

QUALITY ASSURANCE SURVEILLANCE PROGRAM (QASP)  
FOR HEALTH CARE RESOURCES (HCR)

Date: June 25, 2018

From: Service Chief, Primary & Specialty Medicine Service Line

Subj: Quality Assurance Surveillance Program for Primary Care Services

To: Network Contracting Office (NCO)

Thru: Medical Center Chief of Staff

Medical Center Director

VISN Network Director

1. This QASP adheres to the same quality standards and bench marks as set forth for St. Cloud VA Health Care System staff.
2. Contracted staff will be held to these same performance standards.

<b>Ongoing Professional Practice Evaluation (OPPE)</b>	<b>OPPE Dates: FY 2018</b>					
<b>Provider:</b>						
<b>Designated Women's Health Provider:</b> <b>No/Yes</b>	<b>Service: PSM</b>					
<b>MEASURE</b>	<b>Sample/Data Source</b>	<b>Target</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>
<b>ADMINISTRATIVE</b>						
Panel Size	PCMM Coord	NA				
Encounters Face-to-Face	PCMM Coord	NA				
Number of ACE Exams	PCMM Coord	NA				
<b>PATIENT CARE AND PROCEDURAL SKILLS</b>	<b>Sample/Data Source</b>	<b>Target</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>
<b>Medical Records:</b> % of Progress notes signed w/in 7 days	PSM Quality Coord	95%				
<b>Encounter Closure:</b> % of encounters closed w/in 7 days	PCMM Coordinator	99%				
<b>3rd Next available:</b> Avg 3rd next available date per quarter	PCMM Coord	NA				
<b>C&amp;P:</b> Inadequate exams returned from VBA (adjusted total)	PSM Quality Coord/C&P Clerks	≤2%				
Procedures (# cases reviewed)	PSM Quality Coord	NA				
Colposcopies	PSM Quality Coord	NA				
Endometrial Biopsies	PSM Quality Coord	NA				
IUD Insertions	PSM Quality Coord	NA				
IUD Removal	PSM Quality Coord	NA				
<b>Procedures:</b> Complication Rate	PSM Quality Coord	< 1%				
Informed consent completed	PSM Quality Coord	90%				
Participation in time out	PSM Quality Coord	90%				
Correct site surgery marking or Provider remains with patient from consent to procedure performed	PSM Quality Coord	90%				
Blood Transfusions (# of episodes)	PSM Quality Coord	NA				
<b>Blood Utilization:</b> Complication Rate	PSM Quality Coord	0%				
Pre-transfusion labs	PSM Quality Coord	95%				

Appropriate indication documented	PSM Quality Coord	95%				
Transfusion order present	PSM Quality Coord	95%				
Informed consent completed	PSM Quality Coord	95%				
<b>Reassignments:</b> Total # of Primary Care Provider Reassignment Requests	PSM Quality Coord	NA				
# of Pt Neg Reassign Requests/ # of Neg Reassign Req Approved	PSM Quality Coord	NA				
# of Provider Reassign. Requests	PSM Quality Coord	NA				
# of Other Reassign. Requests (distance, different gender, saw PCP in Community, etc.)	PSM Quality Coord	NA				
<b>MEDICAL KNOWLEDGE</b>	<b>Sample/Data Source</b>	<b>Target</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>
DM BP<140/90	Clin Rem Rpt by Stop Code	77%				
DM FOOT EXAM	Clin Rem Rpt by Stop Code	90%				
HGB A1C >= 9	Clin Rem Rpt by Stop Code	≤ 19%				
HTN BP<140/90 Ages 18-59	Clin Rem Rpt by Stop Code	80%				
HTN BP<150/90 Ages 60-85	Clin Rem Rpt by Stop Code	80%				
% of + Alcohol screens completed within 14 days	PSM Quality Coord	80%				
% of + Depression screens completed within 24 hours	PSM Quality Coord	80%				
% of + PTSD screens completed within 24 hours	PSM Quality Coord	80%				
Evidence of chief complaint or reason for evaluation	Clinical Pertinence Review by Peer	90%				
Evidence of examination appropriate to chief complaint	Clinical Pertinence Review by Peer	90%				
Impression/diagnosis accurate	Clinical Pertinence Review by Peer	90%				
Evidence plan is appropriate	Clinical Pertinence Review by Peer	90%				
Evidence that evaluation addressed reason for visit	Clinical Pertinence Review by Peer	90%				
Appropriate orders and consults were placed as described in the plan	Clinical Pertinence Review by Peer	90%	Started Q2-18			
Documentation patient was notified of test results within 7 calendar days of available for actionable tests	Clinical Pertinence Review by Peer	90%				

