Measure	Rolling Quarters					Current	Last	
	Q4 2014	Q1 2015	Q2 2015	Q3 2015		Calendar YTD	Calendar Year 2014	
						2015		
	CURRENT PRO				VIDERS			
Current Providers						42		
			F	PATIENT C	ARE	· · · · · · · · · · · · · · · · · · ·		
Consults	298	254	290	‡		544	1,408	
Discharges	703	632	715	‡		1,347	2,930	
H&Ps	160	122	174	+	11/2014	296	890	
Discharge Orders Before 10 AM	51.0%	53.6%	55.5%	35,3%		51.4%	50.2%	
Average LOS	6.36	6.15	6.23	5.63		6.12	6.37	
		PRACT	ICE-BASE	D LEARNIN	IG & IMP	ROVEMENT	· · ·	
Surgery OpTime Case Volume	1,122	832	#	+		832	4,628	
Surg Site Infection Rate per 100 Procs	+	#	‡	‡		‡.	‡	
Mortality Rate	2.2%	1.6%	1.8%	2.5%		1.8%	2.5%	
30-Day Readmission Rate	6.67%	9.17%	8.76%	‡		8.98%	8.97%	
			MEDICAL/	CLINICAL	KNOWLE	DGE		
Board Certification						79.2%		
		INTER	PERSONA	L & COMM	UNICATIO	ON SKILLS		
IP Pt Sat: MD Communication Comp n Size	68	78	44	‡		122	278	
IP Pt Sat: MD Communication Comp Score	81.37	81.20	89.55	‡		84.24	84.39	
IP MD Explained Things Understandably	76.47	72.37	88.89	‡		78.51	76.90	
IP MD Listened Carefully	80.88	79.75	86.67	‡		82.26	85.25	
IP MD Treated with Respect/Courtesy	86.76	91.14	93.18	+		91.87	91.01	
OPS Pt Sat: Doctor Questions n Size	34	33	23	#		56	132	
OPS Pt Sat: Doctor Questions Score	89.7%	96.2%	95.7%	‡		96.0%	86.5%	
OPS MD Treated with Respect/Courtesy	97.1%	97.0%	95.7%	‡		96.4%	90.2%	
OPS MD Listened Carefully	85.3%	97.0%	100.0%	#		98.2%	86.4%	
OPS MD Explained Things Understandably	79.4%	97.0%	91.3%	‡		94.6%	81.1%	
OPS Patient Confidence/Trust in MD	97.1%	93.9%	95.7%	#		94.6%	88.4%	
			PRO	OFESSION.	ALISM			
Peer Review: Total Cases Reviewed	9	8	4	‡		12	43	
Peer Review: Std of Care Appropriate	0	3	1	‡.		4	10	
Peer Review: Std of Care Variance	8	5	3	#		8	29	
Peer Review: Std of Care Controversial	1	0	0	#		0	. 4	
Peer Review: Std of Care Major Variance	0	0	0	‡		٥	0	
Healthy Workplace: Incident Count	#	‡	#	‡		#	1	
			SYSTEM	IS-BASED	PRACTIC	E		

01 RH Provider: Surgery

Measure		Rolling Quarters			Current	Last
	Q4 2014	Q1 2015	Q2 2015	Q3 2015	Calendar YTD	Calendar Year
					 2015	2014
Variable Direct Costs: Appendectomy	\$3,976	\$3,983	\$4,161	‡	\$4,087	\$4,079
Variable Direct Costs: Cholecystectomy	\$3,867	\$4,159	\$3,345	#	 \$3,789	\$3,848
Chart Deliquency	0.9%	0.5%	0.6%	0.2%	 0.5%	0.8%

FOCUSED PROFESSIONAL PRACTICE EVALUATION XXX DEPARTMENT

Practitioner Name: XXX, MD FPPE Period: XXX through XXX

Purpo	se of F	TPPE: Initial Privileges	Expanded Privileges	OPPE/Case Review Concern			
	Evalua	tion based on: (check all that apply)					
	(Chart Review	Proctoring				
	Monitoring Clinical Practice Patterns		External Peer Review				
		Simulation	Discussion with Other Individuals Involved in Care of the Patient				
l The eval	uation a	s identified above, has been successfully	completed: Yes No				
		ain:	•				
			COMPETENCY ASSESSMENT				
Yes	No	Patient Care – Provided patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life.					
Yes	No	Medical/Clinical Knowledge – Demonstrated knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others.					
Yes	No	Practice-based Learning and Improvement – Uses scientific evidence and methods to investigate, evaluate, and improve patient care practices.					
Yes	No	Interpersonal and Communication Skills – Demonstrates interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.					
Yes	No	Professionalism – Demonstrates behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society.					
Yes	No	Systems-based Practice – Demonstrates both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.					
		If you answered	no to any of the above questions, p	lease explain.			
Yes	No	Are there any concerns relating to current competency or professional conduct? If "Yes", please explain.					
COM	MENT	S/SUMMARY:					
Reviev	wing Pa	eer's Signature:		Date:			
ICC VIC V	villg i v	cer s bignature.		Date:			
*****	*****	**************************************	**************************************	**************************			
RECO	MMEN	DATION:	Section Head Review.				
FPP	E for I	nitially Granted Privileges Comp	leted				
		t data (low/no volume) – continue		ns			
		edentialing Committee					
COM	MENT	S/SIIMMARY.					
	VILSTVI						
а		. a.		ъ.			
Section	n Head	l's Signature:		Date:			