Physician Practice Enhancement Program

Internal Medicine

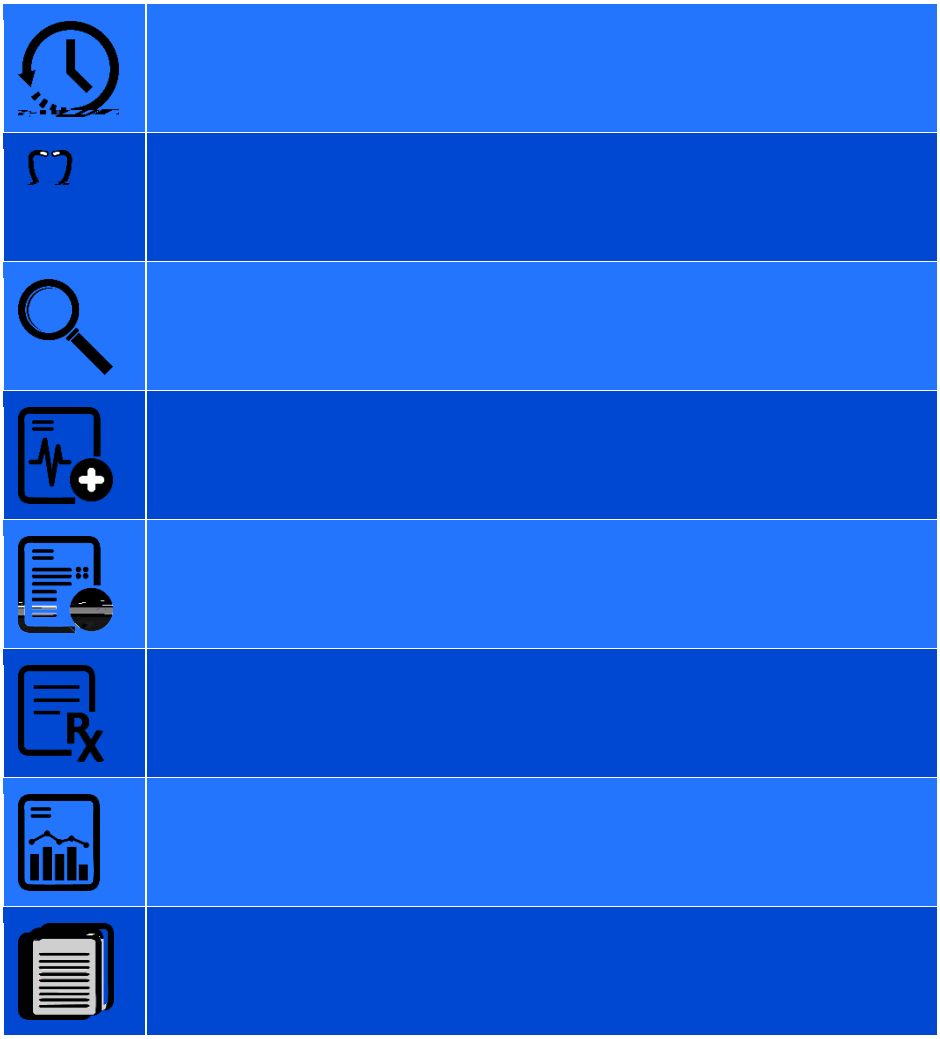
The Physician Practice Enhancement Program (PPEP) is a collegial program that proactively assesses and educates physicians to ensure they meet appropriate and current standards of practice throughout their professional lives. Our vision is to promote a culture of quality improvement among BC's physicians.

We seek to support the success of continuous quality improvement in community-based physicians' medical practice by highlighting areas of excellence and identifying opportunities for professional development.

The Physician Practice Enhancement Program (PPEP) BC Assessment Tool (BCAT) is the College of Physicians and Surgeons of Ontario's (CPSO) Peer Assessment Framework, used with permission and in collaboration with the CPSO, which has been slightly modified to capture provincial differences. It provides a structure for the assessment report and evaluation criteria. The framework consists of eight assessment domains organized into four broad categories borrowed from the "SOAP" format (see table below).

1. History	2. Examination 3. Investigation	4. Diagnosis	5. Management plan 6. Medication 7. Follow-up and

The following are the descriptions, elements of quality, and scoring rubrics for each of the eight domains:



allergies and sensitivities (medications, food, environment), recorded at initial consultation and kept up-to-date and visible if paper chart

relevant family medical histories

mental health history

f) were documented, including of:

current and past medications

recent changes in medication (recent starts, discontinuations, dose changes)

alternative and complimentary medications and supplements

drug benefit coverage

g) were documented, including pertinent details of:

education/occupation

marital/relationship status/sexual orientation

social support

religious practice, as relevant

lifestyle (diet, exercise)

substance use history (smoking, recreational drugs/alcohol, pharmacological and non-pharmacological substance use and misuse as relevant)

legal guardians (e.g. power of attorney) as relevant

1	is needed when the trend shows that most elements of quality were evident and deficiencies, if any, were minor. Examples include: family histories sometimes not documented social histories sometimes not included
2	is needed when the trend shows some elements of quality were sometimes lacking, but the likelihood of adverse patient outcomes was low. Examples include: problem lists often incomplete (e.g. medications for which there was no obvious problem listed, dates of onset or diagnosis not included)

Guided by the presenting problem, a systematic evaluation of the patient's physical and/or mental state.

Key College practice standards and professional guidelines: _____

Key PPEP assessment standard: _____

a) were completed based on presenting complaint, with of:

vital signs (e.g. weight, height, BMI/waist circumference, pulse, BP), with abnormal vital signs highlighted where appropriate

pertinent positive and negative findings

pertinent changes from previous exams or investigations

relevant descriptive information

condition-specific physical assessments performed, when relevant

evidence for consideration of potential complications of disease

evidence for consideration of potential complications of treatment

1	is needed when the trend shows that most elements of quality were evident and deficiencies, if any, were minor. Examples include: examinations sometimes lacked descriptive information vital signs occasionally missing
2	ements of t outcomes documented ie ETQ 1h3296 t9

1	is needed when the trend shows that most elements of quality were evident and deficiencies, if any, were minor. Examples include: rationale for the selection of investigations sometimes unclear potential over-use of tests
2	is needed when the trend shows some elements of quality were sometimes lacking, but the likelihood of adverse patient outcomes was low. Examples include: investigations sometimes inadequate based on the presenting complaints or differential diagnoses results of investigations occasionally not documented analysis of test results often incomplete follow-up of abnormal test results often delayed tests sometimes ordered without explanation
3	is needed when the trend shows many elements of quality were often lacking, or when patient outcomes could be adversely affected. Examples include: inappropriate tests consistently ordered with no explanations analysis of test results incomplete or inaccurate with potential for serious patient harm analyses of test results often incorrect and/or significant investigative abnormalities not noted or followed-up invasive testing ordered without appropriate indication investigations relevant to the presenting illnesses inappropriate or not ordered results of investigations consistently not documented

The identification of a possible disease, disorder, or injury in a patient.

Key College practice standards and professional guidelines: Medical Records Documentation

Key PPEP assessment standard: Medical Record for the Internist in a Community-based Office Setting

a) were appropriate, considering:

alignment with histories (medical, surgical, allergies, medications, family, risk factors), examinations, and investigations (including biomedical and psychosocial issues)

1	is needed when the trend shows that most elements of quality were evident and deficiencies, if any, were minor. Examples include: diagnoses often lacked specificity and/or clarity no discussion of differential diagnosis in straight-forward cases
2	is needed when the trend shows some elements of

prompt follow-up of critical investigations

medication list updated with changes and rationale for changes

medication side effects monitored at appropriate intervals

responsible persons identified for monitoring medications

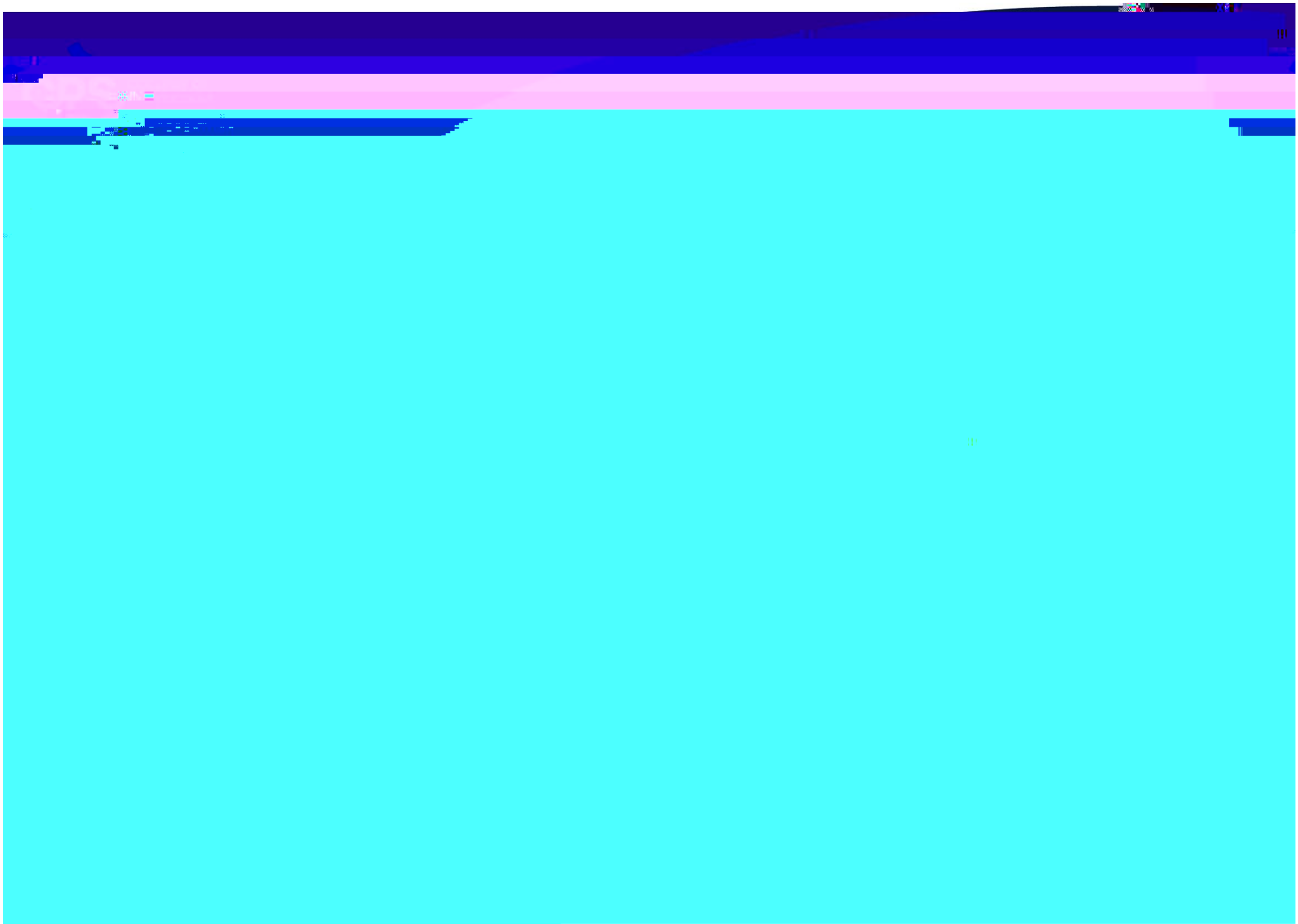
substance misuse issues addressed

1	is needed when the trend shows that most elements of quality were evident and deficiencies, if any, were minor. Examples include: rationale for selection of medications sometimes not clear
2	is needed when the trend shows some elements of quality were sometimes lacking, but the likelihood of adverse patient outcomes was low. Examples include: off-label or otherwise questionable medications or doses prescribed without clear rationale changes in medications often not clearly noted on the Medication list discussions with patients regarding potential risks or important side effects of medications often not documented monitoring of medications, side effects and risks often inappropriate inappropriate continuations of medications prescribed given patients' conditions parameters for medication administration often not given medications not adjusted appropriately following potential ill-effect or lack of effect rationale for a dose of medication often unclear or undocumented inadequate monitoring for potential side-effects complete medication often lists not adequately maintained

1	improvement is needed when the trend shows that most elements of quality were evident and deficiencies, if any, were minor. Examples include: follow-up plans sometimes failed to address

Documentation in the patient record/chart as well as other written communications, intended

3	is needed when the trend shows many elements of quality were lacking, or when patient outcomes could be adversely affected. Examples include: medical records were often illegible (most words unreadable; meaning of charts was generally unclear) and/or incomplete coordination of care between referring physician and consultant/specialist was not evident inadequate written communication with the referring physicians regarding pertinent care issues documentation to referring sources and/or other health professionals were often delayed, that could result in patient harm overall, the clinical notes did not tell the story of patients' health care



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