



## **Provider Quality Sub-Committee & Peer Review Process**

**Ashley Clement, MPA, CLSSGB**  
**Quality Improvement Coordinator**  
**[aclement@shchc.org](mailto:aclement@shchc.org)**



**Presentation for LPCA 2019 HCCN  
Learning Session**

**June 20, 2019**

# Provider Quality Sub-Committee

---

- Mission and Vision related to the overall purpose, quality of care and services provided
- Strategic Plan, Goal and Objectives for Quality Performance
- Providers as “Champions” to assist with achieving goals, engaging peers and staff, providing suggestions and developing action plans
- Representation from each specialty and clinic

# Provider Quality Sub-Committee

---

- Goals- Prioritized:

- ❖ Improve UDS/CQM Measure Performance Rates:

- a. Diabetes HgbA1C- HRSA OSV Protocol
    - b. Depression Screening and Follow-Up
    - c. Preventive Screenings

- ❖ Restructure Peer Review Process and Audit forms

- ❖ Assist with implementation of a new EHR Platform

- ❖ Assist with Azara Interface and Training

- ❖ Encourage provider participation in applicable webinars & professional development opportunities

# Peer Review

## **Purpose:**

- Peer Review is an integral part of the Quality Improvement (QI) program and is conducted on an annual basis by each of the professional categories of the medical staff. Purpose is to improve the professional competence and skill, as well as the quality of performance, of the health care professionals.

## **Policy:**

- Reviewing clinical quality indicators and important aspects of care is necessary for monitoring performance, providing feedback, establishing internal benchmarks, and providing educational opportunities for clinicians to ensure conformity with Southeast Community Health Systems clinical practice guidelines and/or community standards of care.
- Offer convenient access to reliable, up-to-date information pertinent to the clinical and educational services provided. Responsibility of the CMO, with the advice and consultation of the clinical staff, to identify and address any problems or opportunities for improvement in the clinical care provided by members of the medical staff.

# Peer Review

## **Procedure**

- Annually, 12 randomly selected charts
- Right Signature Chart reviews, ample time to complete
- Clinical Diagnosis correlated to UDS/CQM measure, when possible
- Professionally accepted, evidence-based clinical practice guidelines (i.e., CDC, ADA, AMA, AAFP, ACOG, etc.)
- Providers participate in selection of criteria used for evaluation
- MD review MD, MLP review MLP
- Contracts with external peer review providers for OB/GYN, Medical Psychologist and Podiatrist
- Reviewers use professional judgement to determine if clinical care and documentation meet organization and community standards of care



# Peer Review

---

## Procedure Continued:

- Data collected and analyzed for trends in care or occurrences that may affect patient outcomes
- If the peer reviewer feels the care deviates significantly from organization and community standards, the reviewer will indicate that further review is required.
- Cases requiring further review will be reviewed a second time by the CMO, or designee. Additional information on the care of the case may be requested from the treating provider. If the second review finds the management of the case to be adequate, no further action will be required. If management of the case is deemed inadequate, the issue will be forwarded to the CEO for final determination.

# Peer Review

## Procedure Continued:

- A summary sheet detailing results and feedback of the peer review study will be given to each clinician reviewed. Any provider disagreeing with or having concerns about a case review may request a second review by another peer, or an ad hoc committee comprised of the CMO, a provider appointed by the CMO, and a provider chosen by the practitioner being reviewed.
- Peer review results will be shared in the Quality Committee and the Board of Directors Reports and may also be incorporated into the clinician's annual performance evaluation and continual granting of clinical privileges.

# Peer Review Diagnosis or Procedural Guidelines & UDS/CQM

---

- Medical- Diabetes (Am. Diabetes Assn.)
- OB/GYN- Endometrial Biopsy & Abnormal Uterine Bleeding (ACOG)
- Pediatrics- URI/Acute Tonsillitis (IDSA/AAFP)
- Dental- Extractions (Am. Dental Assn.)
- Podiatry- Plantar Fasciitis (Orthopaedic Section of the APTA- American Physical Therapy Association)
- Behavioral Health- State Insurance Plans Audit Requirements (<http://ldh.la.gov/index.cfm/page/2974>)



# **PERFORMANCE IMPROVEMENT PROGRAM PROVIDER PEER REVIEW- DIABETES**

Provider Reviewed:

Patient Number:

Reviewing Provider:

Diagnosis:

Nurse:

Date of Last Visit::

INDICATOR CHECKLIST	YES	NO	N/A
Was a complete past medical history, history of present illness and physical performed or reviewed?			
Assessment of co-morbidities that may complicate diabetes management documented?			
Are allergies and vital signs documented?			
Was a special exam or procedure performed (retinal and podiatry exam), and if so was it appropriate?  Date of exam?			
Diagnosis consistent with findings? Is appropriate diagnosis marked active or resolved, if indicated?			
Relevant & recent lab work (HgbA1C, LDL, Micro-Albumin, Chemistry) performed?			

<b>Date and result of HgbA1C?</b>			
<b>Was relevant DIABETES health education provided to the patient?</b>			
<b>Does Diabetes Treatment Plan follow appropriate sequence? Are patient goals (exercise, nutrition, social) defined?</b>			
<b>Is follow-up appointment indicated in clinical record? (If HbA1C is &gt; 7%, f/up in 3 months; &lt;7%, f/up in 6 months). Note date of f/up appt.</b>			
<b>Was a referral made for specialty care, and if so was it appropriate for condition and provider experience?</b>			
<b>Was consultation sought, as appropriate?</b>			
<b>Adherence to guidelines of specified measures?</b>  <b>1. Comprehensive care, including but not limited to, medical, dietitian, dental, pharmacy, &amp; mental health, as deemed appropriate</b>  <b>2. Evaluation of previous treatment and the past and present degrees of Glycemic Control</b>			
<b>Medication Reconciliation, including appropriate start and stop dates?</b>			
<b>Was patient care appropriate and effective for the promotion of health, prevention of illness, treatment of disease, and – if appropriate - care at the end-of-life?</b>			
<b>Chart complete and signed-off by the 4<sup>th</sup> day of the following/next month?</b>			

**SCORING:**

**1. Outstanding**

**2. Good**

**3. Satisfactory**

**4. Marginal**

**5. Unsatisfactory**

**Summary of**

**Findings:** \_\_\_\_\_

**Corrective Action (if necessary):**

\_\_\_\_\_

Peer Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Treating Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Medical Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Quality Improvement Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_