Van Wert County Hospital

MEDICAL STAFF PEER REVIEW COMMITTEE PROCESS

Van Wert County Hospital uses a systematic approach of data collection and aggregation of data in a Case Management format to facilitate patient progression and quality assessment while the patient is in the hospital. All other data variables will be collected retrospectively. The Case Management process uses pre-established criteria indicators and clinical pathway guidelines developed by Van Wert County Hospital Medical Staff which identifies the most important aspects of care at Van Wert County Hospital. Indicators are measurable and systematically applied, while focusing on inpatient and outpatient admissions. Each Clinical Service evaluates and provides action in which to improve the quality of patient care at Van Wert County Hospital. Evaluation and effectiveness of the actions is an ongoing process throughout the organization.

The structure is designed to assure the Medical Staff, the Board of Trustees and the public that Van Wert County Hospital collects data that enables the staff to provide quality patient care, thus identifying systematically and appropriately dealing with the issues.

CRITERIA DEVELOPMENT

The criteria in relationship to the respective Medical Staff Clinical Service have been developed and are continuously being refined for all surgical invasive procedures, blood products utilized; and high-risk, high-volume, high-cost, low-volume diagnoses and areas in which opportunity for improvement exist. Criterion specifically developed by the Medical Staff Clinical Services are measurable which facilitates Nursing Clinical Care Coordinators to review Medical Staff documentation.

NURSE CLINICAL CARE COORDINATORS FUNCTION

Nurse Clinical Care Coordinators are employees of the Nursing Department who are trained to assure maximum potential, confidentiality, protection and discoverability of all information used in the assessment of quality activities. Each Nursing Clinical Care Coordinator is responsible to systematically review designated admissions in his/her assigned area from admission through discharge. The generic review process for all patients includes, but is not limited to:

1. Generic screening for severity of illness and intensity of services.

2. Admission/observation for adverse results of outpatient management.
3. Readmission within 30 days for complications on incomplete management of problems on previous hospitalization.

4. Unplanned removal, injury or repair of organ or structure during surgery for any other invasive procedure, or vaginal delivery.

5. Unplanned return to the Operating Room, Delivery Room or other special procedure room on this admission.

6. Surgical and other invasive procedures that do not meet criteria for necessity and appropriateness not met.

7. Transfer from general care to special care unit.

8. Patient complications

9. Abnormal lab, x-ray, other test results, or physical findings not addressed by physicians.

10. Development of neurological deficit which was not present on admission.

11. Transfer to or from acute care facility.

12. Death.

13. Subsequent visit to Emergency Department or Outpatient Surgery for complications or adverse results related to a previous encounter.

14. Patient or patient family dissatisfaction.

15. Inappropriate discharge planning.


17. Operative / Invasive Procedure Consent

18. Nosocomial Infection

19. Drug / Antibiotic Utilization

20. Record Documentation Deficiency - Physician

21. Inappropriate Resource Utilization (Utilization Review)
Ongoing and focused monitors for each Clinical Service may also occur via the Nurse Clinical Care Coordinator function.

Deviations from pre-established criteria, that are abstracted through the Nurse Clinical Care Coordinator function, are categorized as physician related or non-physician related. Physician related occurrences are further subcategorized into the following:

- Predictable occurrence within standard of care
- Unpredictable occurrence within standard of care
- Occurrence related to marginal deviation from standard of care
- Occurrence related to the significant deviation from standard of care

Nurse Clinical Care Coordinators will refer a case to the Peer Review Committee (PRC) or designated physician representative. If a predictable occurrence is noted within the standard of care, e.g., a readmission within 30 days for an unrelated cause, the case will not be referred or reviewed further. Cases referred in nursing judgment will be related to unpredictable occurrences. When a Nurse Clinical Care Coordinator assesses an unpredictable occurrence, the Medical Staff Quality Review/Referral form will be initiated (appendix A). The Nurse Clinical Care Coordinators will fill in the areas on the form indicated by an asterisk (*). Those areas are:

- Date Referred
- Patient ID Number
- Patient’s Sex
- Patient’s Age
- Date of Admission
- Date of Discharge
- Admission Diagnoses
- Discharge diagnoses (if applicable)
- Procedures / Operations and Dates
- Attending Physician
- Surgeon
- Anesthesiologist
- Variations and Trends as noted by the Nurse Clinical Care Coordinator
- Issues or Questions

The Peer Review Committee or designated physician representative will then review the case. The corresponding recommendations will be documented and the box checked indicating whether or not the review needs to continue for additional review (applicable when a physician designee is performing initial review). The PRC or physician designee then assigns a standard of care in one of the following four categories:
Peer Review Categories of Standard of Care

____ 1 Some aspect of case fell outside screening indicators, but no evidence of any error in judgment or technique. Outcome was the best that could have been obtained under the circumstances. PRC is comfortable with standard of care. Trending not necessary.

____ 2 Clinical result not necessarily desirable but not totally unexpected. PRC finds no specific errors in judgment or technique. This sort of result occurs with an anticipated frequency despite optimum care. Only by trending can a determination be made as to whether practitioner has an inordinate incident of situations such as these. PRC is comfortable with standard of care in this particular instance but reserves the right to re-review this case in the context of subsequent similar situations. Occurrence will be trended.

____ 3 Clinical result neither desirable nor expected. Retrospective review and discussion within the PRC suggest that alterations in judgment and/or technique might have led to a more desirable outcome. Educational efforts have been undertaken within the Clinical Section to reduce the likelihood of subsequent similar situations. Occurrence will be trended.

____ 4 Clinical result neither desirable nor expected. Review and discussion by the PRC suggest that management should have been handled differently. A lapse in judgment and/or technique is believed to have occurred; such lapses should be infrequent in a practitioner's career. Focused continuing education is mandatory; sanctions may be undertaken at the discretion of the Medical Executive Committee. Occurrence will be trended.

PEER REVIEW COMMITTEE

STRUCTURE

The Peer Review Committee (PRC) works under the direction of the Medical Executive Committee (MEC) and Total Quality Management (TQM) Committee. The PRC consists of 6 physicians from multiple disciplines and the Vice President of Physician and Community Services. The physician members are appointed to the PRC by the Medical Executive Committee and are not to be part of the Medical Executive Committee. The Peer Review Committee meets monthly. However, the Chairperson may call additional meetings at any time.
AGENDAS

Cases being referred are forwarded to Vice President of Physician and Community Services, who adds the case for review at the next PRC meeting or forwards to the assigned physician representative for initial review. The Nurse Clinical Care Coordinators will be available at the Peer Review Committee meetings to assist with the review process.

Physicians on the Peer Review Committee will not participate during reviews of their own cases.

EXTERNAL REVIEWS

The PRC reserves the right to consult outside resources to assist in the review process of cases when dealing with potential litigation or when faced with ambiguous or conflicting recommendations from internal reviewers. Case reviews will be preformed externally when no one on the medical staff has expertise in the specialty or procedure under review. The CEO or MEC may request that an external review be performed on any cases reviewed by the PRC that may result in litigation or the restriction or suspension of clinical privileges of the physician under review. In addition, any physician under review that is assigned a standard of care rating of 4 by the PRC may request an external review be performed on the case.

External reviewers will act as clinical consultants and be located outside of the geographic area of the practice under review; have no knowledge of or connection with the physician under review; be board certified and have a longstanding track record of experience in the clinical area under review; have the ability to provide a professional final report in a timely manner; and sign a confidentiality agreement to demonstrate his or her commitment to absolute confidentiality and strict non-disclosure.

UTILIZATION REVIEW

The Medical Staff Peer Review Committee has the responsibility of overseeing the Utilization Review Plan as identified in the attached document.

