



The influential voice of Nebraska's hospitals

# QI Residency Program

## Module J-Quality role in Medical Staff

# What IS the role of the Quality Professional related to Medical Staff?

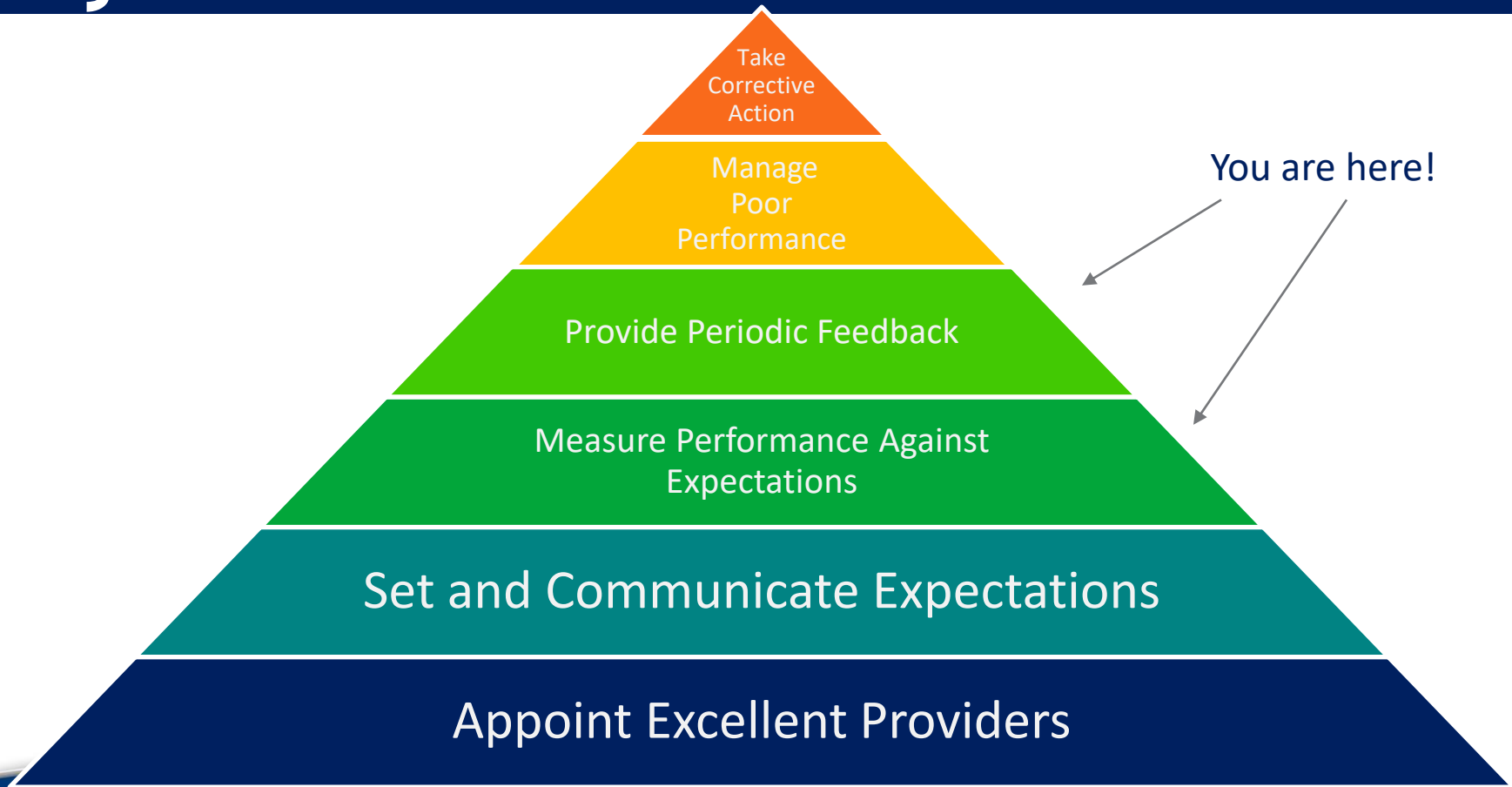
- Our job is to engage the Medical Staff as meaningful partners in the development and implementation of our hospital patient safety/quality strategies.
- To equip the Governing Board with information to provide appropriate oversight of Medical Staff practices and outcomes.

# The Provider Performance Pyramid



Adapted from HCPro: Peer Review  
and Quality Committee Essentials  
Handbook 2012

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# What is Data Used to Assess Provider Practices and Outcomes?

