

POLICY AND GUIDELINE

TOMAH MEMORIAL HOSPITAL

Tomah, Wisconsin 54660

DIVISION: Leadership

P&G #: 100-MSF-007-0513

ORIGINATION DATE: 5/01

TITLE: Ongoing Professional Peer Review
(OPPE)

PAGE: 1 of 7

Author DATE: _____

Approved By: _____ DATE: _____
Medical Staff President

Administrative Team Leader DATE: _____

01. INVOLVES

Medical Staff

02. PURPOSE

To outline a process for Ongoing Professional Practice Evaluation.

03. POLICY

Tomah Memorial Hospital ensures an ongoing process exists to monitor, evaluate and improve the quality of patient care and the clinical performance of individuals with delineated clinical privileges. The objective data collected through this process will be evaluated on a regular basis by the Peer Review committee and used in the reappointment process.

04. GUIDELINES

Definitions

1. A peer includes providers who maintain similar privileges.
2. Peer review is defined as an evaluation of care and/or services ordered or performed by other practitioners. This may include an evaluation of the appropriateness, effectiveness, efficiency and/or outcome of the services/care.
3. This review may be accomplished by chart review, monitoring clinical practice trends, simulation, proctoring, discussions and feedback others involved in the care of the patient.

4. Significant adverse effect is defined as:

- a. Unnecessarily prolonged treatment, complication or readmission.
 - b. Patient management which results in anatomical or physiologic impairment, disability, or death.
- ◆ The OPPE process is an ongoing process carried out through the Medical Peer Review Committee in conjunction with the Medical Record Review process, Pharmacy and Therapeutics Committee, Mortality Review Committee, Surgical Case review process, Infection Control Committee, Utilization Review and Blood Use Review functions and department liaisons as needed.
 - ◆ The Medical Staff Peer Review Committee is responsible for developing and evaluating the process for Peer Review with the goal being to ensure an objective review of occurrences and improve and enhance the quality of patient care. Care is taken to obtain review by a provider with similar privileges. All opinions generated from the Peer Review process are considered. Conclusion and recommendations are, as appropriate, substantiated by literature and relevant clinical practice guidelines.

A. External Peer Review

External Peer Review may be warranted in certain situations. These situations may include the following:

1. Lack of a peer specializing in the involved provider's field of medicine to objectively and expertly review the records.
2. A conflict of interest exists between the reviewer and the involved provider.
3. The issue is so intricate or complicated as to require an expert in the specialized field to review the record.

B. Components of OPPE

The OPPE process includes indicator based monitoring and event related monitoring.

1. Indicator Monitoring evaluates trends in data, which are collected on a regular basis and presented to the Peer Review Committee for action. When a trend or significant outlier is noted, further investigation and review is warranted and may include in depth case review and/or focused monitoring. The practitioner is informed if unusual patterns or trends are noted and is involved in the resolution process of the patterns or trends. The resolution process may include providing the practitioner with additional data, education and if necessary formal recommendations.

2. Event Related Monitoring:

Unexpected outcomes and cases referred for review by the process, Incident Reporting and or Patient Complaint are included in the Event Related Monitoring function of Peer Review.

3. At any time, if the data indicates a multidisciplinary opportunity for improvement, education is incorporated into the hospital education plan and/or Performance Improvement process.

C. OPPE Process:

1. Primary and alternative reviewers will be established by service or department. i.e. ER, OB, Med Surg, and OR.
2. Chart review is performed on a regular basis utilizing appropriate indicators. (see case review worksheet)
3. Process:

- a. Liaison and/or provider appointed by the Peer Review Committee performs an initial review to identify potential problems or concerns using the case review worksheet. Reviewers will be asked to review cases in a timely fashion with the evaluation complete no later than 30 days from receipt.

- 1) If care is appropriate, the case review worksheet is forwarded to the provider's quality file. The practitioner is notified by the Quality staff that a case was reviewed positively. The practitioner has the prerogative to schedule an appointment with the Quality staff to review the findings.
- 2) If concerns are noted the reviewer contacts the provider in an attempt to clarify outstanding issues. If the initial review finds that the care was appropriate then no additional action is necessary and the case review goes into the provider's Peer Review file.
- 3) If a question or concern is noted and discussion with the provider does not clarify the question or concern satisfactorily or if review conclusion is ranked level III, or if the initial reviewer feels unqualified, or issues require more action, the case is forwarded to the Peer review with the case review worksheet completed. The review at this level is consultative by nature only.
- 4) At any point any member of the Peer Review Committee, administrative representative, or reviewed practitioner can request the case be directed to the Peer Review Committee.
- 5) For any case that is reviewed, the reviewed practitioner will be notified that he/she had a case reviewed and can make an appointment with the Quality staff to review the case.

b. Peer Review Committee Review

- 1) Cases referred for the review will be added to the agenda of the next monthly meeting.

- 2) Evaluation is completed and decision is made.
 - a) Results of Peer Review committee shall be communicated to the provider within 15 days following peer review meeting. The practitioner has the prerogative to schedule an appointment with the Quality staff to review specifics of the case.
 - b) If the provider is in agreement with the outcome of the case the case is entered into the provider's confidential Peer Review file.
 - c) If the provider disagrees with the review outcome he/she will have 15 days to submit a written request for further review and rationale including any further documentation or information the provider wishes to communicate to the peer review committee. If the Peer Review Committee deems it appropriate the case may be referred to an outside reviewer for additional evaluation. Final review of the case will be communicated to the provider within 15 days following review and shall be binding.
 - d) Final case summary would be placed in the provider's quality file to be retained as the only copy and shall be considered in practitioner's specific credentialing and privileging decisions. The case summary would include elements of:
 - i. Statement of the case
 - ii. Discussion
 - iii. Conclusions/Recommendations
- 3) Documentation
 - a) For any matter referred to peer review the case summary analysis would be labeled "preliminary review notes" would be discarded and would not become part of the minutes or be included in the provider file.
 - b) Peer Review Committee minutes would reflect conclusions/recommendations only.
 - c) The Quality staff will establish a unique identifier for each case reviewed in order to help maintain confidentiality

D. Confidentiality of Peer Review Information

1. Confidentiality of the Peer Review information should be protected. This is accomplished by limiting the distribution of the information and indicating the document is confidential and prepared pursuant to the guidelines of Section 146.38 of the Wisconsin Statutes and is to be used for the purpose of reviewing or evaluating the quality of care and services of the hospital and the individual health providers working at the hospital. In addition, the minutes of the Peer Review Committee and the practitioner Quality file are maintained in a confidential manner.
2. Location and Security
 - a. All records shall be maintained under the care and custody of this hospital's authorized representative(s). The office and file cabinets where peer review records are stored shall be kept locked, except when an authorized representative supervises access. Records stored electronically shall be protected by passwords.

3. Access to records/Requests for access

- a. All requests for access to peer review shall be presented to an authorized representative, who shall keep a record of requests made and granted.
- b. Unless otherwise stated, an individual permitted access under this section shall be afforded a reasonable opportunity to inspect the records and to make notes regarding the requested records in the presence of an authorized representative. In no case shall an individual remove or make copies of any records without express permission.

4. Access by individuals performing official functions

The following individuals may access peer review records to the extent described:

- a. Authorized representatives and staff members may have access to all records as needed to fulfill their responsibilities.
- b. Consultants or attorneys engaged by this hospital may be granted access to records that are necessary to enable them to perform their functions.
- c. Representatives of regulatory or accreditation agencies may have access to records.
- d. An individual physician may review the conclusions and recommendations of his or her peer review activities under the following circumstances:
 - 1) The request is made to the President of the Medical Staff or Chief Executive Officer and review of the file is accomplished in the presence of the Medical Staff or Quality Director, Officer of the staff, or member of the Peer Review Committee.
 - 2) The physician understands that he/she may not remove any items from the Peer review file
 - 3) The physician understands that he/she may add an explanatory note or other document to the file.
 - 4) No items may be photocopied without the express written permission of the CEO or designee

E. Peer Review Categories and Recommendation Levels

Peer Review categories and recommendations are determined by the Peer Review Committee after the attending practitioner has been offered the opportunity to submit additional information.

1. Peer Review Recommendation Categories and Levels

a. Peer Review Performance Guidelines at Tomah Memorial Hospital:

OUTCOME	QUALITY OF CARE	ACTIONS RECOMMENDED
1A. Unable to determine from documentation.	1B. Unable to determine from documentation.	1C. No action necessary.
2A. No adverse outcome.	2B. Most practitioners would have managed similarly.	2C. Trend only.
3A. Adverse outcome unrelated to medical management.	3B. Practice differs from usual approach.	3C. Education letter (to provide a physician with information and/or references).
4A. Adverse outcome, expected risk.	4B. Significantly unusual approach, rarely or never used.	4C. Education letter and further chart review.
5A. Adverse outcome related to medical management resulting in delayed recovery.	5B. Inappropriate or contraindicated approach.	5C. Recommend focus review.
6A. Adverse outcome related to medical management resulting in permanent disability.	6B. Other (for miscellaneous issues that have not been categorized).	6C. Recommend education or training.
7A. Other (for miscellaneous issues that have not been categorized).		7C. Recommend proctor/supervision.
		8C. Refer to nursing or clinical department for response.
		9C. Refer to outside reviewer.
		10C. Other (see comments).

