

# OHP Assessment Process

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Assessment Coordinator



# OHP Assessment Process

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The Assessment process:

- Notification
- Pre-Assessment
- Assessment
- Post-Assessment
- Conflict Check
- Pre- Committee



# Notification Stage

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All physicians intending to work in an existing Out-of-Hospital Premises (OHP) must notify the CPSO through the members portal.

Type of Notification Forms:

- **New Premises**
- **Staff Affiliation Form**
  - Commence
  - Withdrawal
- **Tier 1 Adverse Event Reporting**
- **Tier 2 Adverse Event Reporting – Annual**



# Notification Stage cont'd...

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- **OHP Change Request**
  - Ceasing Operations
  - Changing Medical Director
  - Adding procedures/removing procedures
  - New Equipment
  - Changing Locations (also use this section to report phone/fax/email/premises name change)
  - Renovating
  - Changing OHP level
  - Renting Space to Other Physicians



# Pre-Assessment Stage

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## CPSO

- **Program staff prepares & send initial package to Medical Director**
  - Initial Package: Initial Contact Letter, Pre-Visit Questionnaire (PVQ)
- **Receive & Review Materials**
  - Premises is given 3 weeks to provide their completed PVQ & staff qualifications and a copy of their Policy and Procedure Manual (P&P Manual)
- **Schedule Assessment**
  - CPSO staff contact the premises for availability
  - Based on dates provided by the premises, CPSO assessors are then contacted for availability
  - Conflict check is done with the premises and assessors
- **Prepare & Send Assessment Packages**

## Medical Director

- **Receives initial package and submit initial materials to CPSO**
  - PVQ & staff qualifications and a copy of their P&P Manual
- **Medical Director will provide 6-10 potential assessment dates**
- **Conflict check**
  - Medical Director to disclose any conflicts with the assessor to the CPSO
- **Medical Director to review assessment package to prepare for upcoming assessment**



# Assessment Stage

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## CPSO

- **Nurse Assessment Coordinator**
  - Facilitates the onsite inspection of the physical space
  - Obtain patient consent
- **Physician Assessor(s)**
  - Observe procedure(s) and complete chart reviews

## Medical Director

- Should be present during the assessment or assign a delegate
- Must be present at the exit interview or assign a delegate

**Exit Interview: Opportunity for the CPSO assessment team and Medical Director to discuss the assessment recommendations and provide feedback**



# Post-Assessment Stage

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## CPSO

- **Receives assessment summary from assessor(s)**
  - Assessor(s) are given 2 weeks to submit report
- **Assessment summary sent to the Medical Director**
  - The premises is given 3 weeks to respond to outstanding recommendations noted in the Summary
  - CPSO provides the Medical Director with OHP Guide to Submitting a Response to the Assessment Summary
- **CPSO receives & reviews Medical Director submission**
  - Assessment Summary and Medical Director response is added to the next available Premises Inspection Committee Meeting

## Medical Director

- **Medical Director receives assessment summary**
  - Reviews all components of the assessment summary including physician assessor report(s) & Infection Control tools
  - Provides opportunity for the physicians involved in assessment to review and provide response to the Committee
  - Ensures all recommendations in the summary are addressed and provide any outstanding evidence of compliance requested by the CPSO
  - Utilize the 'Guide to Submitting a Response to the Assessment Summary' document to ensure that acceptable evidence of compliance is provided to the CPSO



# Conflict Check

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- Assessment materials and Adverse Event reports ready for PIC review must undergo a conflict screening process
- Program & Committee Support Staff complete the conflict screening process
- The Assessment materials and/or Adverse Event reports will be presented to PIC for review once it has been determined that there are no perceived conflicts





# Pre-Committee Stage

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## CPSO

- OHP Program and Committee Support Staff prepare the materials for review by PIC
- Premises Inspection Committee (PIC)
  - PIC to review Assessment Summary (including summary reports, responses, submissions, etc.) and Adverse Event reports (including online notification form, patients records, and Medical Advisor reports) and provide overall outcome

## Medical Director

- Await final outcome



# Premises Inspection Committee (PIC) Process

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**Dr. Dennis Pitt**

Chair, Premises Inspection Committee



# The Premises Inspection Committee

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## The Premises Inspection Committee (PIC)

- PIC is accountable to Council for the implementation of the College's Out-of-Hospital Premises Inspection Program (OHPIP).
- Comprised of 13 physician members and 3 public members
- Physician members represent areas of practice in OHPs
- Meetings
  - Biweekly
  - Quarterly Policy meetings