Documentation patient was notified of test results within 14 calendar days of available for non-actionable tests	Clinical Pertinence Review by Peer	90%				
Med list reconciled/updated and documented in the medical record	PSM Quality Coord	90%				
ECG Overreader / Do you agree with the Interpretation (MD/DO Only)	Clinical Review by Peer	90%				
<b>CERVICAL CYTOLOGY MONITORS (WH Providers only)</b>						
	<b>Sample/Data Source</b>	<b>Target</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>
Appropriate recommendation for follow-up of abnormal cervical cytology according to ASCCP criteria.	PSM Quality Coord	100%				
Unsatisfactory Pap Obtained	PSM Quality Coord	≤ 1				
<b>PRACTICE-BASED LEARNING AND IMPROVEMENT</b>						
	<b>Sample/Data Source</b>	<b>Target</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>
Med Staff Meeting attendance (For Full Time MD/ DO only)	COS Admin Asst.	50%				
Clinical Pertinence Reviews: # completed / # given	PSM Admin Staff	NA				
% of Clinical Pertinence Reviews returned within 30 days of being sent to staff	PSM Admin Staff/ PSM QC	90%				
<b>INTERPERSONAL AND COMMUNICATION SKILLS</b>						
	<b>Sample/Data Source</b>	<b>Target</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>
Patient complaints	Report of Contact, Communications to Pt Advocate Office, Survey Comments, PSM Administration, or COS office	≤ 3 complaints in a quarter				
Colleague or other staff complaints	PSM Administration, or COS office	≤ 3 complaints in a quarter				
Patient compliments	Report of Contact, Comm to Pt Advocate Office, Survey Comments, PSM Admin COS office	NA				
Colleague or other staff compliments	PSM Administration, or COS office	NA				
<b>PROFESSIONALISM</b>						
	<b>Sample/Data Source</b>	<b>Target</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>

Validated disruptive or unprofessional behavior with patients	PSM SLD or PSM Nurse Administrator	0				
Validated disruptive or unprofessional behavior with staff	PSM SLD or PSM Nurse Administrator	0				
<b>SYSTEMS-BASED PRACTICE</b>						
<b>Interfacility Transfers</b>	<b>Sample/Data Source</b>	<b>Target</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>
% have the consulting MD co-sign note when Inter-Facility Transfer Form 10-2649Ais completed by a non-MD	PSM Quality Coord	90%				
<b>Intra-facility Transfers</b>						
Provider to provider verbal hand-off communication	PSM Quality Coord	90%				
Acceptance of patient documentation	PSM Quality Coord	90%				
<b>C&amp;P QUALITY REVIEW</b>						
	<b>Sample/Data Source</b>	<b>Target</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>
Does the report address the exam/DBQ worksheet criteria for the condition(s) at issue?	Clinical Pertinence Review by Peer	90%				
Does the examiner reconcile/explain any internal discrepancies, inconsistencies or contradictions?	Clinical Pertinence Review by Peer	90%				
Does the report provide a precise diagnosis or explain why a precise diagnosis was not provided for each condition at issue?	Clinical Pertinence Review by Peer	90%				
If there is a change in the diagnosis of a service connected condition, did the examiner provide an explanation or rationale for the change?	Clinical Pertinence Review by Peer	90%				
If the examiner documented the presence of a noted or suspicious condition requiring immediate medical care or further evaluation, was there documentation that the Veteran/Service Member was notified?	Clinical Pertinence Review by Peer	90%				
If a medical opinion was requested, was the claim file, VBMS, and/or Virtual VA were reviewed in conjunction with any other records?	Clinical Pertinence Review by Peer	90%				
If a medical opinion was requested, was the requested medical opinion provided?	Clinical Pertinence Review by Peer	90%				
If a medical opinion was requested, was a rationale provided for the requested medical opinion?	Clinical Pertinence Review by Peer	90%				

**Note: All provider profile measures/data are customized to reflect provider-specific practice and are defined at the time of credentialing and privileging.**

