

MEDICAL STAFF POLICIES & PROCEDURES

Applicability: Community Hospital East, Community Heart and Vascular Hospital (A Department of Community Hospital East), Community Hospital North, Community Hospital South, Community Fairbanks Recovery Center, Community Howard Regional Health, Community Hospital Anderson

TITLE: MEDICAL STAFF PEER REVIEW

STATEMENT OF PURPOSE: The Hospitals and their medical staffs are responsible for the quality of care provided to the patients seen at the respective Hospitals. Many types of peer review activities occur in the Hospitals. This policy governs the routine retrospective case reviews conducted by the medical staff with the assistance of the quality department. The results of peer review conducted by the medical staff will be forwarded to the Governing Body as described in Medical Staff Bylaws or policies. Nothing in this Policy precludes the Medical Staff Executive Committee or the Governing Body from taking immediate action against a Privileged Practitioner when warranted.

DEFINITIONS:

“Peer Review” means evaluating the: (1) qualifications of professional health care providers; (2) patient care rendered by professional health care providers; or (3) merits of a complaint against a professional health care provider that includes a determination or recommendation concerning the complaint, and the complaint is based on the competence or professional conduct of an individual health care provider, whose competency or conduct affects or could affect adversely the health or welfare of a patient or patients.¹

“Evaluation of Patient Care” relates to (1) the accuracy of diagnosis; (2) the propriety, appropriateness, quality, or necessity of care rendered by a professional health care provider; and (3) the reasonableness of the utilization of services, procedures, and facilities in the treatment of individual patients.²

“Privileged Practitioner” means any professional health care provider who has obtained clinical privileges or membership through the medical staff or equivalent process approved by the Medical Executive Committee and Governing Body.

“Personnel of the Peer Review Committee” means not only committee members, but all of the committee’s employees, representatives, agents (such as Reviewers, Panelists, and External Reviewers) attorneys, investigators, assistants, clerks, staff, and any other person or organization who serves a peer review committee in any capacity. Such personnel, including individual Reviewers, Panelists, External Reviewers, are entitled to the same peer review protections as committee members.

“Reviewer” means a Privileged Practitioner selected to assist the medical staff peer review committee in conducting retrospective case reviews. Certain factors are considered when reviewers are selected. The selection should strive to use a Privileged Practitioner licensed in the same profession as the individual whose patient care is under review. If specialty skills and technique is in question, then the selection should strive to use a Privileged Practitioner with the same clinical privileges.

¹ IC 34-6-2-99(1)(A)-(C).

² IC 34-6-2-44.

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"**External Reviewer**" means a practitioner selected to assist the medical staff peer review committees in conducting retrospective case reviews. The selection should strive to engage a practitioner licensed in the same profession as the individual whose patient care is under review. If specialty skills and technique are in question, the selection should strive to use a practitioner with the same clinical privileges. The practitioner is not required to have an Indiana medical license; the practitioner may be licensed in another state.

PROCEDURE:

The Medical Staff Bylaws describe the standing committees / leaders authorized to conduct peer review on behalf of the Medical Staff. Ad hoc committees may be convened as needed to conduct peer review matters and assist the standing committees / leaders. In addition, the Medical Staff Departments are authorized to conduct peer review activities and appoint committees to carry out this function on behalf of the Departments (e.g., conduct patient care review for the purposes of analyzing the quality and appropriateness of care and treatments provided to patients within the Department).

Through routine quality and case management activities, cases requiring retrospective peer review are identified. The cases that may be reviewed include but are not limited to the circumstances listed below.

- All deaths with exceptions determined by the specific medical staff department; (e.g., unexpected death)
- Unexpected complications in patient condition and/or care or treatment, including those that result in major permanent loss of function, not related to the natural course of the patient's illness or underlying condition
- Post-operative complications, as defined by the Departments under which those procedures are governed, and/or Medical Executive Committee
- Patient suicide
- Patient complaints, grievances, or concerns regarding any Privileged Practitioner
- Moderate to severe adverse drug reactions
- Transfusion reactions
- Staff complaints, grievances or concerns regarding any Privileged Practitioner related to the management of patient care and/or the disruption of unit function
- Utilization issues with regard to hospital admission
- Iatrogenic events
- Inappropriate use of blood and blood components
- Inappropriate use of medications including opioids
- Inappropriate use of nutritional products
- Appropriateness, timeliness, completion, and legibility of medical record content
- Department-specific defined performance indicators, as established and approved by the specific medical staff department

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This list is not exhaustive. This list may be revised at any time, as deemed appropriate by the Medical Executive Committee (MEC), Medical Staff Quality Committee (MSQC), the Medical Staff Departments and the Credentials Committee (when applicable) of the Medical Staffs. Events not described above may also be reviewed when warranted.

PEER REVIEW PROCESS

The peer review committees of the Medical Staff may enlist the assistance of an Individual Reviewer, a group of Reviewers, External Reviewer(s) and others in carrying out their peer review responsibilities.

Use of Individual Reviewer

When the peer review involves a member of the reviewing committee, the member being reviewed will be excused from that part of the meeting.

Medical Staffs of Community Health Network (CHNw) affiliated entities are encouraged to establish routine, reciprocal review by similarly credentialed providers from one CHNw entity for a separate but affiliated CHNw entity.

The fact that a Reviewer or committee member is also a Network employee does not automatically preclude the Reviewer or committee member from participating in the review.

An individual functioning as a Reviewer will not have performed any medical management of the patient for the issue under review. Opinions and information may be obtained from participants involved in the patient's care.

Use of Multiple Reviewers

More than one Reviewer may be selected in certain circumstances when additional consideration is necessary or when more peers of a specific specialty are needed to adequately review a specific case. Reviewers may be selected for their expertise in (1) a given subject of medicine or in a specific medical or surgical specialty, or (2) in the applicable standard of care for any non-physician Privileged Practitioner regardless of whether the panelist is credentialed at a CHNw-affiliated Hospital, so long as appropriately licensed and credentialed in Indiana to practice in the same specialty as the Privileged Practitioner whose case is under review. It is appropriate to utilize the expertise of similar specialty (e.g., behavioral health) peer review committees of other CHNw-affiliated entities as needed.

Use of External Review

Circumstances that require external peer review may include, but are not limited to:

- Need for specialty review when there are no medical staff members with the identified specialty within the Hospital
- The peer review committee cannot make a determination and requests external review

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- The individual whose case is under review requests external peer review. The individual will be responsible for costs incurred for the external peer review. An external review requested by the individual must include appropriate safeguards to maintain the peer review privilege and does not preclude review within the Hospital by a Medical Staff peer review committee.
- External reviewers do not have to be licensed in the State of Indiana
- The Medical Executive Committee may request an external review
- When dealing with the potential for litigation
- When dealing with ambiguous or conflicting recommendations from internal Reviewers or medical staff peer review committees or when there does not appear to be a strong consensus for a particular recommendation
- When a Privileged Practitioner has been granted additional privileges to utilize new technology or perform a procedure new to the Hospital and the Medical Staff does not have the necessary subject matter expertise to adequately evaluate the quality of care involved
- When the Medical Staff needs an expert witness for a fair hearing, for evaluation of a credential file, or for assistance in developing a benchmark for quality monitoring

Classification System for Peer Reviews

The Reviewer or External Reviewer will complete the form approved by the Medical Executive Committee after conducting the case review and submit it to the appropriate peer review committee for review and recommendation. The peer review committee is not bound to the Reviewer's recommendations concerning the code assignment.

Peer Review findings will be classified using the codes below. The phrase “no issue” means that no action is currently deemed necessary. Repeated occurrences of events that do not initially require action, may become problematic if repetitive.