# Committee Review

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- Committee Support staff provide assessment materials and Adverse Event reports to the panel two weeks prior to the meeting date
- All panel members must contribute in determining the final outcome
- Disposition for the assessment or Adverse Event outcome is determined following review and discussion of assessment materials and medical director submissions



# Committee Review cont'd...

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## PIC Review Process:

- Highlight key concerns in OHP Assessment Summary
- Identify any care concerns that may not have been considered in the final recommendations
- Specifically identify which recommendations have not been adequately addressed and briefly outline the issues
- Review individual physician observation and chart reviews and the facility (physical space) inspection
- Suggest an overall outcome for the assessment using the appropriate outcome criteria



# Committee Review cont'd...

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- If a reassessment is required, PIC must determine the following:
  - Identify the timeframe (immediate, in 3 months or 6 months, other)
  - Identify whether it is an onsite or offsite assessment
  - Identify any specific instructions (reassessment of facility only; physician charts only; charts and observation; full reassessment including facility re-inspection, charts, and observation)
- PIC also has the authority to direct an unannounced assessment of a premises



# OHPIP Outcome Criteria

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## Outcomes for Assessments\*

- Pass
- Pass with Conditions
- Fail

\*Referral to Quality Assurance Committee (QAC) or Inquiries Complaints and Reports Committee (ICRC) of a specific physician may be directed at any time, regardless of the OHP outcome.



# Tier 1 Adverse Events

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Every member who performs a procedure in an OHP shall report the following events to the College and to the Medical Director within 24 hours of learning of the event using the form provided on the College website (Members Portal).

## Tier 1 Adverse Events are:

- a) Death within the premises
- b) Death within ten (10) days of a procedure performed at the premises
- c) Any procedure performed on the wrong patient, site or side
- d) Transfer of a patient from the premises directly to a hospital for care

All Tier 1 Adverse Event reports are first reviewed by a CPSO Medical Advisor prior to being presented to PIC for a final review and outcome.





# Tier 1 Adverse Events cont'd...

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## PIC Review Process:

- Highlight key concerns in Adverse Event report
  - Review the patient chart, Medical Advisor's report, patient outcome, and statistics (number of procedures) provided
- Suggest an overall outcome for the Adverse Event using the appropriate outcome criteria

## Outcomes for Adverse Events\*

- NFA (No Further Action)
- NFA-LOA (Letter Of Advice)
- NFA-SOE (Statement Of Expectations)
- Response

\*Referral to Quality Assurance Committee (QAC) or Inquiries Complaints and Reports Committee (ICRC) of a specific physician may be directed at any time, regardless of the Adverse Event outcome.



# Tier 2 Adverse Events

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Medical Director is required to document other quality assurance incidents (Tier 2) which are deemed less critical or require immediate action

Tier 2 events include, but are **not limited to**:

- a) unscheduled treatment of a patient in a hospital within ten(10) days of a procedure performed at a premises
- b) complications such as infection, bleeding or injury to other body structures
- c) cardiac or respiratory problems during the patient's stay at the OHP
- d) allergic reactions
- e) medication-related adverse events



# Tier 2 Adverse Events cont'd...

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The premises' QA Committee and the Medical Director must submit Tier 2 Adverse Events to the College after review (on an annual basis).

- Tier 2 Adverse Events are reported by the Medical Director via an online portal through the College's website
- The portal is only available on the College's website for a limited time annually (email reminders are sent out to all Medical Directors during this time)

Failure to submit the Tier 2 report may result in an outcome of Fail by the Premises Inspection Committee.



# Decision Reports

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- The Decision Writer prepares all Decision Reports and sends all Decision Reports to the PIC meeting Chair for approval
  - Fail Decision Reports are also reviewed by the CPSO Legal Department prior to approval by the PIC meeting Chair
- All approved Decision Reports are then sent to the OHP via fax and/or hard copy mail
  - Fail Decision Reports are faxed to the premises within 24 hours of the disposition
  - Impact of the Fail Decision Report is immediate and the OHP must cease performing OHP procedures upon receipt of the Decision Report
- The Decision Writer updates the Premises Register on the CPSO website with the new OHP outcome and an outcomes document, if applicable



# Feedback

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- PIC is open to receiving feedback about program processes and procedures.
- Stakeholder Feedback is a standing item on PIC Policy meeting agendas
- Feedback can be emailed to [OHP@cpsso.on.ca](mailto:OHP@cpsso.on.ca)



# QUESTIONS...

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