

Department: Medical Affairs

Version: # 1

Effective Date: 3/8/2017

Last Reviewed: 4/10/2018

Title: Peer Review

Policy Statement: The Medical Staff of the WellSpan Surgery and Rehabilitation Hospital (WSRH) supports the need to improve the quality of care provided by the medical staff and utilize evidence-based medical practice standards/guidelines. The Medical Executive Committee will assess and monitor the performance of the medical staff granted privileges at WSRH.

Confidentiality: All information related to the peer review processes and meetings is considered privileged, protected, and confidential in accordance with state and federal laws and regulations covering peer review protection.

Equipment: Computer

Positions To Whom this Applies: All privileges WSRH physicians and APC-advance practice clinicians, referred to collectively as practitioners.

Definitions:

- A. **Peer:** An individual practicing in the same medical profession, in good standing, and who possesses the subject matter expertise to provide a meaningful evaluation of care. Should such a peer not be accessible at this facility, external peer review will be considered.

- B. **Peer Review:** The evaluation of quality of care by medical providers. This would include identifying opportunities to improve patient care and system/process concerns.

- C. **Low Volume Providers:** Any practitioner who has 10 or fewer unique patient encounters in a year will require two (2) Professional Reference Evaluation Forms sent to peers for completion prior to recredentialing.

Procedure:

- A. **Focused Professional Practice Evaluation (FPPE):**
 - 1. The time limited evaluation of practitioner competence in performing a specific privilege. This process is implemented for all initially requested privileges and whenever a concern arises regarding a practitioner's ability to provide safe, high-quality patient care. FPPE may consist of review of procedures by a formal or informal proctor, a retrospective chart review, or focus on a specific procedure / diagnosis or another focus

deemed appropriate by the respective department chairman, credentials committee and/or Chief Medical Officer.

2. **FPPE Guideline.** During a practitioner's provisional period at WSRH, a focused review of clinical practice will take place. This review may consist of:
 - a. Proctoring or alternative supervision as deemed necessary by the Department Chairperson.
 - b. A retrospective chart review of at least 5 cases or 100% in which the practitioner was the attending of record or acted as a consultant. This review will be conducted by the departmental Peer Review committee, Department Chairperson, Division Chief or other designee.
 - c. A FPPE survey to be completed by the specified Supervising Physician for any clinician where specific clinical information is not easily attainable.
 - d. Any other physician-specific information requested by the Department Chairperson and Credentialing Committee.
- B. Ongoing Professional Practice Evaluation (OPPE):**
1. The ongoing process of data collection for the purpose of assessing a practitioner's clinical competence and professional behavior by utilizing several means including such as, but not limited to:
 - a. Direct observation
 - b. Chart review
 - c. Trended data elements from hospital data systems and other sources
 - d. Peer recommendations
 2. Information gathered during this process is factored into decisions to maintain, revise, or revoke an existing privilege(s) prior to or at the time of the two-year membership and privilege renewal cycle.
 3. **Guidelines for OPPE**
 - a. The work of all practitioners granted privileges will be reviewed through the OPPE process.
 - b. Medical Affairs peer review staff will participate in the screening process as deemed appropriate.
 - c. Data is routinely provided and reviewed on a bi-annual basis to assist in the identification of performance trends. Aggregate data trends from hospital data systems and/or other sources include, but are not limited to the following categories.
 - i. Patient care
 - ii. System-based practice
 - iii. Medical clinical knowledge
 - iv. Practice-based learning and improvement

- v. Interpersonal communication skills
 - vi. Professionalism
- d. Dashboards available in the hospital quality management database and other sources (i.e. RadPeer) are reviewed for reappointment, as well as, forwarded to the respective division chief and/or department chair on a bi-annual basis where trends and findings will be noted.
 - e. OPPE may indicate appropriate care or raise concerns which may result in the department chairman requesting follow-up, additional information or initiate intensive monitoring through FPPE.
 - f. Reports of concerns regarding practice or competency, whether identified via our customer or safety reporting systems, direct interaction, or by another means, will be investigated on a case-by-case basis. Whenever possible, trends and correlations with volumes will be included in the analysis of such reports. The venue for these reviews may occur departmentally or through a multidisciplinary oversight council for cases with a broader scope.
 - g. The data displayed may be modified, at the request of the Department Chairperson.
 - h. An OPPE survey regarding clinical competency for APCs will be sent to corresponding supervising physicians approximately every six (6) months for completion.
- C. **Recredentialing Quality Reports:** Practitioners are recredentialled on a two-year cycle. Prior to recredentialing, a packet of information will be generated from Medical Affairs Peer Review providing the Department Chair with quality data used in the reappointment process. Practitioners with Category I privileges and those determined to be Low Volume are excluded from these reports.
- D. **Multi-Disciplinary Committee:** In the event the coordination of a patient's case or an adverse patient outcome spans multiple disciplines who are collectively caring for a medically complex patient, the multi-disciplinary peer review serves as the body who can confidentially review the case and collectively provide input to the different facets of care and expertise required to care for the patient this may involve peers external to this facility.
- E. **Blood Usage Review:** All blood product transfusions are identified on a monthly basis for auditing purposes. If the transfusion does not meet the initial laboratory screen and established WellSpan Health Blood Utilization Guidelines, the case is referred to the Blood Bank Director for follow up review. All transfusion which do not meet this level of review are referred to the

Blood Utilization Review committee for review. The details of each questionable transfusion are thoroughly reviewed at this meeting. If the committee determines that the case does not meet audit criteria, an education letter will be sent to the provider from the committee. A provider will be permitted two education letters regarding the same blood product outlier. The Department Chairperson will be notified upon the third audit failure for the same outlier.

- F. **External Review:** Should a peer not be accessible at this facility or the case under review is of such a nature that unbiased external review is deemed advisable, external peer review will be considered at another WSH hospital or outside the system. Some external reviews require a reasonable, customary fee which is typically paid within in the Medical Affairs budget, after appropriate approval is granted by the Chief Medical Officer or his/her designee.

Documentation: All data will be maintained in the appropriate credential file.

Keywords: Peer Review, OPPE, FPPE, Low volume provider

Submitted By: Alyssa Moyer, MD, Chief Medical Officer

Reviewed By: Ruth Eckert, Director, Quality and Regulatory Compliance

Approved By: WSRH Medical Executive Committee (MEC)

Document History

Version #	Approved by/Date	Published Date/ Initials	Description of Revision(s)
1	MEC 8 Mar 17	9 Mar 17 RME	Initial Publication. This policy replaces the previous OPPE and FPPE policies.
1	MEC 11 Apr 18	13 Apr 18 RME	Reviewed. No changes needed.