Internal Peer  
Review

Physician  
scorecards

Credentialing

Antibiotic  
Stewardship

Medical Record  
Review

Cancer  
Registries/Tissue  
Review

Blood Utilization

# Data sharing

- Share appropriate data through committees
- Keep Minutes
- Flow Through Med Staff and to Board

# Specialized Case Review

- Tissue Review
- Surgical Case Review
- Work to ensure committees are staffed with those who have specific knowledge and training
- Justification / Compliance with standards and protocols
- Evaluate structure and composition of this review – Active Staff with assistance via subcommittees

# Cancer Registries

- The Nebraska Cancer Registry was created by the Nebraska Unicameral in 1986 and began collecting data in 1987. The purpose of the registry is to gather data that describe how many Nebraska residents are diagnosed with cancer, what types of cancer they have, how far the disease has spread at the time of diagnosis, what types of treatment they receive, and how long they survive after diagnosis.
- Monthly reporting to Nebraska Cancer Registry
- Typically, a HIM function; EMR queues
- Based on provider dictation or orders, ie blood transfusions, radiology, lab
- Manually type up log and fax the log and patient records



# Antibiotic Stewardship

## NEW CDC DATA

MORE THAN HALF OF ANTIBIOTIC PRESCRIBING FOR SELECTED EVENTS IN HOSPITALS WAS NOT CONSISTENT WITH RECOMMENDED PRESCRIBING PRACTICES



## ANTIBIOTIC PRESCRIBING WAS NOT SUPPORTED IN:



with community-acquired pneumonia



with urinary tract infections



prescribed fluoroquinolone treatment



prescribed intravenous vancomycin antibiotic

## HOSPITAL PRESCRIBERS & PHARMACISTS CAN IMPROVE PRESCRIBING:



Optimize antibiotic selection



Re-assess antibiotic treatment when the results of diagnostic testing are available



Use the shortest effective duration of therapy

FIND RESOURCES ON HOW TO IMPROVE HOSPITAL ANTIBIOTIC USE AND HELP FIGHT ANTIBIOTIC RESISTANCE:  
<https://bit.ly/HospitalCoreElements>

# Antibiotic Stewardship

## Core Elements of Hospital Antibiotic Stewardship Programs



### Hospital Leadership Commitment

Dedicate necessary human, financial, and information technology resources.



### Accountability

Appoint a leader or co-leaders, such as a physician and pharmacist, responsible for program management and outcomes.



### Pharmacy Expertise (previously “Drug Expertise”):

Appoint a pharmacist, ideally as the co-leader of the stewardship program, to help lead implementation efforts to improve antibiotic use.



### Action

Implement interventions, such as prospective audit and feedback or preauthorization, to improve antibiotic use.



### Tracking

Monitor antibiotic prescribing, impact of interventions, and other important outcomes, like *C. difficile* infections and resistance patterns.



### Reporting

Regularly report information on antibiotic use and resistance to prescribers, pharmacists, nurses, and hospital leadership.



### Education

Educate prescribers, pharmacists, nurses, and patients about adverse reactions from antibiotics, antibiotic resistance, and optimal prescribing.

# Antibiotic Stewardship

Determine design that is best for you:

- Hospitals:

<https://www.cdc.gov/antibiotic-use/core-elements/small-critical.html>

- Small and Critical Access Hospitals:

<https://www.cdc.gov/antibiotic-use/healthcare/pdfs/core-elements-small-critical.pdf>

- Outpatient:

<https://www.cdc.gov/antibiotic-use/core-elements/outpatient/implementation.html>

- Nursing Home:

<https://www.cdc.gov/antibiotic-use/core-elements/nursing-homes.html>

# Chart Reviews

- Internal vs External
  - Policy in place
- Random selection of charts
- Focused selection of charts

# Provider Scorecards

- Data kept on providers to ensure quality improvement/measurement
- Choose measures
- Data collected and shared at time of re-appointment