Finding Code	Description
#1	No issue and no action required
#1A	No issue, but needs referral to another department
#1B	No issue, but FYI letter to Practitioner
#2	Education letter of intervention – learn something
#2A	Collegial Conversation/Verbal education or counseling
#3	Focus review monitoring – watch to make sure it is not a problem. Define time period and type of focused review
#4	Immediate threat to patients or employees – severe issue requiring immediate action and possible privilege intervention

Routine peer review, such as performance monitoring and case reviews, are not generally considered peer review Investigations as defined in the Medical Staff Bylaws. However, all code 4 determinations will be immediately referred to the appropriate Medical Staff Officer or Medical Staff Department Chair and notice that a formal investigation may be initiated will be provided to

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the Privileged Practitioner in accordance with any notice requirements set forth in the applicable Medical Staff Bylaws.

Participation by the Privileged Practitioner under Review

All individuals whose cases are identified as not meeting the expected standard of care and requiring further review shall be notified of the medical record number and date of admission of the case to be reviewed, in addition to the reason for review, at least two weeks prior to the scheduled peer review meeting date. In cases of immediate referral to the peer review committee, as determined by the Department Vice Chair or designee, the Privileged Practitioner whose case is under review shall be notified of the reason for the review and the scheduled date of review, as soon as the Department Vice Chair or designee makes the determination that the case must be referred for immediate committee review. Before the peer review committee issues a determination of 4, the Privileged Practitioner whose case is under review will be given an opportunity to provide information to the peer review committee, if not already provided. A formal peer review Investigation may only be initiated as set forth in the applicable Medical Staff Bylaws.

Time frames

Cases forwarded to Medical Staff Department or Medical Executive Committee for peer review are to be reviewed in a timely manner upon receipt of the case review request. Preferably the review will occur within one month, as appropriate.

Cases are identified for review through retrospective record review performed on an ongoing basis upon completion of the medical record and its coding.

Cases are identified on a concurrent basis during routine quality activities. Those cases requiring immediate action will be referred to the Chief Medical Officer and designated Medical Staff Officer for determination. Cases determined to require immediate Committee review by the Medical Staff Department Vice Chair or designee will be referred to the appropriate Medical Staff Committee. Cases determined by the Medical Staff Department Vice Chair or designee not to require immediate review will undergo the medical record completion process prior to referral to the Medical Staff Department Committee, but the review must occur in a timely manner.

Peer Review Results

Results of peer review activities specific to each Privileged Practitioner are compiled and reported before medical staff reappointment and renewal of clinical privileges recommendations are made to provide for practitioner-specific appraisal of competency. A Privileged Practitioner's specific performance profile is completed and forwarded to the Credentials Committee/Medical Executive Committee prior to Privileged Practitioner's reappointment.

Results of peer review activities of a Privileged Practitioner may be forwarded to the Medical Staff Quality Committee or other appropriate Medical Staff Committee / Officer(s) whenever a pattern of concern may be developing.

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Results of peer review activities are utilized in the hospital-wide performance improvement program, via a report to the Medical Staff Quality Committee or Medical Executive Committee to allow for organizational improvement as necessary. The peer review activities of the Medical Staff are an ongoing component of the hospital-wide performance improvement program and a routine component of each Medical Staff Department.

The conclusions, outcomes, recommendations, and actions resulting from peer review by the Medical Staff are monitored for effectiveness. Results of follow-up, effectiveness and monitoring are reported to the Medical Staff Quality Committee, the Medical Executive Committee and the Network Credentialing and Privileging Committee.

Peer review files are retained for ten years after the practitioner resigns membership. The minutes of the peer review committees of the Medical Staff will be retained for ten years.

RELATED MEDICAL STAFF POLICIES

Professional Practice Evaluation
Professional Code of Conduct
Practitioner, Fitness, Wellness and Impairment Policy
Medical Staff Credentialing Policy