



Ambulatory Care Network

HEALTH SERVICES • LOS ANGELES COUNTY

Quality • Compassion • Responsibility

Policy & Procedure Number	ACN
	PO-03.002
Origination Date:	9/25/2014
Revision Date:	11/15/2018
Review Date:	2/14/2019
Approved By:	ACN P&P

TITLE: Peer Review and Ongoing Monitoring Activities

DIVISION: Ambulatory Care Network

SERVICE AREA/ UNIT: Medical Administration

1.0 PURPOSE:

To ensure and improve the quality of care provided by licensed independent practitioners with clinical privileges at Ambulatory Care Network (ACN) facilities. To ensure that all professional staff peer review activities are conducted in a consistent manner across the network.

2.0 POLICY:

- 2.1 The ACN Peer Review Program consists of two (2) components: chart review and focused case review.
- 2.2 Serious quality deficiencies that could result in a medical disciplinary action are addressed per ACN Credentialing and Privileging of Licensed Independent Practitioners Policy and Hearing and Appellate Review Policy and reported to the appropriate authorities (including an 805 and 805.01 Report), when indicated.

Each ACN facility medical director shall ensure that the procedures for peer review conform to the requirements that follow.

All peer review related materials are protected from discovery according to the California Evidence Code Section 1157.

3.0 PROCEDURE:

3.1 Peer Review

A. General Guidelines

1. Peer review, by way of chart review, shall be conducted at least annually on all licensed independent practitioners with privileges at an ACN facility.
2. Peer review, by way of focused case review, shall be performed on an "as needed" basis, according to criteria outlined within this policy.
3. Peer review by way of external peers will be undertaken when:

- a. Those peers available at an ACN facility do not have sufficient expertise to provide adequate, reliable or fair peer review;
 - b. Recommendations from internal peer reviewers are ambiguous or conflicting; and
 - c. There is no consensus for a particular recommendation from internal peer reviewers.
4. Peer review will be a component of the facility's continuous quality improvement program, as follows: results of peer review activities are utilized in the organization-wide performance improvement program, via regular reporting (no less than annual) to the facility medical director.
 5. Peer review will be a component of the provider credentialing and privileging process as follows: A practitioner specific performance profile is completed and forwarded to the facility department chair/facility medical director prior to the renewal of clinical privileges. This profile of aggregated peer review outcomes is internal and confidential. Results of the peer review activities are aggregated and reported as either "met the standard of care" or "did not meet the standard of care" at the time of renewal of privileges to provide for practitioner-specific appraisal of competency.
 6. The ACN facility medical director will review any cases in which the standard of care was not met and forward the results of that review to the ACN Credentialing & Privileging Committee (C&PC).
 7. The ACN C&PC recommends to the ACN facility medical director any specific actions to be taken. Procedures outlined in the ACN Credentialing and Privileging Policy are then followed.

B. Chart Review

1. Peer review will be conducted by a provider with clinical privileges at the ACN facility with similar training and scope of practice.
2. In the case of a sole provider, i.e. when there are no other providers with similar training and scope of practice on staff, peer review will be requested to be performed by a privileged practitioner at another ACN facility or at another DHS hospital facility.
3. Each reviewer will review at least 5 charts of patients cared for by the practitioner being reviewed.
4. Each reviewer will complete a standardized chart review sheet for each chart reviewed (Attachment A1-5).
5. Each chart will be reviewed for medical record completion and quality of documentation. In addition, charts will be reviewed for clinical care, focusing on adherence to recognized guidelines and benchmarks whenever possible. The results of review findings/outcome will be clearly documented.

C. Focused Case Review

1. The ACN facility medical director shall request a peer review whenever a concern is raised about the quality of care provided by a specific licensed

independent practitioner with privileges at the ACN facility. Those who don't meet minimal expectations as deemed by peer review, may trigger focused case review.

