RECOMMENDATIONS OF THE SECRETARY'S ADVISORY COMMITTEE ON ORGAN TRANSPLANTATION PHYSICIAN PROFILE [D]

PHYSICIAN NAME:

TO BE	COM	PLETED BY HOS	SPITA	L STAI	FF DEF	PARTM	ENTS					
		Time Peri	od Revi	ewed:								
Yr1	Yr2	PEER REVIEW (MD Totals)	Total Cases Screened		CASE RATINGS							
			Yr1	Yr2	A Yr1	A Yr2	B Yr1	B Yr2	C Yr1	C Yr2	D Yr1	D Yr2
		1. Documentation										
		2. Unplanned Readmission										
		3. Unplanned return to the OR										
		4. Mortality										
		5. Complication of Surgery										
		6. Delay in Service										
		7. Surgical Wound Infection										
		MEDICATION USE:				Yr1				Yr2		
		# referrals by P&T for peer review										
		# adverse drug reactions *										
		UTILIZATION REVIEW										
		# of avoidable days **										
		# cases appropriately denied										
# cases appealed # cases reversed			# cases appealed									
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B = Standard Of Care Was Not Met

C = Substandard Of Care W/Adverse Outcome

D = Standard Of Documentation Not Met

P = Pending

delays in Service, Inappropriate admissions, Physician Delays, Discharge Planning delays, Patient disposition issues, and/or information management issues. For purposes of this report, only PHYSICIAN delays are annotated.