# Data in practice: Med Staff assessments and outcomes

| PROVIDER NAME:                        |     |     |     |     |     |     |     |     |     |     |     |     |       |
|---------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| YEAR:                                 | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL |
| <b>VOLUME INDICATORS</b>              |     |     |     |     |     |     |     |     |     |     |     |     |       |
| Acute care admits (01)                |     |     |     |     |     |     |     |     |     |     |     |     |       |
| Acute care average LOS                |     |     |     |     |     |     |     |     |     |     |     |     |       |
| Swing bed admits (06)                 |     |     |     |     |     |     |     |     |     |     |     |     |       |
| Hospice ICF Admits (10)               |     |     |     |     |     |     |     |     |     |     |     |     |       |
| ICF admits (09)                       |     |     |     |     |     |     |     |     |     |     |     |     |       |
| OB patients (04)                      |     |     |     |     |     |     |     |     |     |     |     |     |       |
| Number of deliveries (05)             |     |     |     |     |     |     |     |     |     |     |     |     |       |
| STOP admits (27)                      |     |     |     |     |     |     |     |     |     |     |     |     |       |
| Total ER visits                       |     |     |     |     |     |     |     |     |     |     |     |     |       |
| Admit from ER                         |     |     |     |     |     |     |     |     |     |     |     |     |       |
| Total transfers                       |     |     |     |     |     |     |     |     |     |     |     |     |       |
| - by ambulance                        |     |     |     |     |     |     |     |     |     |     |     |     |       |
| - by helicopter                       |     |     |     |     |     |     |     |     |     |     |     |     |       |
| - by family vehicle                   |     |     |     |     |     |     |     |     |     |     |     |     |       |
| ER Avg LOS (in minutes)               |     |     |     |     |     |     |     |     |     |     |     |     |       |
| Left AMA                              |     |     |     |     |     |     |     |     |     |     |     |     |       |
| Number of deaths, any level           |     |     |     |     |     |     |     |     |     |     |     |     |       |
| Number of codes in ER                 |     |     |     |     |     |     |     |     |     |     |     |     |       |
| Number of codes in hospital           |     |     |     |     |     |     |     |     |     |     |     |     |       |
| Total surgical patients               |     |     |     |     |     |     |     |     |     |     |     |     |       |
| -Inpatient                            |     |     |     |     |     |     |     |     |     |     |     |     |       |
| -Outpatient                           |     |     |     |     |     |     |     |     |     |     |     |     |       |
| # of nosocomial infections            |     |     |     |     |     |     |     |     |     |     |     |     |       |
| <b>CONTINUOUS QUALITY IMPROVEMENT</b> |     |     |     |     |     |     |     |     |     |     |     |     |       |
| # of occurrences                      |     |     |     |     |     |     |     |     |     |     |     |     |       |
| # of charts sent to med staff review  |     |     |     |     |     |     |     |     |     |     |     |     |       |
| # of charts to external peer review   |     |     |     |     |     |     |     |     |     |     |     |     |       |
| # of charts with peer rev. concern    |     |     |     |     |     |     |     |     |     |     |     |     |       |
| <b>PROCEDURES</b>                     |     |     |     |     |     |     |     |     |     |     |     |     |       |
| Upper endoscopy                       |     |     |     |     |     |     |     |     |     |     |     |     |       |
| Colonoscopy                           |     |     |     |     |     |     |     |     |     |     |     |     |       |
| Sigmoidoscopy                         |     |     |     |     |     |     |     |     |     |     |     |     |       |
| Circumcision                          |     |     |     |     |     |     |     |     |     |     |     |     |       |
| C-section                             |     |     |     |     |     |     |     |     |     |     |     |     |       |
| Tubal ligation                        |     |     |     |     |     |     |     |     |     |     |     |     |       |
| <b>PATIENT SATISFACTION SURVEY</b>    |     |     |     |     |     |     |     |     |     |     |     |     |       |
| # of positive comments                |     |     |     |     |     |     |     |     |     |     |     |     |       |
| # of negative comments                |     |     |     |     |     |     |     |     |     |     |     |     |       |
| <b>MEDICAL RECORDS</b>                |     |     |     |     |     |     |     |     |     |     |     |     |       |
| # of overdue records: 15-30 days      |     |     |     |     |     |     |     |     |     |     |     |     |       |
| # of overdue records: >30 days        |     |     |     |     |     |     |     |     |     |     |     |     |       |
| <b>UTILIZATION REVIEW</b>             |     |     |     |     |     |     |     |     |     |     |     |     |       |
| # of denial letters issued            |     |     |     |     |     |     |     |     |     |     |     |     |       |
| <b>MEETING ATTENDANCE</b>             |     |     |     |     |     |     |     |     |     |     |     |     |       |
| # of Medical Staff meetings attended  |     |     |     |     |     |     |     |     |     |     |     |     |       |

# Provider Reappointment

## Employed Medical Staff Reappointment Provider Profile

Name:  
Staff Category:  
Review Period:

The following criteria has been reviewed as part of the reappointment process and granting of privileges:

|   | Benchmark   | Provider Data | Comment |
|---|-------------|---------------|---------|
| <b>CLINICAL QUALITY</b>   |             |               |         |
| Blood utilization criteria met  | 100%        |               |         |
| Peer Review <u>Results</u> - 72 Hour ED Returns                               |             |               |         |
| OP-18: ED Arrival Time to ED Departure Time – discharged patients             | 100 Minutes |               |         |
| ED-2a: Admit Decision Time to ED Departure Time – admitted patients           | 18 Minutes  |               |         |
| OP: AMI – Time to Transfer  | 82 Minutes  |               |         |
| <b>SERVICE QUALITY</b>  |             |               |         |
| ER page times over 30 minutes   | 0           |               |         |
| Participates in medical staff affairs / committees                            | Yes         |               |         |
| Number of patient grievances  | 0           |               |         |
| <b>PATIENT SAFETY</b>   |             |               |         |
| H&P dictated in 24 hours* <small>—(*Review of 10 charts last quarter)</small> | 100%        |               |         |
| <b>PEER AND CO-WORKER RELATIONSHIPS</b>                                       |             |               |         |
| Validated provider behavior incidents   | 0           |               |         |
| <b>MEDICAL STAFF RULES AND REGULATIONS</b>                                    |             |               |         |
| Suspensions due to incomplete medical record                                  | 0           |               |         |
| Number of delinquency letters issued  | 0           |               |         |
| Medical Staff Meeting Attendance  | 80%         |               |         |

\_\_\_\_\_  
Quality Improvement Coordinator

\_\_\_\_\_  
Date

Based on review of the above criteria, the Medical Staff recommends:

Reappointment to the Medical Staff

Applicant not be re-appointed

Active Medical Staff evaluation/comments:

\_\_\_\_\_

\_\_\_\_\_  
MD Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Governing Board Chair Signature

\_\_\_\_\_  
Date

# Provider Reappointment

Name:  
 Staff Category: Consulting  
 Specialty: Cardiology  
 Review Period:

The following criteria have been reviewed as part of the reappointment process and granting of privileges:

| ACTIVITY DATA                                    | Benchmark   | Provider Data | Comment |
|--|-------------|---------------|---------|
| Total Patients Seen in Clinic (avg per month)    |             | N/A           |         |
| Number of Overreads Performed - <del>Echos</del> |             |               |         |
| CLINICAL QUALITY                                 |             |               |         |
| Peer Review Results                              | No concerns | No concerns   |         |
| SERVICE QUALITY                                  |             |               |         |
| Number of patient grievances filed               | 0           |               |         |
| MEDICAL STAFF RULES AND REGULATIONS              |             |               |         |
| Documentation deficiencies                       | 0           |               |         |

Comments:

\_\_\_\_\_  
 Quality Improvement Coordinator

\_\_\_\_\_  
 Date

Based on review of the above criteria, the Medical Staff recommends:

Reappointment to the Medical Staff  
 Applicant not be re-appointed

\_\_\_\_\_  
 Chief of Medical Staff

\_\_\_\_\_  
 Date

Governing Board Determination:  
 Approve reappointment  
 Do not approve reappointment

\_\_\_\_\_  
 Chairman of Board of Trustees

\_\_\_\_\_  
 Date



# Presenting Data to Providers

- **Be confident in your data**
- **Be able to explain “why” the data is being collected**
- **Be discreet in sharing specific provider data; suggest it be de-identified or shared only with that provider**

# Utilization Review

- What is the 2 Midnight Rule?
  - Applies to Medicare patients
  - The stay must be expected to span at least 2 midnights
  - All others must be initially placed in Observation and moved to Inpatient status if they stay 2 midnights or more

# Utilization Review

- Certification requirements: reasonably expected to be discharged or transferred within 96 hours
- Inpatient/Observation
  - 2 midnight rule
- Condition Code 44
- Work with provider to make decisions on appropriate admission status

# Inpatient vs Observation

- Observation: Outpatient services such as lab test or x-rays used to determine if Inpatient stay is indicated.
- Inpatient: Patient is generally expected to require 2 or more midnights for treatment

# Code 44

- Patient admitted Inpatient and UR determines level of care did not meet criteria.
- Hospital can change status to outpatient (observation) by adding Code 44 for claim for payment

# Working with Providers

- Know the guidelines
- Be respectful
- Communicate directly with the provider if possible

# Small Group Work

- Share Policy and procedures for chart review
- Current status of Antibiotic Stewardship program

# Questions?

- Shari Michl, RN CPHQ  
Director of Quality  
Filmore County Hospital (Geneva)
- Christina Pollard  
Chief Quality Officer  
Valley County Health System (Ord)