

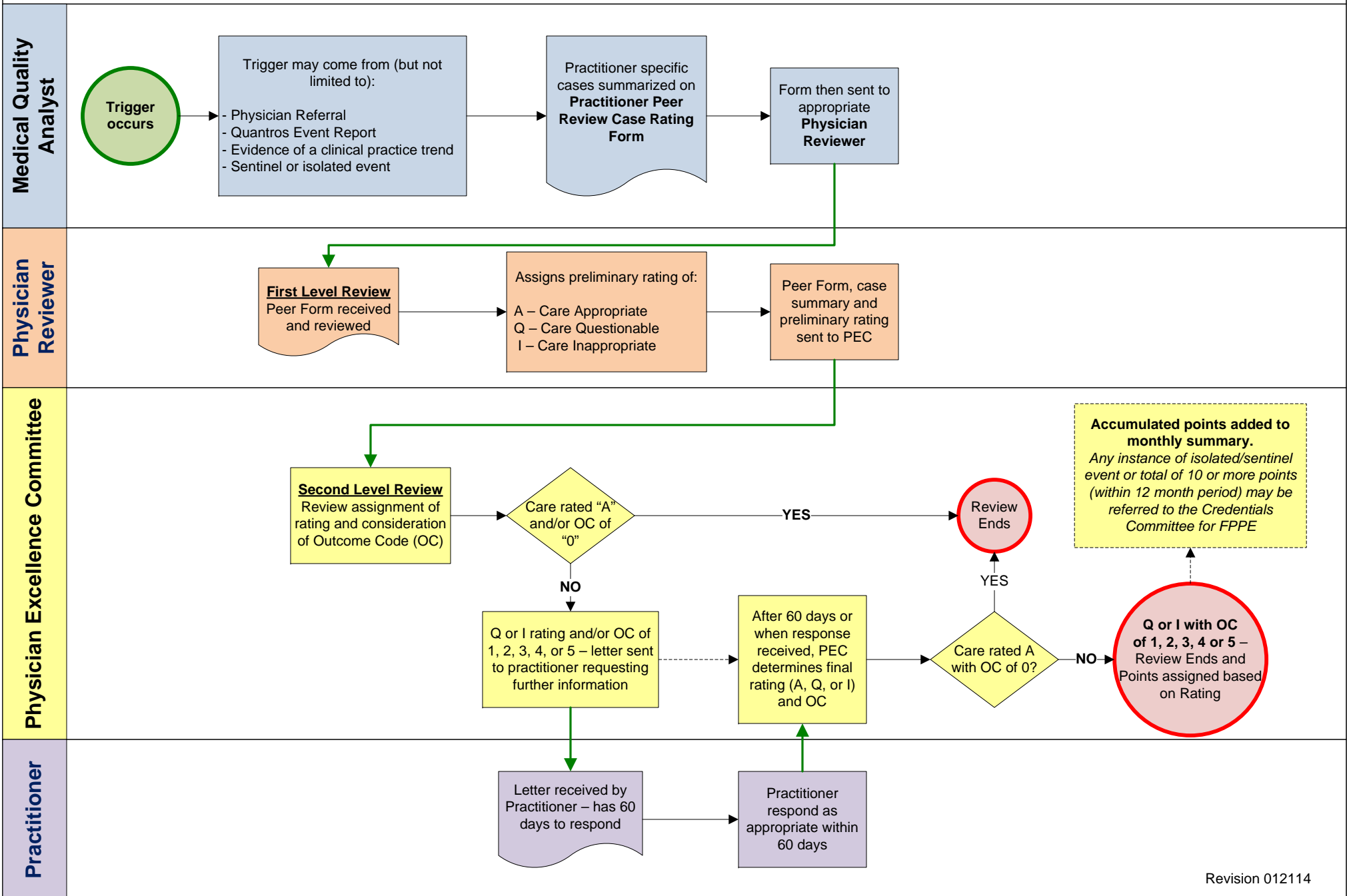
Quality Management Overview

Please refer to Articles IX and X of the Medical Staff Bylaws for complete details regarding peer review, collegial intervention, appeals process, and professional practice evaluations:

1. **Physician Excellence Committee (PEC):** Conducts review of quality of care as well as recognizing exemplary care; comprised of Medical Staff across various disciplines.
2. **Quantros:** Electronic reporting system which addresses compliments and concerns.
3. **Peer Review:** Any patient care issue requiring peer review will be presented to the Physician Excellence Committee. Practitioners will be notified in writing of the initial outcome and have a chance to respond to any questions posed by the Committee. Peer review information is treated with utmost protection and is non-discoverable to attorneys under the Health Care Quality Improvement Act.
4. **OPPE Indicators:** Indicators such as policy compliance, number of complaints, and quality of care metrics are reviewed monthly. If a practitioner exceeds the acceptable number of a quality indicator as set forth by the Medical Executive Committee, he or she will be notified in writing.
5. **MedNew Plus:** Weekly electronic newsletter with Medical Staff updates and opportunities for free CME credit, visit <https://sehealth.mednewsplus.com> to subscribe.
6. **Crimson:** Online physician service application for access to performance data and utilized for OPPE (ongoing professional practice evaluation). Using Crimson, providers may identify trends and opportunities for improving overall performance with respect to quality and utilization.
Data must be collected and analyzed for at least one quarter before a new practitioner will have access to his or her profile.

For more information, please contact: The Quality Management office at **573- 651-5557.**

PEER REVIEW PROCESS



****Outcome code description/points assigned (not to exceed 10 points per twelve-month period):***

0 = No problem with documentation of quality of care

1 = Minor problem with process/documentation, but patient outcome not affected

2 = Problem with process/documentation, disease or symptoms unchanged or delay in improvement, or potential for adverse consequence

3 = Problem with process/documentation, disease or symptoms caused, exacerbated, or allowed to progress

4 = Problem with process/documentation, longevity and/or functional quality of life shortened or adversely affected by action or inaction

5 = Death attributable to acts of omission or commission

Outcome Codes of 0 – 3 are equal to the corresponding numerical value of the Outcome Code ('0' = 0 points, '1' = 1 point, etc.).

Outcome Codes of 4 – 5 are each equal to 10 points.

Within a 12-month period of time, any instance of an isolated sentinel event or total points of 10 or more results in potential referral for Focused Professional Practice Evaluation (FPPE).

*****Triggers*** *are defined as the number of occurrences related to OPPE Indicators (Exhibit C), including policy compliance, quality metrics, and patient/staff complaints. Practitioners at or above the target/trigger will receive notification from PEC. Practitioners exceeding the target for a second consecutive period may be referred to Credentials Committee for further consideration and/or FPPE.*

For more information regarding Outcome Codes, triggers, OPPE, and FPPE, please refer to the Professional Practice Evaluation Policy.

ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE)

Physician Excellence Committee

Practitioner

Credentials Committee

