

IHSC Physician Peer Review Guide

November 2019



Foreword

This *IHSC Physician Peer Review Guide* supplements the following IHSC directive:

- 01-46, *Multidisciplinary Peer Review*

This Guide explains concepts, assigns responsibilities, and details procedures to conduct a physician peer review. The Guide also describes oversight of the physician peer review process.

The intended audience is physicians, the Medical Services Unit, the IHSC Credentialing and Privileging Office, and health services administrators.

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I. INTRODUCTION

IHSC performs physician peer reviews to help ensure physicians practice within the expected standards of medical care. The process provides the physician an opportunity to receive feedback about their medical care and administrative practice. The term “peer” refers to any IHSC physician who possesses the same or similar knowledge and training in a medical specialty as the physician whose care is the subject of review.

The term “reviewee” refers to the physician undergoing a review. The term “peer reviewer” refers to the physician completing the review. The peer reviewer may work at the same facility or another IHSC facility.

A. Review Periods

Physicians receive a peer review after six months of IHSC employment and then annually thereafter. The review process may be more frequent, as needed.

B. Notification

The IHSC Credentialing and Privileging Office notifies the IHSC Deputy Medical Director (DMD) of physicians who require a peer review, no less than 60 days prior to the due date. The DMD, or designee, assigns a physician to complete the peer review.

1. Pending availability of travel funds, the reviewer will conduct the review on-site every other year. Reviewers may complete remote peer reviews during alternating years. The reviewer will notify the clinical director (CD) and health services administrator (HSA) of the on-site review date.
2. In the event travel is not possible, or when travel is not required, the peer reviewer conducts the process remotely.

II. PEER REVIEW PROCESS

A. Provider Peer Review Form

The completion of the Provider Peer Review Form is an interactive and collaborative process whereby the reviewee, as well as appropriate clinic staff, provide feedback about the physician’s performance. The reviewer may collaborate with individuals who contribute to the form’s completion by telephone, email, or in-person.

B. Records Selection and Review

The physician reviewer randomly selects 20 records completed by the physician, and ensures the patient visits took place during the period reviewed (i.e., within six months of initial hire, or since the last documented peer review). The physician reviewer utilizes the IHSC Provider Peer Review Form to document their chart review findings. Reviewers should review patient visits that address the following conditions, to the degree that is possible.

1. Hypertension
2. Diabetes mellitus
3. HIV
4. Seizure disorder
5. Tuberculosis
6. Mental health or involuntary medication administration
7. Hunger strike
8. Suicide watch
9. Other chronic care conditions
10. Medical Housing Unit (MHU) care

C. On-Site Peer Review Activities

While on-site, the reviewer meets with facility leadership and the reviewee respectively, conducts focused reviews, and directly observes care delivery. The sections below describe the areas reviewers assess and identify with the questions they ask.

1. Meeting with the HSA, Assistant HSA (AHSA), and Nurse Manager
 - a. Discuss the physician's communication styles and skills.
 - b. Does the physician participate in the Quality Improvement (QI) Program?
 - c. Does the reviewee have good working relationships with the staff physician and advanced practice providers (APPs)?
 - d. Is the physician a team player when interacting with others outside the medical area?
 - e. Do the number and types of grievances indicate any problems?
 - f. Describe strengths and weaknesses, and any areas of concern.
 - g. Describe future needs and concerns.
2. Meeting with the physician being reviewed
 - a. Learn about the physician's background, unique skills and certifications, and continuing medical education (CME) activities.

- b. Has the physician been asked to support other IHSC facilities? If so, describe.
- c. How does the physician interact with the administrative staff?
- d. Does the physician participate in daily clinic report(s)?
- e. Ask about the physician's awareness of, and involvement with, the local QI program.
- f. Are regular clinical meetings held with the APPs to provide education and discuss clinical care? How often? If not being held, when will meetings begin to occur?
- g. What is the number of patients the physician sees on a typical work day?

3. Focused Reviews

Some of the focused review elements require the reviewer to ask the reviewee about facility processes to gauge their understanding of their facility's operation. Other elements require the reviewer to review medical records documentation or facility minutes to determine if processes are occurring as expected.

a. **Sick call**

- i. Explain how the facility sick call process takes place on weekdays and weekends.
- ii. How do detainees receive information about sick call or routine care?

b. **Registered nurse (RN) health assessments**

- i. Evidence of initial training and/or annual recertification for RNs in the staff credential files
- ii. Review of all health assessments per policy timeframes
- iii. Number of overdue health assessments pending review

c. **Chronic care**

- i. Reviewee completes initial evaluation within two business days of detainee's arrival to the facility
- ii. Appropriate follow up interval as dictated by the condition
- iii. Reviewee refers cases for specialty care as appropriate

- iv. Do detainees receive patient education during all face-to-face clinical encounters?

d. Medical Housing Units

- i. Daily rounds are completed by the appropriate level provider
- ii. Progress notes indicate appropriate care
- iii. Admission/treatment plan reviews and physician notifications occur per policy

e. Off-site referrals

- i. What types of cases are referred to specialists?
- ii. Review five outpatient referrals – Are referrals appropriate based on IHSC guidelines and technical/clinical considerations?
- iii. Does the reviewee evaluate the patient upon return to the facility?

f. Behavioral health

- i. Ask about the physician's relationship with the behavioral health staff. Do the medical and behavioral health components collaborate well to provide optimal patient care?
- ii. Assess whether consent forms are completed for psychotropic medications?
- iii. Is appropriate medication side effects monitoring taking place based on chart reviews (e.g., AIMS testing, metabolic syndrome)?

g. Emergency Care

- i. How are after hours emergencies handled?
- ii. Review five emergency department (ED) referrals for appropriateness of care. If ED referral reviews indicate inappropriate use, discuss with the physician about strategies to ensure proper utilization

h. Pharmacy Services

- i. Does the physician feel there is a good working relationship with the pharmacy staff? If not, what could be improved?
- ii. Is there a clinical pharmacist practicing at the facility? If so, explore their collaboration and any patient care success experiences.

- iii. Does the physician provide pharmacy coverage when the pharmacist is on leave? Does the physician have any concerns about this duty?
- iv. Does the physician participate in the Pharmacy and Therapeutics (P&T) committee? If no, why not? Review P&T meetings minutes to gauge issues reviewed and provide feedback about improving this forum if indicated.
- v. Are drug utilization studies performed? If not, discuss how begin implementation.

i. APPs and registered nurses

- i. Are competencies completed as required?
- ii. Are chart reviews being signed as required by policy?
- iii. How do you mentor staff to improve medical care and professionalism?
- iv. What type of training activities have you provided to the staff?

j. Security Climate

- i. Are there any security issues that you are concerned about?
- ii. Do you feel safe working in this environment?

4. Direct Review of Clinical Care

The reviewer evaluates the reviewee's interactions and delivery of patient clinical care, including but not limited to:

- a. Communication with patients and staff,
- b. History collection,
- c. Physical examination skills, and
- d. Patient education.

D. Closeout with the Physician Reviewee

- 1. Review clinical and administrative strengths and weaknesses.
- 2. Inform the physician of any program deficiencies that require corrective action and provide a time frame and suggestions to address needed corrective actions.
- 3. Ask the physician if they have any concerns or input.

E. Closeout with the HSA/AHSA

1. Review findings with the HSA/AHSA.
2. Discuss program strengths and weaknesses.
3. Discuss any deficiencies that require corrective action.
4. Inform the HSA that the reviewer will provide a copy of the Provider Peer Review Form to the facility for use during accreditation and recertification inspections.
5. Inquire of any additional concerns or comments.

III. FINDINGS

The physician reviewer scores the Peer Review Form in the chart documentation section and discusses the findings with the reviewee upon completing the assessment. Physician reviewees must score 90 percent overall, or 85 percent, in one criterion in the chart documentation section to successfully pass the review. The DMD maintains all documents in accordance with the Employee Performance File System of Records, 65 Federal Register (Fed. Reg.) 24732 (April 27, 2000).

A. Review and Action Plan

The review includes discussion and improvement plans for the areas where the reviewee is deficient. The reviewer uses negative findings to identify areas of improvement and train the reviewee. Reviewees who fail to achieve 90 percent overall, or 85 percent in one criteria, require a corrective action plan. The reviewer notifies the reviewees of all results and explains negative results. The reviewee may dispute any finding during these discussions. The reviewee may also discuss differences in findings with the regional clinical director and DMD for final resolution when needed. The DMD, or designee, advises the reviewee regarding opportunities for improvement and/or retraining. The DMD maintains the peer review document.

B. Determination of Findings

Upon completion and review of findings, the DMD, or designee, submits the Provider Peer Review Form to the IHSC Credentialing and Privileging Office. The DMD, or designee, confirms peer review completion in compliance with benchmarks and the next peer review due date.

C. Unsatisfactory Findings

If a peer review is unsatisfactory, the DMD, or designee, develops a corrective action plan. The same physician peer reviewer should complete subsequent medical record reviews, unless the DMD designates another physician to perform the review, within three (3) to six (6) months to assess for interval improvement. The DMD determines the interval to schedule the next peer review based on the outcome of the subsequent

review(s), as documented on the Provider Peer Review Form. The reviewer submits the Provider Peer Review Form to the IHSC Credentialing and Privileging Office.

If upon medical records review, the physician's performance places patients in danger, appears to place the patient in harm's way, or compromises quality of care, the DMD considers whether to restrict or revoke the physician's clinical privileges. The DMD recommends restrictions or revocation to the Medical Director and subsequently initiates a request for an investigation, in accordance with the IHSC Medical Staff Bylaws.