PHC - POLICY FOR ONGOING MONITORING

Original Date: 1/09
Update: 2014

Purpose: To define the process for ongoing monitoring and evaluation of the practitioner’s professional performance to provide safe, high quality patient care.

Policy: Practitioners will be monitored at regular intervals (every 6-9 months, with target goal of 6 month reviews) to determine competency. Competency will be based on the following criteria:

1) Professionalism
2) Interpersonal/communication skills
3) Patient care
4) Practiced Based learning
5) Patient safety
6) Medical knowledge

Process:
1) Practitioners will be reviewed at regular intervals (every 6-9 months, with target goal of 6 month reviews). The schedule for review will be according to section/department assignment in order to maximize efficiency and allow for comparisons between practitioners.
2) Triggers will be developed for each criterion (see attached).
3) When a practitioner exceeds the threshold for a criterion, the file will be flagged for department/section chair review and to make a recommendation for action.
4) The Credentials Committee will review the aggregate ongoing monitoring report. Flagged practitioners will be reviewed at the Medical Executive Committee for action.
5) Hospital verifications or other alternative means of assessing competency may be requested for low volume practitioners.

OPPE data may be shared within the Providence Health Care facilities.

APPROVALS:

Date: 
Medical Staff President
## Periodic Review

Practitioner: «PHYSNAME»  
Status: «STATUS»  
Specialty: «SPECIALTY1»  
Department: «DEPARTMNT»  
Initial appointment date: «INIT_APOIN»  

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Parameters</th>
<th>Time Period</th>
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</thead>
<tbody>
<tr>
<td>Professionalism Times on delinquent list</td>
<td>If greater than 3, refer to the Department Chair/MEC for action</td>
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<tr>
<td>Interpersonal/Communication Skills Valid patient/employee complaints</td>
<td>If greater than 2, refer to Department Chair/MEC for action</td>
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<tr>
<td>Patient Care Mortality index</td>
<td>If greater than 1.5, refer to the Department Chair/MEC for action</td>
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<tr>
<td>Patient Care Peer review cases assigned level 3 or above.</td>
<td>One case/6 month time frame</td>
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<tr>
<td>Practice-based learning/System Based Practice (Resource utilization)</td>
<td>If greater than 1.5, refer to the Department Chair/MEC for action</td>
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<td>Length of Stay</td>
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<td>Patient Care/Patient Safety Do not use abbreviation compliance</td>
<td>If on the list more than 2 months in six month timeframe, refer to Department Chair/MEC for action</td>
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<td>Medical Knowledge/Practice Based Learning/Patient Safety Other department/specialty indicators as available.</td>
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### Department Chair Review (Required if practitioner has exceeded triggers)

- [ ] No action necessary (Explain)____________________________________________
- [ ] Additional data collection for comparison____________________________________
- [ ] Other action (describe)__________________________________________________

Comments:___________________________________________________________________
☐ Refer to MEC for discussion

Department/Section Chair date/initials:______________