



## Overview Jacksonville Memorial Hospital *Medical Staff Quality Assessment and Review Processes*

The organized Medical Staff at JMH has several structures/processes in place to ensure the delivery of high-quality patient care. These structures/processes include the performance of peer review, assessment of competency new privileges are granted and on an ongoing basis. These processes are a combination of items regulatory requirements (i.e., The Joint Commission) and best practice from a governance standpoint. The starting point for all Medical Staff quality assessment and review is the Department Chair who, with the assistance of the Medical Staff and Peer Review offices, conducts these reviews.

### **BYLAWS/RULES AND REGULATIONS**

- The Medical Staff Bylaws is a critical tool for patient protection and fair processes for physicians that define "organization of the medical staff and outline "credentialing and peer review procedures
- The Medical Staff Rules and Regulations outline operational processes related to patient care activities (i.e., admission, assessment, care, treatment and services) related to the Medical/Allied Health Professional Staffs.

### **CREDENTIALING/PRIVILEGING**

- *Credentialing* is the process of obtaining, verifying and assessing the qualifications of a practitioner to provide patient care services in or for a health care organization.
- *Privileging* is the process whereby a specific scope and content of patient care services (clinical privileges) are authorized based on evaluation of the practitioner's training, education and experience.

### **REAPPOINTMENT**

Regulatory standards require that those providers granted clinical privileges apply for reappointment every two years. JMH utilizes the MD-Staff tool, along with other data, to monitor clinical volumes and outcomes.

### **FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)**

When a member of the medical staff is granted new privileges FPPE is performed. This could be when initial privileges are granted at the time of initial appointment or when additional privileges are granted during a provider's tenure.

### **ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE)**

The Joint Commission requires ongoing assessment of a provider granted clinical privileges. Every 6-9 months OPPE is performed and JMH utilizes the Premier tool for this purpose.

### **PROFESSIONAL PRACTICE EVALUATION (PPE) - PEER REVIEW**

PPE - peer review (defined as a case that is reviewed for appropriateness of care provided by an individual provider) is conducted on any concerning case. Examples of events that trigger the peer review process are: global triggers (i.e., *death*); departmental triggers (i.e., *change in actual procedure from planned or proposed procedure*) referrals from a member of the medical staff, patient safety, JMH staff or a patient.

The complete policies noted above (including associated process flow charts) governing the JMH Medical Staff are available on the Physician Portal.

Feel free to reach out to the Medical Staff Office (217-479-5523) if you have any questions.