



The Harris Center for Mental Health and IDD
9401 Southwest Freeway Houston, TX 77074
Board Room #109

Quality Committee Meeting
February 21, 2023
10:00 am

- I. **DECLARATION OF QUORUM**
- II. **PUBLIC COMMENTS**
- III. **APPROVAL OF MINUTES**
 - A. Approve Minutes of the Board of Trustees Quality Committee Held on Tuesday, January 17, 2023
(EXHIBIT Q-1)
- IV. **REVIEW AND COMMENT**
 - A. Board Score Card
(EXHIBIT Q-2 Luming Li/Trudy Leidich)
 - B. Medical Peer Review
(EXHIBIT Q-3 Luming Li)
 - C. Credentialing
(EXHIBIT Q-4 Luming Li)
- V. **EXECUTIVE SESSION-**
 - ***As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.***

 - ***Report by the Chief Medical Officer regarding the Quality of Healthcare pursuant to Texas Health & Safety Code Ann. §161.032, Texas Occupations Code Ann. §160.007 and Texas Occupations Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Healthcare Services. Dr. Luming Li, Chief Medical Officer and Trudy Leidich, Vice President of Clinical Transformation & Quality***
- VI. **RECONVENE INTO OPEN SESSION**
- VII. **CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**
- VIII. **INFORMATION ONLY**
 - A. PPEC-Information Only
(EXHIBIT Q-5)
- IX. **ADJOURN**

Veronica Franco

Veronica Franco, Board Liaison
George D. Santos, MD, Chairman
Board of Trustees Quality Committee
The Harris Center for Mental Health and IDD



EXHIBIT Q-1

**The HARRIS CENTER for
MENTAL HEALTH and IDD
BOARD OF TRUSTEES
QUALITY COMMITTEE MEETING
TUESDAY, JANUARY 17, 2023
MINUTES**

Dr. George Santos, Board of Trustees Chairman, called the meeting to order at 10:00 a.m. in the Room 109, 9401 Southwest Freeway, noting that a quorum of the Committee was present.

RECORD OF ATTENDANCE

Committee Members in Attendance: Dr. G. Santos, Mr. S. Zakaria, Mr. J. Lykes, Dr. L Moore

Committee Member Absent: Dr. R. Gearing

Other Board Member in Attendance: Mrs. B. Hellums

1. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Dr. George Santos designated Mrs. Hellums as a voting member of the committee.

2. DECLARATION OF QUORUM

The meeting was called to order at 10:00 a.m. Dr. Santos declared a quorum was present.

3. PUBLIC COMMENT

There were no Public Comments.

4. Approve the Minutes of the Board of Trustees Quality Committee Meeting Held on Tuesday, November 8, 2022

MOTION BY: MOORE

SECOND BY: LYKES

With unanimous affirmative votes,

BE IT RESOLVED that the Minutes of the Quality Committee meeting held on Tuesday, November 8, 2022, as presented under Exhibit Q-1, are approved.

5. REVIEW AND COMMENT

- A. Quality Board Score Card**, presented by Trudy Leidich and Dr. Luming Li, was reviewed by the Quality Committee.
- B. Quality and Innovation Infrastructure Update**, presented by Trudy Leidich and Dr. Luming Li, was reviewed by the Quality Committee.
- C. CPEP Board Update**, presented by Dr. Amber Pastusek, was reviewed by the Quality Committee.

6. EXECUTIVE SESSION-

Dr. Santos announced the Quality Committee would enter into executive session at 11:17 am for the following reason:

- Report by the Chief Medical Officer regarding the Quality of Healthcare pursuant to Texas Health & Safety Code Ann. §161.032, Texas Occupations Code Ann. §160.007 and Texas Occupations Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Healthcare Services. Dr. Luming Li, Chief Medical Officer and Trudy Leidich, Vice President of Clinical Transformation & Quality

7. RECONVENE INTO OPEN SESSION-

The Quality Committee reconvened into open session at 11:51 am.

8. CONSIDER AND TAKE ACTION AS A RESULT OF EXECUTIVE SESSION

No action was taken as a result of the Executive Session.

9. ADJOURN

MOTION: MOORE SECOND: HELLUMS

There being no further business, the meeting adjourned at 11:51 am.

**Veronica Franco, Board Liaison
George Santos, Chairman
Quality Committee
THE HARRIS CENTER *for* Mental Health *and* IDD
Board of Trustees**

EXHIBIT Q-2

Transforming Lives



Quality Board Scorecard

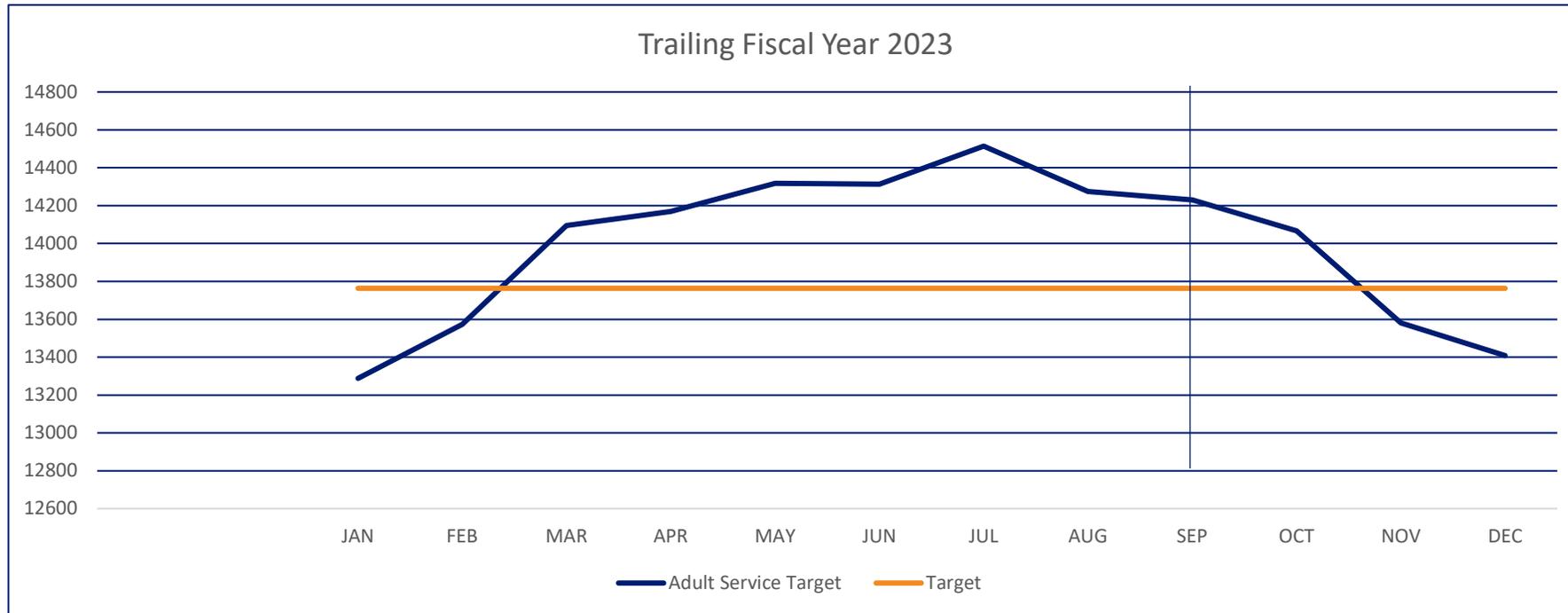
Board Quality Committee Meeting



Date: 2/21/23

Presented By: Trudy Leidich, VP Clinical Transformation and Quality

Domain	Program	2023 Fiscal Year State Care Count Target	2023 Fiscal Year State Care Count Average (Sep-Dec)	Reporting Period: December 2023 Care Count	Target Desired Direction	Target Type
Access	AMH	13,764	13,822	13,405	Increase	Contractual



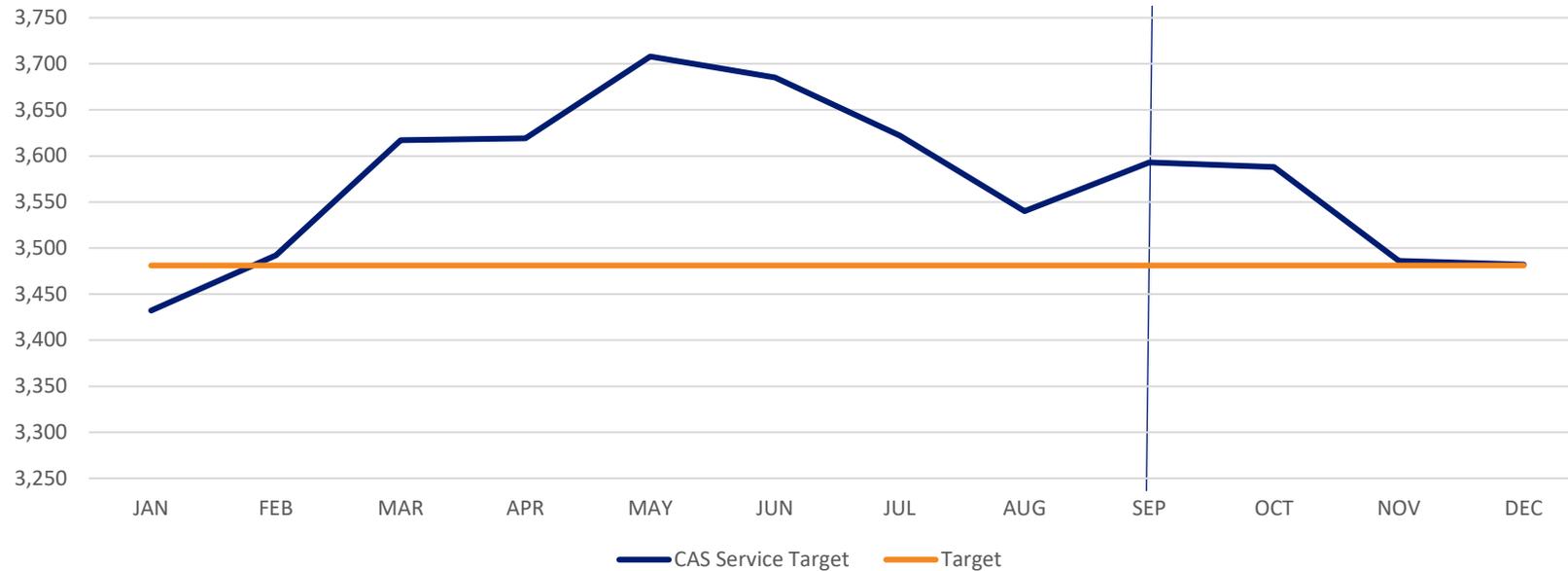
Notes:

- State care count for December is at 13,405, which is 3% below FY23 state count target but a 2% increase compared to the same period December 2022.
- Program is reviewing data for outstanding ANSA (patient assessment at intake and reassessment every 6 months)
- Patients with outstanding ANSA are outreached and re-engaged for continued services

Data sourced from: MBOW

Domain	Program	2023 Fiscal Year State Care Count Target	2023 Fiscal Year State Care Count Average (Sep-Dec)	Reporting Period-December	Target Desired Direction	Target Type
Access	CAS	3,481	3,537	3,482	Increase	Contractual

Trailing Fiscal Year 2023



Notes:

- State care count for December is at 3,482 which is at target for FY'23 and a 2% increase compared to the same period December 2022.
- Program is reviewing data for outstanding CAS (patient assessment at intake and reassessment every 3 months)
- Patients with outstanding ANSA are outreach and re-engaged for continued services

Data sourced from: MBOW

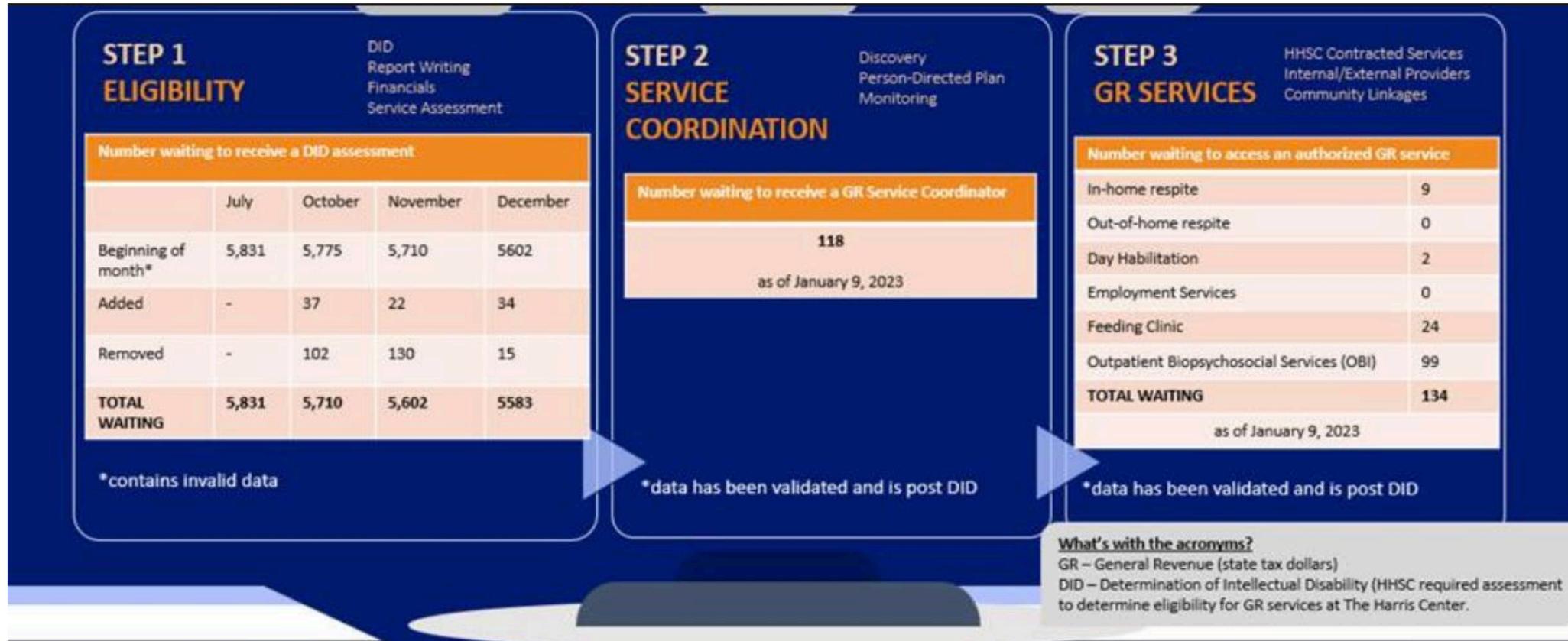
Domain	Program	2023 Fiscal Year State Count Target	2023 Fiscal Year State Count Average (Sep-Dec)	Reporting Period-December	Target Desired Direction	Target Type
Access	IDD	854	843	824	Increase	Contractual



Notes:

- IDD have initiated several interventions to improve access.
- *Data sourced from: MBOW*

Domain	Program	2023 Fiscal Year State Count Target	2023 Fiscal Year State Count Average (Sep-Dec)	Reporting Period-December	Target Desired Direction	Target Type
Access	IDD	854	843	824	Increase	Contractual

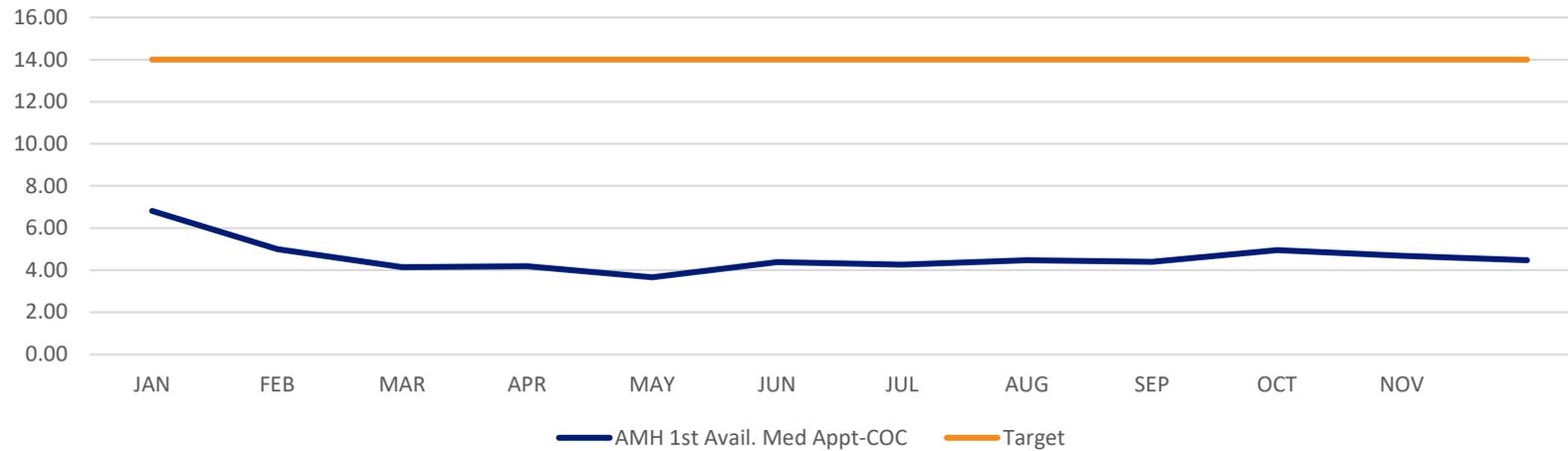


Notes:

- IDD have initiated several interventions to improve access.
- *Data sourced from: MBOW*

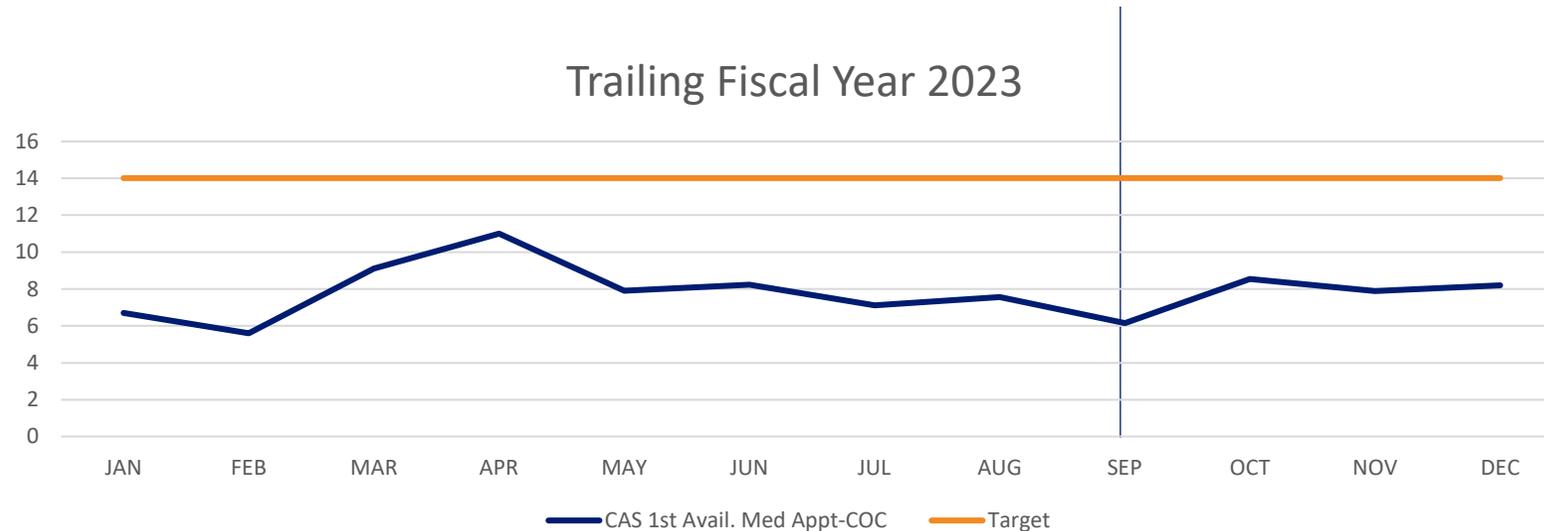
Domain	Program	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-Dec)	Reporting Period-December	Target Desired Direction	Target Type
Efficient Care	AMH 1st Avail. Med Appt-COC	<14 days	4.63 Days	4.48 Days	Lower	Contractual

Trailing Fiscal Year 2023



Notes:
Time to contact patients continues to perform well for AMH
Data sourced from: MBOW

Domain	Program	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-Dec)	Reporting Period-December	Target Desired Direction	Target Type
Efficient Care	CAS 1st Avail. Med Appt-COC	<14 days	7.70 days	8.20 days	Decrease	Contractual



Notes:

Discrepancy from November data was corrected.

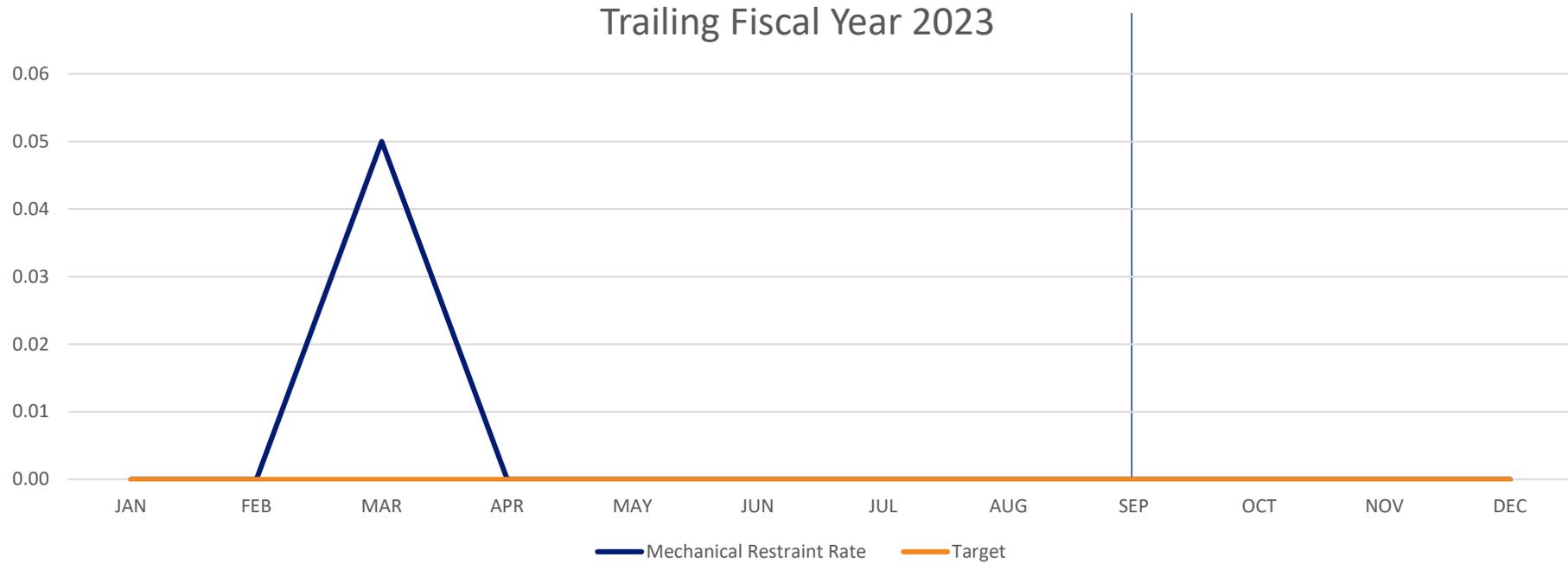
CAS has initiated an open book appointment process to reduce wait time for appointment from its current level to 0

- Patients scheduled for future appointment are being recalled to come in for a walk-in

- This process will lower the # of patients waiting for apt from 456 on the panel from January through July

Data sourced from: EPIC

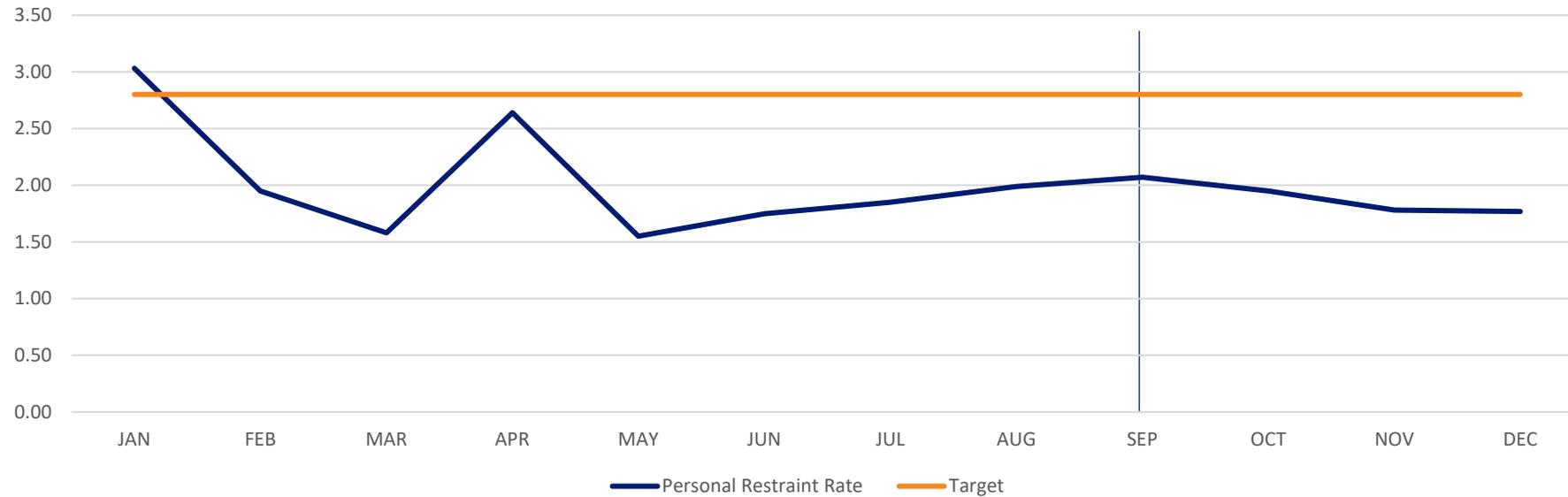
Domain	Measures (Definition)	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-Dec)	Reporting Period-December	Target Desired Direction	Target Type
Safe Care	Mechanical Restraint Rate (Mechanical restraints/1000 bed hours)	<0.01	0.00	0.00	Decrease	IOS



