IHSC Advanced Practice Provider (APP) Guide

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ICE

ICE Health Service Corps

Foreword

This *IHSC Advanced Practice Provider Peer Review Guide* supplements the following IHSC Directive:

- 01-46, *Multidisciplinary Peer Review*.

This Guide explains concepts, assigns responsibilities, and details procedures for conducting an advanced practice provider (APP) peer review and oversight of the APP peer review process.

The intended audience is IHSC advanced practice providers, clinical directors, the IHSC Credentialing and Privileging Office (ICPO), and health services administrators (HSA).

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I. Introduction

This Guide provides instruction for conducting peer reviews for advanced practice providers supporting the U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC). In IHSC, the term APP applies to nurse practitioners (NPs) and physician assistants (PAs). The term "peer" refers to those working in the same field as the APP, who provide a professional practice evaluation focused on the clinical skills of the APP. A "peer review" is a clinical performance enhancement process and not an employee evaluation report. It is a tool to continuously improve the quality of care provided to IHSC patients.

In IHSC, NPs and PAs have the same privileges and practice under the same official guidance. NPs and PAs participate as peers to complete the APP peer review. The term "reviewee" refers to the APP undergoing a review. The term "peer reviewer" refers to the APP completing the review of another APP. The peer reviewer may work at the same facility or another IHSC facility. All IHSC full-time practicing APPs (i.e., administrative staff not solely performing on IHSC support missions) must undergo and participate in peer review evaluations.

A. Review Periods

IHSC completes peer reviews of all APPs six months after hire, and then at least annually. The HSA, or designee, is the administrative health authority and coordinates and oversees the administration of the APP peer review process at each individual facility. The clinical director (CD), or designee, is the medical authority and provides clinical oversite of the APP peer review process.

B. Notification

The IHSC Credentialing and Privileging Office notifies the HSA of APPs requiring a peer review. APPs must receive notification in writing of a peer review at least 30 days in advance.

II. Peer Review Process Overview

The HSA, or designee, coordinates the peer review process. A peer must review at least 10 charts for an APP. Chart reviews must include a variety of patient visit types. The review period must cover either:

- A six-month period (for initial hires), or
- A one-year period (for annual reviews).

The peer reviewer records the findings on the Provider Peer Review Form. The threshold for compliance must be 90 percent overall or 85 percent for any one criterion listed in the chart review section.

The HSA, or designee, must keep the findings confidential and file the Provider Peer Review Form in the APP's credential file. The HSA, or designee, must also maintain a log with two key items: (1) the names of the APPs reviewed, and (2) the dates of their review.

III. APP Peer Review Process

A. The HSA or designee

Coordinate and oversee the administration of the APP peer review process.

B. The CD or designee

Must provide clinical oversight of the APP peer review process.

1. **Advance notification:** The HSA, or designee, notifies the reviewee 30 days prior to initiation of the APP peer review. Notification must be in writing via electronic mail.

2. **Length of review period:** Once initiated, the peer reviewer completes the peer review process within 30 days.

3. **Coordination of the review**: The HSA, or designee, should coordinate the chart review process. If a local peer reviewer is not available, the HSA, or designee, should contact the regional APP or chief APP, who then should select a peer reviewer.

4. **Number and type of charts reviewed**: A peer must review at least 10 charts per year for each APP. Chart reviews must include a variety of patient visit types, including acute, emergency, chronic care, medical housing unit care, and health assessments.

5. **Chart selection:** The peer reviewer should randomly select charts for review from the electronic health record. Charts reviewed must include at least two encounters from each of five electronic clinical works (eCW) categories: (1) acute (AC), (2) emergency (EMER)/urgent, (3) chronic care (CH), (4) health assessments (PE-C), and (5) medical housing unit (MHU-P) visits.

6. **Recording results:** The reviewer must record the results of the review using the Provider Peer Review Form.

    a. Completion of the Provider Peer Form is intended to be an interactive and collaborative process whereby the reviewee, as well as appropriate clinic staff, may contribute to the completion of the form by telephone, email, or in-person as indicated under the guidance of the reviewer. The reviewer should record recommendations for improvement in the appropriate section. The reviewer must also sign the Provider Peer Review Form and then should route the document to the CD, or designee.

b. **Results review process**: The CD, or designee, must review the results on the Provider Peer Review Form to determine whether or not the threshold for compliance has been achieved or if improvement recommendations are required.

   i. The CD, or designee, should meet with the APP and discuss peer review results.

   ii. The reviewee must sign the peer review.

   iii. The CD, or designee, should route the signed peer review to the HSA, or designee.

   iv. The HSA, or designee, reviews the completed Provider Peer Review Form for adherence to IHSC policy.

C. Threshold for compliance achieved

The threshold for compliance is 90 percent overall or 85 percent for any one criterion. If the threshold for compliance is achieved:

1. The HSA, or designee, ensures that the Provider Peer Review Form is complete and signed by the reviewer, CD or designee, and reviewee.

2. The HSA, or designee, should log and file the peer review results and schedule the next annual APP peer review.

D. Threshold for compliance not achieved

If the threshold for compliance is not achieved:

1. The HSA must recommend and coordinate the implementation of procedures to improve the competence of the APP. For contracted APP personnel, the HSA should relay the information to the contract coordinator, who should support and coordinate the implementation of these procedures.

2. The CD, or designee, should review and approve the improvement recommendations. These recommendations may include clinical topic review, IHSC guidance review, or other specified recommendations.

3. The CD, or designee, should record recommendations for improvement in the appropriate section of the Provider Peer Review Form.

4. The CD, or designee, should determine if repeat peer review is required (e.g., annual, at three months, or six months).

5. The CD, or designee, should discuss the peer review results and the improvement recommendations with the APP.

6. The HSA, or designee, should return the completed and signed Provider Peer Review Form and file on-site.

7. The HSA, or designee, should schedule the repeat peer review as determined by the CD, or designee.

8. Persistent failure to meet threshold. If the APP peer review remains below the threshold—after two consecutive reviews—the CD, in collaboration with the regional APP and/or chief APP, should make recommendations for additional peer review.

    a. The HSA, or designee, must refer federal APPs with three consecutive failures to meet the threshold and/or failure to complete the recommendations for improvement to the regional APP and/or the chief APP for further review and recommendations. The chief and/or regional APP determine actions on a case by case basis and, if required, establish a performance improvement plan.

    b. The HSA, or designee, must refer contract APPs with three consecutive failures to meet the threshold and/or failure to complete the recommendations for improvement to the technical monitor through the contracting officer representative (COR).