

Sample Ongoing Practitioner Performance Evaluation Form

Physician name: _____

Specialty: OB-GYN

Time frame of report:

Indicator	Trigger	Physician's data	Specialty data	Comments
Department/ Specialty Specific				
C-Section Rate				
Vacuum-assisted Deliveries				
Return to OR during Same Admission				
Admission to ICU				
General Indicators				
Medical Record Completion	90%			
Dictated Operative Reports within 24 hours				
If not dictating Op Rept.; Written Op Report immediately after procedure				
Complaints concerning practitioner				
Avoidable days				
Inappropriate 1-day stays				
Length of Stay				

Must have at least > than Trigger or else automatic referral to Peer Review Committee

Continue with current privileges

Further review required

Reviewing physician:

Date: _____

Print name: _____

_____ MD

Signature