2. A focused case review may be conducted when any of the following events or conditions occurs:
 - a. Unexpected death of a patient
 - b. An adverse event (as defined in DHS Adverse Event Reporting Policy #311.202)
 - c. An adverse outcome or unexpected complication of patient care, e.g. after a procedure
 - d. Known hospitalization after failed outpatient treatment or procedure, including adverse medication reaction
 - e. Patient complaint regarding a specific practitioner (e.g., allegation of medical mismanagement, substandard quality of care or inappropriate behavior)
 - f. Staff complaint regarding a specific practitioner (e.g., allegation of medical mismanagement, substandard quality of care or inappropriate behavior)
 - g. Question of over or under utilization of resources (e.g. imaging modalities, other tests, consults and expensive medications)
 - h. Poor performance (as determined by the ACN facility medical director) on reports submitted to the ACN C&PC, including findings from chart reviews
 - i. Malpractice suits or other risk management issues
 - j. When a practitioner's name appears on the Medical Board of California's (MBC) Administrative Outcome E-mail Notification
 - k. Other circumstances resulting in a request for focused peer review by the ACN facility medical director.
3. The ACN facility medical director will appoint the individual(s) to perform the focused case review.
4. No specific format is required for the Focused Case Review report, but Attachment B can be utilized if appropriate.
5. The practitioner shall be given a written notice of the intent to perform a Focused Case Review, the circumstances resulting in the review, and the period during which the review will be conducted.
6. The results of the focused peer review activity are reviewed by the ACN facility medical director.
7. The ACN facility medical director shall forward these results to the ACN C&PC for their review and recommendations.
8. Subsequent possible actions to be taken include: no action necessary, practitioner counseling, proctoring, restriction, suspension or termination of privileges, as outlined in the ACN Credentialing and Privileging Policy.

9. When the ACN C&PC and the ACN facility medical director recommend a corrective action against a practitioner, the practitioner shall be given a written notice of the recommendation or action and of his/her right to request a hearing as per ACN Hearing and Appellate Review Policy.

3.2 Reporting

- A. Reporting to the Medical Board of California (MBC 805 Report) will be done, in accordance with the law, within 15 days of the final decision by ACN Credentialing and Privileging Committee Chair, when the following occurs **as a result of a medical disciplinary cause or reason** (refer to MBC Health Facility Reporting Form):
 1. Staff privileges or employment are terminated or revoked
 2. Restrictions are imposed, or voluntarily accepted, on staff privileges or employment for a cumulative total of 30 days or more for any 12-month period
 3. Practitioner resigns or takes a leave of absence
 4. Imposition of summary suspension of privileges or employment, if in effect for a period in excess of 14 days
- B. Reporting to the Medical Board of California (MBC 805.01 Report) will be done in accordance with the law, within 15 days of the final decision by ACN Credentialing and Privileging Committee Chair, when any of the following has occurred:
 1. Incompetence or gross or repeated deviation from the standard of care involving death or serious bodily injury to one or more patients
 2. The use of, or prescribing for or administering to himself or herself, any controlled substances, or the use of any dangerous drug or of alcohol, to the extent that such use impairs the ability of the practitioner to practice safely
 3. Repeated acts of clearly excessive prescribing, furnishing, or administering of controlled substances
 4. Sexual misconduct with one or more patients during a course of treatment or an examination.
- C. Reporting to the National Practitioner Data Bank will be done, in accordance with the law, within 30 days of the final determination by facility credentialing and/or medical administration staff, when the following occurs **as a result of a medical disciplinary cause or reason** (refer to NPDB Reporting Requirements):
 1. Revocation of clinical privileges
 2. Suspension of clinical privileges
 3. Summary or emergency suspension of clinical privileges
 4. Voluntary limitation, restriction, or reduction of clinical privilege(s), while under, or to avoid, investigation relating to professional competence or conduct


5. Voluntary surrender of clinical privilege(s), while under, or to avoid, investigation relating to professional competence or conduct
6. Summary or emergency limitation, restriction, or reduction of clinical privileges
7. Reduction of clinical privileges
8. Other restriction/limitation of clinical privileges, to be specified
9. Denial of clinical privileges

