



Ambulatory Care Network
HEALTH SERVICES • LOS ANGELES COUNTY

TITLE: Peer Review and Ongoing Monitoring Activities

DIVISION: Ambulatory Care Network
SERVICE AREA/ UNIT: Medical Administration

Policy & Procedure Number	ACN
	PO-03-002
Origination Date:	9-25-14
Revision Date:	9-25-14
Review Date:	9-25-15
Approved By:	ACN P&P

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:

- I. The ACN Peer Review Program consists of two (2) components: chart review and focused case review.
- II. 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:

I. 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 leadership/QI committee.
 5. Peer review will be a component of the provider credentialing and privileging process as follows: results of the peer review activities are aggregated and reported at the time of renewal of privileges to provide for practitioner-specific appraisal of competency. A practitioner specific performance profile is completed and forwarded to the facility Credentialing & Privileging Committee (C&PC) prior to the renewal of clinical privileges. This profile of aggregated peer review outcomes is internal and confidential.
 6. Findings of all peer review activities will be reported to the ACN facility medical director.
 7. Any significant findings from peer review process will be reviewed by the ACN facility medical director and forwarded to the C&PC.
 8. The 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 A1-3).
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. Fall outs from the regular peer review process may trigger focused case review.
2. A focused case review will 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, etc.)
 - f. Staff complaint regarding a specific practitioner (e.g., allegation of medical mismanagement, substandard quality of care or inappropriate behavior, etc.)
 - g. 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 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 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 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.

II. Reporting

- A. Reporting to the Medical Board of California (MBC 805 Report) will be done, in accordance with the law, by facility credentialing and/or medical administration staff, 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, by facility credentialing and/or medical administration staff, 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, 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


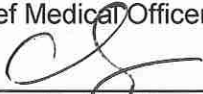
4. Voluntary limitation, restriction, or reduction of clinical privilege(s), while under, or to avoid, investigation relating to professional competence or conduct
5. Voluntary surrender of clinical privilege(s), while under, or to avoid, investigation relating to professional competence or conduct
6. 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

Reference:

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

Prepared by: Nina J. Park, Chief Medical Officer

Approvals:

 <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> Nina J. Park, MD Chief Medical Officer	Date: <u>10-8-14</u>
 <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> Alexander Li, MD Chief Executive Officer	Date: <u>10/9/14</u>

P&P History

Date	Department	Policy & Procedure #	Comments	Next Annual Review Due
9/25/2014	ACN	GA-01-005	P&P Committee Approved	9/25/2015

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Attachment A-1

ONGOING PROFESSIONAL PRACTICE EVALUATION FORM
ADULT PRIMARY CARE

PROVIDER NAME: _____ REVIEW PERIOD: _____

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 #1: MRUN:
Chart #2: MRUN:
Chart #3: MRUN:
Chart #4: MRUN:
Chart #5: MRUN:

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	History and Physical: Done by the 3 rd visit to PCMH						
2	Pneumovax given/offered (age >65 or high risk)						
3	Tetanus immunization/booster within last 10 years?						
4	Colorectal CA screening (age >50)						
5	Mammogram done/offered q 2 years (women 50-75)						
6	Hypertension: BP less than or equal to 140/80 after 3 visits						
7	Hypertension: if BP > 140/80, treatment initiated/addressed appropriately						
8	Cholesterol: screening done (q 5 years 18-75)						
9	Cholesterol: if elevated, treatment initiated/addressed appropriately						
10	Diabetes: HgbA1c q 6 months						
11	Diabetes: HgbA1c <7 (after 12 months of treatment, age < 75)						
12	Diabetes: if HgbA1c >7, treatment initiated/addressed appropriately						
13	Diabetes: retinal exam done/offered q 1 year						
14	Diabetes: Foot exam q 6 months						
15	Diabetes: Urine microalbumin or 24 hour urine q 1 year, or on ACE/ARB						
16	Diabetes: if BP >130/80, treatment initiated/addressed appropriately						
17	Diabetes: if LDL>100, treatment initiated/addressed appropriately						

