RECOMMENDATIONS OF THE SECRETARY'S ADVISORY COMMITTEE ON ORGAN TRANSPLANTATION PHYSICIAN PROFILE [D]

PHYSICIAN NAME:

TO BE COMPLETED BY HOSPITAL STAFF DEPARTMENTS Time Period Reviewed:														
														PATIENT VOLUMES
Yr1	Yr2	A Yr1	A Yr2	B Yr1	B Yr2	C Yr1	C Yr2	D Yr1	D Yr2					
# Admissions			1. Documentation											
Average Length of Stay *			2. Unplanned Readmission											
RISK MANAGEMENT			Unplanned return to the OR											
# Patient Complaints / Compliments			4. Mortality										1	
# Variance Reports			5. Complication of Surgery											
MEDICAL RECORDS			6. Delay in Service											
# days delinquency past 12 months			7. Surgical Wound Infection											
# suspensions			MEDICATION USE:				Yr1					Yr2		
# 805 report on suspensions (>30 days)			# referrals by P&T for peer review											
MORTALITY			# adverse drug reactions *											
% mortalities *														
# autopsies requested			UTILIZATION REVIEW											
# autopsies completed			# of avoidable days ** # cases appropriately denied # cases appealed											
			# cases reversed											
TOP THREE DRG's (SPECIALTY SPECIFIC *)														
1.														
2.														
3.														

A = MANAGEMENT WAS APPROPRIATE

- B = Standard Of Care Was Not Met
- C = Substandard Of Care W/Adverse Outcome
- D = Standard Of Documentation Not Met
- P = Pending