

St. David's South Austin Medical Center

DEPARTMENT: Medical Staff	BYLAWS APPENDIX DESCRIPTION: 14.6 Professional Practice Evaluation
PAGE: Page 1 of 3	REPLACES POLICY DATED: Bylaws Section 3.12, Professional Practice Evaluation
EFFECTIVE DATE: 9/19/13	REFERENCE NUMBER: 14.6

SCOPE: *Licensed Independent Practitioners (LIPs) and Advanced Practice Professionals (APPs) who are credentialed and privileged to provide professional healthcare services.*

PURPOSE:

The Board has ultimate responsibility for the quality and appropriateness of patient care services. To meet this responsibility, the Board shall direct and enforce the establishment of a performance improvement and quality assessment program with the requisite quality assessment processes. Processes shall include focused professional practice evaluation and ongoing professional practice evaluation through the measurement, monitoring, analysis, and improvement of the quality and appropriateness of services provided by individual Medical Staff members and other individuals with clinical privileges. The Medical Staff shall participate in quality assessment and performance improvement activities as defined in the Hospital's Performance Improvement Plan.

POLICY:

The Medical Staff measurement, analysis and improvement activities used in ongoing professional practice evaluation shall be directed to assuring uniformly high quality and clinically appropriate care resultant from the performance of Staff members and others with clinical privileges. Such activities shall also be used to assure the fair and equitable treatment of each Staff member and others with clinical privileges in appointment, reappointment, peer review and privileging processes. The data measurements and profiling established by the Medical Staff shall include clinical and other indicators directly attributable to quality and patient outcomes. Measures and their resultant analysis and performance improvement shall be managed within the established peer and quality review committees and departments of the Medical Staff for maximization of information and individual protections by state and federal peer review protections and immunity including the Health Care Quality Improvement Act.

DEFINITIONS:

PROCEDURES:

Relevant information from Hospital performance improvement activities that is specific to an individual shall be considered and compared to aggregate information when these measures are appropriate for comparative purposes in evaluating the individual's professional performance, judgment, clinical or technical skills. Any results of peer review regarding the individual's clinical performance shall also be included. The Hospital may use epidemiological and statistical methods to compare practice patterns of individuals on dimensions of cost, service use, or quality (including process and outcome) of care. Profiles may be constructed for individuals or groups of individuals based on Hospital, geographic, specialty, and type of practice or other characteristics. Performance monitoring reports, including the

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results of performance based measures such as patterns of treatment, health care outcomes, and patient satisfaction shall be taken into account in evaluating applications for appointment or reappointment. The data, measures and monitoring reports may include, but are not limited to, clinical and other information regarding each individual's:

1. Quality and appropriateness of patient care, including patient care outcomes;
2. Review of operative and other clinical procedures performed and their outcomes;
3. Patterns of blood and pharmaceutical usage;
4. Length of stay patterns;
5. Morbidity and mortality data,
6. Performance as related to Health Quality Alliance (HQA) core measures, Hospital Consumer Assessment of Healthcare providers and Systems (HCAHPS) surveys, data about Hospital Acquired Conditions (HAC), and other publicly-reported evidenced-based performance measures;
7. Malpractice and professional liability experience;
8. Utilization of Hospital resources and facilities;
9. Timely, legible and accurate completion of patient medical records;
10. Attendance and participation in Medical Staff committee and Department meetings;
11. Attainment and maintenance of board certification;
12. Maintenance of required levels of professional liability insurance coverage;
13. Attainment of continuing education requirements; and,
14. Attribution to sentinel events, medical errors or other risk occurrences.

The Board of Trustees shall be responsible for assuring the use of clinical and other measurements for the improvement of patient care. The sources for the information shall be identified by the Hospital and data quality shall be verified. Recommendations from the Medical Staff regarding their conclusions from Medical Staff and Hospital performance improvement and quality assessment shall be reported to the Board for their decision making and enforcement of actions for the improvement of patient care and execution of the quality assessment process.

Medical staff members and other individuals with clinical privileges are required to participate in all aspects of Medical Staff activities designed to verify the individual's ongoing qualifications and competency. If at any time a Medical Staff member or other individual with clinical privileges fails to provide required information pursuant to a formal request by the Medical Executive Committee, or the Chief Executive Officer, the individual's clinical privileges shall be deemed to be voluntarily relinquished until the required information is provided to the satisfaction of the requesting party, without the individual having a right to a hearing or appeal. For purposes of this section, 'required information' shall refer to (1) physical or mental examination reports as specified elsewhere in these Bylaws, or (2) information from another healthcare facility or agency. If voluntary relinquishment of clinical privileges

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occurs while the individual is subject to an investigation, this will be reported in accordance with the requirements of the National Practitioner Data Bank.

As a part of medical peer review and professional review activity, a practitioner may enter into a performance improvement plan at any time with a medical staff committee or the governing board. All such agreements shall be subject to the approval of the CEO as a representative of the governing board.

APPROVALS:

Medical Executive Committee Meeting Date: 9/13/13

Board of Trustees Meeting Date: 9/19/13

RESOURCES: