

GOTTLIEB MEMORIAL HOSPITAL

PROFESSIONAL PRACTICE EVALUATION POLICY

- **OPPE**
- **FPPE TO CONFIRM PRACTITIONER
COMPETENCE**
- **FPPE WHEN CONCERNS ARE RAISED
(PEER REVIEW)**

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TABLE OF CONTENTS

	<u>PAGE</u>
1. OBJECTIVES, SCOPE OF POLICY, COLLEGIAL EFFORTS, DEFINITIONS, AND ACRONYMS	1
1.A Objectives	1
1.B Scope of Policy	1
1.C Collegial Efforts and Progressive Steps.....	2
1.D Definitions.....	2
1.E Acronyms	4
2. OPPE	4
2.A OPPE Data to Be Collected	4
2.B OPPE Reports	4
(1) Content.....	4
(2) Review by PPE Support Staff.....	5
(3) Review by Department Chair.....	5
2.C Non-Compliance with Medical Staff Rules, Regulations, Policies, Clinical Protocols, or Quality Measures	5
3. FPPE TO CONFIRM PRACTITIONER COMPETENCE	6
3.A FPPE Clinical Activity and Performance Requirements	6
3.B Mechanism for FPPE Review.....	7
3.C Notice of FPPE Requirements	7
3.D Review of FPPE Results	7
(1) Review by the Department Chair.....	7
(2) Review by Credentials Committee	7
(3) Review by Medical Executive Committee	8
3.E Review of Automatic Relinquishment of Privileges Determination	9
(1) Notice.....	9
(2) Meeting with Department Chair, Credentials Committee, and Chief Medical Officer	9
(3) Written Report and Recommendation	9
(4) Final Board Decision	9

4.	FPPE WHEN QUESTIONS OR CONCERNS ARE RAISED	10
4.A	General Principles.....	10
	(1) Time Frames for Review	10
	(2) Request for Additional Information or Input	10
	(3) No Further Review or Action Required.....	10
	(4) Referral to the Medical Executive Committee.....	10
4.B	FPPE Triggers.....	11
	(1) Specialty-Specific Triggers.....	11
	(2) Reported Concerns.....	11
	(a) Reported Concerns from Practitioners or Hospital Employees	11
	(b) Anonymous Reports.....	12
	(c) Unsubstantiated Reports/False Reports	12
	(d) Sharing Reported Concerns with Relevant Practitioner	12
	(e) Self-Reporting.....	12
	(3) Other FPPE Triggers.....	12
4.C	Notice to and Input from the Practitioner	13
	(1) Notice.....	13
	(2) Input	14
	(3) Failure to Provide Requested Input.....	14
4.D	Interventions to Address Identified Concerns.....	14
	(1) Informational Letter	14
	(2) Educational Letter	15
	(3) Collegial Intervention	15
	(4) Performance Improvement Plan (“PIP”)	15
	(a) Additional Education/CME	16
	(b) Focused Prospective Review	16
	(c) Second Opinions/Consultations	16
	(d) Concurrent Proctoring.....	17
	(e) Participation in a Formal Evaluation/Assessment Program.....	17
	(f) Additional Training.....	17
	(g) Educational Leave of Absence.....	17
	(h) Other	18
4.E	PPE Support Staff	18
	(1) Review	18
	(2) Determination	18
	(3) Preparation of Case for Physician Review.....	18
	(4) Referral of Case to Leadership Council or Physician Advisor.....	19

	<u>PAGE</u>
4.F Leadership Council	20
(1) Review	20
(2) Determinations and Interventions	20
4.G Physician Advisors.....	21
(1) Review	21
(2) Determinations and Interventions	21
4.H Pre-Determined Reviewers	22
4.I PPEC	22
(1) Review of Prior Determinations	22
(2) Cases Referred to the PPEC for Further Review	22
(a) Review	22
(b) Determinations and Interventions	23
5. PRINCIPLES OF REVIEW AND EVALUATION	23
5.A Incomplete Medical Records	23
5.B Forms	23
5.C External Reviews	24
5.D Findings and Recommendations Supported by Evidence-Based Research/Clinical Protocols or Guidelines	24
5.E System Process Issues	24
5.F Tracking of Reviews	24
5.G Educational Sessions.....	24
5.H Confidentiality	25
(1) Documentation	25
(2) Participants in the PPE Process.....	25
(3) PPE Communications	25
5.I Conflict of Interest Guidelines.....	26
5.J Legal Protection for Reviewers	26
6. PROFESSIONAL PRACTICE EVALUATION REPORTS	26
6.A Practitioner Professional Practice Evaluation History Reports	26
6.B Reports to Medical Executive Committee and Board.....	26
6.C Reports on Request	27

- APPENDIX A:** Flow Chart of OPPE Process
- APPENDIX B:** Flow Chart of FPPE Process to Confirm Practitioner Competence
- APPENDIX C-1:** Detailed Flow Chart of FPPE Process When Questions or Concerns Are Raised
- APPENDIX C-2:** Simplified Flow Chart of FPPE Process When Questions or Concerns Are Raised
- APPENDIX D:** Appointment and Responsibilities of Pre-Determined Reviewers and Assigned Reviewers
- APPENDIX E:** Appointment and Responsibilities of Physician Advisors
- APPENDIX F:** Situations That Trigger Informational Letters
- APPENDIX G:** Performance Improvement Plan Options Implementation Issues Checklist
- APPENDIX H:** Conflict of Interest Guidelines

PROFESSIONAL PRACTICE EVALUATION POLICY

1. OBJECTIVES, SCOPE OF POLICY, COLLEGIAL EFFORTS, DEFINITIONS, AND ACRONYMS

1.A **Objectives.** The primary objectives of the professional practice evaluation processes of Gottlieb Memorial Hospital (the “Hospital”) are to:

- (1) effectively, efficiently, and fairly evaluate the care being provided by practitioners, comparing it to established patient care protocols and benchmarks whenever possible;
- (2) provide constructive feedback, education, and performance improvement assistance to practitioners regarding the quality, appropriateness, and safety of the care they provide;
- (3) establish and continually update triggers for focused professional practice evaluation and data elements for ongoing professional practice evaluation that will facilitate a meaningful review of the care provided; and
- (4) define prospectively, to the extent possible, the expectations for patient care and safety through patient care protocols.

1.B **Scope of Policy.** This Policy outlines the professional practice evaluation processes at the Hospital including:

- (1) **Ongoing Professional Practice Evaluation (“OPPE”).** All practitioners who provide patient care services at the Hospital are subject to OPPE. OPPE is a significant Medical Staff responsibility. It is part of the effort to establish processes and educational opportunities that help all practitioners consistently provide quality, safe, and effective patient care. Specifically, OPPE is a periodic performance review and analysis of data that helps to identify any issues or trends in practitioners’ performance that may impact on quality of care and patient safety. It also fosters an efficient and effective evidenced-based reappointment process. A flow chart that outlines the OPPE process is attached as **Appendix A**.
- (2) **Focused Professional Practice Evaluation (“FPPE”) to Confirm a Practitioner’s Competence When Clinical Privileges Are Initially Granted.** All practitioners who provide patient care services at the Hospital are subject to focused professional practice evaluation (“FPPE”) to confirm their competence. FPPE is a time-limited period during which a practitioner’s professional performance is evaluated. All initially-granted clinical privileges, whether at the time of initial appointment, reappointment, or during the term of appointment, shall be subject to FPPE.

A flow chart that outlines the FPPE process to confirm competence is attached as **Appendix B**.

- (3) ***FPPE When Questions or Concerns are Raised About a Practitioner's Clinical Practice.*** FPPE is also be conducted when certain events occur as outlined in Section 4 of this Policy. The process for FPPE when concerns are raised is outlined in **Appendix C-1** (Detailed Flow Chart) and **Appendix C-2** (Simplified Flow Chart).

Concerns regarding a practitioner's professional conduct or health status shall be reviewed in accordance with the Medical Staff Professionalism Policy or Practitioner Health Policy.

- 1.C ***Collegial Efforts and Progressive Steps.*** This Policy encourages the use of collegial efforts and progressive steps to address issues that may be identified in the professional practice evaluation process. The goal of those efforts is to arrive at voluntary, responsive actions by the practitioner. Collegial efforts and progressive steps may include, but are not limited to, informational letters, counseling, informal discussions, education, mentoring, educational letters of counsel or guidance, sharing of comparative data, and Performance Improvement Plans as outlined in this Policy.

All collegial efforts and progressive steps are part of the Hospital's confidential performance improvement and professional practice evaluation activities. These efforts are encouraged, but are not mandatory, and shall be within the discretion of the Physician Advisors, Department Chairs, Leadership Council, and the Professional Practice Evaluation Committee ("PPEC").

- 1.D ***Definitions.*** The following definitions apply to terms used in this Policy:

ASSIGNED REVIEWER means a physician appointed by a Physician Advisor, the Leadership Council, or the PPEC to review and assess the care provided in a particular case and report his/her findings back to the individual or committee that assigned the review. Duties and responsibilities of assigned reviewers are described more fully in **Appendix D**.

DEPARTMENT CHAIR means the applicable Medical Staff Department Chair (e.g., Chair of Medicine) at the Hospital.

FOCUSED PROFESSIONAL PRACTICE EVALUATION ("FPPE") is a time-limited period during which a practitioner's professional performance is evaluated. Focused Professional Practice Evaluation is used in two situations:

- (1) when privileges are newly granted to confirm the individual's competence to exercise them, as described in Section 3 of this Policy; and

- (2) when questions or concerns are raised about a practitioner's clinical practice, which shall be conducted in accordance with Section 4 of this Policy.

LEADERSHIP COUNCIL means the committee that:

- (1) determines the appropriate review process for clinical issues that are administratively complex and performs the other functions described in Section 4.F of this Policy;
- (2) handles issues of professional conduct pursuant to the Medical Staff Professionalism Policy; and
- (3) handles issues of practitioner health issues pursuant to the Practitioner Health Policy.

The composition and duties of the Leadership Council are described in the Medical Staff Organizational Manual.

MEDICAL STAFF LEADER means any Medical Staff officer, CMO, CQO, department chair, Physician Advisor, or committee chair.

PHYSICIAN ADVISOR means a physician who is appointed by the Leadership Council to conduct case reviews, make determinations, send educational letters, and conduct collegial interventions as described more fully in **Appendix E**. Depending on volume, more than one Physician Advisor may be appointed in a Department or specialty.

PPE SUPPORT STAFF means the clinical and non-clinical staff who support the professional practice evaluation process as described more fully in Section 4.E of this Policy.

PRACTITIONER means:

- (1) a member of the Medical Staff; and
- (2) an Allied Health Professional who has been granted clinical privileges at the Hospital.

PRE-DETERMINED REVIEWERS means those physicians who are appointed by the Leadership Council on an annual basis to conduct case reviews and report their findings to the relevant Physician Advisors, Leadership Council, or PPEC. Depending on volume, more than one Pre-Determined Reviewer may be appointed in a Department or Specialty. The duties and responsibilities of Pre-Determined Reviewers are described more fully in **Appendix D**.

PROFESSIONAL PRACTICE EVALUATION COMMITTEE (“PPEC”) means the multi-specialty committee that oversees the professional practice evaluation process, conducts case reviews, and develops performance improvement plans as described in this Policy. The composition and duties of the PPEC are described in the Medical Staff Organizational Manual.

1.E **Acronyms.** Definitions of the acronyms used in this Policy are:

CMO	Chief Medical Officer
CQO	Chief Quality Officer
FPPE	Focused Professional Practice Evaluation (Peer Review)
OPPE	Ongoing Professional Practice Evaluation
PIP	Performance Improvement Plan
PPE	Professional Practice Evaluation
PPEC	Professional Practice Evaluation Committee
MEC	Medical Executive Committee

2. **OPPE**

2.A **OPPE Data to Be Collected.** Each Department, in consultation with the PPE Support Staff and CMO or CQO, shall determine the OPPE data to be collected for each practitioner in that Department and, where appropriate and relevant, the threshold for each data element. In determining the data elements to be collected, the available information system capabilities and the type of data that would reasonably be expected to reflect clinically-significant issues for each specialty shall be considered. When possible, the thresholds for data elements shall be based on relevant clinical literature. The OPPE data elements and thresholds for each Department shall be approved by the Professional Practice Evaluation Committee (“PPEC”).

2.B **OPPE Reports.**

(1) **Content.** An OPPE report for each practitioner shall be prepared at least every six to eight months. A copy shall be placed in the practitioner’s file and considered in the reappointment process and in the assessment of the practitioner’s competence to exercise the clinical privileges granted. A practitioner’s OPPE report shall include:

- (a) performance as measured by the data elements determined by the relevant Department and approved by the PPEC;
- (b) the number of cases reviewed pursuant to Section 4 of this Policy and the dispositions of those cases; and
- (c) the number of informational letters sent pursuant to Sections 2.C and 4.D(1) of this Policy.

(2) ***Review by PPE Support Staff.***

- (a) If the OPPE report reveals that the practitioner's data is within the defined thresholds that have been established and no other issues or concerns are noted, the PPE Support Staff and the CMO shall provide a copy of the report to the practitioner or notify the practitioner how to access the report. The PPE Support Staff and CMO shall also indicate that the report is being provided solely for the practitioner's information and use in his or her patient care activities and that no response and no further review are necessary at that time.
- (b) If the OPPE data are not within defined thresholds or raise any questions or concerns, the PPE Support Staff and CMO shall provide a copy of the report to the practitioner or notify the practitioner how to access it and indicate that it has been forwarded to the Department Chair for review. The practitioner will also be informed that the Department Chair will contact the practitioner if he or she determines that any response or further review is required.

- (3) ***Review by Department Chair.*** When an OPPE report is forwarded to the Department Chair, he or she may review the underlying cases that make up the data or other relevant information to determine if the data reflects any clinical pattern or issue that requires further review. If it does, the Department Chair shall notify the PPE Support Staff and proceed in accordance with Section 4 of this Policy. If it does not, the Department Chair shall document his or her findings and include them in the practitioner's file along with the OPPE report.

2.C ***Non-Compliance with Medical Staff Rules, Regulations, Policies, Clinical Protocols, or Quality Measures.*** The PPEC shall identify specific situations that are conducive to being addressed with a practitioner without the need to immediately proceed with a more formal review under Section 4 of this Policy. These situations include, but are not limited to, noncompliance with:

- (1) Medical Staff Rules and Regulations;
- (2) Hospital or Medical Staff policies;
- (3) an adopted protocol without appropriate documentation in the medical record as to the reasons for not following the protocol; or
- (4) Core Measures or other quality measures.

In these situations, the PPE Support Staff shall prepare an informational letter reminding the practitioner of the applicable requirement and offering assistance to the practitioner in complying with it, as described more fully in Section 4.D(1) of this Policy. See **Appendix F** for a listing of issues that result in an informational letter being sent.

3. FPPE TO CONFIRM PRACTITIONER COMPETENCE

3.A ***FPPE Clinical Activity and Performance Requirements.*** Each Department, in consultation with the CMO or CQO, shall recommend the following FPPE requirements:

(1) ***For New Medical Staff Members:***

- the number and types of procedures or cases that will be subject to review to confirm a new practitioner's competence to exercise the core and special privileges in his or her specialty,
- how those reviews are to be documented, and
- the expected time frame in which the evaluation will be completed

(Example: Two vaginal deliveries, two C-sections, and two abdominal surgeries will be directly observed within the first six months of appointment to confirm a new member's competence to exercise OB/GYN privileges. Such reviews shall be documented on the Obstetrical or Surgical Review Form); and

(2) ***For Existing Medical Staff Members/New Privileges:***

- the number of cases that must be reviewed to confirm a practitioner's competence to exercise a new privilege that is granted during a term of appointment or at reappointment,
- how those reviews are to be documented, and
- the expected time frame in which the review will be completed

(Example: The medical records of the first five cases in which the practitioner exercises the new privilege will be reviewed following the patient's discharge. The review shall be documented on the General Case Review Form. The review of five cases is expected to be completed within six months of the privilege being granted).

The FPPE requirements shall be reviewed by the Credentials Committee and approved by the MEC.

3.B ***Mechanism for FPPE Review.*** The FPPE clinical activity and performance requirements shall specify the review mechanism to be utilized in confirming competence:

- (1) retrospective or prospective chart review by internal or external reviewers; and/or
- (2) concurrent proctoring or direct observation of procedures or patient care practices; and/or
- (3) discussion with other individuals also involved in the care of the practitioner's patients; and/or
- (4) review of available quality data.

3.C ***Notice of FPPE Requirements.*** When notified that a request for privileges has been granted, the practitioner shall also be informed of the relevant FPPE clinical activity and performance requirements and of his or her responsibility to cooperate in satisfying those requirements. The Credentials Committee and MEC may modify the FPPE requirements for a particular applicant if the applicant's credentials indicate that additional or different FPPE may be required.

3.D ***Review of FPPE Results.***

- (1) ***Review by the Department Chair.*** At the conclusion of the expected time frame for completion of the FPPE, the relevant Department Chair shall review the results of a practitioner's FPPE and provide a report to the Credentials Committee. The Department Chair's assessment and report shall address whether:
 - (a) the practitioner fulfilled all the clinical activity requirements;
 - (b) the results of the FPPE confirmed the practitioner's competence; or
 - (c) additional FPPE is required to make an appropriate determination.
- (2) ***Review by Credentials Committee.*** Based on the Department Chair's assessment and report, and its own review of the FPPE results and all other relevant information, the Credentials Committee will make one of the following recommendations to the MEC:
 - (a) the FPPE process has confirmed competence and no changes to clinical privileges are necessary;

- (b) some questions exist and additional FPPE is needed to confirm competence, what additional FPPE is needed, and the time frame for it (which may be coordinated by the Professional Practice Evaluation Committee (“PPEC”));
 - (c) the time period for FPPE should be extended because the individual did not fulfill the FPPE clinical activity requirements, thus preventing an adequate assessment of the individual’s competence. Although exceptions may be made for certain low volume practitioners based on need for services in their specialties or coverage requirements, generally the time frame for initial FPPE shall not extend beyond 24 months after the initial granting of privileges;
 - (d) there are concerns about the practitioner’s competence to exercise some or all of the clinical privileges granted, the details of a Performance Improvement Plan that would adequately address the Credentials Committee’s concerns about the individual’s competence, or the changes that should be made to the practitioner’s clinical privileges subject to the procedural rights outlined in the Medical Staff Credentials Policy. In developing such a Performance Improvement Plan, the Credentials Committee may request input or assistance from the PPEC; or
 - (e) the individual’s clinical privileges should be automatically relinquished for failure to meet FPPE clinical activity requirements, subject to the procedural rights outlined in Section 3.E of this Policy.
- (3) ***Review by Medical Executive Committee.*** At its next regular meeting after receipt of the written findings and recommendation of the Credentials Committee, the MEC shall:
- (a) adopt the findings and recommendation of the Credentials Committee as its own; or
 - (b) refer the matter back to the Credentials Committee for further consideration and responses to specific questions raised by the MEC prior to its final recommendation; or
 - (c) state its reasons in its report and recommendation, along with supporting information, for its disagreement with the Credentials Committee’s recommendation.

If the recommendation of the MEC would entitle the practitioner to request a hearing pursuant to the Medical Staff Credentials Policy, the MEC shall

forward its recommendation to the President, who shall promptly send special notice to the practitioner. The President shall then hold the recommendation until after the practitioner has completed or waived a hearing and appeal.

- 3.E ***Review of Automatic Relinquishment of Privileges Determination.*** If a determination is made by the MEC that an individual's clinical privileges shall be considered automatically relinquished for failure to fulfill FPPE clinical activity requirements, the practitioner shall not be entitled to the hearing and appeal rights outlined in the Medical Staff Credentials Policy. Rather, the practitioner shall be entitled to the rights outlined in this section.
- (1) ***Notice.*** The practitioner shall be notified in writing before a report of the automatic relinquishment is made to the Board. The notice shall inform the practitioner of the reasons for the automatic relinquishment and that he/she may request, within 10 days, a meeting with the Department Chair, the Credentials Committee, and the Chief Medical Officer (or designees).
 - (2) ***Meeting with Department Chair, Credentials Committee, and Chief Medical Officer.*** The individual shall have an opportunity to explain or discuss extenuating circumstances related to the reasons for failing to fulfill the FPPE requirements. No counsel may be present at the meeting. Minutes shall be kept.
 - (3) ***Written Report and Recommendation.*** At the conclusion of the meeting, the Credentials Committee shall make a written report and recommendation. The report shall include the minutes of the meeting held with the individual. After reviewing the Credentials Committee's recommendation and report, the MEC may:
 - (a) adopt the Credentials Committee's recommendation as its own and forward it to the Board;
 - (b) send the matter back to the Credentials Committee with specific concerns or questions; or
 - (c) make a recommendation to the Board that is different than the Credentials Committee's and outline the specific reasons for its disagreement.
 - (4) ***Final Board Decision.*** The decision of the Board shall be final, with no right to hearing or appeal under the Medical Staff Credentials Policy.

4. FPPE WHEN QUESTIONS OR CONCERNS ARE RAISED

4.A *General Principles.*

- (1) ***Time Frames for Review.*** The time frames specified in this Section 4 are provided only as guidelines. However, all participants in the process shall use their best efforts to adhere to these guidelines, with the goal of completing reviews, from initial identification to final disposition, within 90 days.
- (2) ***Request for Additional Information or Input.*** At any point in the process outlined in this Section 4, information or input may be requested from the practitioner whose care is being reviewed as described in Section 4.C of this Policy, or from any other practitioner or Hospital employee with personal knowledge of the matter.
- (3) ***No Further Review or Action Required.*** If, at any point in this process, a determination is made that there are no clinical issues or concerns presented in the case that require further review or action, the matter shall be closed. A report of this determination and the reasons supporting it shall be made to the PPEC. If information was sought from the practitioner involved, the practitioner shall be notified of the determination.
- (4) ***Referral to the Medical Executive Committee.***
 - (a) ***By the Physician Advisor, Leadership Council, or PPEC.*** A Physician Advisor (in consultation with the CMO or CQO), the Leadership Council, or the PPEC may refer a matter to the MEC if a pattern has developed despite prior attempts at collegial intervention, the practitioner was already involved in a performance improvement plan, or for any other reason as set forth in the Medical Staff Credentials Policy.
 - (b) ***Additional Grounds for Referral by the PPEC.*** The PPEC may also refer a matter to the MEC if:
 - (i) it determines that a PIP may not be adequate to address the issues identified;
 - (ii) the individual refuses to participate in a PIP developed by the PPEC;
 - (iii) the practitioner fails to abide by a PIP; or
 - (iv) the practitioner fails to make reasonable and sufficient progress on completing a PIP.

- (c) ***Pursuant to the Medical Staff Credentials Policy.*** This Policy outlines collegial and progressive steps that can be taken to address clinical concerns about a practitioner. However, a single incident or pattern of care may be of such concern that more significant action is required. Therefore, nothing in this Policy precludes an immediate referral of a matter to the MEC.

The MEC shall conduct its review in accordance with the Medical Staff Credentials Policy.

4.B ***FPPE Triggers.*** The FPPE process to review questions or concerns may be triggered by any of the following events:

- (1) ***Specialty-Specific Triggers.*** Each Department, in consultation with the CMO or CQO, shall identify adverse outcomes, clinical occurrences, or complications that will trigger FPPE. The triggers shall be approved by the PPEC.
- (2) ***Reported Concerns.***
 - (a) ***Reported Concerns from Practitioners or Hospital Employees.*** Any practitioner or Hospital employee may report to the PPE Support Staff concerns related to:
 - (i) the safety or quality of care provided to a patient by an individual practitioner, which shall be reviewed through the process outlined in this Policy;
 - (ii) professional conduct, which shall be reviewed and addressed in accordance with the Medical Staff Professionalism Policy;
 - (iii) potential practitioner health issues, which shall be reviewed and addressed in accordance with the Practitioner Health Policy;
 - (iv) compliance with Medical Staff or Hospital policies, which shall be reviewed either through the process outlined in this Policy and/or in accordance with the Medical Staff Professionalism Policy, whichever the PPE Support Staff, in consultation with the PPEC Chair, other Medical Staff Leader, CMO, or CQO, as necessary, determines is more appropriate based on the policies at issue; or

- (v) a potential system or process issue which shall be referred to the appropriate individual, committee, or Hospital department for review. Such referral shall be reported to the PPEC, which shall monitor the matter until it is resolved.
- (b) ***Anonymous Reports.*** Practitioners and employees may report concerns anonymously, but all individuals are encouraged to identify themselves when making a report. This identification promotes an effective review of the concern because it permits the PPE Support Staff to contact the reporter for additional information, if necessary. All individuals who identify themselves will be contacted by the PPE Support Staff to confirm that the report has been received.
- (c) ***Unsubstantiated Reports/False Reports.*** If a report cannot be substantiated, or is determined to be without merit, the matter shall be closed as requiring no further review and shall be reported to the Leadership Council. False reports will be grounds for disciplinary action.
- (d) ***Sharing Reported Concerns with Relevant Practitioner.*** The substance of reported concerns may be shared with the relevant practitioner as part of the review process outlined in this Section 4, but neither the actual report nor the identity of the individual who reported the concern will be provided to the practitioner. Retaliation against an individual who reports a concern will be addressed through the Medical Staff Professionalism Policy.
- (e) ***Self-Reporting.*** Practitioners will be encouraged to self-report their cases that involve either a specialty-specific trigger or other FPPE review trigger or that they believe would be an appropriate subject for an educational session as described in Section 5.G. Self-reported cases will be reviewed as outlined in this Section 4. A notation will be made that the case was self-reported.
- (3) ***Other FPPE Triggers.*** In addition to specialty-specific triggers and reported concerns, other events that may trigger FPPE include, but are not limited to, the following:
 - (a) identification by a Medical Staff committee or work group of a clinical trend or specific case or cases that require further review. The review and deliberations of such a committee or work group and any documentation prepared are confidential peer review information and shall be used and disclosed only as set forth in this Policy;

- (b) patient complaints that are determined through the complaint review process to require physician review;
- (c) cases identified as litigation risks that are referred by the Risk Management Department;
- (d) issues of medical necessity referred through the Utilization Management Committee, Case Management Department, Compliance Officer, or otherwise;
- (e) sentinel events involving an individual practitioner's professional performance;
- (f) a Department Chair's determination that OPPE data reveal a practice pattern or trend that requires further review as further described in Section 2 of this Policy; and
- (g) when a threshold number of informational letters identified in **Appendix F** is reached, or when a trend of noncompliance with Medical Staff Rules and Regulations or other policies, adopted clinical protocols, or other quality measures is otherwise identified.

4.C **NOTICE TO AND INPUT FROM THE PRACTITIONER.** An opportunity for practitioners to provide meaningful input into the review of the care they have provided is an essential element of an educational and effective process.

(1) ***Notice.***

- (a) No intervention (educational letter, collegial intervention, or Performance Improvement Plan as defined in Section 4.D) shall be implemented until the practitioner is first notified of the specific concerns identified and given an opportunity to provide input. The notice to the practitioner shall include a time frame for the practitioner to provide the requested input.
- (b) The practitioner shall also be notified when the Leadership Council or a Physician Advisor refers a matter to the PPEC and of any referral to the MEC.
- (c) Prior notice and an opportunity to provide input are *not required* before an informational letter is sent to a practitioner, as described in Section 4.D (1) of this Policy.

(2) ***Input.*** The practitioner may provide input through a written description and explanation of the care provided, responding to any specific questions posed

by the Leadership Council, Physician Advisor, or PPEC, and/or by meeting in person with individuals specified in the notice.

(3) ***Failure to Provide Requested Input.***

- (a) Physician Advisor or Leadership Council. If the practitioner fails to provide input requested by the Physician Advisor or the Leadership Council within the time frame specified, the review shall proceed without the practitioner's input. The Physician Advisor or the Leadership Council shall note the practitioner's failure to respond to the request for input in the report to the PPEC regarding the review and determination.
- (b) PPEC. If the practitioner fails to provide input requested by the PPEC within the time frame specified, the practitioner will be required to attend a meeting with the Leadership Council to discuss why the requested input was not provided. Failure of the individual to either attend the Leadership Council meeting or provide the requested information prior to the date of that meeting will result in the automatic relinquishment of the practitioner's clinical privileges until the information is provided.

4.D **INTERVENTIONS TO ADDRESS IDENTIFIED CONCERNS.** When concerns regarding a practitioner's clinical practice are identified through the process outlined in Sections 4.E through 4.I, the following interventions may be implemented to address those concerns.