The committee will develop a majority opinion on the level to be assigned to each case. Levels are defined in the form above. If the level assigned to the case unfavorably implicates the practitioner, a letter will be sent to the practitioner, case number and outcome of the review. If the levels assigned fall into the shaded areas, a phone call or contact will be made to the provider prior to the letter being sent. The practitioner will be given an opportunity to respond to the results of the peer review. The input of the practitioner will be given an opportunity to respond to the results of the peer review. The input of the practitioner will be considered in the final deliberations of the committee. The practitioner will be informed of the final outcome of the review. Failure of the practitioner to respond to the committee will represent acceptance of the committee review. Minority opinions and views of the practitioner are considered.

A focus review of a sample of the practitioner's records will occur after four cases in a single year where the outcome is 5A or 6A and/or the quality of care is 3B, 4B, 5B, or 6B. On rare occasions, a focused review may occur or be recommended after one or two case reviews if the Quality of Care score is 5B or 6B (see above form). Such review may focus on certain diagnoses or procedures or may cover all or a sample of all admissions. Whenever a focused review is initiated, the practitioner will be notified. The procedure for providing the practitioner's input will be followed as above.

05. Ongoing Review

Six month cumulative data from OPPE will be presented to the 3 members of Peer Review Committee on a regular basis. Reports should reflect, as appropriate and able, information collected from the 6 general competencies developed by the Accreditation Council for Graduate Medical Education and the American board of Medical Specialties joint initiative. The areas include: Patient Care, Medical Clinical knowledge, Practice based learning and improvement, Interpersonal and communication skills, System based practice, and professionalism.

Caution levels are used as a guideline only and action may be warranted at levels above or below the number indicated. The action recommended should reflect and be commensurate with the severity of the issue. This information is forwarded to the credentials committee for review and action if needed.

Volumes should be considered prior to drawing conclusions on the data.

In the event, there is low or no volume and conclusion cannot be drawn from the information, Tomah Memorial Hospital may do the following to assess the providers professional practice.

1. Obtain evidence of credential status from a hospital with which the provider is affiliated.
2. Obtain a report from the providers department chair from a hospital that the provider is affiliated with.

In the event the data points to a level of concern, focused professional practice review may be warranted and recommended by the Peer Review Committee. See Focused Professional Practice Evaluation (FPPE) policy.

05 FORMS

OPPE Case Review Worksheet

Case Review Worksheet Mortality

Professionalism Communication Incident Form

TMH

Performance Improvement Peer Review Referral

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This information is protected under Wisconsin State Peer Review Statutes.
Improper disclosure may result in disciplinary action including civil liability.

PR # _____ Date of Referral _____

Referral to:	Date:
Referral From: QRT Complaint Mort ED OB OR	
Quality Screens/Concerns Identified:	
1.	
2.	
3.	
Date of Service:	
Providers involved:	

Conclusion:

Outcome (Check the one that pertains to this case)

☐ 1A: Unable to determine from documentation.
 ☐ 2A: No adverse outcome
 ☐ 3A: Adverse outcome unrelated to medical management.
 ☐ 4A: Adverse outcome, expected risk.
 ****Bold automatically referred to Peer Review Committee.**

☐ **5A: Adverse outcome related to medical management resulting in delayed recovery.**

☐ **6A: Adverse outcome related to medical management resulting in permanent disability.**

☐ **7A: Other (for miscellaneous issues that have not been categorized)**

Concern Summary:

Concern Category/Categories (Circle all that apply)

Patient Care	Interpersonal & Communication Skills
Professionalism	Practice Based Learning Environment
System Based Practice	Medical/Clinical Knowledge

Quality of Care (Check the one that pertains to this case)	
<input type="checkbox"/> 1B: Unable to determine from documentation.	
<input type="checkbox"/> 2B: Most practitioners would have managed similarly.	
<input type="checkbox"/> 3B: Practice differs from usual approach.	
<input type="checkbox"/> 4B Significantly unusual approach, rarely or never used.	**Bold automatically referred to Peer Review Committee.
<input type="checkbox"/> 5B: Inappropriate or contraindicated approach.	
<input type="checkbox"/> 6B. Other (for miscellaneous issues that have not been categorized).	

Reviewer's Recommendations:

Check the recommended action.	
<input type="checkbox"/> 1C: No action necessary	
<input type="checkbox"/> 2C: Trend only	
<input type="checkbox"/> 3C: Education letter (to provide a physician with information and/or references).	
<input type="checkbox"/> 4C: Education letter and further chart review	
<input type="checkbox"/> 5C: Recommend focused review.	**Bold automatically referred to Peer Review Committee.
<input type="checkbox"/> 6C: Recommend education or training.	
<input type="checkbox"/> 7C: Recommend proctor/supervision.	
<input type="checkbox"/> 8C: Refer to nursing or clinical department of response.	
<input type="checkbox"/> 9C: Refer to outside reviewer.	
<input type="checkbox"/> 10C: Other (please comment):	

Refer to Peer Review Committee? ☐ Yes ☐ No

Reviewing Physician:	Date:
Discussed with(involved provider)	Date:
Discussed with(involved provider)	Date:
Discussed with(involved provider)	Date:

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Professionalism/Communication Incident

Date of Incident _____ Inc # _____

Referral to: _____

Providers Involved: _____

Description of Incident:

Concerns:

Reviewer's Recommended Action:

Refer to Peer Review Committee: ____ Yes ____ No

Reviewer Signature: _____ Date: _____

Discussed with (Involved Provider/s)

Date: _____

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Tomah Memorial Hospital – MORTALITY REVIEW Case Presentation

Peer Review # _____ Treating Provider _____

Date of Death: _____ Reviewer: _____

Date given to Reviewer: _____ Date returned from Reviewer: _____

1. WERE THERE ANY PROCESS PROBLEMS OR COMMUNICATION ISSUES?

___ Yes, Explain _____

___ No

2. COMPLIANCE WITH ADVANCE DIRECTIVE ___ Yes ___ No

3. WAS INFORMED CONSENT THOROUGHLY DOCUMENTED TO INCLUDE RISKS/BENEFITS AND ALTERNATIVES?

___ Yes ___ No ___ N/A

4. WAS CAUSE OF DEATH RELATED TO NOSOCOMIAL INFECTION?

___ Yes ___ No

5. DID PATIENT RECEIVE BLOOD OR BLOOD PRODUCT 72 HOURS OR LESS PRIOR TO DEATH?

___ Yes, Needs to be reviewed by pathologist ___ No

6. COMPARISON OF PRESUMED CAUSE OF DEATH/AUTOPSY RESULTS

7. DID PROVIDER USE LATEST MEDICAL KNOWLEDGE? ___ Yes ___ No Please comment. If No

8. WAS THIS A TRAUMA RELATED DEATH? ___ Yes ___ No

9. RELATED TO TRAUMA CARE, WAS THIS DEATH (PLEASE CHECK ONE)

___ Preventable ___ Potentially Preventable ___ Not Preventable

10. ARE THERE ANY QUESTIONS/COMMENTS OR RECOMMENDATIONS THAT NEED TO GO TO THE HOSPITAL TRAUMA COMMITTEE? ___ Yes ___ No

Please comment. If Yes

Conclusion:

Outcome (Check the one that pertains to this case)

___ 1A: Unable to determine from documentation.

___ 2A: No adverse outcome

___ 3A: Adverse outcome unrelated to medical management.

___ 4A: Adverse outcome, expected risk.

___ **5A: Adverse outcome related to medical management resulting in delayed recovery.**

___ **6A: Adverse outcome related to medical management resulting in permanent disability.**

___ **7A: Other (for miscellaneous issues that have not been categorized)**

****Bold automatically
referred to Peer
Review Committee.**

Concern Summary:	
Concern Category/Categories (Circle all that apply)	
Patient Care	Interpersonal & Communication Skills
Professionalism	Practice Based Learning Environment
System Based Practice	Medical/Clinical Knowledge
Quality of Care (Check the one that pertains to this case)	
<input type="checkbox"/> 1B: Unable to determine from documentation. <input type="checkbox"/> 2B: Most practitioners would have managed similarly. <input type="checkbox"/> 3B: Practice differs from usual approach. <input type="checkbox"/> 4B Significantly unusual approach, rarely or never used. <input type="checkbox"/> 5B: Inappropriate or contraindicated approach. <input type="checkbox"/> 6B. Other (for miscellaneous issues that have not been categorized).	

Reviewer's Recommendations:

Check the recommended action.	
<input type="checkbox"/> 1C: No action necessary <input type="checkbox"/> 2C: Trend only <input type="checkbox"/> 3C: Education letter (to provide a physician with information and/or references). <input type="checkbox"/> 4C: Education letter and further chart review <input type="checkbox"/> 5C: Recommend focused review. <input type="checkbox"/> 6C: Recommend education or training. <input type="checkbox"/> 7C: Recommend proctor/supervision. <input type="checkbox"/> 8C: Refer to nursing or clinical department of response. <input type="checkbox"/> 9C: Refer to outside reviewer. <input type="checkbox"/> 10C: Other (please comment):	

Refer to Peer Review Committee? ☐ Yes ☐ No

Reviewing Physician:	Date:
Discussed with(involved provider)	Date:
Discussed with(involved provider)	Date:
Discussed with(involved provider)	Date: