely and useful.**



Charter

- 1. Goals**
- 2. Scope**
- 3. Responsibilities**
- 4. Membership**
- 5. Meetings and Reporting**
- 6. Operating Principles**



Committee Members

- **Immediate Past President of Medical Staff**
- **Surgeon**
- **Hospitalist**
- **Emergency**
- **Radiologist**
- **OB/GYN**
- **Internist**
- **CMO**
- **Director of Quality**



DEFINITIONS:

- **Peer Review** – “Peer Review” is the evaluation of an individual practitioner’s professional performance and includes the identification of opportunities to improve care. Peer review differs from other quality improvement processes in that it evaluates the strengths and weaknesses of an individual practitioner’s performance, rather than appraising the quality of care rendered by a group of professionals or by a system.



DEFINITIONS:

- **Peer Review** – is conducted using multiple sources of information including a) the review of individual cases, b) the review of aggregate data for compliance with general rules of the medical staff and clinical standards, and 3) use of rate measures in comparison with established benchmarks or norms.



DEFINITIONS:

- **Peer** – A “peer” is an individual practicing in the same profession and who has expertise in the appropriate subject matter. The level of subject matter expertise required to provide meaningful evaluation of a practitioner’s performance will determine what “practicing in the same profession” means on a case-by-case basis. For quality issues related to general medical care, a physician (MD or DO) may review the care of another physician. For specialty-specific clinical issues, a peer is an individual who is well-trained and competent in that specialty area.



DEFINITIONS:

- **Peer Review Body** – The peer review body designated to perform the initial review by the Medical Staff Executive Committee (MSEC) or its designee will determine the degree of subject matter expertise required for a provider to be considered a peer for all peer reviews performed by or on behalf of the hospital. The initial peer review will be conducted by the department Chair or designee.



DEFINITIONS:

- **Conflict of Interest** – A member of the medical staff requested to perform peer review may have a conflict of interest if they may not be able to render an unbiased opinion.
- An absolute conflict of interest would result if the physician is the provider under review.
- Relative conflicts of interest are either due to a provider's involvement in the patient's care not related to the issues under review or because of a relationship with the physician involved as a direct competitor, partner or key referral source.



DEFINITIONS:

- **Physician Competency Framework** – The individual's evaluation is based on generally recognized standards of care. Through this process, practitioners receive feedback for personal improvement or confirmation of personal achievement related to the effectiveness of their professional practice as defined by the six Joint Commission/ACGME general competencies.



Joint Commission/ACGME General Competencies

- **Patient Care:** Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and at the end of life.
- **Medical Knowledge:** Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others.
- **Practice-Based Learning and Improvement:** Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate and improve patient care.
- **Interpersonal and Communication Skills:** Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of healthcare teams.
- **Professionalism:** Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession and society.
- **Systems-Based Practice:** Practitioners are expected to demonstrate both an understanding of the contexts and systems in which healthcare is provided, and the ability to apply this knowledge to improve and optimize healthcare.



Ongoing Professional Practice Evaluation (OPPE) – The routine monitoring and evaluation of current competency for current medical staff. These activities comprise the majority of the functions of the ongoing peer review process and the use of data for reappointment.



Examples of OPPE

- **Physician Performance Feedback Reports**
- **Quarterly reports – PI Indicators**
- **Biannual reports – Global indicators**



Examples of OPPE

Profile: PHYSICIAN PERFORMANCE FEEDBACK REPORT

Quarter: 3 FY12 (Apr-Jun 2012)

Facility: Penobscot Bay Medical Center

Department: PEDIATRICS



PHYSICIAN	TYPE & COOMBS IF BILIRUBIN LEVEL >11		MCHATT AT 18MO CHECKUP (OUTPATIENT)		EDUCATION TO MOTHERS ON VITAMIN D SUPPLEMENTS FOR BREASTFED		SUBSTANTIATED PATIENT COMPLAINTS	SUBSTANTIATED PEER & STAFF COMPLAINTS	# OF WEEKS WITH DELINQUENT MEDICAL RECORDS	PHYSICIAN
DEPARTMENTAL TOTALS:	95%	7/8	100%	58/58	92.9%	52/54	0	0	5	
A	100%	3/3	100%	10/10	100%	27/27	0	0	1	Q-8945
B	100%	0	100%	15/15	100%	6/6	0	0	1	Q-8309
C	100%	0	100%	18/18	71%	5/7	0	0	3	Q-28739
D	80%	4/5	100%	15/15	100%	14/14	0	0	0	Q-923133
BENCHMARK	100%		80%		90%		1	1	1	
ALL PHYSICIAN SPECIFIC DATA										
PROVIDER AS ATTENDING										



