

Title: Medical Staff Professional Performance Council

Document Owner: Chris Stefaniak	PI Team: N/A	Date Created: 01/01/2010
Approver(s): Karyn Delgado, Teresa Onken	Date Approved with no Changes: 12/19/2018	Date Approved: 12/19/2018 01/01/2010
Location: Saint Joseph Regional Medical Center (SJRCM)		Department: Medical Staff Services

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

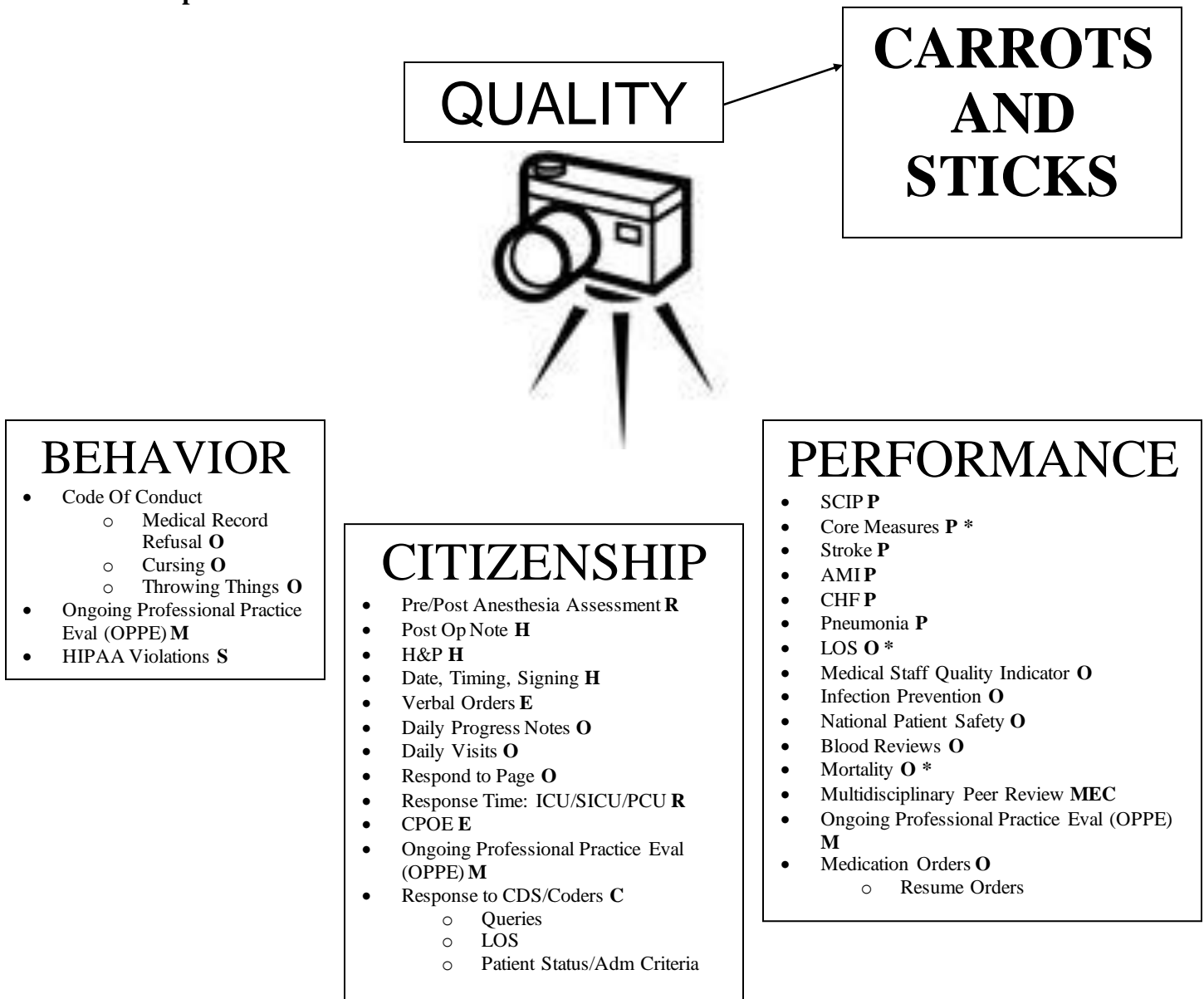
1. This committee is a Medical Staff committee, not a Hospital Committee.
2. This document is to be used as a guideline.
3. Mission of the Medical Staff Professional Performance Council
 - A. The Medical Staff Professional Performance Council (MSPPC) is charged with setting and enforcing standards regarding performance, citizenship and behavior. The committee meets monthly to:
 - 1) assure the Medical Executive Committee (MEC) that all required peer review steps are effectively implemented.
 - 2) reward physicians who provide exemplary care
 - 3) ensure commitment to SJRCM’s standard evidence-based medicine and patient safety
 - 4) monitor initial and ongoing compliance with standards outlined in Medical Staff Bylaws, Rules and Regulations, policies and procedures and guidelines
 - 5) ensure consistency across departments by providing oversight of the peer review program carried out by medical staff departments and committees
4. Duties
 - A. Members will:
 - 1) Meet monthly in person
 - 2) Review Tripod of Issues: Behavior, Citizenship and Performance
 - 3) Perform multidisciplinary peer review
 - 4) Introduce Rate, Rule and Review Indicators
 - 5) Ensure peer review is tied to privileging, Ongoing Professional Practice Evaluation (OPPE) and reappointment
 - 6) Implement interventions, as needed, to improve operations and in situations that pose a threat to health/welfare of our patients
 - 7) The committee refers any nursing or systems issues identified as a result of the peer review program to the Chief Nursing Officer or Administrator to investigate and report back to MSPPC
5. Membership
 - A. The MSPPC Membership is:
 - 1) accountable to and makes reports to the Medical Executive Committee
 - 2) appointed by the President of the Medical Staff with input from the Medical Executive Committee

