Medical Staff Quality: Supporting Patient Safety
MEDICAL STAFF QUALITY

- Confidential, Collegial, & **Non-punitive** Culture
- Active, Dynamic, **Physician Led** Committees
- **Feedback** Reports
- Provider Driven **Performance Improvement** Initiatives
- Ongoing Provider Evaluation and **Reappointment Data**
- **Regulatory** Driven by CMS, AHCA, DNV
Protection of Medical Staff Quality Data

The federal government enacted the Patient Safety and Quality Improvement Act (PSQIA) on July 29th, 2005 to promote improved patient safety and quality of care delivery on a national level.

**LMHS Policy S25 00 102**: Collection, retention, and reporting of patient safety work product within Lee Memorial Health System’s patient safety evaluation system

To create a system through which Patient Safety Work Product ("PSWP") within the Lee Memorial Health System Patient Safety Evaluation System ("LPSES") is collected, stored and analyzed for the sole purpose of reporting to its contracted Patient Safety Organization ("PSO") in order to ensure protection of PSWP privilege and confidentiality and maintain such PSWP.
PEER REVIEW PROCESS

Peer Review is...

- Peers **collegially and confidentially** assessing the quality of medical care provided by their colleagues.

- **Identifying opportunities** to improve care.

- Six Quality Committees: interdisciplinary group of providers who review **Provider related** quality issues.
CASE REVIEW

- Case Identification / Referrals
- Determine if referral meets Peer Review criteria
- Complete Summary / Abstract of Case
- Peer Reviewed (Recommendations)
- Quality Committee Review
  - Solicit input from associated provider(s)
  - Determine Final Outcome
- Provider Notification
- Improvement Plans
Physician Performance; A Regulatory Mandate

CMS Interpretive Guidelines (CoP)

§482.22(a)(1)

...(The hospital) must evaluate each individual practitioner’s qualifications and demonstrated competencies to perform each task or activity within the applicable scope of practice or privileges for that type of practitioner for which he/she has been granted privileges.

Det Norske Veritas  DNV-GL Standards

- Requires evaluation and analysis of practitioner specific performance data
- Performance data is conducted twice a year (rolling 24 months)
DNV-GL Practitioner Specific Performance Measures:

- Blood Use
- Prescribing of Medications
- Surgical Case Review
- Specific Department indicators
- Sedation Adverse Events
- Readmissions/Unplanned Returns to Surgery
- Appropriateness of care
- Utilization
- Significant Deviations
- Medical Record Completion
- Variances / Trends
Physician Performance Feedback

Physician Performance Feedback Report (PPFR)

*Summary* of ongoing data to assess a practitioner's clinical competence

TWICE A YEAR

Focused Professional Practice Evaluation (FPPE)

*Summary* of focus data to assess all newly requested privileges and whenever question arises regarding a practitioner's ability to provide safe, high quality patient care.

NEW PROVIDERS at 6 MONTHS
CMS Value Based Purchasing
How is your documentation?

Outpatient Measures:
- Acute Myocardial Infarction
- Chest Pain
- Emergency Department
  - Arrival Times
  - Time patient seen by provider
- Stroke
  - Last Known Well
  - Imaging
- Physician Documentation for Colonoscopy
  - OP Web-29

Inpatient Measures:
- Elective Delivery prior to 39 weeks gestation
- Sepsis
  - Antibiotic, LA, BC
Thank You

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