- (1) ***Informational Letter.*** For specific situations that are identified by the PPEC and listed in **Appendix F** (e.g., noncompliance with specified Medical Staff Rules and Regulations or other policies, clinical protocols, or quality measures), the PPE Support Staff shall prepare an informational letter reminding the practitioner of the applicable requirement and offering assistance to the practitioner in complying with it. Informational letters are a collegial and educational means to help practitioners improve. However, nothing in this Policy prohibits any authorized individual or committee from foregoing the use of an Informational Letter and responding to a particular incident in some other manner as warranted by the circumstances.

A copy of the informational letter shall be placed in the practitioner's confidential file, and it shall be considered in the reappointment process and/or in the assessment of the practitioner's competence to exercise the clinical privileges granted.

If the threshold number of letters to address a particular type of situation is reached as described in **Appendix F**, or if a trend of noncompliance is

otherwise identified, the matter shall be subject to more focused review by the Leadership Council in accordance with Section 4.F of this Policy.

Informational letters may be signed by: The Physician Advisor, Department Chair, Chair of the PPEC, the CMO, or CQO. The Department Chair shall be copied on any Informational Letter that he/she does not personally sign.

- (2) ***Educational Letter.*** An educational letter may be sent to the practitioner involved that describes the opportunities for improvement that were identified in the care reviewed and offers specific recommendations for future practice. A copy of the letter will be included in the practitioner's file along with any response that he or she would like to offer.

Educational letters may be sent by: The Leadership Council, a Physician Advisor, or the PPEC. If the letter is sent by the Leadership Council or a Physician Advisor, copies shall be sent to the applicable Department Chair and the PPEC.

- (3) ***Collegial Intervention.*** Collegial intervention means a personal discussion between the practitioner and one or more Medical Staff Leaders, followed by a letter that summarizes the discussion and, when applicable, the expectations regarding the practitioner's future practice in the Hospital. A copy of the follow-up letter will be included in the practitioner's file along with any response that the practitioner would like to offer.

A collegial intervention may be personally conducted by: The Leadership Council, a Physician Advisor, or the PPEC directly, or they may facilitate an appropriate and timely collegial intervention by other Medical Staff Leaders, including the PPEC Chair, Department Chair, CMO, or CQO. The Department Chair shall be invited to participate in any collegial intervention. The Leadership Council, Physician Advisors, Department Chair, and PPEC shall be informed of the substance of any collegial intervention and the follow-up letter, regardless of who conducts or facilitates it.

- (4) ***Performance Improvement Plan ("PIP").*** The PPEC may determine that it is necessary to develop a Performance Improvement Plan for the practitioner.

To the extent possible, a PIP shall be for a defined time period or for a defined number of cases. The plan shall specify how the practitioner's compliance with, and results of, the PIP shall be monitored. As deemed appropriate by the PPEC, the practitioner shall have an opportunity to provide input into the development and implementation of the PIP. The

Department Chair shall also be asked for input regarding the PIP, and shall assist in implementation of the PIP as may be requested by the PPEC.

One or more members of the PPEC (or their designees) will personally discuss the PIP with the practitioner. The PIP will also be presented in writing, with a copy being placed in the practitioner's file, along with any statement he or she would like to offer. The practitioner must agree in writing to constructively participate in the PIP. If the practitioner refuses to do so, the matter shall be referred to the MEC for appropriate review and recommendation pursuant to the Credentials Policy.

Until the PPEC has determined that the practitioner has complied with all elements of the PIP and that concerns about the practitioner's practice have been adequately addressed, the matter shall remain on the PPEC's agenda and the practitioner's progress on the PIP shall be monitored. In the event that the practitioner is not making reasonable and sufficient progress on completion of the PIP in a timely manner, the PPEC shall refer the matter to the MEC.

A Performance Improvement Plan may include, but is not limited to, the following:

- (a) ***Additional Education/CME*** which means that, within a specified period of time, the practitioner must arrange for education or CME of a duration and type specified by the PPEC. The educational activity/program may be chosen by the PPEC or by the practitioner. If the activity/program is chosen by the practitioner, it must be approved by the PPEC. If necessary, the practitioner may be asked to voluntarily refrain from exercising all or some of his or her clinical privileges or may be granted an educational leave of absence while undertaking such additional education.
- (b) ***Focused Prospective Review*** which means that a certain number of the practitioner's future cases of a particular type will be subject to a focused review (e.g., review of the next 10 similar cases performed or managed by the practitioner).
- (c) ***Second Opinions/Consultations*** which means that before the practitioner proceeds with a particular treatment plan or procedure, the practitioner must obtain a second opinion or consultation from a Medical Staff member(s) approved by the PPEC. If there is any disagreement about the proper course of treatment, the practitioner must discuss the matter further with individuals identified by the PPEC before proceeding further. The practitioner providing the second opinion/consultation must complete a Second

Opinion/Consultation Report form for each case, which shall be reviewed by the PPEC.

- (d) ***Concurrent Proctoring*** which means that a certain number of the practitioner's future cases of a particular type (e.g., the practitioner's next five vascular cases) must be personally proctored by a Medical Staff member(s) approved by the PPEC, or by an appropriately credentialed individual from outside of the Medical Staff approved by the PPEC. The proctor must be present during the relevant portions of the operative procedure or must personally assess the patient and be available throughout the course of treatment. Proctor(s) must complete the appropriate review form, which shall be reviewed by the PPEC.
- (e) ***Participation in a Formal Evaluation/Assessment Program*** which means that, within a specified period of time, the practitioner must enroll in an assessment program identified by the PPEC and must then complete the program within another specified time period. The practitioner must execute a release to allow the PPEC to communicate information to, and receive information from, the selected program. If necessary, the practitioner may be asked to voluntarily refrain from exercising all or some of his or her clinical privileges or may be granted an educational leave of absence while undertaking such formal assessment.
- (f) ***Additional Training*** which means that, within a specified period of time, the practitioner must arrange for additional training of a duration and type specified by the PPEC. The training program must be approved by the PPEC. The practitioner must execute a release to allow the PPEC to communicate information to, and receive information from, the selected program. The practitioner must successfully complete the training within another specified period of time. The director of the training program or appropriate supervisor must provide an assessment and evaluation of the practitioner's current competence, skill, judgment and technique to the PPEC. If necessary, the practitioner may be asked to voluntarily refrain from exercising all or some of his or her clinical privileges or may be granted an educational leave of absence while undertaking such additional training.
- (g) ***Educational Leave of Absence*** which means that the practitioner voluntarily agrees to a leave of absence during which time the practitioner completes an education/training program of a duration and type specified by the PPEC.

- (h) **Other** elements not specifically listed may be included in a PIP. The PPEC has wide latitude to tailor PIPs to the specific concerns identified, always with the objective of helping the practitioner to improve his or her clinical practice and to protect patients.

Additional guidance regarding Performance Improvement Plan options and implementation issues is found in **Appendix G**.

4.E ***PPE Support Staff.***

- (1) **Review.** All cases or issues identified for FPPE shall be referred to the PPE Support Staff for review. Such reviews may include, as necessary, the following:
 - (a) the relevant medical record;
 - (b) interviews with, and information from Hospital employees, practitioners, patients, family, visitors, and others who may have relevant information;
 - (c) consultation with relevant Medical Staff or Hospital personnel;
 - (d) other relevant documentation; and
 - (e) the practitioner's professional practice evaluation history.
- (2) **Determination.** After conducting their review, the PPE Support Staff (in consultation with a Physician Advisor, the PPEC Chair, CMO, or CQO, when necessary) may:
 - (a) determine that no further review is required and close the case;
 - (b) send an informational letter as described in Section 4.D(1); or
 - (c) determine that physician review is required.
- (3) **Preparation of Case for Physician Review.** The PPE Support Staff shall prepare cases that require physician review. Preparation of the case may include, as appropriate, the following:
 - (a) completion of the appropriate portions of the applicable review form (i.e., general, surgical, medical, or obstetrical);
 - (b) preparation of a time line or summary of the care provided;
 - (c) identification of relevant patient care protocols or guidelines; and

(d) identification of relevant literature.

(4) ***Referral of Case to Leadership Council or Physician Advisor.*** Cases shall be referred to the Leadership Council if they are administratively complex, or if the PPE Support Staff determines review by the Leadership Council would be appropriate. Administratively complex cases are those:

- (a) that require immediate or expedited review, including sentinel events;
- (b) that involve practitioners from two or more specialties or Departments;
- (c) that involve a Physician Advisor;
- (d) that involve professional conduct;
- (e) that may involve a practitioner health issue;
- (f) that do not appear to have been effectively addressed by a Physician Advisor;
- (g) that involve a refusal to cooperate with utilization oversight activities;
- (h) for which there are limited reviewers with the necessary clinical expertise;
- (i) where there is a trend or pattern of informational letters as described in Section 4.D(1) of this Policy;
- (j) where a pattern of clinical care appears to have developed despite prior attempts at collegial intervention/education; or
- (k) where prior participation in a performance improvement plan does not seem to have addressed identified concerns.

All other cases shall be referred directly to the appropriate Physician Advisor or Pre-Determined Reviewers.

4.F ***Leadership Council.***

- (1) ***Review.*** The Leadership Council shall review all matters referred to it, including all supporting documentation assembled by the PPE Support Staff. Based on its preliminary review, the Leadership Council shall determine whether any additional clinical expertise is needed for it to make an appropriate determination or intervention.