Notes:
Consistent limited use of mechanical restraints except in rare circumstances.
Data sourced from: EPIC

Domain	Measures (Definition)	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-Dec)	Reporting Period-December	Target Desired Direction	Target Type
Safe Care	Personal Restraint Rate (# of personal restraints/1000 bed hours)	<2.80	1.89	1.77	Decrease	Contractual

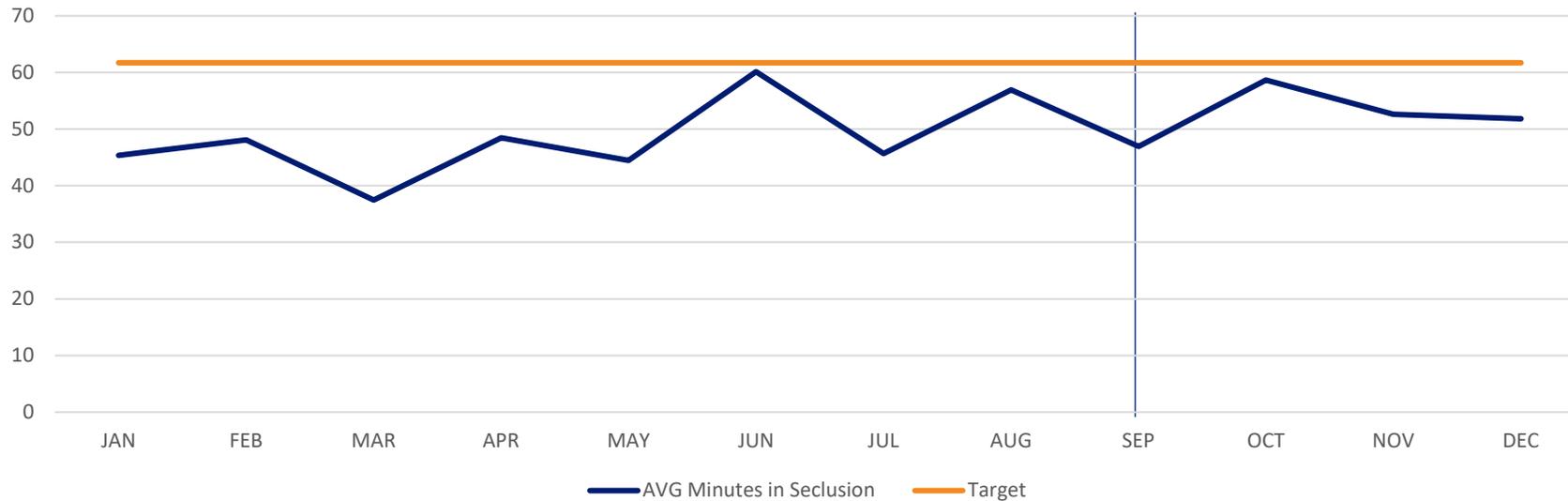
Trailing Fiscal Year 2023



Notes:
Personal Restraint Rate continues to perform well.
Data sourced from: EPIC

Domain	Measures (Definition)	2023 Fiscal Year Target	2023Fiscal Year Average (Sep-Dec)	Reporting Period-December	Target Desired Direction	Target Type
Safe Care	Average Minutes in Seclusion (The average number of minutes spent in seclusion)	<61.73	52.50	51.82	Decrease	Contractual

Trailing Fiscal Year 2023



Notes:
Average Minutes in Seclusion continues to perform well.
Data sourced from: EPIC

Domain	Measures (Definition)	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-Dec)	Reporting Period-December	Target Desired Direction	Target Type
Timely Care	Access to crisis response services (The average % of Harris Center Urgent and Emergent Crisis line calls that resulted in face-to-face encounter within 1 day)	>52%	88.35%	88.80%	Increase	Contractual

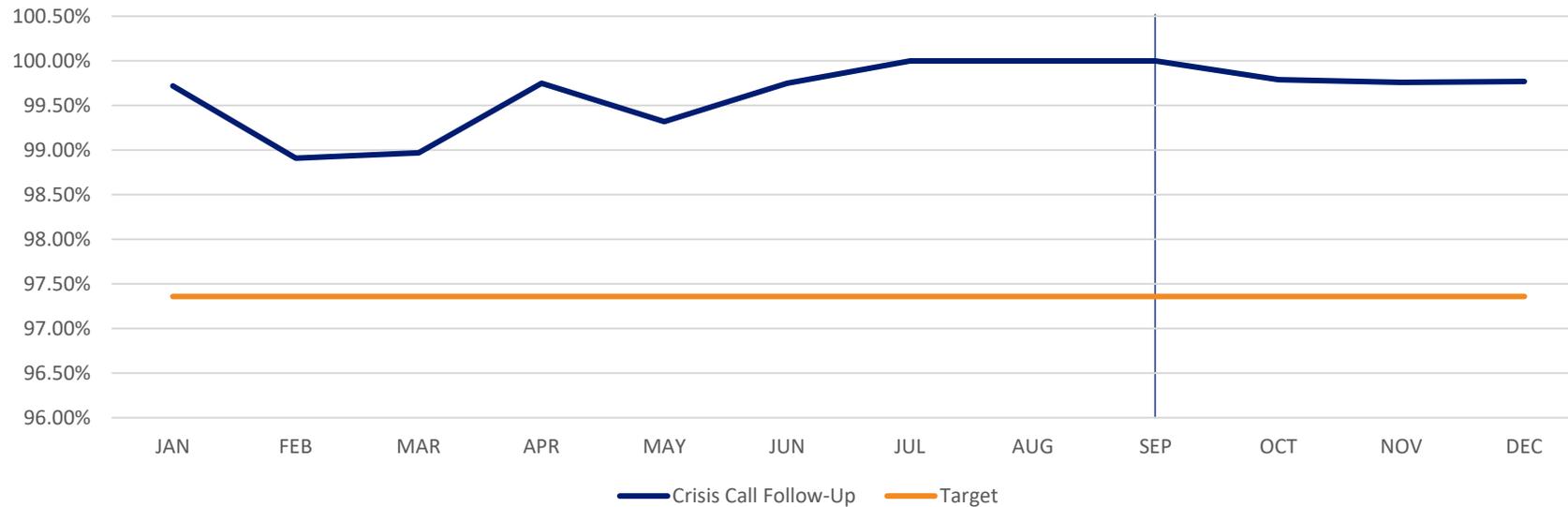


Notes:
Access to Crisis response services continues to perform well.

Data sourced from: MBOW

Domain	Measures (Definition)	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-Dec)	Reporting Period-December	Target Desired Direction	Target Type
Timely Care	Crisis Call Follow-Up (% of follow-up calls that are made within 8 hours to people who were in crisis at time of call)	>97.36%	99.83%	99.77%	Increase	Contractual

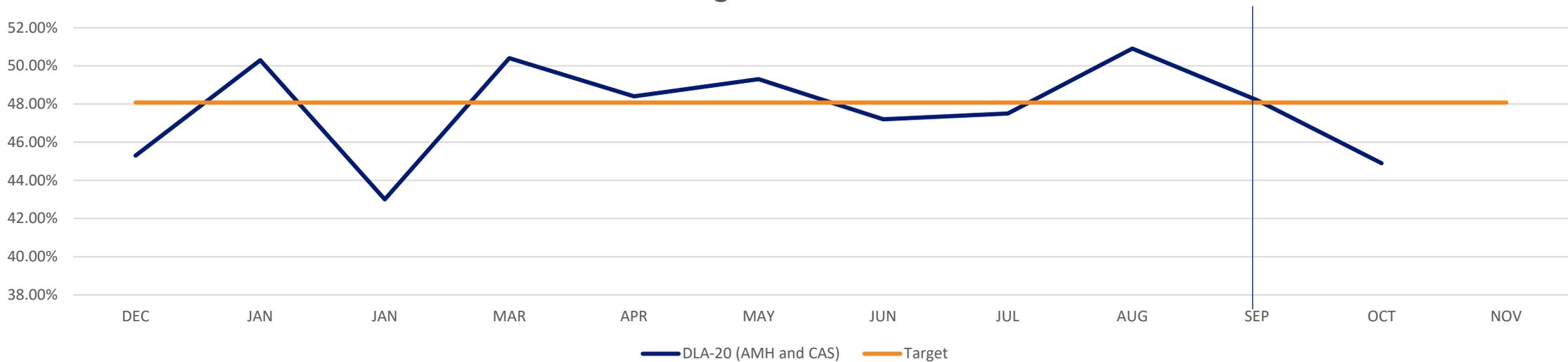
Trailing Fiscal Year 2023



Notes:
Crisis call follow up continues to perform well
Data sourced from: MBOW

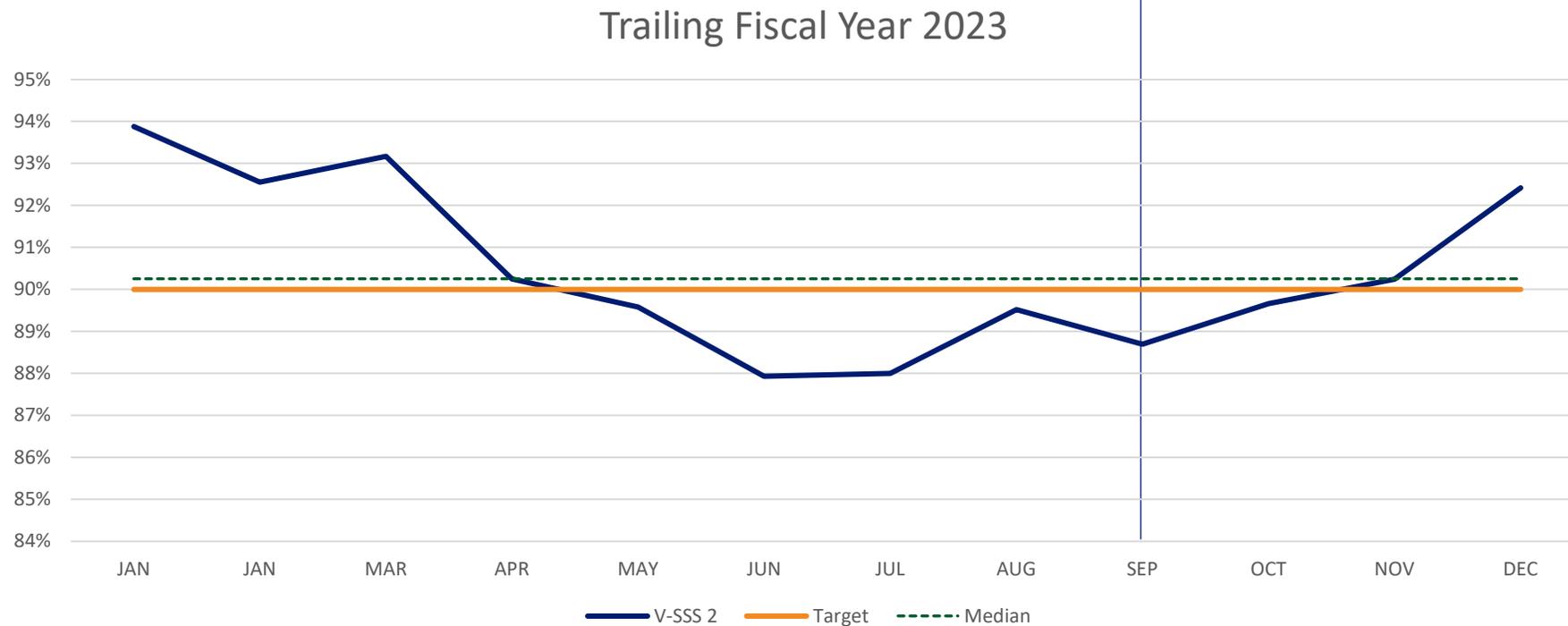
Domain	Measures (Definition)	2023 Fiscal Year Target	2023 Fiscal Year Average (Sep-Dec)	Reporting Period-December	Target Desired Direction	Target Type
Effective Care	DLA-20: AMH and CAS (% of all THC clients that have improved daily living functionality as measured by the DLA-20 (Must have 30 days between first and last assessments))	48.20	46.55%	46.55%	Increase	Contractual

Trailing Fiscal Year 2023



Notes:
November/December data is being process at the time of this report creation.
Data sourced from: EPIC

Domain	Measures (Definition)	2023 Fiscal Year Target	2023Fiscal Year Average (Sep-Dec)	Reporting Period-December	Target Desired Direction	Target Type
Patient Centered Care	V-SSS 2 (Rate of patient perception of care during the reporting period)	90%	90.25%	92.44%	Increase	IOS



Notes:
 December data is being processed
 Data sourced from: Feedtrail and internal calculations

Thank You

EXHIBIT Q-3

Transforming Lives



Medical Peer Review

February 2022

Presented By: Luming Li, MD, MHS – Chief Medical Officer

Presentation Agenda

- Team
- Introduction on Medical Peer Review
- Reporting Requirements
- Medical Peer Review Committee at The Harris Center
- Summary/Takeaways



LEADERSHIP TEAM:



Luming Li, MD
Chief Medical Officer



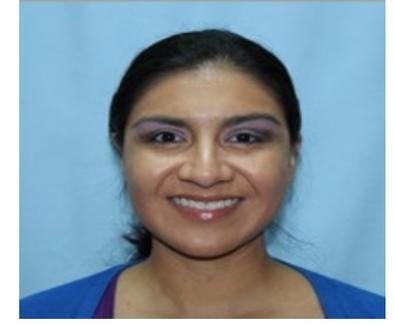
Jennifer Evans
Director of Medical
Services



Sylvia Muzquiz-
Drummond, MD
VP, Medical Mental
Health Services



Amber Pastusek, MD
VP, Crisis Medical
Services



Mireya Hansen, MD
Medical Director of
Forensic Unit



Kendra Thomas
General Counsel



Shannon Fleming
Legal Counsel Sr



Trudy Leidich,
Vice President Clinical
Transformation &
Quality

What is “Medical Peer Review”?

- The review or evaluation of the services of health care providers to improve the quality of health care
 - Qualifications and professional conduct of professional health care practitioners and of patient care provided by those practitioners.
 - Merits of a complaint regarding a practitioner, the accuracy of a diagnosis, the quality of care provided, or the qualifications of a practitioner
- Federal and state laws encourage the peer review process by providing limited immunities and privileges to peer review members and participants
- Privileged & Confidential
 - Protected from civil proceedings
 - Disclosure of information is prohibited
 - Each proceeding or record of a medical peer review committee is confidential, and any communication made to a medical peer review committee is privileged
- **Peer:** Any practitioner who possesses the same or similar knowledge and training in a medical specialty as the practitioner whose care is the subject of review

Framework Shift

Reactive

- Review only following incidents
- Often more punitive
- Less participation and understanding of the value of peer review



Proactive

- Look for ongoing opportunities for improvement
- Supportive learning approach
- Accountability

- Early detection of structural and systems improvements that can support better care delivery
- Apply Just Care Culture and event reporting

Medical Peer Review Committee

- Evaluate any individual medical staff member practice that:
 - 1) may deviate from expected clinical standards
 - 2) may meet criteria for reporting to the Texas Medical Board
- Established utilizing general guidelines and structured approach from HorthySpringer*
 - Detailed training is provided for every new member involved in medical peer review activities
- Goal is to enhance quality and safety of patient care and reduce unnecessary risk in clinical practice
- Referral Pathways: Routine reviews, referrals from other quality/safety committees, staff members

* HorthySpringer is a healthcare law firm that specializes in medical staff peer review and practice evaluation

The Harris Center Medical Peer Review Committee

Inputs (Case Referral Sources)

Who?

- Patients and family members
- Staff members
- Other Committees

What?

- Complaints and Concerns
- Serious Incidents and Outcomes
- Quality Trends/Metrics

Committee Review

Composition
 At least 4 voting members who at physicians, non-voting members from legal and quality

Meeting Frequency:
 Monthly or more frequently

Structured chart audit by assigned reviewer

- Detailed review of chart and solicitation of input if needed for clarity about clinical decision-making

Case discussion by committee

Determination if:

- Resolution using step-wise learning approach OR
- Further input is needed

Provider Input & Due Process (if needed)

Outputs (Committee Decisions and Related Actions)

1. Step-wise learning approach

Informal (No input needed from provider)

- Initial Mentoring Efforts
- Informational Letters

Formal (Necessitates input from provider)

- Educational Letters
- Collegial Counseling
- Voluntary Educational Plan

Incorporate details (communications – verbal, email, letters, input from providers) into medical peer review files

2. Triggered FPPE* (More frequent ongoing monitoring)

3. TMB Reporting

- Physician Impairment
- Continuing Threat to Public Welfare
- Additional Requirements

4. NPDB Reporting

- Professional review actions related to competence or conduct
- Adverse clinical privileges actions
- Additional Requirements

Summary/Takeaways

- Medical peer review is a critical, required function in healthcare organizations
 - Integrity of medical peer review process is very important
 - Our framework and approach supports early, proactive detection of practice improvements and learning by medical providers
- Future Directions
 - Continue to enhance system supports, learning, ongoing review of medical staff practice through medical peer review and other quality and safety committees
 - Enhance incorporation of quality metrics to assess outliers and monitor trends

Questions?



Additional Details for Step-wise Learning Approach

Initial Mentoring Efforts: Informal discussions, mentoring, counseling, and similar efforts that do not meet the criteria for a Collegial Counseling. The use of Initial Mentoring Efforts is meant to help assist Practitioners in continually improving their practices. There is no expectation that input be obtained prior to Initial Mentoring Efforts.

Informational Letter: Minor performance issues can be successfully addressed through the use of Informational Letters, without the need to immediately proceed with more formal review under this Policy. Informational Letters are a non-punitive, educational tool to help Practitioners self-correct and improve their performance through the use of feedback.

Educational Letter: An Educational Letter may be sent to the Practitioner involved that describes the opportunities for improvement that were identified in the care reviewed and offers specific recommendations for future practice. A copy of the letter will be included in the Practitioner's file along with any response that he or she would like to offer.

Collegial Counseling: Collegial Counseling means a formal, planned, face-to-face discussion between the Practitioner and one or more Medical Staff Leaders. Collegial Counseling only occurs after a Practitioner has had an opportunity to provide input regarding a concern. Collegial Counseling shall be followed by a letter that summarizes the discussion and, when applicable, the expectations regarding the Practitioner's future practice in the clinical care setting. A copy of the follow up letter will be included in the Practitioner's file along with any response that the Practitioner would like to offer.

Voluntary Enhancement Plan (VEP): To the extent possible, a VEP shall be for a defined time period or for a defined number of cases. The plan should specify how the Practitioner's compliance with, and results of, the VEP will be monitored. One or more members of the CPE should personally discuss the VEP with the Practitioner to help ensure a shared and clear understanding of the elements of the VEP. The VEP will also be presented in writing, with a copy being placed in the Practitioner's file, along with any statement the Practitioner would like to offer.

Reporting Requirements to Texas Medical Board

Physician Impairment

Physician who poses a continuing threat to the public welfare through the practice of medicine

A medical peer review committee or health care entity shall report in writing to the board the results and circumstances of a medical peer review that:

- 1) adversely affects the clinical privileges of a physician for a period longer than 30 days;
- 2) accepts a physician's surrender of clinical privileges either:
 - while the physician is under an investigation by the medical peer review committee relating to possible incompetence or improper professional conduct; or
 - in return for not conducting an investigation or proceeding relating to possible incompetence or improper professional conduct; or
 - adversely affects the membership of a physician in a professional society or association, if the medical peer review is conducted by that society or association.

Provider Input & Due Process

- Committee members are trained and instructed about the purpose of review, confidentiality, and related responsibilities for medical peer review review in an unbiased manner
- No action by committee without input from provider being reviewed by committee
- Some situations (physician impairment) will require Human Resources involvement in addition to medical peer review

Input will be solicited by reviewer or committee chair using a templated form letter

If action is potentially necessary, committee will work closely with representatives legal to administer a hearing

Provider will be then offered a two- step process for due process*

* Opportunities for hearings will be provided 1) before committee decision is made on action, and 2) after notification of action

The Harris Center
Request for Input from Practitioner

CONFIDENTIAL PEER REVIEW DOCUMENT

Re: Request for Input

Dear Dr. _____:

To promote education and continuous improvement, the Medical Staff routinely reviews certain types of cases through its professional practice evaluation ("PPE") process. The following is one such case that was identified for review:

MR # _____

Date of Service: _____

Reason for Review: _____
(e.g., routine review, clinical concern leading to review)

To assist with the review process, we would appreciate your input and perspective on this case. Specifically, based on an initial review, _____ [describe questions, concerns, etc.].

No final conclusions have been reached on these issues. Your input will be carefully considered as part of the review process, and we will let you know if we have any additional questions after we review your response.

Please provide your written comments by _____. If you would also like to meet to discuss these issues after providing your comments, please contact me to arrange that meeting. I can be reached at _____.

[The following paragraph is an optional paragraph to be included in this initial request for information if there is concern that a colleague will refuse to respond. Otherwise, the content of the following paragraph may be used in a follow-up letter to any individual who fails to respond.]

[Your written input is essential as we attempt to achieve our goal of having a timely, fair, and constructive process. Please recognize that if you do not respond to this request for written input prior to the date set forth above, the failure to do so will result in the temporary automatic relinquishment of your clinical credentialing with The Harris Center until the information is provided, in accordance with The Harris Center's Medical Peer Review Procedures. We trust that this will not occur, but we wanted to be certain that you were aware of this provision in our PPE Policy.]

Thank you for your cooperation and participation in the Medical Staff's ongoing efforts to continuously improve the care we provide at the Hospital.

Sincerely,

EXHIBIT Q-4

Transforming Lives



Medical Staff Credentialing

February 2022

Presented By: Luming Li, MD, MHS – Chief Medical Officer

Prepared in collaboration with Jennifer Evans, Director of Medical Services

Presentation Agenda

- Team
- Introduction on Credentialing
- Credentialing at The Harris Center
- Future Directions



TEAM:



Jennifer Evans
Director of Medical Services



Sonya Ackerman
Revenue Specialist



Danyette Hemanes
Human Resources
Onboarding Supervisor



Ninfa Escobar
Director – Talent Acquisition &
Organizational Development



Luming Li, MD
Chief Medical Officer



Sylvia Muzquiz-Drummond, MD
VP, Medical Mental Health
Services



Amber Pastusek, MD
VP, Crisis Medical Services



Mireya Hansen, MD
Medical Director of Forensic
Unit

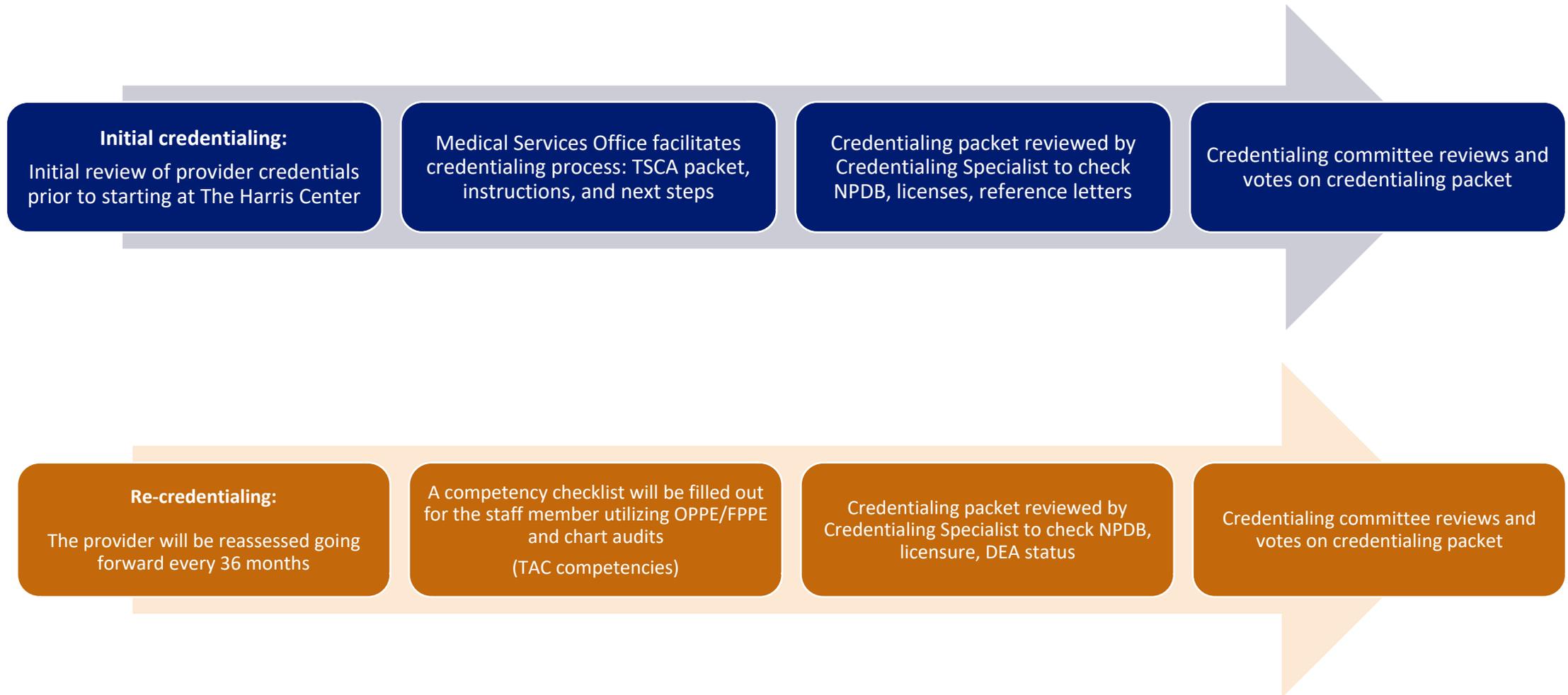
Credentialing – TAC Definition

A process to review and approve a staff member's educational status, experience, and licensure status (as applicable) to ensure that the staff member meets the departmental requirements for service provision.

The process includes primary source verification of credentials, establishing and applying specific criteria and prerequisites to determine the staff member's initial and ongoing competency and assessing and validating the staff member's qualification to deliver care.

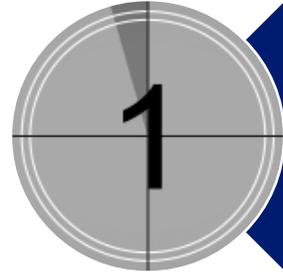
Re-credentialing is the periodic process of reevaluating the staff's competency and qualifications.
(every 36 months)

Overview of Medical Staff Credentialing

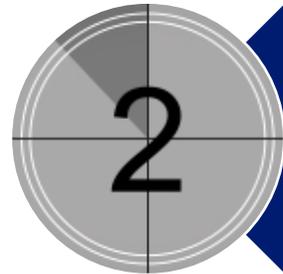


Acronyms: TSCA = Texas Standardized Credentialing Application; DEA = Drug Enforcement Administration (controlled substances prescribing); NPDB = National Practitioner Data Bank; TAC = Texas Administrative Code; OPPE = Ongoing Professional Practice Evaluation; FPPE = Focused Professional Practice Evaluation

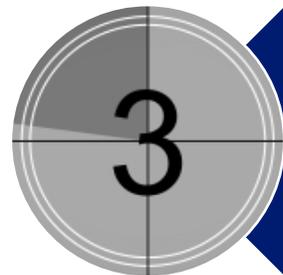
Future Directions/Next Steps:



Hire a Credentialing Specialist for the Medical Staff Services Department (Will post in February)



Collaborate with Project Management Office, HR, and Revenue Management on the development of workflows for the new credentialing software system - Symplr (Kickoff meeting February)



Go live with Credentialing software system (anticipated April 2023)



Questions?

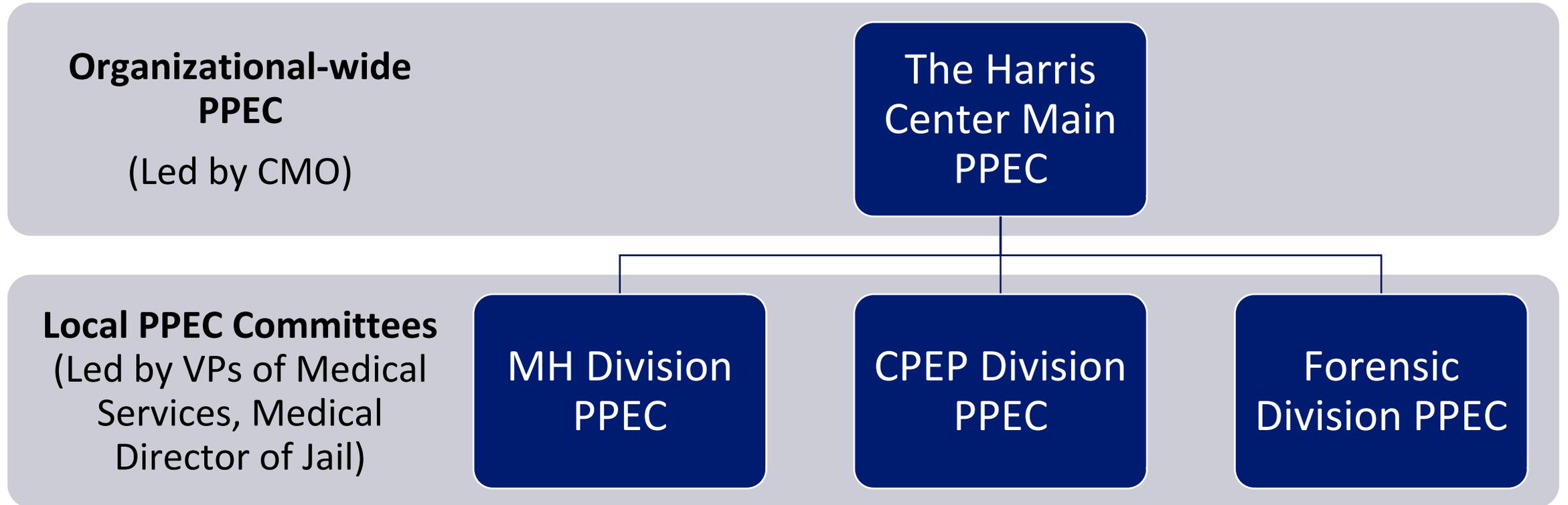
EXHIBIT Q-5

Professional Practice Evaluation Committee (PPEC), Evaluation Tool, Additional References

Professional Practice Evaluation Committee Process

- Goal: Provide initial and ongoing professional practice evaluation of physicians and advanced practice professionals (APRN, NP, PAs)
- Monthly local committee meetings
 - 2 charts reviewed are selected at random per medical staff member
 - Every provider reviewed at least quarterly
 - Input solicited from providers if clarity needed on chart review
- Monthly main committee meetings
 - Discuss systems improvement opportunities
 - Highlight trends and specific details related to individual practice
 - Refer to other committees when needed (i.e. nursing or medical peer review)
- Additional meetings can be scheduled as needed for urgent/critical matters

PPEC Committee Structure



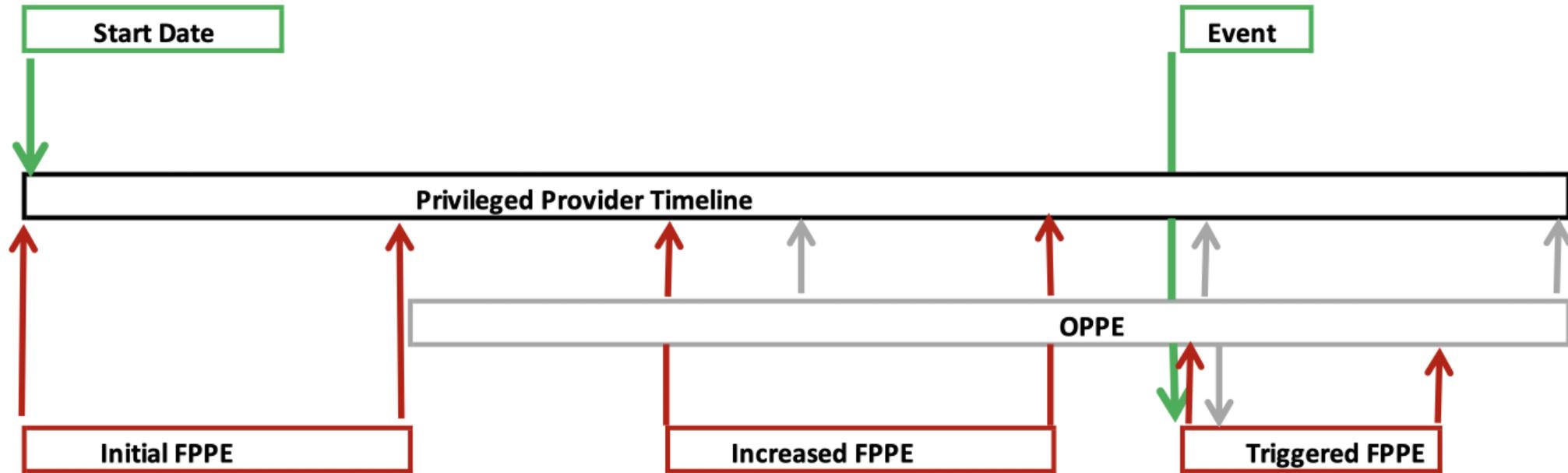
Ongoing Professional Practice Evaluation (OPPE)

- **Ongoing professional practice evaluation (OPPE)** is required of all privileged medical staff in all departments and services.
- It is a mechanism to continually track medical staff with respect to the core competencies necessary to maintain privileges.
- These competencies should include:
 1. Medical and clinical knowledge
 2. Patient care
 3. Interpersonal skills and communication
 4. Practice-based learning
 5. Professionalism
 6. System-based practice

Focused Professional Practice Evaluation (FPPE)

- **Focused professional practice evaluation (FPPE)** a process whereby the medical staff evaluates the privilege-specific competence of the practitioner that lacks documented evidence of competently performing the requested privilege(s) at the organization.
- This process may also be used when a question arises of a currently privileged practitioner's ability to provide safe, high quality patient care.
- A period of FPPE is required for all new privileges. This includes privileges requested by new applicants and all newly requested privileges for existing practitioners. There is no exemption based on board certification, documented experience, or reputation.

OPPE/FPPE Flow Diagram



<https://www.jointcommission.org/standards/standard-faqs/critical-access-hospital/medical-staff-ms/000001500/>

<https://www.jointcommission.org/standards/standard-faqs/critical-access-hospital/medical-staff-ms/000001485/>

Case Log Summaries

CONFIDENTIAL PEER REVIEW DOCUMENT

Summary Report of Medical Staff Clinical Review Activities

to be presented to All Practitioners, Review Committee, and Board

Period Covered by Report: _____

			Determinations – Reviews Completed									
			No Further Review Necessary		Informational Letter	Educational Letter	Collegial Counseling	Active VEPs	Completed VEPs	Referrals to HR	Referrals for:	
Division	New Cases Logged	Reviews Completed	Reviewer (with CMO or Committee Member)	Committee	CMO Office (Reviewer to generate letter)	Reviewer	Reviewer or Committee Member					<ol style="list-style-type: none"> 1. Peer Learning Sessions/Other Sharing of Lessons Learned; and/or 2. System or Process Issues (Topics)
CPEP												
MH												
Jail												

Medical Staff Evaluation Tool

	No issue/ concern	Some issue/ concern	N/A
Medical record documentation <i>(H&P, assessments, progress notes)</i>			
Review of relevant history and substance use			
Risk Assessment: Suicide and Violence (Mitigating and Protective Factors)			
Diagnostic formulation (initial impressions, rule-outs, assessment)			
Diagnostic work-up of patient (labs, medication monitoring)			
Indication for medication use/orders			
Medication consent			
Review of PDMP and acknowledgement			
Management of multiple complex problems			
Appropriateness of treatment plan and referrals (if applicable)			
Medical/clinical knowledge			
Compliance with applicable clinical protocols and guidelines			
Communication with other members of the healthcare team/appropriate handoffs			
Professionalism with patients, families, and other members of the healthcare team			
<p>If you answered "Some issue/concern" to any of the above after considering the Practitioner's input, please provide details in this section or attach a summary. Please also provide any other comments that you believe may be helpful to the committee's review (if any).</p> <hr/> <hr/> <hr/>			

MH ADDITIONAL COMPONENTS (1 Year Review Period)

	No issue/ concern	Some issue/ concern	N/A
Labs/EKG monitoring			
Vital signs/BMI			
AIMS			
Additional Comments:			

CPEP ADDITIONAL COMPONENTS (1 Year Review Period)

	No issue/ concern	Some issue/ concern	N/A
Collateral Information			
Level of Care Determination			
Transitions of care and Linkage to next level			
Seclusion/Restraint Documentation and Face-To-Face within 1 hour			
Reassessment Note Within 24 hours			
Additional Comments:			

FORENSIC ADDITIONAL COMPONENTS (6-Month Review Period)

	Pertinent elements present	Some elements present	Not present	N/A
Labs/EKG				
Level of Care Determination				
Transitions of care and Linkage to next level				
Additional Comments:				

OVERALL IMPRESSION OF CHART REVIEW:

IS IT NECESSARY TO OBTAIN INPUT FROM PRACTITIONER? (Please check the applicable box.)

- No issues or questions were identified during my review of the care in this case so there is no need to obtain the Practitioner's input.
 - Issues or questions were identified during my initial review and input from the Practitioner is requested before I complete my assessment.
- Instructions:**
1. Complete **Question 1** below. These questions will then be presented to the Practitioner via a form letter or e-mail that is prepared by the Reviewer. You have the option of signing that form letter/sending the e-mail or having it sent by the Reviewer.
 2. Complete **Question 2** below **after** the Practitioner provides input.

QUESTIONS TO BE PRESENTED TO PRACTITIONER AND INPUT RECEIVED

1. Based upon my initial assessment of the care, the following specific questions or issues should be provided to the Practitioner for written response before I complete my review:
 Questions: _____

- | | | |
|--|--|---------------------------------------|
| <ol style="list-style-type: none"> 2. After receiving the Practitioner's written response, I also discussed the matter with the Practitioner (either at my request or at the request of the Practitioner).

 (If yes, summarize any additional input provided that was not contained in the written response (or attach a summary of conversation)):

 _____ | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
|--|--|---------------------------------------|

INPUT RECEIVED FROM PRACTITIONER – attach to this form.

Professional Practice Evaluation

- 226 charts reviewed between July – November 2022 across MH, CPEP, Forensics as part of professional practice evaluation
- None met requirements for reporting or escalation to medical peer review committee
- Themes include:

System Learnings	Process Improvement Activities
Medication consent documentation within Epic	Create Epic-based electronic consent process Dictation Software Pilot
Documentation details missing: AIMS, History of Present Illness (HPI) link to diagnosis	Launch standardized documentation template for different clinical areas
Timeliness of reassessment, Communication across provider groups	Provide care standards and targeted feedback to providers

Learning Focus in Professional Practice Evaluation

- Sequestering learning and improvement activities from those designed to monitor for deficient performance
- Moving from random sampling of cases to active inclusion of identified learning opportunities
- Replacing numerical scoring of errors with qualitative descriptions of learning opportunities
- Providing confidential and constructive feedback to providers
- Conducting effective peer learning conferences
- Linking the peer learning program to process improvement infrastructure

Sandborg CI, Hartman GE, Su F, Williams G, Teufe B, Wixson N, Larson DB, Donnelly LF. Optimizing Professional Practice Evaluation to Enable a Nonpunitive Learning Health System Approach to Peer Review. *Pediatr Qual Saf*. 2020 Dec 28;6(1):e375. doi: 10.1097/pq9.0000000000000375. PMID: 33409427; PMCID: PMC7781295.

Additional References

- Meyer DJ, Price M. Peer review and psychiatric physician fitness for duty evaluations: analyzing the past and forecasting the future. *Int J Law Psychiatry*. 2012 Sep-Dec;35(5-6):445-51. doi: 10.1016/j.ijlp.2012.09.015. Epub 2012 Nov 1. PMID: 23122902.
- Meyer DJ, Price M. Peer review committees and state licensing boards: responding to allegations of physician misconduct. *J Am Acad Psychiatry Law*. 2012;40(2):193-201. PMID: 22635290.
- Vyas D, Hozain AE. Clinical peer review in the United States: history, legal development and subsequent abuse. *World J Gastroenterol*. 2014 Jun 7;20(21):6357-63. doi: 10.3748/wjg.v20.i21.6357. PMID: 24914357; PMCID: PMC4047321.
- Bader H, Abdulelah M, Maghnam R, Chin D. Clinical peer Review; A mandatory process with potential inherent bias in desperate need of reform. *J Community Hosp Intern Med Perspect*. 2021 Nov 15;11(6):817-820. doi: 10.1080/20009666.2021.1965704. PMID: 34804397; PMCID: PMC8604442.