



POLICY FOR ACCEPTANCE AND PERFORMANCE REVIEW OF PROFESSIONAL MEDICAL VOLUNTEERS

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REVISIONS

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1. INTRODUCTION

The professional volunteers of the Community Health Free Clinic (CHFC) are volunteers selected from the Cedar Rapids metro area to provide medical and dental services to low income under-insured and/or under-served patients. This policy defines the criteria for recruitment of these individuals, the requirements to perform professional services in the CHFC and the review process to verify their performance meets acceptable standards. This policy is being written to formalize the processes already in existence. It contains criteria to be met by the professional staff and forms to document the selection and performance of the staff.

2. BACKGROUND

The Cedar Rapids Free Medical Clinic was the predecessor to the Community Health Free Clinic. The original clinic recruited a number of physicians, physician extenders, nurses and pharmacists in the local area to provide medical service for that clinic. When the Community Health Free Clinic was formed in January 2003, many of these same physicians, physician assistants, physician extenders, nurses, physical therapists, pharmacists and social workers moved to the new clinic and were re-qualified to practice in the CHFC. A dental service is also part of the CHFC.

The Community Health Free Clinic provides a variety of medical services to a large segment of the persons who are low income, under-insured and/or under-served patients around the greater Cedar Rapids metro community. The CHFC is staffed mainly by volunteers from the local community who have the necessary skills, credentials and a desire to provide service to this segment of the community. In this number of volunteers are individuals who have retired as well as many who are still practicing. These professional medical volunteers include physical therapists, physicians, physician assistants, physician extenders, nurses, pharmacists, dentists and social workers. Each individual is recruited to provide competent medical service with other qualified medical professionals for patients served by the CHFC.

The professional medical volunteers are recruited from individuals most who had been or were in established practices known to the community. Additionally, many of these individuals have been associated with St. Luke's Hospital and Mercy Medical Center. As such they have met the hospitals' credentialing process for the privilege to practice in these facilities. A credentialing and performance review process has been in place for those individuals who work in the CHFC.

3. APPLICABILITY

This policy shall cover the following professional areas.

LIST OF PROFESSIONAL AREAS	
TITLE	BASIC REQUIREMENTS TO LICENSE
Dentists	DDS
Nurses	RN, LPN
Pharmacist	RPH
Physical therapists	LPT
Physician assistants	PA
Physician extenders	ARNP
Physician medical staff	MD, DO
Podiatrists	DPM
Social workers	LISW

4. RECRUITMENT

Recruitment of qualified medical professionals utilizes several methods to find these individuals. Because of the size of the greater Cedar Rapids community with its two major hospitals, most medical professionals are well known in both the medical and the lay communities. This helps to ensure whether a person is qualified to practice medicine in the CHFC. Recruitment generally consists of one of three approaches.

- Communications among the local medical community that there is a need for volunteer help at the CHFC.
- CHFC staff participation on panels and in discussion groups in churches, various civic associations, and personal contacts within the community.
- Dialogue with other community service organization leaders whose organizations serve individuals in need of medical services.

4.1 CRITERIA FOR SELECTION

To become a volunteer staff member of the CHFC, a medical professional must meet the following criteria:

- Must complete the Volunteer Information Sheet (see Appendix A)

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- Must have passed the Iowa Board of Examiners examination for licensure in the professional discipline to be practiced in CHFC
- Must have a valid, current and unrestricted license to practice their professional discipline in CHFC.
- Must provide references of at least two other persons in their profession.
- Must demonstrate professionalism when dealing with patients.

5. CREDENTIAL REVIEW AND EVALUATION

A Credentials Committee will be established by the CHFC Board of Directors (Referred to as the Board). This Credentials Committee shall be made up of not less than one licensed physician, one registered nurse, one licensed pharmacist, one licensed physical therapist, one social worker and one licensed dentist (none of which are members of the Board of Directors) and two members of the Board of Directors. The Credentials Committee shall perform an independent review of prospective and current professional volunteer credentials and judge each one's ability to practice in the CHFC.

5.1 REVIEW

Upon receiving a Volunteer Information Sheet from an individual with a request to become part of the CHFC professional staff and receipt of the recommendation by two other medical professionals in the same discipline:

- The Medical Director, Clinic Executive Director and/or CEO will review the information provided on the Volunteer Information Sheet, along with a photocopy of the license or registration certificate to ensure that the volunteer professional has the appropriate credentials needed to practice in the clinic.
- If the CHFC Credentials Committee finds the above review acceptable, they will recommend to the Board that the professional is qualified to practice in the CHFC.

5.2 ACCEPTANCE

If the prospective professional medical volunteer is found to meet the CHFC criteria, the completed Volunteer Information Sheet with any written comments by the Medical Director, Clinic Executive Director, CEO and/or Credentials Committee will be filed for reference and the individual will be notified of the acceptance after Board approval.

Temporary privileges to practice in the CHFC may be granted if the Credentials Committee has approved the volunteer prior to the Board's approval.

6. PERFORMANCE REVIEW PROCESS

The performance of a professional staff member will be reviewed every two years by his or her peers. These reviews will be conducted on 1/2 of the staff each year. If specific performance problems occur with an individual, an unscheduled review will be made.