DOCUMENTATION

Following the Peer Review Committee meeting, the PRC will document their findings of the review and evaluations, actions and date taken, and a follow-up plan. The Medical Staff Quality Review/Referral form, and referrals are maintained by the Vice President of Physician and Community Services.
ACTION, FOLLOW-UP AND LETTERS FROM PEER REVIEW ACTIVITIES

Standard of Care = 1: No follow-up or action needed.

Standard of Care = 2: Trend occurrences. Chairperson of PRC or designee will determine need to re-review any previous SOC ratings of 2 for physician involved.

Standard of Care = 3 or 4: Within 90 days of identifying the issue a letter is sent to the physician, a copy of the letter and a copy of the certified mail receipt will be placed in the physician’s confidential peer review file. On all letters, patient ID number will be listed for cross-reference with case identification. The letter will state that the physician can appeal the SOC determination either by writing or appearance at the next regularly scheduled PRC meeting. Tracking will continue on this case until follow-up plan has been resolved.

For all trended occurrences, as stated above, the Peer Review Committee reviews trended data on a yearly basis for action. Service specific indicators in which there is a deviation from the normal or unpredictable occurrence will be forwarded to the Clinical Service Chief for evaluation and referral to the Medical Executive Committee (MEC).

The Medical Executive Committee (MEC) evaluates findings from quality management activities which are utilized for the reprivileging / reappointment of Medical Staff members.

QUALITY / PEER REVIEW ACTIVITIES

FORUMS FOR QUALITY IMPROVEMENT ACTIVITIES

1. Clinical Services Meetings (Family Practice, Surgery, Medicine)
2. Clinical Sections - sub specialties of clinical services (OB, Endoscopy, Anesthesia, Pediatrics)
3. Committees - Representatives from various specialties working on like issues (P&T Committee, Nutritional Support Committee, TQM Committee)

Performance Improvement / Team activities can occur in any of the forums.

CASE PRESENTATION
Case review of incidents with variations from generic screening is performed in one or more of the following ways:

1. Physician presents his/her own case for discussion/review/education.
2. Peer reviews medical record and the SOC determination and presents/discusses in selected forum.
3. Chief of the Clinical Service presents case in selected forum for discussion and education.

**GENERIC SCREEN ACCUMULATIVE ANALYSIS**

Generic screen accumulative analysis of trends will be evaluated at the appropriate forum, i.e. surgical case review at Surgery Clinical Service.

**PHYSICIAN PROFILES**

Profiles of physician’s procedure volume and quality of care screening and SOC determinations will be sent to each physician upon request for the previous calendar year. Trending of all physicians for each Clinical Service will also occur and be presented to the Chief of the respective service. A copy of each physician’s data will be kept in the physician quality file in the Medical Staff Services Office. The Chief of Staff will review the file of each physician during the re-credentialing process.

At Clinical Service meetings, quarterly volume statistics in relationship to total number performed by number of deviations will be reported. The areas routinely discussed as ongoing monitors are:

- Surgical Case Review / Procedure Monitors
- Blood Utilization
- Pharmacy & Therapeutics
- Drug Utilization Evaluation (DUE)

Medical Record pertinence documentation will occur for each clinical service.

Review of Risk Management cases/issues of general areas of potential risk in the clinical aspects of patient care and safety, accidents, injuries, patient safety, and safety hazards will be discussed as a quality assessment issue on an ad hoc basis.

Routine reporting of the above areas will occur via the TQM Committee to the Board of Trustees, and that information can then be disseminated back to the Clinical Services when deemed necessary.

**REFERRALS**
Cases referred from one Clinical Service to another service, committee, or hospital division can be for information sharing, education needs or follow-up action and response. Peer review issues originating in other forums (i.e. Clinical Services, TQM Committee, P&T, etc.) should be forwarded to the PRC. Responses in relationship to that follow-up will be sent back to the originating forum for closure. The issue or topic will remain on the problem-tracking format on a month-by-month basis until resolution is complete.