

## Policy: Professional Practice Evaluation

| ORGANIZATIONAL: Affects two or more departments. |   |   |   |                                      |  |                        |    |
|--|---|---|---|--------------------------------------|--|------------------------|----|
| <b>Folder</b>                                    | Organizational Choices:<br>Medical Staff  |   |   | <b>Sub-Folder</b><br>(If Applicable) | n/a  |                        |    |
| <b>Original Effective Date</b>                   | 3/12/2012   | <b>Scope</b>                            | What departments does this policy apply to? State "All" as is may apply to the entire organization.<br>MedStaff, MedStaff Services, Quality Management, Providers |                                      |  |                        |    |
| <b>Approved</b><br>(Approver/Date)               | MedStaff Services 3/2020; Medical Quality Analyst 3/2020; Credentials Committee 3/2020; MEC 5/2020; Board of Trustees 5/2020; MDRC 3/2020 |   |   |                                      |  |                        |    |
| <b>Last Reviewed/ Revised Date</b>               | 7/16/2020   | <b>OSHA Category</b><br>(If Applicable) | Not Applicable  | <b>Standard</b><br>(If Applicable)   | TJC MS.<br>03.01.01,<br>05.01.01,<br>05.01.03,<br>08.01.01,<br>MS.08.01.03,<br>09.01.01,<br>10.01.01 | <b>Number of pages</b> | 28 |

### PURPOSE:

To provide a method by which the Medical Staff of SoutheastHEALTH monitors and evaluates the quality and utilization of professional health care delivered by practitioners and providers applying for and exercising clinical privileges in SoutheastHEALTH;

### GUIDELINES:

The goals of Professional Practice Evaluation include:

- To promote patient satisfaction and high quality, safe patient care at SoutheastHEALTH;
- To improve quality of care delivered by practitioners and providers practicing in SoutheastHEALTH and ensure appropriate recommendations for delineation of clinical privileges at initial appointment and reappointment;
- To identify trends and opportunities for improving the overall performance of practitioners and providers with respect to the quality and utilization of health care services at SoutheastHEALTH;
- To obtain data for all six of the General Competencies (as defined herein) in addition to information on technical outcomes when possible to allow the hospital's Medical Staff to expand to a more comprehensive evaluation of a practitioner's or provider's professional practice; and
- To provide a process for evaluating professional performance of practitioners or providers when issues arise.
- To establish a systematic process to ensure (i) There is a process in place to evaluate the privilege-specific competence of the practitioner or provider who does not have documented evidence of performing requested privileges at SoutheastHEALTH (i.e., initial requests for new or additional clinical privileges) and to perform ongoing good

faith professional review activities for the assessment of the competence of practitioners and providers for purposes of renewing clinical privileges; and (ii) there is a process for ongoing evaluation of the professional performance of practitioners and providers. These processes, termed Initial Professional Practice Evaluation, Focused Professional Practice Evaluation and Ongoing Professional Practice Evaluation (collectively “Professional Practice Evaluation”), will provide the basis for obtaining organization-specific information of current competence for those practitioners;

- To promote effective and consistent Professional Practice Evaluation processes throughout the hospitals’ clinical departments by establishing mechanisms that are clearly defined, based on objective and evidence-based criteria, administered fairly and in furtherance of quality patient care; and
- To protect the confidentiality of the information generated during the Professional Practice Evaluation process, and to afford protection of participants in these processes consistent with federal and Missouri law in order to achieve effective participation by the Medical Staff.

**PROCEDURE:**

Definitions

Conflict of Interest

- A Professional Practice Evaluator (whether acting individually or as part of PEC committee) shall excuse himself/herself from any case in which he/she has participated in the care of the patient either as the primary, covering or consulting practitioner or in which the reviewer is in direct economic competition with the involved/subject practitioner or provider or in which the reviewing practitioner may be materially biased for any reason with respect to the subject practitioner or provider or a first-degree relative or spouse. It is the obligation of the proposed reviewer to disclose to the Physician Excellence Committee any such potential conflict. It is the responsibility of the peer review body to determine on a case by case basis if a relative conflict is substantial enough to prevent the individual from participating. When a potential conflict is identified, the PEC chair will be informed in advance and make the determination if a substantial conflict exists. When either an absolute or substantial potential conflict is determined to exist, the individual may not participate or be present during peer review body discussions or decision making other than to provide specific information requested as described in the Peer Review Process.

Focused Professional Practice Evaluation (FPPE)

- A process whereby the Medical Staff evaluates the privilege-specific competency and professional performance of a practitioner or provider when questions arise regarding a currently privileged practitioner’s or provider’s ability to provide safe, high quality patient care. FPPE is a time-limited period or process in which a designated number of procedures, admissions, or consults, etc., are reviewed, during which the Medical Staff evaluates and determines a practitioner’s or provider’s professional competence.

## General Competencies

- Standards developed by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) joint initiative. The areas of general competencies include: Patient Care, Medical/Clinical Knowledge, Practice-based Learning and Improvement, Interpersonal and Communication Skills, Professionalism and Systems-based Practice.

## Initial Professional Practice Evaluation (IPPE)

- A process following the initial approval of privileges whereby the Medical Staff evaluates the privilege-specific competency and professional performance of a practitioner or provider without documented evidence of previously performing the requested privilege(s) at SoutheastHEALTH. IPPE is a time-limited period or process in which a designated number of procedures, admissions, or consults, etc., are reviewed, during which the Medical Staff evaluates and determines a practitioner's or provider's professional competence.

## Medical Executive Committee

- The committee that, pursuant to SoutheastHEALTH's Medical Staff Bylaws, has the authority to act on behalf of the Medical Staff with respect to professional practice evaluation matters.

## Practitioner

- A medical or osteopathic physician licensed pursuant to Mo. Rev. Stat. 334.031, a dentist licensed pursuant to Mo. Rev. Stat. 332.081, an oral surgeon certified pursuant to Mo. Rev. Stat. 332.171, a podiatrist licensed pursuant to Mo. Rev. Stat. 330.020, an Advanced Practice Nurse pursuant to 334.104, or Licensed Physician Assistant pursuant to 334.735.

## Provider

- A provider shall include all Medical Staff and Limited Health Practitioner-Advanced providers as defined by SoutheastHEALTH's Medical Staff Bylaws.

## Ongoing Professional Practice Evaluation (OPPE)

- A process that allows the Medical Staff to identify professional practice trends that impact on quality of care and patient safety on an ongoing basis. This process includes concurrent or retrospective review of an individual practitioner's or provider's performance of clinical professional activities by a Professional Practice Evaluator through the procedures set forth in this Policy. Ongoing Professional Practice Review differs from other quality improvement processes in that it evaluates the strengths and weaknesses of an individual practitioner's or provider's performance, rather than appraising the quality of care rendered by a group of professionals or a system. The evaluation is based on generally recognized standards of care and multiple sources of information are utilized, including but not limited to the review of individual cases, the review of aggregate data in accordance with SoutheastHEALTH's policies, Medical Staff

Bylaws and Rules and Regulations, and other relevant criteria as reasonably determined by the hospital's Medical Staff. Through this process, practitioners and providers receive feedback for clinical improvement or confirmation of clinical achievement related to the effectiveness of their professional, technical, and interpersonal skills in providing patient care.

#### Outcome Code

- A numeric system utilized by the Professional Practice evaluator, the Professional Practice Peer Evaluator, the Physician Excellence Committee, or the Credentials Committee to classify the degree of impact of the referral issue on the outcome of care following individual case review.
- The numeric system is coded as follows:

- EC = Exemplary care
- 0 = No problem with documentation or quality of care
- 1 = Minor problem with process/documentation, but patient outcome not affected
- 2 = Problem with process/documentation, disease or symptoms unchanged or delay in improvement, or potential for adverse consequence
- 3 = Problem with process/documentation, disease or symptoms caused, exacerbated, or allowed to progress
- 4 = Problem with process/documentation, longevity and/or functional quality of life shortened or adversely affected by medical action or inaction
- 5 = Death attributable to acts of omission or commission

#### Professional Practice Evaluator

- Qualified health care professional staff whose duties include the compilation of quality data and performance of chart reviews (e.g., quality management or performance improvement)

#### Physician Excellence Committee

- SoutheastHEALTH-designated peer review committee composed of health care professionals duly appointed in accordance with the Medical Staff Bylaws and related Manuals and Missouri law (Mo. Rev. Stat. § 537.035) to evaluate and monitor the quality and/or performance of health care services delivered in the hospital by practitioners and providers.

#### Professional Practice Evaluation Indicator

- A qualitative measure used to measure and improve performance of functions, processes, and outcomes.

#### Professional Practice Evaluation Information

- Data, reports, outcome studies, minutes, notes and other documentation generated by or gathered for use by or on behalf of the Physician Excellence Committee.

#### Professional Practice Peer Evaluator

- An individual who practices in the same profession as the practitioner or provider who is the subject of the Professional Practice Evaluation. The level of subject-matter expertise required to provide meaningful evaluation of a practitioner’s or provider’s performance will determine what “practices in the same profession” means on a case-by-case basis. For all Professional Practice Evaluations performed by or on behalf of SoutheastHEALTH, the Medical Executive Committee (“MEC”) or its designee of the hospital performing the review shall determine the degree of subject matter expertise required for an individual to be considered a Professional Practice Evaluator.

#### POLICY

1.1 The work of all practitioners and providers granted clinical privileges at SoutheastHEALTH will be reviewed through the Professional Practice Evaluation process.

#### 1.2 Peer Review Process/Confidentiality

1.2.1 All Professional Practice Evaluations conducted pursuant to this policy are peer review activities under Missouri law (RSMo. § 537.035).

1.2.2 All Professional Practice Evaluations and the information generated in the course of those evaluations is privileged and confidential in accordance with applicable state and federal laws, and regulations pertaining to confidentiality of peer review information and immunity from discovery. Information related to Professional Practice Evaluation will be generated and maintained in a confidential manner and shall not be copied or distributed except as necessary to perform legitimate Professional Practice Evaluation functions and only by authorized staff.

1.2.3 Professional Practice Evaluation information is available only to authorized individuals who have a legitimate need to access such information based upon their responsibilities as Professional Practice Evaluators, Physician Excellence Committee members (including but not limited to the Credentials Committee Members, Medical Executive Committee, and other committees with responsibility for credentialing or peer/quality review), the Board of Trustees (“Board”), Medical Staff leaders, and SoutheastHEALTH employees as those responsibilities are set forth in applicable hospital and Medical Staff Bylaws and policies. The procedure for accessing such information is set forth in the Medical Staff Credentials and Peer Review Files Policy. The entire data set, with physician-specific information, will be available to the applicable department Chairperson, Professional Practice Evaluator, Physician Excellence Committee, Credentials Committee, Medical Executive Committee, Vice President/Chief Medical Officer (VP/CMO) for performance of their required duties.

- 1.2.4 As department-specific indicators are reviewed by departmental chair, each practitioner or provider will receive his/her data with comparative data in a summary fashion.

## PROCESS/PROCEDURE

### 1.3 Initial Professional Practice Evaluation (New/Additional Privileges)

- 1.3.1 Upon initial application approval, a period of Initial Professional Practice Evaluation (IPPE) will be instituted for all practitioners and providers for the requested privilege(s). These practitioners and providers may include new applicants or current appointees who are requesting new or additional clinical privileges.
- 1.3.2 The procedure for IPPE is as follows:
  - a. A minimum of ten (10) admissions or procedures will be reviewed by the assigned Physician Proctor/Preceptor and forwarded to the Credentials Committee for all practitioners and providers who are new applicants and have been granted clinical privileges. In the event of low volume practitioners and providers, a specified number of admissions or procedures as recommended by the Department Chair will be reviewed in lieu of ten cases. The Credentials Committee will determine (considering input from the relevant department chair) the number of cases to be reviewed and the type of review to be required for the practitioners who currently are on the hospital's professional staff and request additional clinical privileges. (See SoutheastHEALTH Initial Professional Practice Evaluation Forms attached and incorporated herein as Exhibit A-1 (Physician; Preceptorship-Training for New Procedure), Exhibit A-2 (Physician; Medical/Cognitive Diagnostic) Exhibit A-3 (Physician; Procedure/Interpretation) Exhibit A-4 (LHP-A; Medical/Cognitive Diagnostic) Exhibit A-5 (LHP-A; Procedure) Exhibit A-6 (Clinic Performance) and Exhibit A-7 (Department/Section Chair Recommendation for Release for IPPE).
  - b. Proctors for practitioners or providers requesting initial clinical privileges or new additional clinical privileges may be assigned at the discretion of the appropriate Department/Section Chair and the Credentials Committee.
  - c. IPPE shall be initiated with the practitioner's or provider's first patient admission or independent performance of the newly granted/requested privilege, and terminate upon the earlier of the following:

- i. The requisite number of admissions or procedures have been reviewed with documented evidence of competency; or
- ii. If applicable, the Professional Practice Evaluator or proctor assigned to the practitioner or provider has determined and documented, in his/her best judgment and belief, that satisfactory competence has been demonstrated; or
- iii. Any time a concern arises during IPPE regarding either quality issues or completion of the number of the required admissions or procedures, the Professional Practice Evaluator or proctor shall notify the Department Chair. The Department Chair shall thereafter evaluate the recommendation of the proctor and recommend to the Credentials Committee either (1) an extension of IPPE for a defined period during the provisional appointment period for the purpose of achieving the requisite number of admissions or procedures, or (2) termination of IPPE with initiation of FPPE in accordance with SoutheastHEALTH's Medical Staff Bylaws and related manuals. The Credentials Committee will then make a determination regarding the recommendation of the Department Chair and will either approve the continuation of IPPE or terminate IPPE and initiate FPPE as described herein.
- d. The data obtained by the Professional Practice Evaluator or Physician Excellence Committee will be recorded in a Summary Report and forwarded to the Credentials Committee in an effort to structure the Professional Practice Evaluation data for consistency and reliability.

#### 1.4 Focused Professional Performance Evaluation – Review Indicators

- 1.4.1 Whenever there is a concern regarding a practitioner's or provider's current competency as identified through IPPE or OPPE, or because the practitioner or provider has not used a previously granted privilege for an extended period of time, a focused case review may be conducted. A single egregious case may initiate a focused review by PEC, Credentials or MEC.

#### 1.5 Ongoing Professional Practice Evaluation – Review Indicators

- 1.5.1 Ongoing Professional Practice Evaluation is the ongoing process that the Medical Staff of SoutheastHEALTH uses to identify practice trends with respect to individual practitioners or providers that may affect quality of care and patient safety. Information obtained in the practitioner/provider-specific OPPE will be incorporated in the hospital's overall performance improvement activities, while concurrently adhering to policy and procedures concerning confidentiality.

- 1.5.2 The department Chairperson, in conjunction with the VP/CMO and Quality Management staff, will identify the quality indicators/measures which are appropriate for ongoing review given the specialty designation and scope of practice of the practitioners and providers (*See* attached OPPE Evaluation Forms Exhibit B-1 (Physician), Exhibit B-2 (LHP-A) and OPPE Indicators Exhibit C.)
- 1.5.3 Criteria to be utilized in the OPPE may include, but is not limited to, the following information that may involve the practitioner or provider:
- a. Mortality and morbidity data;
  - b. Risk Management referrals;
  - c. Sentinel Events;
  - d. Medication errors/near misses and other patient safety incidents;
  - e. Clinical information germane to the scope of the practitioner's or provider's clinical practice derived from SoutheastHEALTH's clinical departments, local, regional, state or federal sources, *e.g.*, high volume and/or high risk DRGs and CPT codes with comparisons to internal and/or external benchmarks as available for evaluation of diagnosis and procedure-specific outcomes, complications, number of cases, length of stay and other utilization and quality criterion;
  - f. Physician referral (self or other);
  - g. Unusual resource utilization (*e.g.*, blood and pharmaceutical usage, use of consultants, requests for tests and procedures);
  - h. Compliance with applicable hospital policies, Medical Staff Bylaws, policies and rules and regulations; and
  - i. Significant patient complaints, third-party payer denials and other information as may be pertinent to the area of practice;
  - j. Review of operative and other clinical procedure(s) performed relative to their appropriateness and outcomes;
  - k. Peer evaluations – if insufficient internal data exists to effectively monitor performance, a peer evaluation may be obtained when possible for the purpose of validating current competence;
  - l. "Trigger"-There may be circumstances where a single incident or evidence of a clinical practice trend may be identified through the OPPE process. If so, this may trigger a Focused Professional Practice Evaluation. Triggers are reviewed monthly by the PEC, using a review period of rolling quarters.
    - i. Practitioners meeting target(s) will be assessed monthly for recurrence. If warranted, such as in the case of EMTALA issues, the practitioner may receive a letter from PEC or the President-Elect of the Medical Staff at the first occurrence.
    - ii. Practitioners above target(s) will receive a letter from PEC. The initial letter will be informative consisting of indicator parameters, reason for review, expectations for improvement, as well as next steps if expectations are not met.



iii. Practitioners exceeding target(s) for second consecutive period and have already received a letter from PEC will be referred to Credentials Committee for further consideration and/or FPPE. Practitioners will be notified of recommended action.

## 1.1 Data Collection

1.1.1 Professional Practice Evaluation data can be obtained from multiple data sources for all dimensions of practitioner or provider competence and performance.

- a. IPPE – New or Additional Clinical Privileges. Data will be compiled from retrospective chart review with initial screening by a Professional Practice Peer Evaluator, subsequent referral to the appropriate Department Chair, and completed Proctor Evaluation and release forms, Exhibit A
- b. FPPE – Peer Review/Quality Concerns. Data will be compiled from the relevant sources set forth in Section 2.3, above, in addition to any other relevant sources deemed appropriate by the Professional Practice Evaluator or Physician Excellence Committee as necessitated by the specific circumstances of the review.
- c. OPPE Data will be compiled from the relevant sources set forth in Section 2.3, above.
- d. Generally. Data may be individual or case-specific, or be comprised of aggregate “rate” data from multiple cases. Data may be derived from information specifically obtained for FPPE or OPPE. Additional sources of data for review will be identified by the VP/CMO, Department/Section Chair or PEC Committee as required to ensure patient safety and continued delivery of quality patient care.

1.1.2 The Professional Practice Evaluator will review both the case-specific and aggregate data and will provide the Department/Section Chair or Physician Excellence Committee with an interpretation as to whether the practitioner or provider performance was acceptable, whether additional data is needed to complete the evaluation, or whether the practitioner’s or provider’s performance was unacceptable. For aggregate error rate data, the Medical Staff will determine the acceptable target.

## 1.2 Focused Professional Practice Evaluation (Peer Review/Quality Concerns)

1.2.1 First Level Focused Professional Practice Evaluation. Individual, *i.e.*, practitioner-specific cases will be summarized in a Focused Professional Practice Evaluation Form by a Professional Practice Evaluator and presented to the Department/Section Chair reviewer for evaluation. First level focused reviews are not limited to the cases presented by the Professional Practice Evaluator. The Department/Section Chair may identify additional cases to review. The physician reviewer shall consider the data provided in the Practitioner Peer Review Case Rating Form (Case Rating Form) and any other data source described in Section 2.3 and,

based on his/her professional determination, present his/her recommended rating (Appropriate, Questionable, or Inappropriate) to the Physician Excellence Committee, which will perform a Second Level Professional Practice Evaluation if indicated. Exhibit D.

- 1.2.2 Second Level Professional Practice Evaluation. Case summaries contained in the Case Rating Form which are determined by the Department Chair to be inappropriate and/or require further review, along with the Physician Reviewer rating will be presented at the Physician Excellence Committee meeting. If the results for individual case reviews for a practitioner or provider exceed the thresholds described in Section 2.11.2b, the Physician Excellence Committee will review the findings to determine whether further Focused Professional Practice Evaluation is needed to identify a potential pattern of care.
- 1.5.4 If identification or communication with the practitioner or provider of record has occurred, this will also be presented.
  - a. If the Outcome Code is "0" or "EC" and no additional information is requested, then no further action is required.
  - b. When considering Outcome Codes 1 through 5, if the Physician Excellence Committee determines that additional information is needed, the Committee Chairperson will send a letter to the practitioner or provider of record identifying the issue(s) in question and requesting the receipt of a written response within a stated timeframe, generally within 30 days of the request.
  - c. If a response has not been received within the stated timeframe, a copy of the original letter will be re-sent. The practitioner will be granted an extension as determined by the Committee, not to exceed 60 days of the original request, to provide a written response and may be requested to attend a Physician Excellence Committee meeting to address the identified issue(s).
  - d. The case will be presented at the next Physician Excellence Committee meeting, along with the practitioner's or provider's response. If a written response has not been received within the requested timeframe, the Committee will note the practitioner's or provider's failure to respond to the request for information and make a determination based upon the information available.
  - e. Professional Practice Evaluation and the assignment of Outcome Codes in accordance with this Policy is to be based upon medical record documentation along with any additional tangible data or information requested by the Physician Excellence Committee, all written responses provided by the practitioner or provider, investigative materials gathered by the Committee and any written statements from other individuals, as requested by the Committee. Undocumented verbal responses or explanations will not be entertained or considered in reaching an Outcome Code

determination except under extenuating circumstances with the approval of the entire Committee.

f. The practitioner or provider of record will be notified in writing regarding the assessment of final rating and Outcome Code.

2.5.4 Applicability of Medical Staff Bylaws. The timelines and/or methods set forth in this Policy for completion of the Professional Practice Evaluation process shall not operate to prevent the hospital or its Medical Staff from taking immediate action as necessary to prevent a substantial likelihood of injury to one or more patients as provided for in hospital's Medical Staff Bylaws or to conduct further investigations or impose corrective action according to the process set forth in the hospital's Medical Staff Bylaws. In the event of any inconsistency between the provisions of the hospital Medical Staff Bylaws and the provisions of this Medical Staff Professional Practice Evaluation Policy, the relevant provisions of the Medical Staff Bylaws will apply and prevail.

2.5.5 Data Requests. The Professional Practice Evaluator conducting OPPE will provide the Physician Excellence Committee, as applicable, with data that is systematically collected for OPPE as may be necessary for the FPPE. The Professional Practice Evaluator or Physician Excellence Committee shall determine what data is relevant for FPPE.

2.5.6 Reports/Recommendations. Physician Excellence Committee shall report its finding to the Credentials Committee followed by the Medical Executive Committee.

#### 1.6 Ongoing Professional Practice Evaluation

1.6.1 The Department/Section Chair and/or Physician Excellence Committee will utilize Professional Practice Evaluators to be responsible for data collection when needed and for preparation/coordination of reports for review by the Physician Excellence Committee. All reports will be compiled regularly and preferably twice annually yet not to exceed every nine months or within a time frame agreed upon by the clinical department or Physician Excellence Committee.

##### 1.6.2 Data Review

a. The Professional Practice Evaluator will complete the initial review and forward reports to the Department Chair and VP/CMO on a routine basis (monthly, quarterly or twice annually) for review to determine if additional review or FPPE is indicated. The Department Chair will forward reports to the PEC as indicated and provide follow-up recommendations and discussion of trends or other appropriate performance improvement functions.

b. Reports will be formally presented in summary fashion to the Physician Excellence Committee for identification of initiatives to improve the quality of care rendered by practitioners and providers.

- c. System issues will be referred to the appropriate department and/or committee for further evaluation and review.
- d. Follow-up actions, if any, are identified by the Physician Excellence Committee, and assigned to the appropriate department, section, committee, and/or individual. The department, section, committee, and/or individuals are responsible for reporting back to the Physician Excellence Committee concerning the action(s) taken.

1.7 Circumstances that Warrant External Professional Practice Evaluation

1.7.1 Utilization of an external Professional Practice Evaluator or consulting expert (*i.e.*, a qualified practitioner or provider who is not a member of Southeast HEALTH’s Medical Staff) will take place as necessary to achieve effective Professional Practice Evaluation or to avoid a conflict of interest. The determination for utilization of an external Professional Practice Evaluator or expert shall be made by the Physician Excellence Committee Chair, Department Chair and approved by the VP/CMO after consultation with the hospital president. No practitioner or provider can require Southeast HEALTH to obtain an external Professional Practice Evaluator or expert if it is not warranted by the circumstances as set forth below. Engagement of an external Professional Practice Evaluator may be warranted under the following circumstances:

- a. A case is in litigation or indicates the potential for litigation;
- b. Ambiguity resulting from vague or conflicting recommendations from internal reviewers or from the Physician Excellence Committee and/or when the recommendations may adversely affect a practitioner’s or provider’s professional staff membership or clinical privileges;
- c. Lack of internal expertise, particularly when no one on the hospital’s professional staff has adequate expertise in the specialty under review, or when the only practitioners or providers available to conduct the review with the relevant expertise are partners, associates, or direct competitors of the practitioner or provider under review;
- d. When a practitioner or provider requests permission to use new technology or perform a procedure new to Southeast HEALTH, and the hospital’s professional staff does not have the necessary subject matter expertise to adequately evaluate the quality of care involved;
- e. When the Medical Staff needs an expert witness for a fair hearing, evaluation of a credentials file, or assistance in developing a benchmark for quality monitoring; and
- f. Other situations as deemed appropriate by the department Chairperson, VP/CMO, Credentials Committee, Medical Executive Committee, or Board.

## 1.8 Participants in the Professional Practice Evaluation Process

- 1.8.1 Participants in the Professional Practice Evaluation process will be selected in accordance with the Medical Staff Bylaws and applicable hospital policies and procedures. Clinical support staff will participate in the review process as appropriate to their job responsibilities.
- 1.8.2 The Professional Practice Evaluation process will consider and record, when relevant, the response of the practitioner or provider whose care is under review prior to making a final determination regarding the care provided by that individual in accordance with the Medical Staff determined time frames for such practitioner or provider input to the Physician Excellence Committee.
- 1.8.3 Physician Excellence Committee members will not address any aspect of the case with the practitioner or provider under review unless in the context of the Physician Excellence Committee meeting. Such discussion will be included in the Committee's meeting minutes.
  - a. In the event of a conflict of interest or circumstances that would suggest a potential for material bias with respect to the case under evaluation, the affected committee member will abstain from participating in the assignment of the final rating and outcome code.
  - b. It is the obligation of the proposed Professional Practice Evaluator to disclose to the Physician Excellence Committee the potential conflict of interest.
  - c. Professional practice evaluators who knowingly fail to disclose a conflict of interest or material bias will be referred to the VP/CMO or his/her designee or other Medical Staff Committees as appropriate.

## 1.9 Focused Professional Practice Evaluation (FPPE) for Specific Circumstances.

- 1.9.1 In the event that a decision is made by the Board to perform FPPE of a practitioner's or provider's performance, or if circumstances warrant the evaluation of one or more practitioners or providers with clinical privileges, the Medical Executive Committee or its designee shall assign such a review to the Physician Excellence Committee or appoint a panel of appropriate medical professionals to perform the necessary Professional Practice Evaluation activities.
- 1.9.2 In the event that, through the Professional Practice Evaluation process, a decision is made to perform FPPE of a practitioner's or provider's performance, or if circumstances warrant the evaluation of one or more practitioners or providers with clinical privileges, the Physician Excellence Committee or its designee shall make recommendations for such a review to the Credentials Committee or appoint a panel of appropriate medical professionals to perform the necessary Professional Practice Evaluation activities. A single egregious case may initiate a focused review by PEC, Credentials Committee, or MEC.

1.9.3 The initial focused review will consist of a defined period of time, a designated number of case reviews, and/or specific review of quality indicator(s) as set forth by the Credentials Committee. Practitioners' and/or providers' performance during the designated period will be monitored by the Professional Practice Evaluator. Outcomes will be reported to the PEC and Credentials Committee periodically throughout the FPPE process to reassess the need for continuation of FPPE. If the indicators under review exceed the defined threshold, the PEC may make a recommendation to the Credentials Committee to continue FPPE. The Credentials Committee, based on their review of data collected during the specified time period, may extend the FPPE for an additional time-limited period. If performance has been satisfactory during the FPPE period, the focused review will cease. Practitioner(s) and/or provider(s) will be notified of the initiation, as well as conclusion, of the FPPE, as well as expectations which are to be achieved during the period of review. Practitioner(s) and/or provider(s) who do not satisfactorily achieve compliance with the FPPE as outlined for more than two consecutive periods may be subject to further action up to and including modification, suspension, or relinquishment of clinical privileges as outlined in Article IX of the Medical Staff Bylaws.

1.10 Physician Excellence Committee Outcome Code Determination and Reconsideration Process

- 1.10.1 The rating method for Focused Professional Practice Evaluation determinations is described in this Policy.
- 1.10.2 The assignment of an Outcome Code shall be as set forth above in Section 2.6 utilizing the Outcome Code Levels 0 through 5 as defined in this Policy.
- 1.10.3 A practitioner or provider who objects to an Outcome Code that does not include a recommendation for corrective action that could adversely affect the practitioner's or provider's clinical privileges (as defined in the hospital's Medical Staff Bylaws) may request a reconsideration of that Outcome Code determination by the Physician Excellence Committee provided all of the following conditions have been met:
- a. The practitioner or provider responded to the Committee's requests for information prior to the Outcome Code determination; AND
  - b. There is new information which is pertinent to the case review, as determined by the Committee Chairperson, and which was not previously provided to the Committee; AND
  - c. The request for reconsideration of the Outcome Code is in writing and received by the Committee designee or the Quality Management representative working on the matter with the Committee together with any new information or appropriate

references thereto within 30 days of the date the outcome determination letter is received by the practitioner or provider.


- 1.10.4 Failure to request reconsideration in accordance with the terms above will be deemed a waiver of such right to reconsideration.
- 1.10.5 Reconsideration of cases closed with a recommendation for corrective action which could adversely affect the practitioner's or providers' clinical privileges must be undertaken in accordance with the Medical Staff Bylaws and are not subject to reconsideration.
- 1.10.6 Upon receipt of a valid request for reconsideration, the PEC Chairperson will be notified. If the above conditions are met, the Physician Excellence Committee will reconsider the case in light of the new information and notify the practitioner or provider of its final determination.
- 1.10.7 The Credentials Committee will oversee and determine reconsideration for determination of outcome code in the following situations:
  - a. The practitioner or provider objects to the Physician Excellence Committee's reconsidered Outcome Code assessment, makes a written request for review by the Credentials Committee within 30 days of receipt of the reconsidered Outcome Code assessment, and has complied with all prior requests for information.
  - b. The practitioner or provider requesting reconsideration has complied with all prior requests for information, but no new information is to be considered
- 1.10.8 The Medical Executive Committee will make the final determination as to the Outcome Code.
  - a. The practitioner or provider objects to the Credentials Committee's decision to uphold the Physician Excellence Committee's reconsidered Outcome Code assessment, makes a written request for review by the Credentials Committee within 30 days of receipt of the reconsidered Outcome Code assessment, and has complied with all prior requests for information.
  - b. A reconsidered determination by the Medical Executive Committee regarding the Outcome Code is not subject to further Focused Professional Practice Evaluation under this policy regardless of whether such determination leads to a recommendation for corrective action in accordance with the hospital's Medical Staff Bylaws.
- 1.10.9 Each practitioner or provider shall be entitled to only one reconsideration by the Physician Excellence Committee and one determination by the Medical Executive Committee per Outcome Code unless Corrective Action is warranted in which case the practitioner or provider may be entitled to additional reconsideration or MEC review as provided in accordance with the hospital's Medical Staff Bylaws.

1.11 Thresholds for Intensive/Focused Practice Professional Evaluation – Reports to Credentials Committee overseen by MEC

- 1.11.1 A summary of all Physician Excellence Committee determinations for individual practitioners or providers will be reviewed by the Physician Excellence Committee at a minimum of every 6 months.
- 1.11.2 If the results for individual case reviews for a practitioner or provider exceed the thresholds described below, the Physician Excellence Committee will review the findings to determine whether further Focused Professional Practice Evaluation is needed to identify a potential pattern of care.
  - a. Any sentinel event or single case with an Outcome Code of 4-5 as determined by the Physician Excellence Committee.
  - b. Within a 12-month period of time, any instance of cases rated with ten (10) or more points. The scoring system is as follows:
    - i. Outcome Code of zero (0) = zero (0) points;
    - ii. Outcome Code of one (1) = one (1) point
    - iii. Outcome Code of two (2) = two (2) points;
    - iv. Outcome Code of three (3) = three (3) points;
    - v. Outcome Code of four (4) or five (5) = ten (10) points
- 1.11.3 Ongoing Professional Practice Evaluation will be performed using a random representative sample of cases and will be presented at the next Physician Excellence Committee meeting.
- 1.11.4 If a significant quality of care concern is confirmed, the Physician Excellence Committee may recommend remedial or other corrective action according to hospital policy or the Medical Staff Bylaws. The Physician Excellence Committee’s recommendation will be forwarded to the Credentials Committee followed by the Medical Executive Committee.

**REFERENCES:**

**Attachments:**

(All attachments can be found further down in this document, but are also available for download by clicking this icon  on the upper right-hand side of the Policy Manager pop-up)

Appendix A: IPPE Exhibit A-1 Preceptorship Proc Report

Appendix B: IPPE Exhibit A-2 Physician Med Cognitive Diagnostic Report

Appendix C: IPPE Exhibit A-3 Physician Procedure Interpr Report

Appendix D: IPPE Exhibit A-4 LHP Med Cognitive Diagnostic Report

Appendix E: IPPE Exhibit A-5 LHP Proctor Procedure Study Report

Appendix F: IPPE Exhibit A-6 Clinic Practice Doc



Appendix G: IPPE Exhibit A-7 Signature Page for Department Chair-Medical Director

Appendix H: Exhibit B-1 Medical Staff- Quality Management Professional Practice evaluation for Medical Staff Assessment

Appendix I: OPPE Form

Appendix J: Exhibit C

Appendix K: Peer Review Form



**PRECEPTORSHIP SUMMARY REPORT  
TRAINING FOR NEW PROCEDURE**

|                      |  |                                    |                         |
|----------------------|--|------------------------------------|-------------------------|
| <b>Practitioner:</b> |  | <b>Clinical Service/Specialty:</b> |                         |
| <b>Procedure</b>     |  | <b>Cases Required:</b>             | <b>Cases Proctored:</b> |
| <b>Case #</b>        |  |                                    |                         |

| EVALUATION SUMMARY   | Yes | No | N/A |
|--|-----|----|-----|
| <i>Please complete the following based upon your direct observation of and discussion with the practitioner under preceptorship. Please submit this completed form to Medical Staff Services within 48 hours after observing this procedure.</i> |     |    |     |
| Was the accepted standard of care achieved/surpassed for each procedure?   |     |    |     |
| Were complications or critical results recognized promptly and dealt with appropriately?   |     |    |     |
| Did preceptor have to intervene or recommend alternate action at any time to prevent harm to the patient?  |     |    |     |
| Were any areas for improvement identified?   |     |    |     |
| Was all documentation completed appropriately and in a timely manner?  |     |    |     |
| Was any unacceptable behavior reported by preceptor?   |     |    |     |
| If prophylactic antibiotics were indicated, were they ordered?   |     |    |     |
| If further studies were indicated, were they appropriately obtained?   |     |    |     |
| <b>Additional information submitted by preceptor:</b>  |     |    |     |
|  |     |    |     |

**PRECEPTOR RECOMMENDATION:**

**1. I rate this practitioner's skill and competence in care of this patient as:**

- Superior     Within the standard of care     Needs Improvement:  
 Unacceptable because:                                       Unable to evaluate because:

**2. The required number of preceptored cases have been performed. As a result, I recommend the following:**

- Transition to independent performance of this procedure and initiation of IPPE  
 Extension of the preceptorship period \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**DEPT/SECTION CHAIR RECOMMENDATION: I verify that I have reviewed the Preceptorship Evaluation Forms and all available pertinent information regarding this practitioner.**

**Based upon this review I recommend:**

- Approval of this practitioner for independent performance under Initial Professional Practice Evaluation (IPPE) for the procedure noted above.  
 Continued observation of this procedure due to: \_\_\_\_\_  
 Voluntary withdrawal of this privilege until approved additional training has been completed and supporting documentation submitted for review. Upon acceptance of said documentation the practitioner may reapply for this privilege and must agree to participate in any required training and/or review.  
 Other: \_\_\_\_\_

Dept/Section Chair Signature: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by Medical Director: \_\_\_\_\_ Date \_\_\_\_\_

*\*\*Successful completion of Preceptorship Training and transition to IPPE has been pre-determined through the Medical Staff privilege approval process and does not require additional action by Medical Staff and Board committees.*

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Name of Policy: Professional Practice Evaluation



**PROCTORING SUMMARY REPORT  
MEDICAL/COGNITIVE DIAGNOSTIC**

|  |  |  |                         |
|--|--|--|-------------------------|
| <b>Physician:</b>  |  | <b>Clinical Service/Specialty:</b>   |                         |
| <b>Account #</b>   |  | <b>Cases Required:</b>   | <b>Cases Proctored:</b> |
| <b>Proctoring for:</b> <input type="checkbox"/> Initial Applicant <input type="checkbox"/> Performance Improvement |  | <input type="checkbox"/> New privilege request (non-core privilege) <input type="checkbox"/> Corrective action |                         |

| EVALUATION SUMMARY   |  | Yes                      | No*                      | N/A                      |
|--|--|--------------------------|--------------------------|--------------------------|
| Please complete the following based upon your direct observation, discussion with the practitioner being proctored, or review of the patient's record. Please submit this completed form to Medical Staff Services within 48 hours of proctoring this procedure. |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there adequate evidence to support the patient's admission?  |  |                          |                          |                          |
| Was the practitioner's problem formulation (e.g., initial impressions, rule-outs, assessments, etc.) appropriate?  |  |                          |                          |                          |
| Were patient rounds made daily?  |  |                          |                          |                          |
| Was all necessary information (e.g., history, physical, progress notes, operative notes, and summary) recorded by the practitioner in a timely manner in the patient's medical record?   |  |                          |                          |                          |
| Were the entries made in the patient's record by the practitioner appropriate?   |  |                          |                          |                          |
| Were the practitioner's initial orders appropriate?  |  |                          |                          |                          |
| Was management of the patient appropriate?   |  |                          |                          |                          |
| Was there any evidence that the practitioner exhibited any disruptive or inappropriate behavior?   |  |                          |                          |                          |
| <b>Additional information submitted by proctor:</b>  |  |                          |                          |                          |
|  |  |                          |                          |                          |

**PROCTOR RECOMMENDATION:**

1. I rate this practitioner's skill and competence in care of this patient as:  
 Superior  Within the standard of care  Needs Improvement: \_\_\_\_\_  
 Unacceptable  Unable to evaluate Reason: \_\_\_\_\_

2.  I recommend release from focused review. (Check only if all required reviews have been completed).

Proctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT/SECTION CHAIR RECOMMENDATION:**

I verify that I have reviewed the Proctoring Evaluation Forms and all pertinent information regarding this practitioner. Based upon this review I recommend:

- Approval of this practitioner for unrestricted performance of the privilege or practice of the specialty noted above.
- Continued proctoring for this privilege/specialty practice due to: \_\_\_\_\_
- Voluntary withdrawal of this privilege until approved additional training has been completed and supporting documentation submitted for review. Upon acceptance of said documentation the practitioner may reapply for the privilege and must agree to participate in any required proctoring.
- Other: \_\_\_\_\_

Dept/Section Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Please refer to Exhibit A-7 for department/section chair recommendations if this section is not completed above.

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|  |
|--|
| Name of Policy: Professional Practice Evaluation |
|--|



**PROCTORING SUMMARY REPORT  
PROCEDURE/INTERPRETATION**

|                   |  |                                    |                         |
|-------------------|--|------------------------------------|-------------------------|
| <b>Physician:</b> |  | <b>Clinical Service/Specialty:</b> |                         |
| <b>Procedure</b>  |  | <b>Cases Required:</b>             | <b>Cases Proctored:</b> |
| <b>Case #</b>     |  |                                    |                         |

Proctoring for:  Initial Applicant  New privilege request (non-core privilege)  
 Performance Improvement  Corrective action

| EVALUATION SUMMARY   | Yes                                    | No* | N/A |
|--|--|-----|-----|
| Please complete the following based upon your direct observation, discussion with the practitioner being proctored, or review of the patient's record. Please submit this completed form to Medical Staff Services within 48 hours of proctoring this procedure. | <input type="checkbox"/> Observation   |     |     |
|  | <input type="checkbox"/> Discussion    |     |     |
|  | <input type="checkbox"/> Record Review |     |     |
| Was the accepted standard of care achieved/surpassed for each procedure/interpretation?  |  |     |     |
| Were complications or critical results recognized promptly and dealt with appropriately?   |  |     |     |
| Did proctor have to intervene or recommend alternate action at any time to prevent harm to the patient?  |  |     |     |
| Were any areas for improvement identified?   |  |     |     |
| Was all documentation completed appropriately and in a timely manner?  |  |     |     |
| Was any unacceptable behavior reported by proctor?   |  |     |     |
| If prophylactic antibiotics were indicated, were they ordered?   |  |     |     |
| If further studies were indicated, were they appropriately obtained?   |  |     |     |
| <b>Additional information submitted by proctor:</b>  |  |     |     |
|  |  |     |     |

**PROCTOR RECOMMENDATION:**

1. I rate this practitioner's skill and competence in care of this patient as:  
 Superior  Within the standard of care  Needs Improvement: \_\_\_\_\_  
 Unacceptable  Unable to evaluate Reason: \_\_\_\_\_
2.  I recommend release from focused review (Check only if all required reviews have been completed).

Proctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT/SECTION CHAIR RECOMMENDATION:**

I verify that I have reviewed the Proctoring Evaluation Forms and all pertinent information regarding this practitioner. Based upon this review I recommend:

- Approval of this practitioner for unrestricted performance of the privilege or practice of the specialty noted above.  
 Continued proctoring for this privilege/specialty practice due to: \_\_\_\_\_  
 Voluntary withdrawal of this privilege until approved additional training has been completed and supporting documentation submitted for review. Upon acceptance of said documentation the practitioner may reapply for the privilege and must agree to participate in any required proctoring.  
 Other: \_\_\_\_\_

Dept/Section Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please refer to Exhibit A-7 for department/section chair recommendations if this section is not completed above.

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 Exhibit A-3  
 Page 1 of 1  
 Revised 03/2017

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|--|
| Name of Policy: Professional Practice Evaluation |
|--|



**PROCTORING SUMMARY REPORT  
MEDICAL/COGNITIVE DIAGNOSTIC**

|                      |  |                                    |                         |
|----------------------|--|------------------------------------|-------------------------|
| <b>Practitioner:</b> |  | <b>Clinical Service/Specialty:</b> |                         |
| <b>Case #</b>        |  | <b>Cases Required:</b>             | <b>Cases Proctored:</b> |

Proctoring for:  Initial Applicant  New privilege request  
 Performance Improvement  Corrective action

| EVALUATION SUMMARY   | Yes                                    | No* | N/A |
|--|--|-----|-----|
| Please complete the following based upon your direct observation, discussion with the practitioner being proctored, or review of the patient's record. Please submit this completed form to Medical Staff Services within 48 hours of proctoring this procedure. | <input type="checkbox"/> Observation   |     |     |
|  | <input type="checkbox"/> Discussion    |     |     |
|  | <input type="checkbox"/> Record Review |     |     |
| Were appropriate diagnostic tests ordered, if necessary?   |  |     |     |
| Were the significant findings appropriately described?   |  |     |     |
| Were the procedures performed and treatment rendered appropriately described?  |  |     |     |
| Was the diagnosis appropriately stated?  |  |     |     |
| Were appropriate medications ordered when necessary?   |  |     |     |
| Was the patient's condition at the time of admission and discharge accurately recorded?  |  |     |     |
| Was the discharge summary complete and recorded in a timely manner?  |  |     |     |
| <b>Additional information submitted by proctor and/or peer proctor:</b>  |  |     |     |
|  |  |     |     |

**PROCTOR RECOMMENDATION:**

1. I rate this practitioner's skill and competence in care of this patient as:  
 Superior  Within the standard of care  Needs Improvement: \_\_\_\_\_  
 Unacceptable  Unable to evaluate Reason: \_\_\_\_\_
2.  I recommend release from focused review (Check only if all required reviews have been completed).

Proctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT/SECTION CHAIR RECOMMENDATION:**

I verify that I have reviewed the Proctoring Evaluation Forms and all pertinent information regarding this practitioner. Based upon this review I recommend:

- Approval of this practitioner for unrestricted performance of the privilege or practice of the specialty noted above.  
 Continued proctoring for this privilege/specialty practice due to: \_\_\_\_\_  
 Voluntary withdrawal of this privilege until approved additional training has been completed and supporting documentation submitted for review. Upon acceptance of said documentation the practitioner may reapply for the privilege and must agree to participate in any required proctoring.  
 Other: \_\_\_\_\_

Dept/Section Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Please refer to Exhibit A-7 for department/section chair recommendations if this section is not completed above.

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 Exhibit A-4  
 Rev. 03/2017

|  |
|--|
| Name of Policy: Professional Practice Evaluation |
|--|



**PROCTORING SUMMARY REPORT  
PROCEDURE/STUDY**

|                      |  |                                    |  |
|----------------------|--|------------------------------------|--|
| <b>Practitioner:</b> |  | <b>Clinical Service/Specialty:</b> |  |
| <b>Case #</b>        |  | <b>Cases Required:</b>             |  |
| <b>Account #</b>     |  | <b>Cases Proctored:</b>            |  |

- Proctoring for:  Initial Applicant  New privilege request  
 Performance Improvement  Corrective action

| EVALUATION SUMMARY   |  | Yes   | No* | N/A |
|--|--|---|-----|-----|
| Please complete the following based upon your direct observation, discussion with the practitioner being proctored, or review of the patient's record. Please submit this completed form to Medical Staff Services within 48 hours of proctoring this procedure. |  | <input type="checkbox"/> Observation<br><input type="checkbox"/> Discussion<br><input type="checkbox"/> Record Review |     |     |
| Was the accepted standard of care achieved/surpassed for each procedure?   |  |   |     |     |
| Were complications or critical results recognized promptly and dealt with appropriately?   |  |   |     |     |
| Did proctor have to intervene or recommend alternate action at any time to prevent harm to the patient?  |  |   |     |     |
| Were any areas for improvement identified?   |  |   |     |     |
| Was all documentation completed appropriately and in a timely manner?  |  |   |     |     |
| Was any unacceptable behavior reported by proctor?   |  |   |     |     |
| If prophylactic antibiotics were indicated, were they ordered?   |  |   |     |     |
| If further studies were indicated, were they appropriately obtained?   |  |   |     |     |
| <b>Additional information submitted by proctor and/or peer proctor:</b>  |  |   |     |     |
|  |  |   |     |     |

**PROCTOR RECOMMENDATION:**

1. I rate this practitioner's skill and competence in care of this patient as:  
 Superior  Within the standard of care  Needs Improvement: \_\_\_\_\_  
 Unacceptable  Unable to evaluate Reason: \_\_\_\_\_
2.  I recommend release from focused review (Check only if all required reviews have been completed).

Proctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT/SECTION CHAIR RECOMMENDATION:**

I verify that I have reviewed the Proctoring Evaluation Forms and all pertinent information regarding this practitioner. Based upon this review I recommend:

- Approval of this practitioner for unrestricted performance of the privilege or practice of the specialty noted above.  
 Continued proctoring for this privilege/specialty practice due to: \_\_\_\_\_  
 Voluntary withdrawal of this privilege until approved additional training has been completed and supporting documentation submitted for review. Upon acceptance of said documentation the practitioner may reapply for the privilege and must agree to participate in any required proctoring.  
 Other: \_\_\_\_\_

Dept/Section Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Medical Director: \_\_\_\_\_  
 Date \_\_\_\_\_

\*\*Please refer to Exhibit A-7 for department/section chair recommendations if this section is not completed above.

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 Exhibit A-5  
 Rev. 03/2017

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| Name of Policy: Professional Practice Evaluation |
|--|



PROCTORING SUMMARY REPORT  
CLINIC PERFORMANCE

|   |  |                          |                         |
|---|--|--------------------------|-------------------------|
| <b>Practitioner:</b>  |  | <b>Clinical Service:</b> |                         |
| <b>Account #:</b>   |  | <b>Cases Required:</b>   | <b>Cases Proctored:</b> |
| Please include account numbers for each case reviewed. You may copy this form as needed or include a listing of account numbers on a separate sheet if the evaluation doesn't vary. |  |                          |                         |

Proctoring for:  Initial Applicant  New privilege request  Performance Improvement  Corrective action

| EVALUATION SUMMARY   | Yes                                    | No* | N/A |
|--|--|-----|-----|
| Please complete the following based upon your direct observation, discussion with the practitioner being proctored, or review of the patient's record. Please submit this completed form to Medical Staff Services within 48 hours of proctoring this procedure. | <input type="checkbox"/> Observation   |     |     |
|  | <input type="checkbox"/> Discussion    |     |     |
|  | <input type="checkbox"/> Record Review |     |     |
| Were appropriate diagnostic tests ordered when necessary?  |  |     |     |
| Were the significant findings appropriately addressed?   |  |     |     |
| Was the diagnosis appropriately stated?  |  |     |     |
| Were appropriate medications ordered when necessary?   |  |     |     |
| Was the Medical Record completed in a timely manner?   |  |     |     |
| <b>Additional information submitted by proctor and/or peer proctor:</b>  |  |     |     |
|  |  |     |     |

**PROCTOR RECOMMENDATION:**

1. I rate this practitioner's skill and competence in care of this patient as:
- Superior  Within the standard of care  Needs Improvement: \_\_\_\_\_
- Unacceptable  Unable to evaluate Reason: \_\_\_\_\_
2.  I recommend release from focused review (Check only if all required reviews have been completed).

Proctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT/SECTION CHAIR RECOMMENDATION:**

I verify that I have reviewed the Proctoring Evaluation Forms and all pertinent information regarding this practitioner. Based upon this review I recommend:

- Approval of this practitioner for unrestricted performance of the privilege or practice of the specialty noted above.
- Continued proctoring for this privilege/specialty practice due to: \_\_\_\_\_
- Voluntary withdrawal of this privilege until approved additional training has been completed and supporting documentation submitted for review. Upon acceptance of said documentation the practitioner may reapply for the privilege and must agree to participate in any required proctoring.
- Other: \_\_\_\_\_

Dept/Section Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Please refer to Exhibit A-7 for department/section chair recommendations if this section is not completed above.

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|  |
|--|
| Name of Policy: Professional Practice Evaluation |
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**DEPARTMENT/SECTION CHAIR RECOMMENDATION for RELEASE OF IPPE**

I verify that I have reviewed the Proctoring Evaluation Forms and all pertinent information regarding:

**Name & Title:** \_\_\_\_\_

**Cases Proctored:** \_\_\_\_\_

Summary of Proctor's Report:

|    | Patient ID Number | Superior                 | Within Standard          | Needs Improvement        | Unacceptable             | Unable to Evaluate       |
|----|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1  |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2  |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3  |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4  |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5  |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6  |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7  |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8  |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9  |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 |                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Recommended Release from IPPE:  Yes  No

Based upon this review I recommend:

Approval of this practitioner for unrestricted performance of the privilege or practice of the specialty noted above.

Continued proctoring for this privilege/specialty practice due to: \_\_\_\_\_

Voluntary withdrawal of this privilege until approved additional training has been completed and supporting documentation submitted for review. Upon acceptance of said documentation the practitioner may reapply for the privilege and must agree to participate in any required proctoring.

Other: \_\_\_\_\_

**Dept/Section Chair Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed by Medical Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Exhibit A-7  
Revised 03/30/2017

I:\Medical Staff Services\IPPE & FPPE\IPPE Forms\IPPE Exhibit A-7 Signature page for Department Chair-Medical Director 042126.docx

Name of Policy: Professional Practice Evaluation



Appendix H: Exhibit B-1 Medical Staff- Quality Management Professional Practice evaluation for Medical Staff Assessment

**Medical Staff- Quality Management  
Professional Practice evaluation for Medical Staff Assessment**



**Name:**  
**Department:**

**Review Period:**

|   |   |
|---|---|
| Volume per Review Period                              | 0 |
| Peer Review cases per PEC                             | 0 |
| Cases Rated Inappropriate                             | 0 |
| Patient/Staff complaint Validated                     | 0 |
| Quality of care issues on file in Quality Management? | 0 |
| Issues to be reviewed in OPPE and/or Crimson report?  | 0 |

\_\_\_\_\_  
Quality Management, Medical Quality Analyst

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Credentials Committee

\_\_\_\_\_  
Date

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**LHP-A Ongoing Professional Practice Evaluation**

**NAME:** Click or tap here to enter text. **DATE:** Click or tap here to enter text. **REVIEW PERIOD:** Click or tap here to enter text.

|   | Excellent                           | Good                     | Fair                     | Poor                     | Unable to Say            |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Ability to carry out requested privileges                                     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Medical Knowledge:</b>   |                                     |                          |                          |                          |                          |
| • Basic medical/clinical knowledge  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Technical and clinical skills   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Clinical Judgement</b>   |                                     |                          |                          |                          |                          |
| • Basic clinical judgement  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Availability and thoroughness of patient care                               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Quality/appropriateness of patient care outcomes                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Appropriate use of resources (e.g. admissions, procedures, test, LOC, etc.) | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Communication Skills</b>   |                                     |                          |                          |                          |                          |
| • Overall communication skills  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ability to speak, write, and understand English                             | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Clinical pertinence/completeness/timeliness of documentation                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Responsiveness to patient needs   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Interpersonal Skills</b>   |                                     |                          |                          |                          |                          |
| • Ability to work with members of the healthcare team/hospital staff          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Rapport with patients and/or family members                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Professionalism</b>  |                                     |                          |                          |                          |                          |
| • Professional behavior and appearance  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Demonstration of ethical standards in treatment/patient confidentiality     | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Fulfillment of clinical ED call assignments                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>System Based Practices</b>   |                                     |                          |                          |                          |                          |
| • Utilization of clinical practice guidelines                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Abides by hospital policies   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Specialty Specific Measures  | Yes                      | No                       | Needs Improvement        | NA                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Utilizes critical thinking in diagnostic process   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Develops and carries out patient management plans appropriately  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Partners with supervising physician and other health care providers to assess, coordinate, and improve the delivery of patient care and outcomes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Physical and mental health status is such that it will not interfere with the quality of patient care provided and the ability to perform the requested privileges. YES  NO

If NO, explain: Click or tap here to enter text.

| Recommendation  | Report is Based On   |
|---|--|
| Recommend highly without reservation <input type="checkbox"/> | Close personal observation <input type="checkbox"/>              |
| Recommend as qualified and competent <input type="checkbox"/> | General impression <input type="checkbox"/>                      |
| Recommend with some reservation <input type="checkbox"/>      | Composite of evaluations <input type="checkbox"/>                |
| Do not recommend <input type="checkbox"/>                     | Other: Click or tap here to enter text. <input type="checkbox"/> |

Practitioner volume per specified time frame above: Click or tap here to enter text.

Date of last professional contact (mm/yyyy): Click or tap here to enter text.

Comments (notable strength, weakness, etc.): Click or tap here to enter text.

I verify that I am the collaborating physician for the above names practitioner.

Physician Name: Click or tap here to enter text. Title: Click or tap here to enter text. Date: Click or tap here to enter text.

|  |
|--|
| Name of Policy: Professional Practice Evaluation |
|--|

**INDICATORS FOR MEDICAL STAFF EXPECTATIONS AND/OR:  
ONGOING PROFESSIONAL PRACTICE EVALUATION  
(OPPE)**

|                              |
|------------------------------|
| Exhibit C<br>Revised 06-2020 |
|------------------------------|

| INDICATOR  | DEPT | DATA SOURCE                          | SPECIALTY SPECIFIC | EXCELLENT TARGET    | TRIGGER/ THRESHOLD/ TARGET |
|--|------|--------------------------------------|--------------------|---------------------|----------------------------|
| PSI-3 Pressure Ulcer Rate  | ALL  | Crimson                              | N                  | 0                   | TBD                        |
| PSI-6 Iatrogenic Pneumothorax                                    | ALL  | Crimson                              | N                  | 0                   | TBD                        |
| PSI-7 Central Venous Catheter-Related Bloodstream Infection Rate | ALL  | Crimson                              | N                  | 0                   | TBD                        |
| CAUTI  | ALL  | Crimson                              | N                  | 0                   | TBD                        |
| MRSA   | ALL  | Crimson                              | N                  | 0                   | TBD                        |
| CDIFF  | ALL  | Crimson                              | N                  | 0                   | TBD                        |
| Mortality Observed/Expected                                      | ALL  | Crimson                              | N                  | 0                   | TBD                        |
| %7 Day Readmissions  | ALL  | Crimson                              | N                  | 0                   | TBD                        |
| Appropriateness of Care  | ALL  | PEC                                  | N                  | 0                   | TBD                        |
| OP Note Not Present (Same Day)                                   | ALL  | Documentation                        | HIM                | 100% compliance/Qtr | <75%/Qtr                   |
| H&P Not Present (Within 24 Hours)                                | ALL  | Documentation                        | BI Report          | 100% compliance/Qtr | <75%/Qtr                   |
| Discharge Summary Not Present (Within 30 days)                   | ALL  | Documentation                        | BI Report          | 100% compliance/Qtr | <75%/Qtr                   |
| Admission Med Rec Not Completed                                  | ALL  | Documentation                        | BI Report          | 75% compliance/Qtr  | <50%/Qtr                   |
| Untimely Response to Consults                                    | ALL  | Professionalism                      | Quantros           | 0/Qtr               | 1/Qtr                      |
| Behavior/Professional Conduct (Confirmed)                        | ALL  | Interpersonal & Communication Skills | Quantros           | 0/Qtr               | 1/Qtr                      |
| Consent – Incomplete Physician Declaration                       | ALL  | Documentation                        | Regulatory         | 0/Qtr               | 1/Qtr                      |

| INDICATOR  | DEPT  | DATA SOURCE          | SPECIALTY SPECIFIC | EXCELLENT TARGET | TRIGGER/ THRESHOLD/ TARGET |
|--|---|----------------------|--------------------|------------------|----------------------------|
| EMTALA Issues  | ALL   | Patient Care         | Regulatory         | 0/Qtr            | 1/Qtr                      |
| Failure to Correct Dictation Errors Once Notified  | ALL   | Documentation        | HIM                | 0/Qtr            | >10%/Qtr                   |
| Eclampsia  | OB/GYN  | Crimson              | Y                  | 0                | TBD                        |
| Delivery with post-partum hemorrhage   | OB/GYN  | Crimson              | Y                  | 0                | TBD                        |
| Birth Trauma Rate – Injury to neonate  | PEDS  | Crimson              | Y                  | 0                | TBD                        |
| Newborns with sepsis   | PEDS  | Crimson              | Y                  | 0                | TBD                        |
| Frozen section vs. final diagnosis agreement   | PATHOLOGY   | Pathology Department | Y                  | 0                | TBD                        |
| Anesthesia Complications: Opiate antagonists   | ANES  | Crimson              | Y                  | 0                | TBD                        |
| Adverse effect of anesthesia (across all surgical discharges)  | ANES  | Crimson              | Y                  | 0                | TBD                        |
| Missed AMI   | ED  | Quantros             | Y                  | 0                | 1/Qtr                      |
| Untoward events – Procedures   | ED  | Quantros             | Y                  | 0                | 1/Qtr                      |
| Unplanned return to OR   | SURG  | Quantros             | Y                  | 0                | 1/Qtr                      |
| Injury to an organ during invasive procedure (Surgery)   | SURG  | Quantros             | Y                  | 0                | 1/Qtr                      |
| Post-op hematoma: Return to OR or transfusion required (exception: primary reason for initial surgery is hematoma) | SURG  | Quantros             | Y                  | 0                | 1/Qtr                      |
| Critical Results Not called  | RAD   | Quantros             | Y                  | 0                | 1/Qtr                      |
| # of Peer Review cases from ACR – rated 3or4   | RAD   | CRG                  | Y                  | 0                | 1/Qtr                      |
| Untoward Events – Conscious Sedation (Requiring Avoidable Narcan/Romazecon Reversal)                               | Cardiology<br>Pulmonology<br>GI<br>Interventional Radiology | Quantros             | Y                  | 0                | 1/Qtr                      |
| <b>Quality (Core) Measures</b>   |   |                      |                    |                  |                            |
| <b>STK 1 - VTE Prophylaxis</b>   | FP<br>HOSP<br>IM<br>NEURO                                   | Quality              | Y                  | 0/Qtr            | 1/Qtr                      |

