

Commonwealth of Massachusetts  
Board of Registration in Medicine  
**Quality and Patient Safety Division**

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Guidelines for Collection, Analysis and Reporting of Performance Data

A health care facility's Patient Care Assessment (PCA) Program must include systems for peer review and credentialing that are integrated and overseen by the facility's corporate and physician leadership.<sup>i</sup> In an effort to assess the strength of these systems at your facility, the Quality and Patient Safety (QPS) Division sometimes asks for de-identified information about the individual credentialed health care providers involved in events reported in Safety and Quality Reviews.<sup>ii</sup>

The QPS Division does not request this information for the purpose of identifying the involved individuals, but to seek reassurance that assessment of individual provider performance was part of the health care facility's review of an adverse or unexpected event, if the event raised questions about provider skill or judgment. A health care facility must have processes to ensure that its professional staff is competent and meeting all applicable patient care standards. This expectation is consistent with that of the Joint Commission, as evidenced by its standards for Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE)<sup>iii</sup>

As you know, the information submitted in Safety and Quality Review (SQR) reports is provided confidentiality protections.<sup>iv</sup> Further, the QPS Division and Committee do not disclose information contained in the SQRs to other divisions within the Board, including the Board's Enforcement Division.

We understand that health care facilities in the Commonwealth have different processes for analyzing credentialed provider performance and that there is variation in these processes depending on the size of the facility and available resources. We are eager to collaborate with you to continuously improve these processes, as we make strides toward enhancing PCA Programs at all health care facilities in the Commonwealth. We encourage you to consider using the competency-based credentialing guidelines recommended by the Board's Expert Panel on Credentialing.<sup>v</sup>

The following guidelines are provided to promote consistency in SQR reporting.

Guidelines for SQR Reporting of Performance Data

For a credentialed provider involved in an event reported as an SQR, if that event raised questions or concerns about the provider's skill or judgment, the QPS Division recommends that the health care facility submit the following information.

1. Any relevant information concerning the provider's qualifications and specialty.<sup>vi</sup> The facility is not required to provide the name of the provider or any identifying information about the provider's education and training.
2. A description of the criteria that is used to assess the provider's performance. This would include criteria applicable to all providers, as well as specific criteria applicable to the particular specialty of the involved provider. (Examples of performance criteria are provided below and based upon review of data from hospitals. However, this list is not intended to exclude other criteria that a particular hospital uses to measure performance.)<sup>vii</sup>

3. A description of the data and other information used to assess the provider's performance, as measured by the applicable criteria; and the findings from an analysis of the data, including:
- The numerator (provider data) and denominator (department/service data), and rate for any data reviewed. The data should be relevant to the analysis of the case.<sup>viii</sup>
  - A comparison of the provider's data to internal benchmarks (the department/service) and available external benchmarks. (When describing your findings, please indicate the benchmarks used.)
  - An account of whether the provider was involved in other events reported as SQRs (identify the SQRs) and/or whether there are other performance issues that may be relevant to the analysis.
  - An indication of whether the provider met applicable performance based credentialing and privileging requirements.
  - An assessment of whether any corrective actions or performance improvement measures are necessary, taking into account the review of both the reported event and the provider's data and other relevant information. (For example, further education, training, monitoring or other actions necessary to assure that any identified concerns about the provider are addressed, and that the provider is practicing competently and safely.)

We are available for consultation if you have any questions about these guidelines; please feel free to contact Maureen Keenan, RN, JD, Associate Director of the QPS Division at (781) 876-8255 or by email at [maureen.keenan@state.ma.us](mailto:maureen.keenan@state.ma.us).

If you have specific questions about the applicability of the guidelines to any specific SQRs, please contact the Quality Analyst assigned to your facility. Thank you for your willingness to work with the QPS Division. We share your objectives: patient safety and excellence in health care for all patients in the Commonwealth.

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<sup>i</sup> See PCA Regulations 243 CMR 3.00, et seq. (The regulations are available at the Board's website: <http://www.mass.gov/eohhs/docs/borim/reg-243-cmr-3.pdf>.)

<sup>ii</sup> The term "credentialed providers" includes the medical staff, Advanced Practice Nurses (CRNAs, CNMs, NPs), and Physician Assistants.

<sup>iii</sup> The Joint Commission Accreditation Standards: MS.08.01.03 (OPPE) and MS.08.01.01 (FPPE).

<sup>iv</sup> See MGL c. 111, §§ 204 & 205, 243 CMR 3.04.

<sup>v</sup> The Credentialing Guidelines are available at the Board's website: <http://www.mass.gov/eohhs/docs/borim/physicians/credentialing-guidelines.pdf>.

<sup>vi</sup> For example, if the case involved a physician who was relatively new to the medical staff or had recently been privileged to perform a certain procedure, that information might be relevant to the health care facility's review. Additionally, if the case involves a procedure for which the provider has specific privileges, the QPSD expects that the provider's file will be reviewed to assure that he/she is meeting volume and other requirements for the specific privilege. Evidence of that review should be noted in the SQR.

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<sup>vii</sup> *Examples of Performance Criteria*

Surgical services usually track returns to the OR, wound interruption, enterotomies or lacerations, hemorrhage, patients requiring mechanical ventilation for greater than 5 days, and patients requiring tracheostomy and G-tube. Anesthesia services usually track intraoperative cardiac or respiratory arrest, aspiration, reintubation 12 to 24 hours following extubation, perioperative MIs, and CVAs. Internal medicine services usually track readmissions within 15-30 days with the same diagnosis, and performance with criteria monitored by the ORYX indicators (e.g., CHF, Community Acquired Pneumonia; and AMI). Some complications are tracked on a hospital-wide basis. (For example central line infections are tracked by Infection Control departments.)

<sup>viii</sup> Medical and Surgical data should be broken down by sub-specialty (e.g. Gyn, Ortho, GI or Cardiology) and should be specific enough so that it is meaningful and relevant to the particular investigation or review. For example, when reviewing a case involving a laparoscopic procedure, we suggest that you look at the comparative data for laparoscopic surgeries and not group it together with open procedures.