Examples of OPPE

Profile: PHYSICIAN PERFORMANCE FEEDBACK REPORT

Provider: XxxxX

Facility: Penobscot Bay Medical Center


Specialty: Pediatrics

Service: Pediatrics



Indicator	QTR 1 FY12	QTR 2 FY12	QTR 3 FY12	QTR 4 FY12	Provider Total YTD	Specialty Total YTD	Benchmark
CLINICAL QUALITY							
Type & Coombs if Bilirubin Level >11	100%	100%	80%		93%	98%	100%
MCHATT at 18MO Checkup	77%	100%	100%		92%	89%	80%
Education on Vitamin D supplements for breastfed babies*	91%	88%	100%		93%	90%	90%
TREATING PEOPLE WELL							
Substantiated patient complaints	0	0	0		0	0	1
Substantiated peer and staff complaints	0	0	0		0	0	1
FINANCIAL							
# of Weeks with Delinquent Records	0	0	0		0	19	1

Examples of OPPE

Profile: PHYSICIAN PERFORMANCE FEEDBACK REPORT							
Provider: XxxxxX							
Facility: Penobscot Bay Medical Center							
Specialty: Pediatrics							
Service: Pediatrics							
							
Indicator	QTR 1 FY12	QTR 2 FY12	QTR 3 FY12	QTR 4 FY12	Provider Total YTD	Specialty Total YTD	Benchmark
GLOBAL INDICATORS							
Overall Risk Adjusted Mortality Ratio	0	0	0	0	0	0	
Case Reviews - Std of Care Level III	0	0	0	0	0	0	1
Case Reviews - Std of Care Level IV	0	0	0	0	0	0	1
Total # Medication Usage Evaluations Justified	I/D	I/D	I/D	I/D	0	0	
Medication usage evaluation - not justified	I/D	I/D	I/D	I/D	0	0	<2
Total Number of Blood Transfusions	0	0	0	0	0	0	
Total Blood Transfusions not Meeting Criteria	0	0	0	0	0	0	1
History & Physical Not Dictated within 24hr of Admission	0	0	0	0	0	0	0
Operative Notes Not Dictated at Time of Surgery	0	0	0	0	0	0	0
# of Weeks with Delinquent Records (see Financial Below)	3	8	9	8	28	64	1
DEPARTMENTAL ACTIVITY							
Number of Newborn Admissions	4	9	28	14	55	282	
Total Inpatients Attended	6	13	28	19	66	280	
Total Patients Seen in Consultation					0	0	
CLINICAL QUALITY							
Type & Coombs if Bilirubin Level >11	100%	100%	100%	0%	75%	74%	100%
MCHAT at 18MO Checkup	45%	100%	100%	0%	61%	67%	80%
Education on Vitamin D supplements for breastfed babies*	67%	92%	100%	0%	65%	67%	90%
TREATING PEOPLE WELL							
Substantiated patient complaints	0	0	0	0	0	0	1
Substantiated peer and staff complaints	0	0	0	0	0	0	1
FINANCIAL							
# of Weeks with Delinquent Records	3	4	1	8	16	41	1

- **Focused Professional Practice Evaluation (FPPE)** – The establishment of current competency for new medical staff members, new privileges, and/or concerns from OPPE. These activities comprise what is typically called proctoring or focused review depending on the nature of the circumstances.



Case Review Levels

- **Level 1** - Most practitioners would have handled this case similarly in most aspects. No quality issues.
- **Level 2** – Medical management appropriate with poor documentation / CPOE
- **Level 3** – Some practitioners might have handled this case differently, however professional opinion varies regarding appropriate clinical management.
- **Level 4** – Most practitioners would have handled this case differently



Case Review Levels

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- **Level 3** – Some practitioners might have handled this case differently, however professional opinion varies regarding appropriate clinical management.
- **Level 4** – Most practitioners would have handled this case differently



FPPE - Triggers

- a. **Any case designated as a Level 4**

- b. **Random quarterly review**
 - 3 or more level 3s in one quarter**
 - 6 or more events in one quarter regardless of level**



- **A FPPE report will be generated for a period of eighteen (18) months to include the quarter being reported and fifteen months prior. This report will include the frequency, type, and level of the events.**



Peer Review Case Rating Form

MPI#: _____ D/C Date: _____ Referral Date: _____ Provider #: _____ Type: _____

Referral Source: Check the corresponding box

Screen Risk HIM Nursing Pharm Pt Relations Med Staff Other _____

Review Criteria/Referral Issue: _____

Quality Screener/Date: _____ Date Submitted for Physician Review: _____

Case Summary: _____

Key Questions for Physician Reviewer: _____

General Questions for Reviewer: Were the appropriate tests, treatments, medications or consults ordered/done? Were they done in a timely manner? Were appropriate preventive measures taken?

