

PHYSICIAN REAPPOINTMENT PROFILE CLINICAL PERFORMANCE

Physician: _____ Review Date: _____

Specialty: _____ Staff Category: _____

Last Reappointment: _____ Review for the period: _____

1. Number of infections reported: _____

Actions: _____ None necessary: _____

2. Number of complications reported: _____

Actions: _____ None necessary: _____

3. Cases monitored: _____ Referred to PR: _____

Actions: _____ None necessary: _____

4. Patient satisfaction trends: _____ Positive: _____ Negative: _____

Comments: _____

5. Hospital admissions/transfers: _____ Planned: _____ Unplanned: _____

Actions: _____ None necessary: _____

6. Continuing Education attendance documented: Yes: _____ No: _____ NA: _____

7. Total Number of Cases Reviewed: _____

Governing Body

That Met Exemptions: _____

Date

Medical Director

Date