CLINICAL PERFORMANCE

U = unsatisfactory N = needs improvement S = satisfactory E = excellent O = outstanding

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

U N S E O

		U	N	S	E	O
1	Writes legibly (leave blank if charting electronically)					
2	Documents enough to follow and substantiate clinical thought process					
3	Utilizes ancillary services appropriately (i.e., labs, radiology, referrals, etc.)					
4	Follows up prior orders/results appropriately					
5	Addresses medical conditions, and initiates appropriate work-up and treatment					
6	Uses good clinical judgment					
7	Overall assessment of clinical performance					

COMMENTS

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

Reviewer Name _____ Reviewer Signature _____

Date _____

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Attachment A-2

ONGOING PROFESSIONAL PRACTICE EVALUATION FORM
PEDIATRIC PRIMARY CARE

PROVIDER NAME: _____ REVIEW PERIOD: _____

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 #1: MRUN:
Chart #2: MRUN:
Chart #3: MRUN:
Chart #4: MRUN:
Chart #5: MRUN:

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	History and physical: done by the 3 rd visit to PCMH						
2	HEADDSS assessment performed at physical exam (> 12 years old)						
3	Immunizations documented and addressed appropriately						
4	BMI addressed; when abnormal, yearly (2 years old and greater)						
5	Anticipatory guidance						

CLINICAL PERFORMANCE

U = unsatisfactory N = needs improvement S = satisfactory E = excellent O = outstanding

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

		U	N	S	E	O
1	Writes legibly (leave blank if charting electronically)					
2	Documents enough to follow and substantiate clinical thought process					
3	Utilizes ancillary services appropriately (i.e., labs, radiology, referrals, etc.)					
4	Follows up prior orders/results appropriately					
5	Addresses medical conditions, and initiates appropriate work-up and treatment					
6	Uses good clinical judgment					
7	Overall assessment of clinical performance					

COMMENTS

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

Reviewer Name _____ Reviewer Signature _____

Date _____

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Attachment A-3

ONGOING PROFESSIONAL PRACTICE EVALUATION FORM
SPECIALTY CARE

PROVIDER NAME: _____ SPECIALTY _____

REVIEW PERIOD: _____

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 E = excellent O = outstanding

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

U N S E O

1	Writes legibly (leave blank if charting electronically)	U	N	S	E	O
2	Documents enough to follow and substantiate clinical thought process					
3	Utilizes ancillary services appropriately (i.e., labs, radiology, referrals, etc.)					
4	Follows up prior orders/results appropriately					
5	Addresses specific conditions, and initiates appropriate work-up and treatment					
6	Uses good clinical judgment					
7	Procedures in clinic are performed appropriately					
8	Overall assessment of clinical performance					

COMMENTS

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

Reviewer Name _____ Reviewer Signature _____ Date _____

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Attachment B

FOCUSED CASE REVIEW FORM

PROVIDER NAME: _____ REVIEW PERIOD: _____

MRUN	Reason for visit/Diagnosis

CASE REVIEW

U = unsatisfactory N = needs improvement S = satisfactory n/a = not applicable

		U	N	S	n/a
1	Initial data gathering by provider about presenting problems				
2	Provider integration of information and development of appropriate diagnoses				
3	Physician initial treatment plan and orders				
4	Diagnostic work-up				
5	Provider plan for disposition and follow-up				
6	Discharge instructions				
7	Transfer to a higher level of care in a timely manner				

COMMENTS

QUALITY OF CARE LEVEL/RECOMMENDED ACTION

[] Level I: Met expectation of quality; expected outcome

[] Level II: Met expectation of quality; unexpected outcome

[] Level III: Identified deviation from standard of care

[] Level IV: Standard of care not met

[] No action required

[] Verbal discussion with provider

[] Written counseling

[] Monitoring

[] Education/case presentation

[] Other; specify: _____

Reviewer Name _____ Reviewer Signature _____ Date _____