

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-C-02

SUBJECT: CLINICAL PERFORMANCE ENHANCEMENT

POLICY: All primary care provider services will be reviewed by their peers on a regular basis. The goals are: to maintain a high quality of practice standards among all physicians and mid-level providers, to assure consistent quality of care, to enable self-regulation of the providers as a group, to encourage learning from peers, and to provide a method of standard evaluation. Review will be done at least annually. Peer review will be confidential.

REFERENCE: NCCHC Standard P-C-02
ORS 41.675

PROCEDURE:

- A. Clinical performance enhancement review is to be done in a confidential manner and clearly delineated as “Peer Review” so that it is protected from discovery by ORS 41.675. Clinical performance enhancement review will incorporate at least the following elements: the name of the individual being reviewed; the date of the review; the name and credentials of the person doing the review; confirmation that the review was shared with the provider; and a summary of the findings and corrective action, if any.
- B. Individual case reviews may be done on selected cases, including: unusual incident cases, cases with significant morbidity, selected high cost cases. All deaths will be reviewed by the institution Chief Medical Officer and the Medical Director (or designee).
- C. Clinical performance enhancement review occurs with review of a patient presented at Therapeutic Level of Care meetings, presentation of a patient case at the practitioner meeting for discussion purposes, or it can occur with review of and comment on another practitioner’s care of a shared patient.
- D. As part of clinical performance enhancement review, a basic chart review (Peer Review QA Assessment) will also be done twice annually. These will come from a selection of each practitioner’s charts. Results will be shared only with the reviewed and the Medical Director.
 1. At least five (5) charts will be reviewed covering multiple areas, and at least five (5) charts for a specific presentation or illness will be reviewed.

Clinical Performance Enhancement

2. Professional skills will be based on “community standard” and will include:

Completeness/relevancy of present and past history, physical exam pertinence, lab/diagnostics, procedures, comments on living/housing/working, appropriateness of consults, and charting legibility.
 3. Inmate grievances will be reviewed for any relevant pattern that may lend itself to improving medical practice.
- E. Clinical performance enhancement and/or peer review is **not** the same as program supervision done by management, such as supervision by the Chief Medical Officer, the Health Service Manager, nursing supervisor, Medical Director, etc.
- F. A log or other written record providing the names of the primary care providers and the dates of their most recent reviews are maintained.

Effective Date: _____
Revision date: February 2007
Supersedes P&P dated: January 2006

PEER REVIEW QA ASSESSMENT

Attending Provider: _____

Reviewing Provider: _____

SID# of patients:	1. _____	4. _____
	2. _____	5. _____
	3. _____	

Score 1-5, with 5 being perfect, N/A is not applicable

1	2	3	4	5	T
---	---	---	---	---	---

Score 1-5, with 5 being perfect, N/A is not applicable	1	2	3	4	5	T
Subjective:						
History of current illness documented?						
Relevant prior history/concurrent medical diagnosis noted?						
Relevant medications noted?						
Objective:						
Examination appropriate to complaint?						
Onsite data gathering appropriate to complaint? (BP, PEFr, Temp)						
Ordered lab tests/diagnostic studies appropriate to complaint?						
Too many tests? (Mark Y or N)						
Too few tests? (Mark Y or N)						
Assessment appropriate for subjective and objective?						
Management plan:						
Prescribed medications appropriate to diagnosis?						
Follow-up instructions?						
Housing/work changes documented if needed?						
Consultations ordered appropriately?						

Comments: _____

OREGON DEPARTMENT OF CORRECTIONS
HEALTH SERVICES SECTION
QUALITY ASSURANCE CHART AUDIT

Audit Completed By: _____

Date: _____

Institution: _____

AUDIT CRITERIA		SID #	SID #	SID #	SID #	SID #	SID #
1. Dates of service reviewed in chart.	Dates of service reviewed.						
2. Name of staff whose documentation was reviewed.	Names of health care staff whose documentation was reviewed.						
3. Was the exam appropriate to the patient's complaint?	Yes / No Not applicable						
4. Were on site lab tests, EKG's, vital signs appropriate?	Yes / No Not applicable						
5. Were appropriate lab tests, diagnostic studies, and/or consults ordered?	Yes / No Not applicable						
6. Were lab tests, diagnostic studies, and/or consults completed in a timely manner?	Yes / No Not applicable						
7. Were abnormal lab or other diagnostic test results acknowledged and acted upon?	Yes / No Not applicable						
8. Was the assessment consistent with the subjective and objective notes?	Yes / No Not applicable						
9. If medication was prescribed was it consistent with the diagnosis?	Yes / No Not applicable						
10. Were follow up instructions noted as given?	Yes / No Not applicable						
11. Were changes in housing or work assignment documented if needed?	Yes / No Not applicable						
12. Was patient education documented if needed?	Yes / No Not applicable						
Comments							

PROVIDING PRIMARY CARE MEDICAL SERVICES

- Ambulatory Care Visits
- Routine Physicals
- Special Needs Physicals
- Infirmity Care
- Other

Clinical Diagnostic Skills

Documentation

Treatment Orders

Procedure Skills

Ordering Consults

Confidentiality

Informed Consent/Refusals

Patient Education & Consultation

Patient Rapport & Relationships

Staff Relationships
-- Health Services
-- Institution

On-Call Support

Time Management

