

## 9 - Quality Assurance/Risk Management

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SHL's quality assurance methodology is based on:

1. reviews of adverse medical, behavioral and dental outcomes as well as appropriateness and quality of care
2. focused reviews of high volume/high risk diagnoses or procedures
3. monitoring for trends
4. peer review of the clinical process of care
5. development and implementation of improvement action plans (corrective action plans), as appropriate
6. monitoring compliance/adherence to improvement action plans
7. assessment of the effectiveness of the improvement action plans

### 9.1 Quality Review Structure

SHL uses a defined structure to conduct quality assurance activities. This structure includes:

- The Quality of Care Department serves as staff to the Peer Review Committee. Nurse reviewers trained to identify, investigate, and evaluate potential quality of care issues staff this department.
- A Quality Medical Director conducts peer review on potential quality of care issues and may refer cases to the Peer Review Committee. This individual also chairs the Peer Review Committee.
- A Dental Director who conducts peer review on potential quality of care issues and may refer cases to the Peer Review Committee.
- The Peer Review Committee, which is composed of participating practitioners who represent primary medical, behavioral and dental care and commonly used specialties.

### 9.2 Quality of Care Reviews

SHL uses a defined process to conduct quality of care reviews. This process includes:

#### Identification

SHL identifies areas for review through multiple avenues, including internal and external complaints that are forwarded from the Customer Response and Resolution (CRR) Department or submitted internally via a "concern" to the Quality of Care Department. Complaints and concerns may be solely medical, behavioral or a combination of the two.

The Quality of Care Department systematically monitors all complaints and concerns for the identification of potential trends.

#### Issue Coding

Each individual quality of care issue that is investigated is coded by category. These categories are used in tracking to identify provider-specific and system-wide trends that may need improvement action plans implemented.

#### Severity Leveling

Upon completion of the investigation, the individual case is assigned a severity level according to the attached Quality of Care Severity Levels. The table identifies criteria for each severity level, associated improvement action plan and the level of reviewer authorized to assign it.

**Quality of Care Severity Levels**

Level	Criteria	Assigned by	Improvement Action Plan Options (including but not limited to)
0	No quality of care issue identified.	Quality of Care Nurse Medical Director Peer Review Committee	2001: None (Track & trend)
1	Minor quality of care issue identified. ( <i>Generally, a Level 1 case will be a minor departure from the Standard of Care with a low likelihood of a potential serious adverse outcome.</i> )	Quality of Care Nurse Medical Director Peer Review Committee	2001: None (Track & trend) 2002: Education letter and/or materials 2003: Policy & procedure 2004: Verbal or written counseling 2005: Site visit
2	Moderate quality of care issue identified. ( <i>Generally, a Level 2 case will be a moderate departure from the Standard of Care with a moderate likelihood of a potential serious adverse outcome.</i> )	Medical Director Peer Review Committee	2003: Policy & procedure 2004: Verbal or written counseling 2005: Site visit 2006: Formal education/mandatory CME 2008: Focused medical care review
3	Serious quality of care issue identified. ( <i>Generally, a Level 3 case will be a serious departure from the Standard of Care with a high likelihood of a potential serious adverse outcome.</i> )	Peer Review Committee	2003: Policy & procedure 2004: Verbal or written counseling 2005: Site Visit 2006: Formal education/mandatory CME 2007: Medical system review 2008: Focused medical care review 2009: Report to State Licensing Authority 2011: Restriction, Suspension or Termination

**Improvement Action**

Peer review is the mechanism to review potential substandard or inappropriate care or inappropriate professional behavior by a SHL participating provider while providing care to a SHL member. If the findings of an investigation indicate that a participating provider has provided substandard or inappropriate care, or has exhibited inappropriate professional conduct, SHL will take appropriate action as defined by policies addressing quality of care referrals and applicable state of Nevada and federal laws. The scope of improvement action plans that may be taken if a quality issue is identified include, but are not limited to, education, policy and procedure revisions and counseling.

Improvement action plans are communicated directly to the involved physicians, health care professional or facility. Improvement action plans will be tracked and monitored for completion. Generally, an improvement action plan will require completion within thirty (30) calendar days. Once an improvement action plan is successfully completed, no further action is necessary. Failure to comply with improvement action plans implemented will involve escalation, as necessary and appropriate, to successfully complete. Failure to comply with an improvement

action plan to correct a serious QOC issue will result in appropriate communication to the state licensing authority, an applicable credentialing authority or delegation oversight process, as applicable. Healthcare providers with a previous action plan implemented that do not have further substantiated quality of care concerns identified are considered self-corrected.

### **9.3 Tracking for Trends/Patterns**

Quality of care investigations are tracked to identify trends or patterns of issues that may be either provider specific or system-wide.

Thresholds have been established to evaluate potential provider trends and/or patterns

Further review with the potential for additional improvement action will be evaluated. At a minimum of semi-annually: Physicians and other health care professionals that exceed the following thresholds within a six (6) month period of time will be reported:

- More than one (1) Level 3 case assigned
- More than one (1) Level 2 case assigned
- More than five (5) Level 0 cases assigned

Upon reaching any of these thresholds, the information is forwarded to the Peer Review Committee for review and further trend analysis. Providers with new or continued trends for substandard quality of care provided will be reviewed for additional necessary actions. Issues that involve substandard care that are unable to be remediated with improvement action plans are considered for disciplinary action up to and including termination as a participating network provider. All peer review information is confidential.

#### **Adverse Professional Review Action**

In cases in which the Peer Review Committee has determined it is necessary to take disciplinary action against a practitioner, SHL affords the affected practitioner the fair hearing/review process described in the Quality of Care Appeal policy. (For purposes of such termination review process, an “adverse professional review action” is an action or recommendation for disciplinary action, based on the competence or professional conduct of the affected practitioner and results in suspending, restricting, or terminating the affected practitioner’s participation in the SHL network.)

#### **Coordination with Credentialing**

To promote coordination with the SHL credentialing process, the Quality of Care Department shares historical quality of care case findings with the Credentialing Department for consideration during the credentialing/re-credentialing process.

#### **Feedback to Providers**

Providers receive feedback on quality assurance activities, including results of quality reviews. Feedback may occur as written counseling, notification of improvement action plans, notification of system-wide policy and procedure changes, or provider profiling reports.