Title: Medical Staff Professional Performance Council

- 3) ideally, appointments are those who are not department chairs or who do not have other significant medical staff responsibilities but are those who are experienced medical staff members such as past leaders of the medical staff
6. The following is a list of members:
- A. Medical Staff Members with Vote:
 - 1) Matthew Folstein, MD
 - 2) Charles Higgs-Coulthard, MD – Chair
 - 3) Samuel Milligan, MD
 - 4) Mark Sandock, MD
 - 5) Arthur Schroeder, MD
 - 6) Paula Toth-Russell, MD
 - 7) Byars Wells, MD
 - 8) Martin Wieschhaus, MD
 - 9) Devin Zimmerman, MD
 - B. Administrative Attendees without Vote:
 - 1) Vice President Medical Affairs and Chief Medical Officer – Resource to the Committee. Works with the Chair of the MSPPC Committee and the Manager of Medical Staff Services to ensure needs are addressed.
 - 2) Chief Nursing Officer - Resource to the Committee. If a problem requires attention of nursing, the CNO by sitting on the committee becomes aware of such issues and can investigate, work with staff to create a process improvement initiative and reports the initiative's progress back to the committee.
 - 3) Manager, Medical Staff Services – Supports the Committee
 - 4) Manager of Risk Management/Peer Review Coordinator –Provides Data to the Committee
 - C. Ex Officio Attendee(s) without Vote:
 - 1) Chief Executive Officer
 - D. Guest(s) without Vote:
 - 1) Physician and staff guests may be invited to attend upon request of the chair when needed to perform multidisciplinary peer review of specific cases or when a need is identified.

Title: Medical Staff Professional Performance Council

Reviews Tripod of Issues



Monitor

- O** = Occurrence
- C** = Clinical Documentation Specialists
- E** = Electronic Health Record
- H** = Health Information Management
- M** = Medical Staff Office
- MEC** = Medical Executive Committee
- P** = Performance Improvement
- R** = Report
- S** = Privacy &* Security Council

Title: Medical Staff Professional Performance Council

PROCEDURE:

A. "CARROT"

- 1) Those practitioners with perfect scores will be identified and sent a letter each month for meeting the expectation of the area review. Perfect scores are to be identified by having at least one chart reviewed or one audit area reviewed.
- 2) Health Information Management, Performance Improvement, Clinical Documentation Specialists, Coders and any others who are reviewing charts and audit areas must identify and report in their reports to MSPPC those practitioners with no issues found so we can recognize those practitioners!
- 3) Draft Example Letter:
 - a) "One or more of your charts has been reviewed. We are pleased to tell you everything was satisfactory. Thank you for recognizing your citizenship as a member of the medical staff and adhering to the Medical Staff Rules and Regulations and Joint Commission Standards. Sincerely..."