If additional clinical expertise is needed, the Leadership Council may assign the review to any of the following, who shall evaluate the care provided, complete an appropriate review form, and report their findings back to the Leadership Council within 20 days:

- (a) one or more of the Physician Advisors or Pre-Determined Reviewers;
 - (b) other Medical Staff members who have the clinical expertise necessary to evaluate the care provided (“Assigned Reviewers”);
 - (c) an ad hoc committee composed of such practitioners; or
 - (d) an external reviewer, in accordance with Section 5.C of this Policy.
- (2) ***Determinations and Interventions.*** Based on its own review and any findings reported to it, the Leadership Council may:
- (a) determine that no further review or action is required;
 - (b) send an educational letter;
 - (c) conduct or facilitate a collegial intervention with the practitioner;
 - (d) determine that further review is required and refer the matter to the:
 - (i) applicable Physician Advisor;
 - (ii) PPEC; or
 - (iii) MEC;
 - (e) determine to address the matter through the Medical Staff Professionalism Policy or Practitioner Health Policy;
 - (f) refer the matter to the Corporate Compliance Officer; or
 - (g) refer the matter for review under the Sentinel Event Policy or other appropriate Hospital or Medical Staff policy.

As a general rule, the Leadership Council shall conduct its review and arrive at a determination or intervention within 30 days.

4.G ***Physician Advisors.*** A description of the responsibilities of the Physician Advisor is set forth in **Appendix E** to this Policy.

- (1) ***Review.*** When a matter is referred to a Physician Advisor, the Physician Advisor shall either:
 - (a) review it personally and complete an appropriate review form; or
 - (b) assign the review to any of the following, who shall evaluate the care provided, complete an appropriate review form, and report his or her findings back to the Physician Advisor within 21 days:
 - (i) one or more of the Pre-Determined Reviewers;
 - (ii) an Assigned Reviewer who has the clinical expertise necessary to evaluate the care provided; or
 - (iii) an ad hoc committee composed of such practitioners.
- (2) ***Determinations and Interventions.*** Following review of the matter, the Physician Advisor may:
 - (a) determine that no further review or action is required;
 - (b) send an educational letter;
 - (c) conduct or facilitate a collegial intervention with the practitioner; or
 - (d) refer the matter to the:
 - (i) Leadership Council;
 - (ii) PPEC; or
 - (iii) MEC (after consultation with the CMO or CQO).

As a general rule, Physician Advisors shall complete the review and arrive at a determination or intervention within 30 days of being notified that his/her review is necessary or receiving the findings from the Pre-Determined or Assigned Reviewer. If the review is not completed within this time frame, the PPE Support Staff shall send a reminder and a request for immediate review to the Physician Advisor. If the Physician

Advisor fails to complete the review within one week of the reminder, the matter shall be reported to the PPEC Chair.

4.H ***Pre-Determined Reviewers.*** Pre-Determined Reviewers in various specialties shall be appointed by the Leadership Council on an annual basis. For cases referred to them, Pre-Determined Reviewers shall review the medical record and all supporting documentation assembled by the PPE Support Staff, complete an appropriate review form, and report their findings to the appropriate Physician Advisors within 21 days. Additional information about Pre-Determined Reviewers is set forth in **Appendix D** to this Policy.

4.I ***PPEC.***

(1) ***Review of Prior Determinations.*** The PPEC shall review reports from the PPE Support Staff, the Leadership Council, and the Physician Advisors for all cases where it was determined that (i) no further review or action was required, or (ii) an educational letter or collegial intervention was appropriate to address the issues presented. If the PPEC has concerns about any such determination, it may:

- (a) send the matter back to the Leadership Council or Physician Advisor with its questions or concerns and ask that the matter be reconsidered and findings reported back to it within 21 days; or
- (b) review the matter itself.

(2) ***Cases Referred to the PPEC for Further Review.***

(a) ***Review.*** The PPEC shall review all other matters referred to it along with all supporting documentation, review forms, findings, and recommendations. The PPEC may request that one or more individuals involved in the initial review of a case attend the PPEC meeting and present the case to the committee. Based on its preliminary review, the PPEC shall determine whether any additional clinical expertise is needed to adequately identify and address concerns raised in the case. If additional clinical expertise is needed, the PPEC may:

- (i) invite a specialist(s) with the appropriate clinical expertise to attend a PPEC meeting(s) as a guest, without vote, to assist the PPEC in its review of issues, determinations, and interventions;
- (ii) assign the review to any practitioner on the Medical Staff with the appropriate clinical expertise (“Assigned Reviewer”);

- (iii) appoint an ad hoc committee composed of such practitioners; or
 - (iv) arrange for an external review in accordance with Section 5.C of this Policy.
- (b) ***Determinations and Interventions.*** Based on its review of all information obtained, including input from the practitioner as described in Section 4.C, the PPEC may:
- (i) determine that no further review or action is required;
 - (ii) send an educational letter;
 - (iii) conduct or facilitate a collegial intervention with the practitioner;
 - (iv) develop a Performance Improvement Plan; or
 - (v) refer the matter to the MEC.

5. PRINCIPLES OF REVIEW AND EVALUATION

5.A ***Incomplete Medical Records.*** One of the objectives of this Policy is to review matters and provide feedback to practitioners in a timely manner. Therefore, if a matter referred for review involves a medical record that is incomplete, the PPE Support Staff shall notify the practitioner that the case has been referred for evaluation and that the medical record must be completed within 10 days.

If the medical record is not completed within 10 days, the practitioner will be required to attend a meeting with the Leadership Council to explain why the medical record was not completed. Failure of the individual to either attend the Leadership Council meeting or complete the medical record in question prior to that meeting will result in the automatic relinquishment of the practitioner's Medical Staff appointment and clinical privileges until the medical record is completed.

5.B ***Forms.*** The PPEC shall approve forms to implement this Policy. Such forms shall be developed and maintained by the PPE Support Staff, unless the PPEC directs that another office or individual develop and maintain specific forms. Individuals performing a function pursuant to this Policy shall use the form currently approved by the PPEC for that function.

5.C ***External Reviews.*** An external review may be appropriate if:

- (1) there are ambiguous or conflicting findings by internal reviewers;
- (2) the clinical expertise needed to conduct a review is not available on the Medical Staff; or
- (3) an outside review is advisable to prevent allegations of bias, even if unfounded.

An external review may be arranged by the Leadership Council or PPEC in consultation with the President and Chief Medical Officer. If a decision is made to seek an external review, the practitioner involved shall be notified of that decision and the nature of the external review.

- 5.D ***Findings and Recommendations Supported by Evidence-Based Research/Clinical Protocols or Guidelines.*** Whenever possible, the findings of reviewers and the PPEC shall be supported by evidence-based research, clinical protocols or guidelines.
- 5.E ***System Process Issues.*** Quality of care and patient safety depend on many factors in addition to practitioner performance. If system processes or procedures that may have adversely affected, or could adversely affect, outcomes or patient safety are identified through the process outlined in this Policy, the issue shall be referred to the appropriate Hospital Department and/or the PPE Support Staff. The referral shall be reported to the PPEC so that it can monitor the successful resolution of these issues.
- 5.F ***Tracking of Reviews.*** The PPE Support Staff shall track the processing and disposition of matters reviewed pursuant to this Policy. The Leadership Council, Physician Advisors, and the PPEC shall promptly notify the PPE Support Staff of their determinations, interventions and referrals.
- 5.G ***Educational Sessions.*** Cases identified at any level of the professional practice evaluation process that reflect exemplary care, unusual clinical facts, or possible system issues or, for any other reason, would be of educational value shall be referred to the appropriate Department Chair. With the support of the PPE Support Staff, the Department Chair may arrange for presentation of such cases at a Department meeting or other educational session. The particular practitioner(s) who provided care in the case shall be informed that the case is to be presented in an educational session at least seven days prior to the session. Information identifying the practitioner(s) shall be removed prior to the presentation, unless the practitioner(s) request otherwise. The PPEC shall work with the Department Chair to disseminate lessons learned from the educational sessions as appropriate. Documentation of the educational sessions shall be forwarded to the PPEC for its review.

5.H **Confidentiality.** Maintaining confidentiality is a fundamental and essential element of an effective professional practice evaluation process.

- (1) **Documentation.** All documentation that is prepared in accordance with this Policy shall be maintained in appropriate Medical Staff files. This documentation shall be accessible to Department Chairs for official purposes, and to other authorized individuals and Medical Staff Leaders and committees having responsibility for credentialing and professional practice evaluation functions, and to those assisting them in those tasks. All such information shall otherwise be deemed confidential and kept from disclosure or discovery to the fullest extent permitted by Illinois or federal law.
- (2) **Participants in the PPE Process.** All individuals involved in the professional practice evaluation process (Medical Staff and Hospital employees) will maintain the confidentiality of the process. All such individuals shall sign an appropriate Confidentiality Agreement.
- (3) **PPE Communications.** Communications among those participating in the PPE process, including communications with the individual practitioner involved, shall be conducted in a manner reasonably calculated to assure privacy.
 - (a) Telephone and in-person conversations shall take place in private at appropriate times and locations.
 - (b) E-mail may be used to communicate between individuals participating in the professional practice evaluation process, including with assigned reviewers and with the practitioner whose care is being reviewed. A standard convention, such as “Confidential PPE Communication,” shall be utilized in the subject line of all such e-mail. As noted previously in this Policy, any Performance Improvement Plan that may be developed for a practitioner shall be hand-delivered and personally discussed with the practitioner.
 - (c) All correspondence (whether paper or electronic) shall be conspicuously marked with the notation “Confidential Peer Review,” “Confidential PPE Matter,” “Confidential, to be Opened Only by Addressee,” or words to that effect.
 - (d) Before any correspondence is sent to a practitioner whose care is being reviewed (whether paper or electronic), at least one courtesy call shall be attempted to alert the practitioner to check his/her office mail, e-mail, or the Hospital’s confidential intranet. The intent of

the courtesy call is to help make the practitioner aware of the correspondence and avoid any deadline from being missed.

- (e) If it is necessary to e-mail medical records or other documents containing a patient's protected health information, Hospital policies governing compliance with the HIPAA Security Rule shall be followed.

5.I ***Conflict of Interest Guidelines.*** To protect the integrity of the review process, all those involved must be sensitive to potential conflicts of interest. It is also important to recognize that effective peer review involves "peers" and that the PPEC does not make any recommendation that would adversely affect the clinical privileges of a practitioner (which is only within the authority of the MEC). As such, the conflict of interest guidelines outlined in Article 8 of the Credentials Policy shall be used in assessing and resolving any potential conflicts of interest that may arise under this Policy.

Additional guidance pertaining to conflicts of interest principles can be found in **Appendix H.**

5.J ***Legal Protection for Reviewers.*** It is the intention of the Hospital and the Medical Staff that the professional practice evaluation processes outlined in this Policy be considered patient safety, professional review, and peer review activity within the meaning of the Patient Safety Quality Improvement Act of 2005, the federal Health Care Quality Improvement Act of 1986, and Illinois law. In addition to the protections offered to individuals involved in professional review activities under those laws, such individuals shall be covered under the Hospital's Directors' and Officers' Liability insurance and/or will be indemnified by the Hospital when they act within the scope of their duties as outlined in this Policy and function on behalf of the Hospital.

6. PROFESSIONAL PRACTICE EVALUATION REPORTS

6.A ***Practitioner Professional Practice Evaluation History Reports.*** A practitioner history report showing all cases that have been reviewed for a particular practitioner within the past two years and their dispositions shall be generated for each practitioner for consideration and evaluation by the appropriate Department Chair and the Credentials Committee in the reappointment process.

6.B ***Reports to Medical Executive Committee and Board.*** The PPE Support Staff shall prepare reports at least annually showing the aggregate number of cases reviewed through the PPE process and the dispositions of those matters.

6.C ***Reports on Request.*** The PPE Support Staff shall prepare reports as requested by the Leadership Council, Department Chairs, Physician Advisors, PPEC, MEC, Hospital management, or the Board.

Adopted by the Medical Executive Committee: September 17, 2014

Approved by the Board: October 31, 2014

APPENDIX D

APPOINTMENT AND RESPONSIBILITIES OF PRE-DETERMINED REVIEWERS AND ASSIGNED REVIEWERS

1. APPOINTMENT OF PRE-DETERMINED REVIEWERS AND ASSIGNED REVIEWERS

A. Pre-Determined Reviewers

The Leadership Council, in consultation with the Department Chair, shall appoint physicians who are broadly representative of the specialties represented on the Medical Staff to serve as Pre-Determined Reviewers. Depending on the volume of cases, more than one Pre-Determined Reviewer may be appointed in a specialty. In order to be eligible to be appointed and continue to serve, Pre-Determined Reviewers must:

- (i) be experienced or interested in credentialing, privileging, PPE/peer review, utilization management, and Medical Staff activities;
- (ii) be sensitive to, and supportive of, evidence-based medicine protocols and the Hospital quality initiatives;
- (iii) be willing to participate in PPE training;
- (iv) be willing to serve a one-year term (and may be reappointed for additional terms); and
- (v) review the expectations and requirements of this position and affirmatively accept them.

B. Assigned Reviewers

From time to time, a Physician Advisor, the Leadership Council, or the PPEC may assign to a physician with the necessary clinical expertise (who may or may not be a Pre-Determined Reviewer) the review and assessment of the care provided in a particular case.

2. DUTIES AND RESPONSIBILITIES OF PRE-DETERMINED REVIEWERS AND ASSIGNED REVIEWERS

The duties and responsibilities of such Pre-Determined and Assigned Reviewers include the following:

- Initial Review and Documentation

Review the pertinent parts of the medical record and all supporting documentation and document his/her assessment and findings using the specific review form provided by the Physician Advisor or committee who assigned the review. These forms have been developed by the PPEC to facilitate an objective, consistent, and competent review of each case.

- Time Frame

Pre-Determined Reviewers and Assigned Reviewers shall submit completed review forms to the Physician Advisors or committee who assigned the case within 21 days. A reminder will be sent if the review is not completed within this time frame.

- PPE Review Process Following the Pre-Determined Reviewer's or Assigned Reviewer's Assessment

Review forms completed by a Pre-Determined Reviewer or Assigned Reviewer will be reviewed and considered by the Physician Advisors, or the committee that assigned the review. The Pre-Determined Reviewer or Assigned Reviewer will be contacted if additional information or expertise is necessary to facilitate the review. In certain cases, a Pre-Determined Reviewer or Assigned Reviewer may be requested to attend a Leadership Council or PPEC meeting in order to discuss his or her findings and answer questions.

- Confidentiality

Pre-Determined Reviewers and Assigned Reviewers must maintain all information regarding a review in a ***strictly confidential manner***. Specifically, this is a peer review-protected activity and Pre-Determined Reviewers and Assigned Reviewers may not discuss matters under review with anyone outside of the process. If a Pre-Determined Reviewer or Assigned Reviewer has not signed a Confidentiality Agreement within the past 12 months, the PPE Support Staff will ask the reviewer to do so before he or she performs the review.

- Legal Protections

When performing their duties, Pre-Determined Reviewers and Assigned Reviewers are acting at the direction of and on behalf of the Hospital and its PPEC. As such, they have significant legal, bylaws, insurance, and indemnification protections.

APPENDIX E

APPOINTMENT AND RESPONSIBILITIES OF PHYSICIAN ADVISORS

1. APPOINTMENT OF PHYSICIAN ADVISORS

The Leadership Council, in consultation with the Department Chair, shall appoint physicians who are broadly representative of the specialties represented on the Medical Staff to serve as Physician Advisors. Depending on volume, more than one Physician Advisor may be appointed in a Department or specialty. In order to be eligible to be appointed and continue to serve, Physician Advisors must:

- (a) be experienced or interested in credentialing, privileging, PPE/peer review, utilization management, and Medical Staff activities;
- (b) be sensitive to, and supportive of, evidence-based medicine protocols and the Hospital quality initiatives;
- (c) be willing to participate in PPE training;
- (d) be willing to serve a one-year term (and may be reappointed for additional terms); and
- (e) review the expectations and requirements of this position and affirmatively accept them.

2. DUTIES AND RESPONSIBILITIES OF PHYSICIAN ADVISORS

The basic responsibilities of Physician Advisors in the professional practice evaluation process are as follows:

- (a) Consult with PPE Support Staff

Physician Advisors shall assist the PPE Support Staff in determining whether physician review is required and the most appropriate avenue for review.

- (b) Engage in Case Review by:

- (i) personally reviewing cases referred by the PPE Support Staff, the Leadership Council, or the PPEC. The responsibilities of Physician Advisors when directly reviewing a case are the same as those outlined in *Appendix D* for Pre-Determined and Assigned Reviewers;
- (ii) assigning the review to a Pre-Determined or another Assigned Reviewer. In accordance with *Appendix D*, this reviewer will complete the appropriate

review form and report the findings back to the Physician Advisor to make a determination, as outlined in (d) below; or

(iii) appointing an ad hoc committee to review the case, complete the review form, and report its findings back to the Physician Advisor to make a determination.

(c) Obtain Input from a Practitioner Prior to Pursuing Any Intervention to address a concern that has been identified.

(d) Determine Appropriate Intervention/Referral

Based on his or her own review, or on the findings from a Pre-Determined Reviewer, Assigned Reviewer, or committee, the Physician Advisor shall make one of the following determinations:

(i) no issue – close case;

(ii) prepare and send an educational letter;

(iii) conduct or facilitate a collegial intervention (face-to-face discussion);

(iv) refer to the Leadership Council; or

(v) refer and present case to the PPEC.

(e) Report to PPEC

All determinations or interventions made by Physician Advisors shall be reported to the PPEC. Physician Advisors may be requested to attend a PPEC meeting in order to discuss their findings and answer questions.

APPENDIX F

SITUATIONS THAT TRIGGER INFORMATIONAL LETTERS

This Appendix lists specific situations identified by the PPEC that are conducive to being addressed via an informational letter as set forth in Sections 2.C and 4.D (1) of the PPE Policy rather than a more formal review. Further review is required if any threshold number indicated below is reached within a six-month period, or if a pattern or trend of noncompliance with Medical Staff Rules and Regulations or other policies, adopted clinical protocols, or other quality measures is otherwise identified.

This Appendix may be modified by the PPEC at any time, without the need for approval by the MEC or Board of Directors. However, notice of any revisions shall be provided by the PPEC to the MEC and the Medical Staff.

I. Failure to Abide by Rules and Regulations

<i>Specific Rule/Regulation</i>	<i>Threshold</i>
e.g., failure to respond to non-critical consult within 24 hours	2

II. Failure to Abide by Hospital or Medical Staff Policies

<i>Hospital/Medical Staff Policy</i>	<i>Specific Requirement</i>	<i>Threshold</i>
e.g., On-Call Policy	Failure to respond timely when on call	2

III. Failure to Abide by Clinical Protocols with No Documentation as to the Clinical Reasons for Variance

<i>Specific Protocol</i>	<i>Threshold</i>
e.g., insulin protocol	2

IV. Failure to Abide by Quality Measures

<i>Specific Protocol</i>	<i>Threshold</i>
e.g., SCIP Measures	2
e.g., DVT Prevention Measures	2

APPENDIX G

PERFORMANCE IMPROVEMENT PLAN OPTIONS

(May be used individually or combined)

IMPLEMENTATION ISSUES CHECKLIST

(For use by the PPEC)

TABLE OF CONTENTS

	PAGE
Additional Education/CME	1
Prospective Monitoring.....	2
Second Opinions/Consultations	3
Concurrent Proctoring.....	6
Formal Evaluation/Assessment Program.....	9
Additional Training.....	10
Educational Leave of Absence.....	11
“Other”	12

PIP OPTION	IMPLEMENTATION ISSUES
<p>Additional Education/CME</p> <p>Wide range of options</p>	<p>Scope of Requirement</p> <p><input type="checkbox"/> Be specific – what type?</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Acceptable programs include:</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> PPEC approval required before practitioner enrolls.</p> <p><input type="checkbox"/> Program approved:</p> <p>_____</p> <p><input type="checkbox"/> Date of approval:</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Time frames</p> <p><input type="checkbox"/> Practitioner must enroll by:</p> <p>_____</p> <p><input type="checkbox"/> CME must be completed by:</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Who pays for the CME/course?</p> <p><input type="checkbox"/> Practitioner subject to PIP</p> <p><input type="checkbox"/> Medical Staff</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Combination:</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Specify documentation of completion must be submitted to PPEC.</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Date submitted: _____</p> <p>_____</p> <p>Additional Safeguards</p> <p><input type="checkbox"/> Must individual voluntarily refrain from exercising relevant clinical privileges until completion of additional education? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>Follow-Up</p> <p><input type="checkbox"/> After CME has been completed, how will monitoring be done to be sure that concerns have been addressed/practice has improved? (Focused prospective monitoring? Proctoring?)</p> <p>_____</p> <p>_____</p>

PIP OPTION	IMPLEMENTATION ISSUES
<p>Prospective Monitoring</p> <p>100% focused review of next X cases (e.g., obstetrical cases, laparoscopic surgery)</p>	<p>Scope of Requirement</p> <p><input type="checkbox"/> How many cases are subject to review? _____</p> <p><input type="checkbox"/> What types of cases are subject to review? _____ _____</p> <p><input type="checkbox"/> Based on practitioner's practice patterns, estimated time for completion of monitoring? _____</p> <p><input type="checkbox"/> Does monitoring include more than review of medical record? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what else does it include? _____ _____</p> <p><input type="checkbox"/> Review to be done: <input type="checkbox"/> Post-discharge <input type="checkbox"/> During admission</p> <p><input type="checkbox"/> Review to be done by: <input type="checkbox"/> PPE Support Staff <input type="checkbox"/> Department Chair <input type="checkbox"/> Physician Advisor <input type="checkbox"/> Chief Medical Officer <input type="checkbox"/> Chief Quality Officer <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Must practitioner notify reviewer of cases subject to requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No Other options? _____ _____</p> <p>Documentation of Review</p> <p><input type="checkbox"/> General Case Review Worksheet <input type="checkbox"/> Surgical Review Worksheet <input type="checkbox"/> Medical Review Worksheet <input type="checkbox"/> Obstetrical Review Worksheet <input type="checkbox"/> Specific form developed for this review <input type="checkbox"/> General summary by reviewer <input type="checkbox"/> Other: _____</p> <p>Results of Monitoring</p> <p><input type="checkbox"/> Who will review results of monitoring with practitioner? _____ <input type="checkbox"/> After each case <input type="checkbox"/> After total # of cases subject to review</p>

PIP OPTION	IMPLEMENTATION ISSUES
<p data-bbox="186 275 423 342"><i>Second Opinions/ Consultations</i></p> <p data-bbox="115 386 493 562"><i>Before the practitioner proceeds with a particular treatment plan or procedure, he or she obtains a second opinion or consultation.</i></p> <p data-bbox="115 604 501 781"><i>(This is not a “restriction” of privileges that triggers a hearing and reporting, if implemented correctly.)</i></p>	<p data-bbox="581 268 824 296"><i>Scope of Requirement</i></p> <p data-bbox="581 300 1369 327"><input type="checkbox"/> How many cases subject to second opinion/consultation requirement?</p> <hr/> <hr/> <p data-bbox="581 422 1442 449"><input type="checkbox"/> What types of cases are subject to second opinion/consultation requirement?</p> <hr/> <hr/> <p data-bbox="581 543 1446 600"><input type="checkbox"/> Based on practice patterns, estimated time for completion of second opinion/consultation requirement?</p> <hr/> <hr/> <p data-bbox="581 695 1393 722"><input type="checkbox"/> Must consultant evaluate patient in person prior to treatment/procedure?</p> <p data-bbox="630 726 784 753"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <hr/> <p data-bbox="581 848 919 875"><i>Responsibilities of Practitioner</i></p> <p data-bbox="581 879 1406 995"><input type="checkbox"/> Notify consultant when patient subject to requirement is admitted or procedure is scheduled <u>and</u> all information necessary to provide consultation is available in the medical record (H&P, results of diagnostic tests, etc.).</p> <hr/> <hr/> <p data-bbox="581 1094 1349 1150"><input type="checkbox"/> What time frame for notice to consultant is practical and reasonable (e.g., two days prior to scheduled, elective procedure)?</p> <hr/> <hr/> <p data-bbox="581 1272 1417 1329"><input type="checkbox"/> If consultant must evaluate patient prior to treatment, inform patient that consultant will be reviewing medical record and will examine patient.</p> <hr/> <hr/> <p data-bbox="581 1430 1417 1514"><input type="checkbox"/> If consultant must evaluate patient prior to treatment, include general progress note in medical record noting that consultant examined patient and discussed findings with practitioner.</p> <hr/> <hr/> <p data-bbox="581 1608 1211 1635"><input type="checkbox"/> Discuss proposed treatment/procedure with consultant.</p> <hr/> <hr/>

PIP OPTION	IMPLEMENTATION ISSUES
<p style="text-align: center;">Second Opinions/Consultations</p> <p style="text-align: center;"><i>Before the practitioner proceeds with a particular treatment plan or procedure, he or she obtains a second opinion or consultation.</i></p> <p style="text-align: center;"><i>(This is not a “restriction” of privileges that triggers a hearing and reporting, if implemented correctly.)</i></p>	<p>Qualifications of Consultant</p> <p><input type="checkbox"/> Consultant must have clinical privileges in _____.</p> <p><input type="checkbox"/> Possible candidates include: _____ _____</p> <p><input type="checkbox"/> The following individuals agreed to act as consultants and were approved by the PPEC (or designees) on: _____ (date) _____ _____ _____</p> <p>Responsibilities of Consultant (<i>Information provided by PPEC; include discussion of legal protections for consultant.</i>)</p> <p><input type="checkbox"/> Review medical record prior to treatment or procedure. _____</p> <p><input type="checkbox"/> Evaluate patient prior to treatment or procedure, if applicable. _____</p> <p><input type="checkbox"/> Discuss proposed treatment/procedure with physician. _____</p> <p><input type="checkbox"/> Complete Second Opinion/Consultation Form and submit to PPE Support Staff (<i>not for inclusion in the medical record</i>). _____ _____</p> <p>Disagreement Regarding Proposed Treatment/Procedure If consultant and physician disagree regarding proposed treatment/procedure, consultant notifies one of the following so that an immediate meeting can be scheduled to resolve the disagreement:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chief Medical Officer <input type="checkbox"/> Chief Quality Officer <input type="checkbox"/> Medical Staff President <input type="checkbox"/> PPEC Chair <input type="checkbox"/> Department Chair <input type="checkbox"/> Physician Advisor <input type="checkbox"/> Other: _____ _____ _____

PIP OPTION	IMPLEMENTATION ISSUES
<p style="text-align: center;">Second Opinions/Consultations</p> <p style="text-align: center;"><i>Before the practitioner proceeds with a particular treatment plan or procedure, he or she obtains a second opinion or consultation.</i></p> <p style="text-align: center;"><i>(This is not a “restriction” of privileges that triggers a hearing and reporting, if implemented correctly.)</i></p>	<p>Compensation for Consultant <i>(consultant cannot bill for consultation)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> No compensation <input type="checkbox"/> Compensation by: <ul style="list-style-type: none"> <input type="checkbox"/> Practitioner subject to PIP <input type="checkbox"/> Medical Staff <input type="checkbox"/> Hospital <input type="checkbox"/> Combination <hr/> <hr/> <p>Results of Second Opinion/Consultations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Who will review results of second opinion/consultations with practitioner? <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> After each case <input type="checkbox"/> After total # of cases subject to review <input type="checkbox"/> Include consultants’ reports in practitioner’s quality file <p>Additional Safeguards</p> <ul style="list-style-type: none"> <input type="checkbox"/> Will practitioner be removed from some/all on-call responsibilities until second opinion/consultation requirement is completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/>

PIP OPTION	IMPLEMENTATION ISSUES
<p data-bbox="207 268 360 338">Concurrent Proctoring</p> <p data-bbox="110 380 457 632"><i>A certain number of the practitioner's future cases of a particular type (e.g., vascular cases, management of diabetic patients) must be directly observed.</i></p> <p data-bbox="110 709 457 890"><i>(This is not a "restriction" of privileges that triggers a hearing and reporting, if implemented correctly.)</i></p>	<p data-bbox="532 264 781 291">Scope of Requirement</p> <p data-bbox="532 296 1295 323"><input type="checkbox"/> How many cases are subject to concurrent proctoring requirement?</p> <hr/> <hr/> <p data-bbox="532 417 1206 445"><input type="checkbox"/> What types of cases are subject to proctoring requirement?</p> <hr/> <hr/> <p data-bbox="532 539 1419 596"><input type="checkbox"/> Based on practice patterns, estimated time for completion of proctoring requirement?</p> <hr/> <hr/> <p data-bbox="532 690 873 718">Responsibilities of Practitioner</p> <p data-bbox="532 722 1419 810"><input type="checkbox"/> Notify proctor when patient subject to requirement is admitted or procedure is scheduled <u>and</u> all information necessary for proctor to evaluate case is available in the medical record (H&P; results of diagnostic tests, etc.).</p> <hr/> <hr/> <p data-bbox="532 905 1430 961"><input type="checkbox"/> What time frame for notice to proctor is practical and reasonable (e.g., two days prior to scheduled, elective procedure)?</p> <hr/> <hr/> <p data-bbox="532 1056 1419 1144"><input type="checkbox"/> Procedures: Inform patient that proctor will be present during procedure, may examine patient and may participate in procedure, and document patient's consent on informed consent form.</p> <hr/> <hr/> <p data-bbox="532 1239 1419 1295"><input type="checkbox"/> Medical: If proctor will personally assess patient <u>or</u> must intervene in patient's care, inform patient prior to proctor's examination/intervention.</p> <hr/> <hr/> <p data-bbox="532 1390 1419 1446"><input type="checkbox"/> Include general progress note in medical record noting that proctor examined patient and discussed findings with practitioner, if applicable.</p> <hr/> <hr/> <p data-bbox="532 1541 1198 1568"><input type="checkbox"/> Agree that proctor has authority to intervene, if necessary.</p> <hr/> <hr/> <p data-bbox="532 1663 1029 1690"><input type="checkbox"/> Discuss treatment/procedure with proctor.</p> <hr/> <hr/>

PIP OPTION	IMPLEMENTATION ISSUES
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Concurrent Proctoring

A certain number of the practitioner's future cases of a particular type (e.g., vascular cases, management of diabetic patients) must be directly observed.

(This is not a "restriction" of privileges that triggers a hearing and reporting, if implemented correctly.)

Qualifications of Proctor (PPEC must approve)

- Proctor must have clinical privileges in _____.
(If proctor is not member of Medical Staff, credential and grant temporary privileges.)
- Possible candidates include: _____

- The following individuals agreed to act as proctors and were approved by the PPEC (or designees) on _____:
(date)

Responsibilities of Proctor (information provided by PPEC; include discussion of legal protections for proctor)

- Review medical record and:
 - Procedure:** Be present for the relevant portions of the procedure and be available post-op if complications arise.
 - Medical:** Be available during course of treatment to discuss treatment plan, orders, lab results, discharge planning, etc., and personally assess patient, if necessary.
- Intervene in care if necessary to protect patient and document such intervention appropriately in medical record.
- Discuss treatment plan/procedure with practitioner.

- Document review as indicated below and submit to PPE Support Staff.

Documentation of Review (not for inclusion in the medical record)

- General Case Review Worksheet
- Surgical Review Worksheet
- Medical Review Worksheet
- Obstetrical Review Worksheet
- Specific form developed for this PIP
- Other: _____

PIP OPTION	IMPLEMENTATION ISSUES
<p style="text-align: center;">Concurrent Proctoring</p> <p><i>A certain number of the practitioner's future cases of a particular type (e.g., vascular cases; management of diabetic patients) must be directly observed.</i></p> <p><i>(This is not a "restriction" of privileges that triggers a hearing and reporting, if implemented correctly.)</i></p>	<p>Compensation for Proctor (proctor cannot bill for review of medical record or assessment of patient and cannot act as first assistant)</p> <ul style="list-style-type: none"> <input type="checkbox"/> No compensation <input type="checkbox"/> Compensation by: <ul style="list-style-type: none"> <input type="checkbox"/> Practitioner subject to PIP <input type="checkbox"/> Medical Staff <input type="checkbox"/> Hospital <input type="checkbox"/> Combination <hr/> <hr/> <p>Results of Proctoring</p> <ul style="list-style-type: none"> <input type="checkbox"/> Who will review results of proctoring with practitioner? <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> After each case <input type="checkbox"/> After total # of cases subject to review <input type="checkbox"/> Include proctor reports in practitioner's quality file <p>Additional Safeguards</p> <ul style="list-style-type: none"> <input type="checkbox"/> Will practitioner be removed from some/all on-call responsibilities until proctoring is completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/>

PIP OPTION	IMPLEMENTATION ISSUES
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***Formal Evaluation/
Assessment Program***

***Onsite multiple-day
programs that may
include formal testing,
simulated patient
encounters, chart review.***

Scope of Requirement

Acceptable programs include: _____

PPEC approval required before practitioner enrolls

Program approved: _____

Date of approval: _____

Who pays for the evaluation/assessment?

Practitioner subject to PIP

Medical Staff

Hospital

Combination: _____

Practitioner's Responsibilities

Sign release allowing PPEC to provide information to program (if necessary) and program to provide report of assessment and evaluation to PPEC.

Enroll in program by: _____

Complete program by: _____

Additional Safeguards

Must individual agree to voluntarily refrain from exercising relevant clinical privileges until completion of evaluation/assessment program?

Yes No

Will practitioner be removed from some/all on-call responsibilities until completion of evaluation/assessment program? Yes No

Follow-Up

Based on results of assessment, what additional interventions are necessary, if any?

How will monitoring after assessment program/any additional interventions be conducted to be sure that concerns have been addressed/practice has improved? (Focused prospective review? Proctoring?)

PIP OPTION	IMPLEMENTATION ISSUES
<p>Additional Training</p> <p><i>Wide range of options from hands-on CME to simulation to repeat of residency or fellowship.</i></p>	<p>Scope of Requirement</p> <p><input type="checkbox"/> Be specific – what type? _____ _____</p> <p><input type="checkbox"/> Acceptable programs include: _____ _____</p> <p><input type="checkbox"/> PPEC approval required before practitioner enrolls.</p> <p><input type="checkbox"/> Program approved: _____</p> <p><input type="checkbox"/> Date of approval: _____</p> <p><input type="checkbox"/> Who pays for the training?</p> <p><input type="checkbox"/> Practitioner subject to PIP</p> <p><input type="checkbox"/> Medical Staff</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Combination: _____</p> <p>Practitioner’s Responsibilities</p> <p><input type="checkbox"/> Sign release allowing PPEC to provide information to training program (if necessary) and program to provide detailed evaluation/assessment to PPEC <u>before</u> resuming practice.</p> <p><input type="checkbox"/> Enroll in program by: _____</p> <p><input type="checkbox"/> Complete program by: _____</p> <p>Additional Safeguards</p> <p><input type="checkbox"/> Must individual agree to voluntarily refrain from exercising relevant clinical privileges until completion of additional training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ _____</p> <p><input type="checkbox"/> Will practitioner be removed from some/all on-call responsibilities until completion of additional training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ _____</p> <p><input type="checkbox"/> Is LOA required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ _____</p> <p>Follow-Up</p> <p><input type="checkbox"/> After additional training is completed, how will monitoring be conducted to be sure that concerns have been addressed/practice has improved? (Focused prospective review? Proctoring?)</p> <p>_____ _____</p>

PIP OPTION	IMPLEMENTATION ISSUES
<p><i>Educational Leave of Absence</i></p>	<p><input type="checkbox"/> Who may grant the LOA? <i>(Review Credentials Policy)</i></p> <hr/> <hr/> <p><input type="checkbox"/> Specify conditions for reinstatement:</p> <hr/> <hr/> <p><input type="checkbox"/> What happens if the practitioner agrees to LOA, but...</p> <ul style="list-style-type: none"> <input type="checkbox"/> does not return to practice at the Hospital? Will this be considered resignation in return for not conducting an investigation and thus be reportable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> moves practice across town? Must practitioner notify other Hospital of educational leave of absence? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/>

APPENDIX H

CONFLICT OF INTEREST GUIDELINES

Potential Conflicts	Levels of Participation								
	Provide Information	Individual Reviewer Application/ Case	Committee Member					Hearing Panel	Board
			Credentials	Leadership Council	PPEC	MEC	Ad Hoc Investigating		
Family member	Y	N	R	R	R	R	N	N	R
Partner	Y	Y	Y	Y	Y	R	N	N	R
Direct or indirect financial impact	Y	Y	Y	Y	Y	R	N	N	R
Competitor	Y	Y	Y	Y	Y	R	N	N	R
History of conflict	Y	Y	Y	Y	Y	R	N	N	R
Close friends	Y	Y	Y	Y	Y	R	N	N	R
Personally involved in care of patient	Y	Y	Y	Y	Y	R	N	N	R
Reviewed at prior level	Y	Y	Y	Y	Y	R	N	N	R
Raised the concern	Y	Y	Y	Y	Y	R	N	N	R

Y – (green “Y”) means the Interested Member may serve in the indicated role, no extra precautions are necessary.

Y – (yellow “Y”) means that the Interested Member may generally serve in the indicated role. It is legally-permissible for such Interested Members to serve in these roles because of the check and balance provided by the multiple levels of review, and the fact that the PPEC, Leadership Council, and Credentials Committee do not have disciplinary authority. In addition, the Chair of the Credentials Committee, Leadership Council, or PPEC always has the authority and discretion to recuse a member in a particular situation if the Chair determines that the Interested Member’s presence would be unfair to the practitioner under review, inhibit the full and fair discussion of the issue before the committee, or skew the recommendation or determination of the committee.

Allowing Interested Members to participate in the credentialing or professional practice evaluation process underscores the importance of establishing (i) objective threshold criteria for appointment and clinical privileges, (ii) objective criteria to review cases against in PPE activities (adopted protocols, etc.), and (iii) objective review and evaluation forms to be used by reviewers.

N – (red “N”) means the individual may not serve in the indicated role.

R – (red “R”) means the individual must be recused in accordance with the rules for recusal.

APPENDIX H

CONFLICT OF INTEREST GUIDELINES (*cont'd.*)

Rules for Recusal

- Interested Member must leave the meeting room prior to the committee's or Board's final deliberation and determination, but may answer question and provide input before leaving.
- Recusal shall be specifically documented in the minutes.
- Whenever possible, the actual or potential conflict should be raised and resolved prior to meeting by committee or Board chair and the Interested Member informed of the recusal determination in advance.
- No Medical Staff member has the RIGHT to demand recusal – that determination is within discretion of the Medical Staff Leaders.
- Voluntarily choosing to refrain from participating in a particular situation is not a finding or an admission of an actual conflict or any improper influence on the process.