4.0 REFERENCE

- 4.1 California Evidence Code Section 1157
- 4.2 Medical Board of California Health Facility Reporting Form
- 4.3 National Practitioner Data Bank Reporting Requirements

Prepared by: ACN Credentialing & Privileging Committee

Approvals:

 <hr/> Quentin O'Brien Interim Chief Executive Officer	4.17.19 <hr/> Date
 <hr/> Margarita Pereyda, MD Interim Chief Medical Officer	3/20/19 <hr/> Date
 <hr/> Debra Duran, RN Chief Nursing Officer	4-11-19 <hr/> Date

P&P History

Date	Department	Policy & Procedure #	Comments	Next Annual Review Due
9/25/2014	ACN	PO-03-002	P&P Committee Approved	9/25/2015
1/29/2016	ACN C&PC	PO-03-002	Revised	1/29/2017
5/25/2017	ACN C&PC	PO-03.002	Revised	5/25/2018
7/13/2017	ACN P&P	PO.03.002	Approved	7/13/2018
2/14/2019	ACN P&P	PO.03.002	Approved	2/14/2020

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Attachment A-1

**ONGOING PROFESSIONAL PRACTICE EVALUATION FORM
ADULT PRIMARY CARE**

PROVIDER NAME: _____ REVIEW PERIOD From: _____ To: _____

Complete each question below. If a section does not relate to the provider's scope of practice, leave it blank.

Chart	MRUN	Date of Visit	Diabetes (Y/N)	Reason for Visit/Diagnosis
1				
2				
3				
4				
5				

CLINICAL PERFORMANCE

U = unsatisfactory N = needs improvement S = satisfactory

In your review of the above medical records, do you find that the provider:

		U	N	S
1	Documents enough to follow and substantiate clinical thought process			
2	Appropriate utilization of ancillary services (i.e., labs, radiology, referrals, etc.)			
3	Follows up prior orders/results appropriately			
4	Addresses medical conditions, and initiates appropriate work-up and treatment			
5	Uses good clinical judgment			
7	Prescribes appropriately			

Overall Clinical Performance:

Met Standard of Care Did Not Meet Standard of Care (must include comments)

COMMENTS

Chart #1	
Chart #2	
Chart #3	
Chart #4	
Chart #5	
Any additional comments	
<p>Summary Statement Required (Provide feedback on what was done well and recommendations for improvement)</p>	

Reviewer Name _____

Reviewer Signature _____

Date _____

Rev. 06/27/2016

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Attachment A-2

**ONGOING PROFESSIONAL PRACTICE EVALUATION FORM
PEDIATRIC PRIMARY CARE**

PROVIDER NAME: _____ REVIEW PERIOD From: _____ To: _____

Complete each question below. If a section does not relate to the provider's scope of practice, leave it blank.

Review at least 5 charts 1 of which must be for Well Child care, 1 of which must be for adolescent care, 1 must be for asthma care:

Chart	MRUN	Date of Visit	Reason for Visit/Diagnosis
1			
2			
3			
4			
5			

QUALITY INDICATORS

Mark: "√" for complete and documented in the medical record.

"x" for incomplete/not present

"N" for not applicable

		Chart	1	2	3	4	5
1	HEADDSS assessment performed at physical exam (≥ 12 years old) in Well Person Care visits						
2	Depression screening in adolescents (≥ 12 years old) in Well Person Care visits						
3	Immunizations documented and addressed appropriately						
4	BMI noted in children and adolescents ≥ 2 years old						
5	BMI Addressed when $< 3^{rd}\%$ tile or $> 85^{th}\%$ tile						
6	Current Asthma Action Plan in Patients with Asthma						
7	Anticipatory guidance documented						
8	Chaperone addressed, when appropriate						

CLINICAL PERFORMANCE

U = unsatisfactory N = needs improvement S = satisfactory

In your review of the above medical records, do you find that the provider:

		U	N	S
1	Documents enough to follow and substantiate clinical thought process			
2	Utilizes ancillary services appropriately (i.e., labs, radiology, referrals, etc.)			
3	Follows up prior orders/results appropriately			
4	Addresses medical conditions, and initiates appropriate work-up and treatment			
5	Uses good clinical judgment			
6	Prescribes appropriately			

Overall Clinical Performance

Met Standard of Care Did Not Meet Standard of Care (must include comments)

COMMENTS

Chart #1	
Chart #2	
Chart #3	
Chart #4	
Chart #5	
Any additional comments	

Reviewer Name _____ Reviewer Signature _____

Date _____

Revised 11/30/2018

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Attachment A-3

**ONGOING PROFESSIONAL PRACTICE EVALUATION FORM
SPECIALTY CARE**

PROVIDER NAME: _____ SPECIALTY _____

REVIEW PERIOD From: _____ To: _____

Complete each question below. If a section does not relate to the provider's scope of practice, leave it blank.

Chart	MRUN	Reason for visit/Diagnosis
1		
2		
3		
4		
5		

CLINICAL PERFORMANCE

U = unsatisfactory N = needs improvement S = satisfactory

In your review of the above medical records, do you find that the provider:

		U	N	S
1	Documents enough to follow and substantiate clinical thought process			
2	Utilizes ancillary services appropriately (i.e., labs, radiology, referrals, etc.)			
3	Follows up prior orders/results appropriately			
4	Addresses specific conditions, and initiates appropriate work-up and treatment			
5	Uses good clinical judgment			
6	Procedures in clinic are performed appropriately			

Overall Clinical Performance

Met Standard of Care Did Not Meet Standard of Care (must include comments)

COMMENTS

Chart #1	
Chart #2	
Chart #3	
Chart #4	
Chart #5	
Any additional comments	

Reviewer Name _____ Reviewer Signature _____ Date _____

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**ONGOING PROFESSIONAL PRACTICE EVALUATION FORM
URGENT CARE**

PROVIDER NAME: _____ REVIEW PERIOD From: _____ To: _____

Complete each question below. If a section does not relate to the provider's scope of practice, leave it blank.

Review at least 5 charts:

Chart	MRUN	Reason for visit/diagnosis
1		
2		
3		
4		
5		

QUALITY INDICATORS

Mark: "√" for complete and documented in the medical record.

"x" for incomplete/not present

"N" for not applicable

		Chart	1	2	3	4	5
1	Patient's urgent need/reason for visit was addressed appropriately for an urgent care setting						
2	If primary diagnostic impression was possible acute coronary syndrome, site specific guidelines were followed.						
3	If blunt-force trauma to an extremity, areas proximal and distal to the index site of trauma were evaluated.						
4	Tetanus immunization status was addressed appropriately for wounds and/or burns.						
5	If patient below the age of 12, all medication doses were age and weight appropriate.						
6	If transferred to a higher level of care, transfer was medically indicated.						
6a	Means of transport was appropriate.						
6b	Transport destination was appropriate.						

Overall Clinical Performance:

___ Met Standard of Care

___ Did Not Meet Standard of Care (must include comments)

U = unsatisfactory N = needs improvement S = satisfactory

In your review of the above medical records, do you find that the provider:

		U	N	S
1	Documents enough to follow and substantiate clinical thought process			
2	Appropriate utilizes ancillary services appropriately (i.e., labs, radiology, referrals, etc.)			
3	Follows up prior orders/results appropriately			
4	Addresses medical conditions, and initiates appropriate work-up and treatment			
5	Uses good clinical judgment			
7	Prescribes appropriately			

___ Met Standard of Care

___ Did Not Meet Standard of Care (must include comments)

COMMENTS

Chart #1	
Chart #2	
Chart #3	
Chart #4	
Chart #5	
Any additional comments	

Reviewer Name _____

Reviewer Signature _____

Date _____

Revised 11/30/2018