B. "STICK"

- 1) PROGRESSIVE COLLEGIAL INTERVENTION STEPS
 - a) All occurrences will be investigated for confirmation of occurrence.
 - b) Progressive Steps:
 - (1) Step 1-Letter of Education with a copy of supporting policies/materials
 - (2) Step 2-Letter of Reprimand with a copy of supporting policies/materials
 - (3) Step 3-Face to Face with Department Officer and/or Medical Staff Professional Performance Council Committee (always keeping the Department Chair informed)
 - (4) MSPPC WILL PERFORM A DEEP DIVE OF ALL PRACTITIONERS BEFORE BEING INVITED TO ATTEND COUNCIL MEETING
 - (5) Step 4-Pattern = Face to Face with President of the Medical Staff/Department Officer/CMO
 - (6) Step 5-Focused Professional Practice Evaluation (FPPE) - Collegial Agreement – 6-month monitoring agreement to be signed at a meeting with the President of the Medical Staff and the CMO.
 - (7) Step 6-Corrective Action – Request from Department Chair to MEC for a Corrective Action for Formal Investigation.
 - c) If additional complaints are received concerning the practitioner, the medical staff leaders may continue to utilize the collegial and educational steps noted above as long as it believes there is still a reasonable likelihood that those efforts will resolve the concerns.

C. STEPS FOR TRIPOD OF ISSUES

1) BEHAVIOR

- a) All issues of behavior will be reviewed against the Code of Conduct Medical Staff Policy and taken one for one. The Council will review each individual occurrence. If an occurrence is egregious, it can jump the defined Steps up to and including Corrective Action.

2) CITIZENSHIP

- a) 2 offenses same issue Step 1 used each offense
- b) 3rd offense same issue – Step 2
- c) Cross any 5 citizenship issues you get Step 2

Title: Medical Staff Professional Performance Council

- d) 4th Offense would be Step 3
 - e) 5th Offense would be Step 4 (Deep Dive)
 - f) 6th Offense would be Step 5
 - g) 7th Offense would be Step 6
 - h) If you hit a new citizenship not violated before you would get Step 1
 - i) If an occurrence is egregious, it can jump the defined Steps up to and including Corrective Action.
- 3) PERFORMANCE
- a) 2 offenses you get Step 1 each time
 - b) On 3rd offense same issue – Step 2
 - c) Cross any 5 citizenship issues you get Step 2
 - d) 4th Offense would be Step 3
 - e) 5th Offense would be Step 4 (Deep Dive)
 - f) 6th Offense would be Step 5
 - g) 7th Offense would be Step 6
 - h) If you hit a new performance issue not violated before you would get Step 1
 - i) If an occurrence is egregious, it can jump the defined Steps up to and including Corrective Action.
 - j) If additional complaints are received concerning the practitioner, the medical staff leaders may continue to utilize the collegial and educational steps noted above as long as it believes there is still a reasonable likelihood that those efforts will resolve the concerns.
 - k) All Steps will be on a rolling 6-month cycle. If a practitioner is good for 6 months and then repeats previous offenses, their starting point would be Step 2.
 - l) If a practitioner has 4 of 5 occurrences as good, he/she gets Step 1 for the 1 offense and no carrot.
- 4) OFFENSES ACROSS THREE LEGS
- a) If Behavior is involved it will move up each occurrence and drag citizenship and performance with it.
 - b) If there is a cross between performance and citizenship:
 - (1) 5 or more offenses cross in one month – Step 1 unless already educated individually – then Step 2
 - (2) increase one additional Step each month offenses cross
 - c) If an occurrence is egregious, it can jump the defined Steps up to and including Corrective Action.
- 5) MULTIDISCIPLINARY REVIEW
- a) Review results will be forwarded to:
 - (1) the department as informational or for action by the department, or
 - (2) forwarded to the Medical Executive Committee for consideration of full investigation
 - (3) If an occurrence is egregious, it can jump the defined Steps up to and including Corrective Action.

Title: Medical Staff Professional Performance Council

- (4) If additional complaints are received concerning the practitioner, the medical staff leaders may continue to utilize the collegial and educational steps noted above as long as it believes there is still a reasonable likelihood that those efforts will resolve the concerns.

References/Standards:

- Policy Origin Date: January 2010
- Review Date: March 2010, December 2012, December 2015, December 2018
- Revised Date:
- Effective Date: January 2010
- Reviewed/Recommended By: Medical Executive Committee
- Policy 183