To be Completed by Physician Reviewer

Reviewer: _____ Date: _____ Conflict of Interest? No Potential _____

Overall Physician Care: Check One	
<input type="checkbox"/> 1	Appropriate
<input type="checkbox"/> 2	Questionable
<input type="checkbox"/> 3	Not Appropriate
<input type="checkbox"/> 0	Reviewer Uncertain, needs Committee Discussion

Note: If Overall Care = 1, then Issue must = (A)
If Overall Care = 2, 3 or 0,
then Issue must = (B) through (K)

Issue Identification	
<input type="checkbox"/> A	No Issues with physician care
Physician Care Issues: Check all that apply	
<input type="checkbox"/> B	Diagnosis (Pt Care)
<input type="checkbox"/> C	Clinical Judgement/Decision-making (Pt Care)
<input type="checkbox"/> D	Technique/Skills (Pt Care)
<input type="checkbox"/> E	Planning (Pt Care)
<input type="checkbox"/> F	Supervision: House Physician or AHP (Pt Care)
<input type="checkbox"/> G	Knowledge (Medical Knowledge)
<input type="checkbox"/> H	Timely/Clear Communication (Comm/PT Skills)
<input type="checkbox"/> I	Responsiveness (Professionalism)
<input type="checkbox"/> J	Follow-up/Follow-through (Professionalism)
<input type="checkbox"/> K	Policy compliance (System based Practice)
<input type="checkbox"/> 0	Other:

Complete on all cases

Physician Documentation: Check all that apply	
<input type="checkbox"/> 1	No issue with physician documentation
<input type="checkbox"/> 2	Documentation does not substantiate clinical course/ treatment
<input type="checkbox"/> 3	Documentation not timely to communicate with other caregivers
<input type="checkbox"/> 4	Documentation unreadable
<input type="checkbox"/> 5	Other:

Documentation Issue Description:

Physician contribution to patient harm

Definitions of harm (actual or potential)

- Minor harm: minor loss of function, brief temporary effects, or slightly prolonged stay
- Moderate harm: loss of major organ function, additional major procedures, or significantly prolonged stay.
- Severe harm: death, irreversible vegetative state, or institutionalization

Check one each for actual and potential (potential rating must be at least as high as actual rating)

Actual harm from physician care		Potential harm due to physician care	
<input type="checkbox"/> 0	No actual patient harm from physician care	<input type="checkbox"/> 0	No potential patient harm from physician care
<input type="checkbox"/> 1	Actual minimal patient harm from physician care	<input type="checkbox"/> 1	Potential minimal patient harm from physician care
<input type="checkbox"/> 2	Actual moderate patient harm from physician care	<input type="checkbox"/> 2	Potential moderate patient harm from physician care
<input type="checkbox"/> 3	Actual severe patient harm from physician care	<input type="checkbox"/> 3	Potential severe patient harm from physician care

PHYSICIAN CONTRIBUTION TO PATIENT HARM RANKING: Actual _____ + Potential _____ = Total _____

Physician Reviewer: Please Continue Review on Next Page



If Overall Physician Care rated Appropriate, provide a brief description of the basis for reviewer findings:

If Overall Physician Care rated Questionable, Not Appropriate, or Uncertain, please complete the following:

A. Brief description of the basis for reviewer concerns: _____

B. What questions are to be addressed by the physician or Committee: _____

Exemplary Nominations: _____ Physician Care _____ Physician Documentation _____ Non-Physician Care _____

Brief Description: _____

Non-Physician Care Issues: _____ Potential System or Process Issue _____ Global Nursing/Ancillary Care Issue _____

Issue Description: _____

To Be Completed by Committee

Committee Review

Is physician response needed? Yes No (Care acceptable, no issues or concerns)

Practitioner response: Letter Committee Appearance

Committee Final Scoring:

Overall Physician Care _____ Issue Identification: _____ Documentation: _____

Committee Recommendation/Action (Check One)

Date Completed

<input type="checkbox"/>	No action warranted	
<input type="checkbox"/>	Physician self acknowledged action plan sufficient	
<input type="checkbox"/>	Educational letter to physician sufficient	
<input type="checkbox"/>	Dept. Chair discussion of Informal Improvement plan with physician	
<input type="checkbox"/>	Dept. Chair develops formal improvement plan with monitoring	
<input type="checkbox"/>	Refer to MEC for formal corrective action	

_____ System Problem Identified - forward to PR Date sent: _____ Date Response: _____

Describe system issue: _____

_____ Referral to Nursing Review Date Sent: _____ Date Response: _____

Describe nursing concern: _____

_____ Referral to CME Committee/Dept M&M Date Sent: _____



	Informal action	Formal actions (no Right of Hearing)			
	Department Chair to clinician communication	Verbal warning or letter of reprimand	Requirement for formal consultation/monitoring	Requirement for CME or External Consultation possible	Review of privileges (concurrent or retrospective)
Category	A	B	B, C	C,D	D
Responsibility	<ul style="list-style-type: none"> Department Chair 	<ul style="list-style-type: none"> Department Chair 	<ul style="list-style-type: none"> Department Chair AND PRC 	<ul style="list-style-type: none"> PRC VPMA 	<ul style="list-style-type: none"> PRC VPMA Credential Chair
Examples	<ul style="list-style-type: none"> Isolated patient complaint of minor clinical significance Minor rule violation (Eg. Abbreviations) Medical error without patient injury Minor substantiated behavioral issue Medical record delinquencies Minor policy violation (Bylaw/Rules) OFI 	<ul style="list-style-type: none"> Isolated and substantiated episode of inappropriate behavior or violation of code of conduct Significant patient complaint, isolated episode Major policy violation (Bylaw/Rules and Regs) Isolated incident of practicing beyond scope of privileges practicing outside generally accepted standard of care 	<ul style="list-style-type: none"> High complication rate Repeated poor outcomes Multiple medical errors without injury Repeated and substantiated inappropriate behavior Repeated patient complaints Frequent record delinquencies Multiple policy violations (B) Single severe rule violation or patient injury <i>>= 3 recorded events in one quarter</i> 	<ul style="list-style-type: none"> Pattern of substantiated inappropriate behavior or conduct violations Continued poor outcomes or complication rate Medical errors resulting in injury 	<ul style="list-style-type: none"> Significant patient injury Breach of previously prescribed monitoring conditions and requirements Proven physician impairment Isolated and substantiated severe behavioral incident Repeated practicing beyond scope of privileges



<p>Key elements of the action</p>	<ul style="list-style-type: none"> ▪ Discussion and agreement between Department Chair and physician about the nature of the event ▪ Determine awareness 	<ul style="list-style-type: none"> ▪ Explicit language about rationale and future expectations 	<ul style="list-style-type: none"> ▪ Explicit parameters set for consultation and/or monitoring conditions ▪ Refer to PRC ▪ Consider optional VPMA Precautionary Conference (purview of Dept. Chair) 	<ul style="list-style-type: none"> ▪ Refer to PRC ▪ Refer for precautionary conference with VPMA ▪ Specific CME or program focus and source mandated 	<ul style="list-style-type: none"> ▪ PRC referral ▪ Credentials Chair referral ▪ Result will be a revised or reconsidered delineation of privileges
<p>Communication (with provider)</p>	<ul style="list-style-type: none"> • Direct (face to face) or • Telephone 	<ul style="list-style-type: none"> • Direct (face to face) or • Telephone • AND (under purview of the Department Chair) • Confidential Letter outlining expectations and monitoring process with cc to VPMA 	<ul style="list-style-type: none"> • Direct (face to face) • Confidential Letter outlining the expectations and monitoring process with cc to VPMA and PRC Chair 	<ul style="list-style-type: none"> • Direct (face to face) • Confidential letter outlining the expectations and monitoring process with cc: to VPMA and Department Chair 	<ul style="list-style-type: none"> • Direct (face to face) • Confidential letter outlining privileges review process by Credentials Chair to physician with cc: to MSEC, VPMA, PRC Chair, and Department Chair



<p>Communication (with others)</p>	<ul style="list-style-type: none"> Reported to QM for trending Reports back to origin of report (Eg. Nurse Unit Manager, Patient Complaint Specialist) 	<ul style="list-style-type: none"> Report to QM for trending Confidential Letter outlining expectations and monitoring process with Cc to VPMA and PRC 	<ul style="list-style-type: none"> Report to QM for trending Confidential Letter outlining the expectations and monitoring process with cc to VPMA and PRC Chair 	<ul style="list-style-type: none"> Confidential letter outlining the expectations and monitoring process with cc: to VPMA and PRC Chair 	<ul style="list-style-type: none"> Confidential letter outlining privileges review process by Credentials Chair to physician with cc: to MSEC, VPMA, PRC Chair, and Department Chair
<p>Monitoring</p>	<ul style="list-style-type: none"> Informal discussion with provider QM trending or Department Chair monitoring for trends 	<ul style="list-style-type: none"> Any preceding elements PLUS: Review of relevant performance monitors 	<ul style="list-style-type: none"> Any preceding elements PLUS: Query of consultant if used, and monitoring process Review, with provider, results of consultation and/or monitoring 	<ul style="list-style-type: none"> Formal discussion with provider Confidential query of involved parties at appropriate interval by VPMA or PRC Review of documentation of satisfactory completion of CME, external consultation or monitoring process 	<ul style="list-style-type: none"> Any preceding elements PLUS: Concurrent review of performance under revised privileges

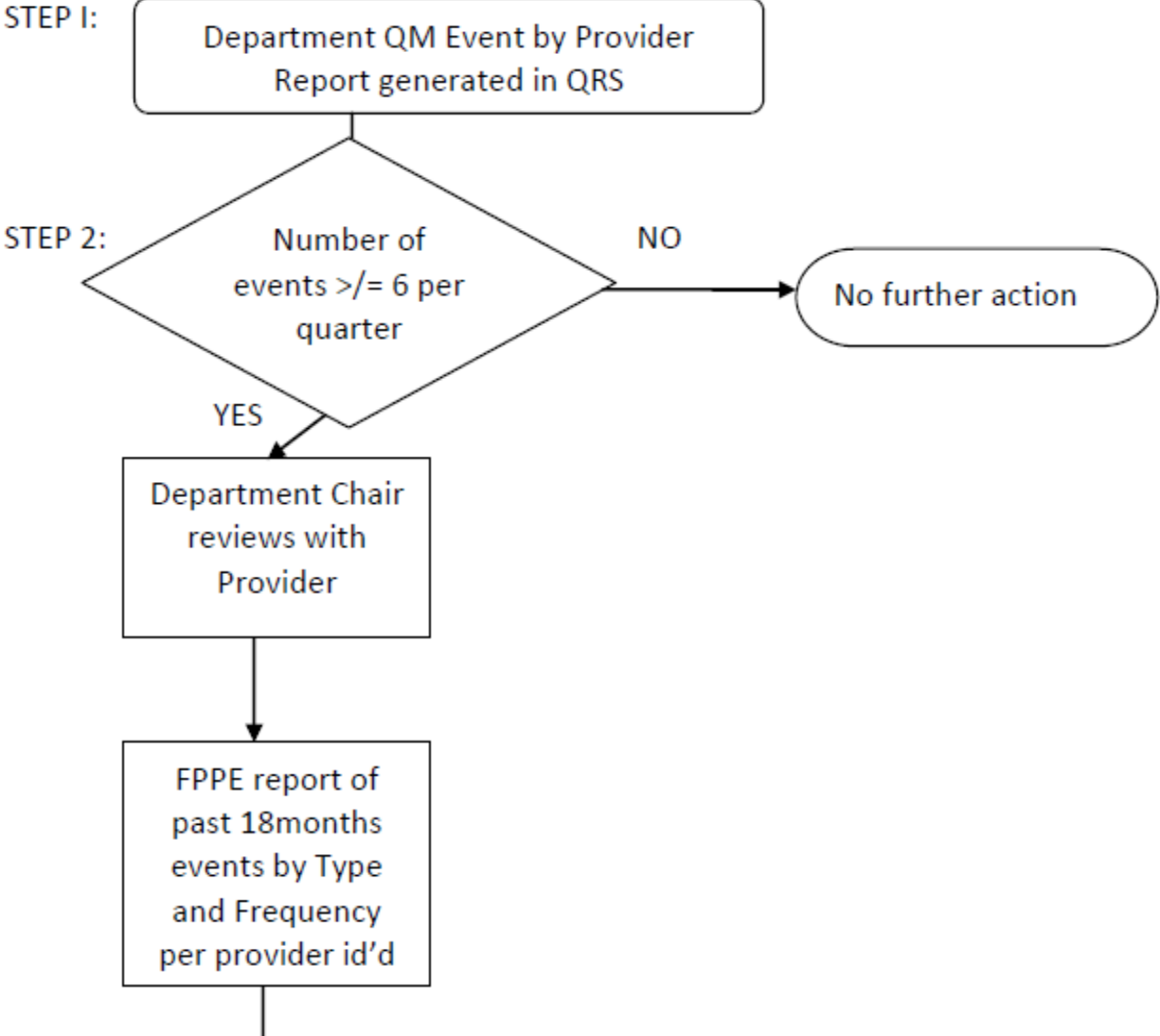


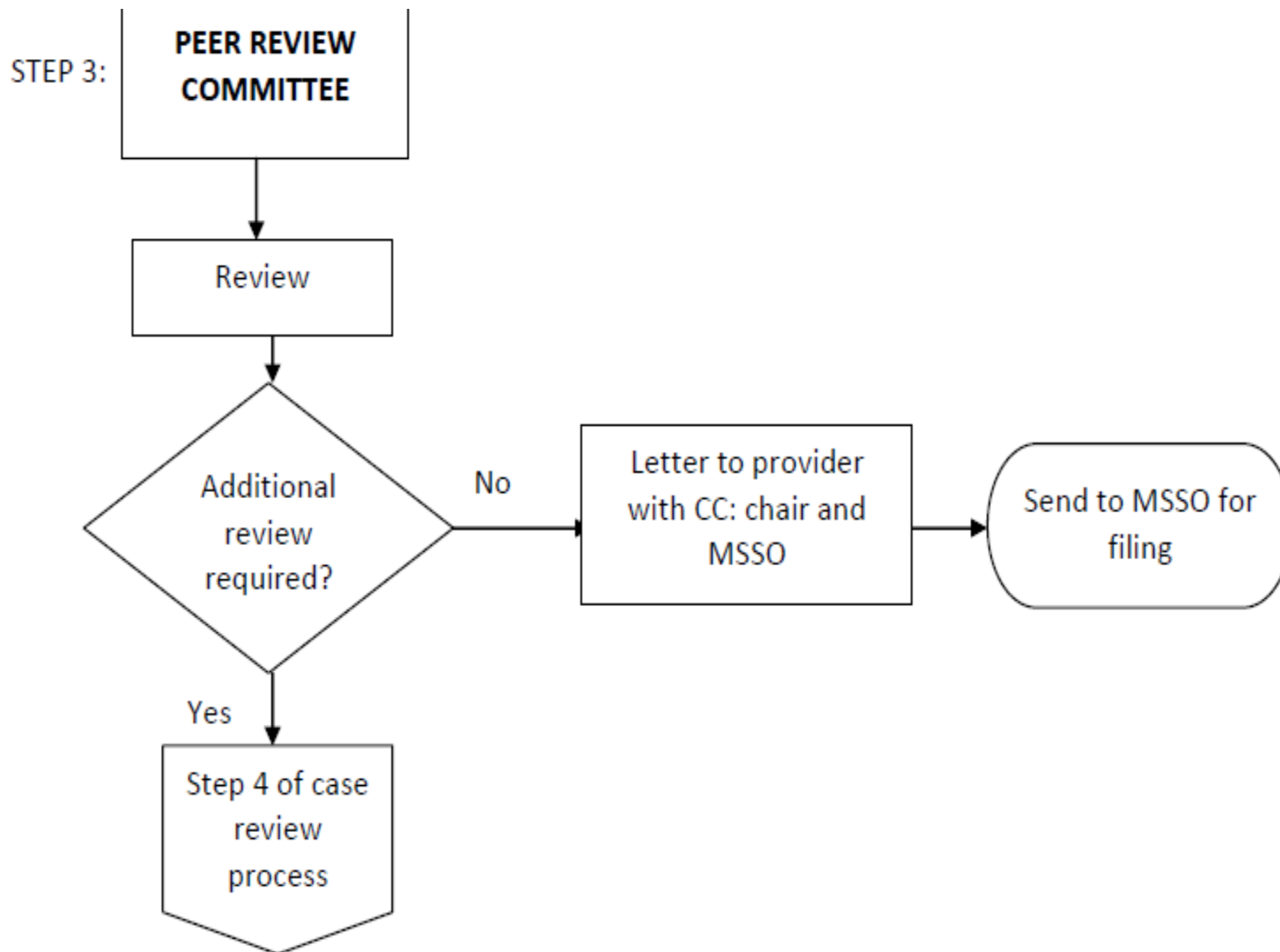
<p>Removal or termination of intervention</p>	<p>Not applicable See below</p>	<p>Not applicable See below</p>	<p>Based on adequate volume of activity to ensure that exception has been corrected</p>	<p>After completion of CME, letter to provider acknowledging that they have met requirements</p>	<p>See above</p>
<p>Documentation and retention</p>	<ul style="list-style-type: none"> • Department Chair to forward a copy of any letters and notes generated to VPMA for Peer Review file for this provider • Performance measured if necessary and copied to credentials file for one credentialing cycle 	<ul style="list-style-type: none"> • Department Chair to forward copy of personal letters and notes for Peer Review file for this provider • Performance measured and reported to credentials file for one full credentialing cycles 	<ul style="list-style-type: none"> • Performance reported to provider's credentials file and retained for one full credentialing cycles • Letter copied to Peer Review file 	<ul style="list-style-type: none"> • Performance measured and reported to provider's credentials file and retained for two full credentialing cycles • Documentation of completion of CME program or external assessment and/or monitoring to provider's credential file retained permanently • Information copied to Peer Review file 	<ul style="list-style-type: none"> • Copy of letter to provider's credentials files retained permanently • Letter copied to Peer Review file

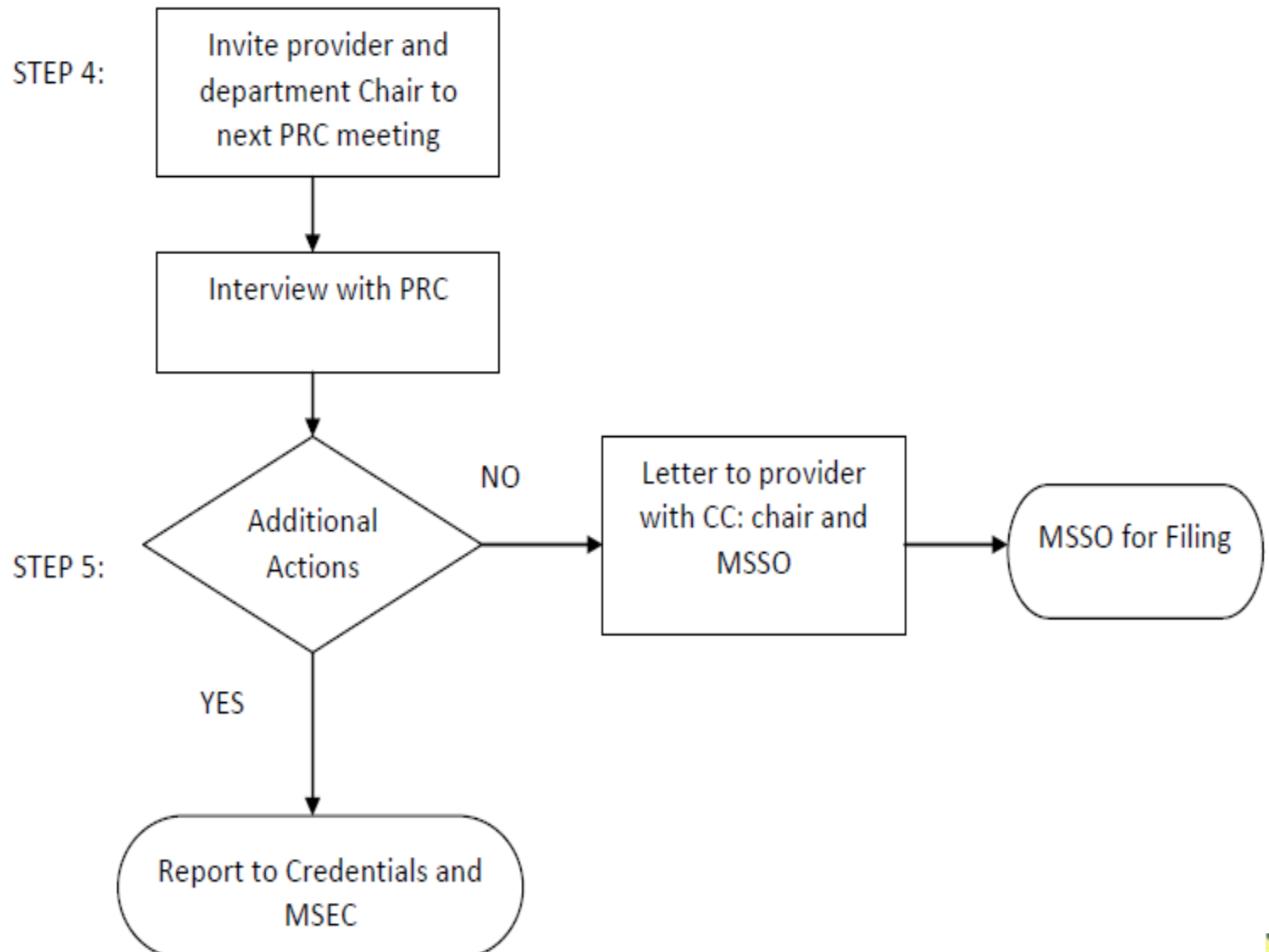


QUARTERLY REVIEW PROCESS

Attachment D







Circumstances Requiring External Peer Review

- **Litigation:** when dealing with the potential for a lawsuit.
- **Ambiguity:** when dealing with vague or conflicting recommendations and conclusions from this review will directly affect a practitioner's membership or privileges.
- **Lack of internal expertise:** when no one on the medical staff has adequate expertise in the specialty under review; or when the only practitioners on the medical staff with that expertise are determined to have a conflict of interest.
- **Miscellaneous issues:** 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.

Note: In addition, the medical executive committee or governing board may require external peer review in any circumstances deemed appropriate by either of these bodies. Either the MEC or the VPMA can make determinations on the need for external peer review. No practitioner can require the hospital to obtain external peer review if it is not deemed appropriate by the VPMA. Circumstances requiring external peer review include the following:



Addendums

- **Medical Staff Statement of Ethics & Goals**
- **PRC Charter**
- **Case Review Process**
- **Quarterly Review Process**
- **Peer Review Form**



Suburban Hospital

- [peerreviewpolicy.pdf](#)

PEER REVIEW CHALLENGES



State of Maine v. Ernest Weidul: *State of Maine Superior Court, ruling May 17*

Ernest Weidul, who is charged with killing an acquaintance, requested peer review and sentinel event documents from the hospital that treated the alleged victim. Mercy Hospital argued the documents were privileged. A judge ordered the files disclosed, ruling that keeping them private would violate Weidul's Sixth Amendment rights.



John Lamacchia v. Mark A. Schwartz, MD: *Supreme Court of the State of New York, ruling April 3*

A patient suing a doctor and hospital for medical negligence requested that the hospital produce protected files. The hospital requested a protective order over the documents. The judge denied the order, ruling that an exception exists under state law allowing disclosure of statements made by a defendant during a peer review meeting. The judge ordered a private review of the files to determine whether such statements were made

courts.state.ny.us/courts/ad2/calendar/webcal/decisions/2012/D33842.pdf



Debra Gargiulo v. Baystate Health Inc.: *U.S. District Court, District of Massachusetts, ruling Jan. 4*

A surgical resident suing her employer for discrimination requested documents regarding comparable participants in her medical residency program. The medical center said the documents were protected as part of the state's peer review law. The judge said the federal interest in fighting discrimination preempts state law and ordered the hospital to produce the documents (pacer.mad.uscourts.gov/dc/cgi-bin/recentops.pl?filename=ponsor/pdf/gargiulo%20mo.pdf).

[Alicia Gallegos](#)



Employment vs. Peer Review

- **Physician fails to recognize low hematocrit on post-op patient. Patient is discharged and readmitted within 48 hours with syncope and hypotension.**

PEER REVIEW



Employment vs. Peer Review

- **Physician uses foul language and yells at a staff member during professional discussion.**

Employment Issue



Employment vs. Peer Review

- **Physician is continually late for office causing delays in patient visits.**



Employment Issue

Employment vs. Peer Review

- **Physician has delinquent records greater than 30 days.**
- **PEER REVIEW – violation of Medical Staff Rules**
- **Employment Issue – unable to bill for services**



Resources

- <http://www.ama-assn.org/ama/pub/physician-resources/legal-topics/medical-peer-review.page>
- <http://www.healthlawyers.org>
- <http://www.suburbanhospital.org/forphysicians/peerreviewpolicy.pdf>



Resources

- Alicia Gallegos, ***Challenges to peer review confidentiality rising***, amednews staff. May 28, 2012.
- <http://www.hcpro.com/MSL-250411-871/Overcome-lingering-FPPE-and-OPPE-challenges.html>





QUESTIONS