| INDICATOR  | DEPT                      | DATA SOURCE | SPECIALTY SPECIFIC | EXCELLENT TARGET | TRIGGER/ THRESHOLD/ TARGET |
|--|---------------------------|-------------|--------------------|------------------|----------------------------|
| <b>STK 2</b><br>Discharged on Antithrombotic Therapy                               | FP<br>HOSP<br>IM<br>NEURO | Quality     | Y                  | 0/Qtr            | 1/Qtr                      |
| <b>STK 3</b><br>Anticoagulation Therapy for Atrial Fibrillation/Flutter            | FP<br>HOSP<br>IM<br>NEURO | Quality     | Y                  | 0/Qtr            | 1/Qtr                      |
| <b>STK 4</b><br>Thrombolytic Therapy   | ED<br>NEURO               | Quality     | Y                  | 0/Qtr            | 1/Qtr                      |
| <b>STK 5</b><br>Antithrombotic Therapy By End of Hospital Day 2                    | FP<br>HOSP<br>IM<br>NEURO | Quality     | Y                  | 0/Qtr            | 1/Qtr                      |
| <b>STK 6</b><br>Discharged on Statin Medication                                    | FP<br>HOSP<br>IM<br>NEURO | Quality     | Y                  | 0/Qtr            | 1/Qtr                      |
| <b>STK 8</b><br>Stroke Education   | FP<br>HOSP<br>IM<br>NEURO | Quality     | Y                  | 0/Qtr            | 1/Qtr                      |
| <b>STK 10</b><br>Assessed for Rehabilitation                                       | FP<br>HOSP<br>IM<br>NEURO | Quality     | Y                  | 0/Qtr            | 1/Qtr                      |
| <b>STK OP – 1</b><br>Door to Transfer to Another Hospital                          | FP<br>HOSP<br>IM<br>NEURO | Quality     | Y                  | 0/Qtr            | 1/Qtr                      |
| <b>CSTK – 01</b><br>NIHSS Score Performed for Ischemic Stroke Patients             | FP<br>HOSP<br>IM<br>NEURO | Quality     | Y                  | 0/Qtr            | 1/Qtr                      |
| <b>VTE 6 -</b><br>Hospital Acquired Potentially-Preventable Venous Thromboembolism | FP<br>HOSP<br>IM<br>SURG  | Quality     | Y                  | 0/Qtr            | 1/Qtr                      |
| <b>IMM-2</b> Influenza Immunization  | FP<br>HOSP<br>IM<br>SURG  | Quality     | Y                  | 0/Qtr            | 1/Qtr                      |
| <b>Electronic Clinical Quality Measures (eCQMs)</b>                                |                           |             |                    |                  |                            |

| INDICATOR   | DEPT     | DATA SOURCE | SPECIALTY SPECIFIC | EXCELLENT TARGET | TRIGGER/ THRESHOLD/ TARGET |
|---|----------|-------------|--------------------|------------------|----------------------------|
| <b>EHDI-1a</b><br>Newborn Hearing Screening Prior to Hospital Discharge | PEDS/NEO | Quality     | Y                  | 0/Qtr            | 1/Qtr                      |

Appendix K: Peer Review Form



**Practitioner Peer Review Case Rating Form**

MR# \_\_\_\_\_ Account# \_\_\_\_\_ Admit Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Referral source: (Check all that apply)

|                          |           |                          |     |                          |           |                          |              |                          |       |
|--------------------------|-----------|--------------------------|-----|--------------------------|-----------|--------------------------|--------------|--------------------------|-------|
| <input type="checkbox"/> | Mortality | <input type="checkbox"/> | PSI | <input type="checkbox"/> | QM Review | <input type="checkbox"/> | Event Report | <input type="checkbox"/> | Other |
|--------------------------|-----------|--------------------------|-----|--------------------------|-----------|--------------------------|--------------|--------------------------|-------|

Screening Date: \_\_\_\_\_ Person Screening \_\_\_\_\_

Attending Provider: \_\_\_\_\_

Consultants: \_\_\_\_\_

Case Summary:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Key Questions for Physician Reviewer: \_\_\_\_\_

Date referred to Physician Reviewer: \_\_\_\_\_

**To be completed by Physician Reviewer**

Physician Reviewer: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

|                          |  |
|--------------------------|--|
| <b>Check One</b>         | <b>Overall practitioner care:</b>              |
| <input type="checkbox"/> | Appropriate (No issues with practitioner care) |
| <input type="checkbox"/> | Questionable                                   |
| <input type="checkbox"/> | Inappropriate                                  |
| <input type="checkbox"/> | Reviewer uncertain                             |

If overall practitioner care rated **appropriate**, provide a **brief description** of the bases for reviewer findings:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|                             |                                   |
|-----------------------------|-----------------------------------|
| <b>Check all that apply</b> | <b>Practitioner care issues:</b>  |
| <input type="checkbox"/>    | Diagnosis                         |
| <input type="checkbox"/>    | Clinical judgment/decision-making |
| <input type="checkbox"/>    | Technique/skills                  |
| <input type="checkbox"/>    | Knowledge                         |
| <input type="checkbox"/>    | Communication/responsiveness      |
| <input type="checkbox"/>    | Planning                          |
| <input type="checkbox"/>    | Follow-up/Follow-through          |
| <input type="checkbox"/>    | Policy compliance                 |
| <input type="checkbox"/>    | Other:                            |

If overall practitioner care rated **questionable, inappropriate, or uncertain** please provide a **brief description** of reviewer concerns:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Check One Outcome Code:**

|                          |    |   |
|--------------------------|----|---|
| <input type="checkbox"/> | EC | Exemplary Care  |
| <input type="checkbox"/> | 0  | No problem with documentation or quality of care  |
| <input type="checkbox"/> | 1  | Minor problem with process/documentation, but patient outcome not affected  |
| <input type="checkbox"/> | 2  | Problem with process/documentation, disease or symptoms unchanged or delay in improvement, or potential for adverse consequence               |
| <input type="checkbox"/> | 3  | Problem with process/documentation, disease or symptoms caused, exacerbated, or allowed to progress   |
| <input type="checkbox"/> | 4  | Problem with process/documentation, longevity and/or functional quality of life shortened or adversely affected by medical action or inaction |
| <input type="checkbox"/> | 5  | Death attributable to acts of omission or commission  |

Sc

SoutheastHEALTH Peer Review Case Rating Form PEC approval  
 This document is a Peer Review Committee report and is privileged and confidential pursuant to the Missouri Peer Review Statute 537.035 (2011)

Evaluation

**Non-physician care issues:**

- \_\_\_\_\_ Potential system or process issue  
 \_\_\_\_\_ Potential Nursing/Ancillary care issue

Issue description:

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**Based on this review:**

|                                    |   |
|------------------------------------|---|
| <b>Please check all that apply</b> | Follow up   |
|                                    | No further review necessary                                 |
|                                    | Refer to PEC for Review                                     |
|                                    | Educational opportunities were identified<br>_____<br>_____ |
|                                    | Other: _____<br>_____<br>_____                              |

End of physician review

**PEC Committee Review**

**Committee final scoring:**

Overall physician care: \_\_\_\_\_ Appropriate    \_\_\_\_\_ Inappropriate    \_\_\_\_\_ Questionable

Outcome Code: \_\_\_\_\_

**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 PIC      Date sent: \_\_\_\_\_      Date response \_\_\_\_\_  
 Describe system issue: \_\_\_\_\_

\_\_\_ Referral to Nursing review      Date sent: \_\_\_\_\_      Date response \_\_\_\_\_  
 Describe nursing concern: \_\_\_\_\_

SoutheastHEALTH Peer Review Case Rating Form PEC approval  
 This document is a Peer Review Committee report and is privileged and confidential pursuant to the Missouri Peer Review Statute 337.035 (2011)

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|--|
| Name of Policy: Professional Practice Evaluation |
|--|



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## External Document Links:

Appendix A: IPPE Exhibit A-1  
Preceptorship Proc Report  
Appendix B: IPPE Exhibit A-2  
Physician Med Cognitive Diagnostic  
Report  
Appendix C: IPPE Exhibit A-3  
Physician Procedure Interpr Report  
Appendix D: IPPE Exhibit A-4 LHP  
Med Cognitive Diagnostic Report  
Appendix E: IPPE Exhibit A-5 LHP  
Proctor Procedure Study Report  
Appendix F: IPPE Exhibit A-6 Clinic  
Practice Doc  
Appendix G: IPPE Exhibit A-7  
Signature Page for Department Chair-  
Medical Director  
Appendix H: Exhibit B-1 Medical Staff-  
Quality Management Professional  
Practice evaluation for Medical Staff  
Assessment  
Appendix I: OPPE Form  
Appendix J: Exhibit C  
Appendix K: Peer Review Form