


Name of Policy: CT Surgery Internal Review of Surgeons Based on Risk of Mortality and Surgical Volume Policy Number: 3364-87-46 Approving Officer: Chief Medical Officer, Chief of Staff, Chief, CT Surgery Responsible Agent: Chief Medical Officer, Chief of Staff, Chief, CT Surgery Scope: University of Toledo Medical Center Medical Staff performing Open-Heart Surgery		 Effective date: 7/2025 Original effective date: 7/2025	
Key words: Internal Review, Surgeons, Risk of Mortality, Surgical Volume, Open-Heart			
<input checked="" type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

It is the policy of the University of Toledo Medical Center (UTMC) to conduct thorough internal reviews of any surgeon performing adult open-heart procedures who demonstrates a combination of higher-than-expected risk-adjusted mortality rates and low individual case volume. This internal review is intended to maintain the highest standards of patient safety, surgical outcomes, and regulatory compliance in accordance with ODH requirements.

(B) Purpose of policy

The purpose of this policy is to ensure that the performance of surgeons in the Adult Open-Heart Unit is regularly monitored and reviewed in compliance with Ohio Department of Health (ODH) regulations governing adult open-heart services. Specifically, this policy addresses the documentation of internal reviews for surgeons with a combination of higher-than-expected risk-adjusted mortality and low individual surgical volumes.

(C) Definitions

1. **Risk-Adjusted Mortality:** A mortality rate that has been statistically adjusted to account for the severity of the patients' conditions and other risk factors that may affect surgical outcomes.
2. **Low Individual Surgeon Volume:** A threshold defined by the Adult Open-Heart Program and ODH regulations, reflecting the number of procedures performed by a surgeon over a specified time period.
3. **Higher-Than-Expected Mortality:** Mortality rates that exceed benchmarks or standards as determined by national databases, professional guidelines, or the hospital's performance metrics.

(D) Scope

This policy applies to all surgeons credentialed to perform adult open-heart surgeries at UTMC.

(E) Procedures

Data Monitoring and Reporting

1. The University of Toledo Medical Center Quality Department will review surgeon performance data quarterly, including:
 - a. Risk-adjusted mortality rates.
 - b. Individual surgeon procedure volumes.
 - c. Comparison to institutional and national benchmarks.
2. Surgeons whose data indicate a combination of higher-than-expected risk-adjusted mortality and low individual surgeon volume will be flagged for internal review.

Internal Review Process

1. **Initiation of Review:**
 - a. The Chief of Cardiothoracic Surgery and the Quality Department will initiate an internal review within 30 days of identifying a surgeon who meets the criteria of higher-than-expected risk-adjusted mortality and low procedure volume.
2. **Review Committee:**
 - a. A multidisciplinary review committee will be established, consisting of:
 - i. The Chief of Cardiothoracic Surgery.
 - ii. A member of the Medical Executive Committee.
 - iii. A representative from the Quality Department.
 - iv. A peer surgeon from an external institution, if necessary.
 - b. The committee will review patient outcomes, case complexity, and surgeon practice patterns to determine potential contributing factors.
3. **Documentation:**
 - a. All findings from the review will be documented in a written report, including:
 - i. Summary of the performance data.
 - ii. Case-by-case review of affected patients, as applicable.
 - iii. Identification of any contributing factors to higher mortality.
 - iv. Recommendations for performance improvement or corrective actions, if needed.
4. **Corrective Actions:**
 - a. Based on the findings of the internal review, the committee may recommend the following actions:
 - i. Proctoring or mentorship by a senior surgeon.
 - ii. Additional training or continuing medical education.
 - iii. Reduction of operating privileges for adult open-heart procedures.
 - iv. Reporting to external regulatory or credentialing bodies, as required by ODH or other authorities.
 - v. No action if the review determines there are no significant concerns.

5. Follow-Up and Reassessment

- a. Surgeons who have undergone an internal review will be subject to close monitoring for a period of 12 months.
- b. Quarterly reassessments will be conducted, with documentation of any improvement in outcomes or procedural volume.
- c. Surgeons will be re-reviewed if similar concerns arise during the monitoring period.

(F) Compliance and Reporting

1. This policy aligns with ODH regulations for adult open-heart services.
2. All documentation related to surgeon reviews will be maintained in the Quality Department and shared with the Ohio Department of Health upon request.
3. Failure to comply with this policy may result in disciplinary action, including the suspension or revocation of privileges to perform adult open-heart surgeries.

(G) References

1. Ohio Department of Health (ODH) Regulations for Adult Open-Heart Services.
2. National benchmarks and databases (e.g., Society of Thoracic Surgeons).

<p>Approved by:</p> <p>/s/</p> <hr/> <p>Michael Ellis MD Chief Executive Officer</p> <p>6/9/2025</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Puneet Sindhvani, MD Chief of Staff</p> <p>6/24/2025</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Jai Lee, MD Chief, CT Surgery</p> <p>7/1/2025</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by: Chief Medical Officer, Chief of Staff, Chief, CT Surgery</i></p>	<p>Policies Superseded by This Policy: N/A</p> <p>Initial effective date: 6/2025</p> <p>All Review/Revision Dates: 6/2025</p> <p>Next review date: 7/2028</p>
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