6.1.1. In Cycle Reviews

When the annual review date occurs, the CEO or other designated individual by the CEO will select a minimum of two other professionals who work with the individual to be reviewed and who are on the CHFC staff. The peer review must be performed by at least one individual in the same discipline as the person being reviewed. However, the second individual may be in another medical discipline. Each of these reviewing individuals will perform a Peer Performance Review. The Peer Performance Review sheet (see appendix B) should be completed and an evaluation made as to whether the individual is performing the tasks in his or her area to acceptable medical standards. The reviewing individual will then sign the sheet and return it to the CEO for review and filing. Should the performance of an individual be found marginal, the CEO, Medical Director or Clinic Executive Director may poll other associates and patients of the individual under review or may refer the problem to the Credentials Committee for guidance and direction.

6.1.2. Unscheduled Reviews

If the CEO becomes aware of a problem or incident that raises a question about an individual's ability to perform the assigned medical tasks in line with acceptable medical standards, the Credentials Committee will be notified and an unscheduled peer review will be conducted. The disposition of this review will be the same as in-cycle reviews.

6.1.3. Action on Unsatisfactory Performance Reviews

Should it be determined that an individual is performing unsatisfactorily, the CEO or Medical Director shall appraise the situation and determine if the performance problem is solvable or whether it is necessary to remove the individual from the list of accredited persons practicing in the CHFC. If the situation is found to be reconcilable, a plan will be made to provide training, mentoring or other approaches to correct the deficiency. At the end of a prescribed period another review will be made. If the person is found to meet acceptable medical standards, he or she will be put back on the cyclic review program. If the performance of an individual is found to be unacceptable, the Medical Director may temporarily suspend an individual's approval to practice until the board can make its performance investigation and determine a course of action to be taken. The CEO, Medical Director or Clinic Executive Director will formally notify the CHFC Credentials Committee with a full description of the situation. If the Credentials Committee finds that the situation is not resolvable, a formal report will be made to the Board. The Board will then determine any action to be taken. The individual being reviewed will be notified by the Board of its actions and decisions.

6.1.4. Peer Review Responsibilities

The Credentials Committee is designated as the Committee responsible for peer review. It is responsible for assessing the qualifications of prospective CHFC professional volunteers, making recommendations to the Board whether prospective professional volunteers should be granted privileges to practice at CHFC and

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investigating the care provided to patients by volunteers and making recommendations to the CHFC Board regarding that care.

Minutes of Credentials Committee meetings and related documentation are considered confidential peer review committee records and are subject to the peer review privilege provided by Iowa law. All such documentation should be labeled “**CONFIDENTIAL PEER REVIEW INFORMATION**”. Access to these records should be limited to members of the Credentials Committee, and if requested, to affected professional volunteers and only the minimum necessary information should be shared with the CHFC Board and Advisors in order to preserve the peer review privilege associated with such documents.

7. DOCUMENTATION RETENTION AND CONFIDENTIALITY

Credential and peer review documents will be maintained on file for seven years by law after an individual stops performing as a licensed or professional in the clinic. For adults, patient files will be maintained for seven years after last treatment at CHFC. For juveniles the files must be maintained until age 21 (the seven years after the last CHFC treatment is still applicable). These files may be maintained as hard copies or as electronic copies as long as the electronic copies have adequate backup so data will not be lost if an electronic system malfunction occurs.

All credentialing and review documents will be considered confidential peer review records. Access to such documents will be limited in accordance with applicable federal and state law.

APPENDIX A.



Volunteer Information Sheet

Date: _____

Name _____

Job Description _____

Address _____

Phone @ Home _____ Phone @ Work _____

Cell Phone _____ E-mail _____

What days are you available to work? Circle One or more Days _____ Evenings _____
Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

What interest or skills do you have, e.g. Physician, Nurse, Pharmacy, Podiatry, Dentistry, Physical Therapy, Social Worker, Help with prescription drug assistance, Laboratory, Typing, Filing, Clerical, Receptionist, Data Entry, Financial, Preparing Reports, etc?

_____ Referred by _____

Comments / Background: _____

If you are Licensed please indicate your professional area and provide us with a copy of your current valid unrestricted Iowa license. _____

Provide the names of two professional references who have knowledge of your past health care activities.

Darlene List _____

1. _____

Master Volunteer List _____

Individual Clinic List _____

2. _____

To Mailing List _____

Copy of Volunteer's Handbook sent? _____

Signed Volunteer form returned? _____

APPENDIX B.



CONFIDENTIAL PEER REVIEW INFORMATION
PEER PERFORMANCE REVIEW
For Professional Staff

NAME: _____ DATE: _____

POSITION IN CLINIC: _____

TYPE OF REVIEW: Routine In Cycle _____ Unscheduled _____

The reviewer shall consider the general performance of the individual being reviewed.

Has the individual performed tasks appropriately and competently? _____

Comments: _____

Has the individual treated patients with dignity and respect? _____

Comments: _____

Do you feel this individual meets the criteria for the professional field he or she if working in? _____

Comments: _____

Other Comments: _____

I FEEL THIS INDIVIDUAL'S PERFORMANCE IS:

Acceptable _____ Marginal _____ Unacceptable _____

Your signature _____

Please print you name _____

Please use back of sheet if necessary.

Peer Review12-11-03

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