

## Focused Professional Practice Evaluation

The process of monitoring the initial clinical competency of newly appointed Medical Staff members. Focused Professional Practice Evaluation reports to the Credentialing Committee and also serves as the mechanism to monitor ongoing practitioner's performance when quality metric indicator variances are triggered per policy.

## Physician Performance Feedback Reports

The process of monitoring the ongoing current clinical competency of medical staff members. This process allows timely identification and resolution of any potential opportunities within a practitioner's performance, including trends that may impact quality of care and patient safety. Physician Performance Feedback Reports also foster an efficient, evidence-based privilege renewal process.

## Physician Performance Reporting Method

Physician Performance Feedback Reports will be generated utilizing a multitude of reporting mechanisms and programs with the goal of providing validated, accurate, consistent data to aide in the interpretation of Physician Selected Performance Metrics. These reports are presented to the Department Chairperson for review and recommendations for improvement as appropriate. Metrics for review are selected by the Department Chairperson and are endorsed by the Medical Staff Quality Oversight Committee.

## Clinical Processes of Care (Core Measures)

These are a standard set of clinical care process indicators within the Centers for Medicare & Medicaid Services (CMS) value-based purchasing domain, which help physicians and hospitals improve outcomes for our patients. LMHS, along with other hospitals across the nation, publicly report indicator performance on the CMS Hospital Compare website. Clinical Processes of Care have become a major driver for Medicare reimbursement, and low-to-average performing hospitals are at risk of forfeiting a substantial share of their annual payments. In addition, MSQ supports initiatives throughout the system to achieve and maintain performance on these Clinical Processes of Care indicators.

## Quality of Physician / Advanced Practice Provider Care

Referrals to Medical Staff Quality can be placed by anyone by providing the concern, patient identifiers (Name and CSN number) via the following methods:

**Call:** (239) 343-8460

**Fax:** (239) 343-4113

**Email:** [MedicalStaffQuality@leehealth.org](mailto:MedicalStaffQuality@leehealth.org)

Once a referral is placed, it enters PSO protection and as such is confidential. Results of the review will not be shared.



PATIENT SAFETY WORK PRODUCT:

Confidential and privileged information created as part of the LPSES Lee Memorial Health System's Patient Safety Evaluation System

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# Medical Staff Quality

# Guide to Services

- ❖ Collegial Peer Review Process
- ❖ Focus Professional Practice Evaluation Process
- ❖ Physician Performance Feedback Report Process
- ❖ Inpatient and Outpatient Committees
- ❖ Clinical Process of Care Abstracting



Phone: 239-343-8460

Fax: 239-343-4113

# Medical Staff Quality Program

## Overview

As a part of the Lee Memorial Health System's Patient Safety Evaluation System (LPSES), Medical Staff leaders, in both the inpatient and outpatient setting, will work to improve individual and aggregate medical staff performance through non-punitive collegial approaches and provide appropriate positive and constructive feedback that allows each physician the opportunity to grow and develop in their capabilities to provide quality patient care.

### **Goals:**

- To create a confidential, collegial and non-punitive culture.
- To create efficient and effective committee structures and processes.
- To establish valid and accurate practitioner performance measures.
- To provide practitioners with timely and useful feedback.
- To create well designed and collegial performance improvement strategies.
- To collect reliable data for ongoing evaluation and for review at reappointment.

### **Medical Staff Expectations for physicians granted privileges include:**

- **Technical Quality**  
Skill and judgment related to appropriate and effective performance
- **Service Quality**  
Ability to meet the needs of the patient and other caregivers
- **Patient Safety / Patient Rights**  
Cooperation with patient rights and safety, rules and procedures
- **Resource Use**  
Effective and efficient use of hospital clinical resources
- **Relationships**  
Interpersonal interactions with colleagues, hospital staff and patients
- **Citizenship**  
Participation and cooperation with medical staff responsibilities

## Peer Review

The process by which peers assess the quality of medical care provided by their colleagues. Cases are referred to Medical Staff Quality through a wide variety of sources that include: Physicians, Care Management, Risk Management, Patient Care Services, Regulatory Reviews and other sources.

### **Case Review Process:**

1. Case identification
2. Case screening
3. Case review
4. Case discussion at committee meeting
5. Input solicited from associated provider(s)
6. Committee decision
7. Communication of findings
8. Creation of improvement plans

### **Facility Medical Staff Quality Committees:**

- Cape Coral Hospital
- Gulf Coast Medical Center
- HealthPark Medical Center
- Lee Memorial Hospital
- Golisano Children's Hospital of Southwest Florida
- Lee Physician Group (LPG)

Committees consist of a balanced mix of physicians representing both general/specialty medicine and surgery departments, OB/GYN, Pediatrics, Anesthesia, Radiology, Emergency Medicine and Pathology.

### **Medical Staff Quality Oversight Committee**

The Medical Staff Quality Oversight Committee is responsible for overseeing the accountability and effectiveness of each facility committee.

### **Medical Executive Committees**

All facility Medical Staff Quality Committees and the Oversight Committee report to the individual Facility Medical Executive Committees. The LPG Medical Provider Quality Committee reports to the LPG Physician Governance Committee. (PGC)