Developing a Meaningful PEER REVIEW PROGRAM

PART 2

By Ann Geier, RN, MS, CNOR, CASC

Part I of this article discussed the basic steps involved in conducting a peer review program, confidentiality, enlisting physician support and more. To view that part of the article, see pages 30–34 of the September/October 2009 issue of *ASC Focus* or go to www.ascassociation.org/pr.

Establishing Policies and Tools

An ASC's policy that addresses peer review is usually included in the ASC's credentialing policies. It can simply state, for example, "Peer evaluation, current competence is verified in writing by individuals personally familiar with the applicant's clinical, professional and ethical performance and, when available, by data based on analysis of treatment outcomes."

It may be a separate policy. For AAAHC purposes, it should be included under Quality Management and Improvement, and for The Joint Commission, it should be included under Standard HR.02.01.03 (EP 6 & 8). (For a sample policy, see the form at right).

As you are defining your policy, determine the number of cases that will be reviewed for each provider, and specify this in the policy. Create a Medical Record Audit Form (see the sample form at right) to use much like a medical record chart audit. This form can be reviewed and completed by a clerical person who compiles the statistics for each provider.

For anesthesia reviews, your ASC should develop an anesthesia screening tool with input from your ASC's anesthesia providers. (For an example, see page 37. An example of a surgical screening tool also appears on that page.) All of the criteria included in your anesthesia and surgical screens should be discussed with providers and taken to your ASC's governing body for approval.

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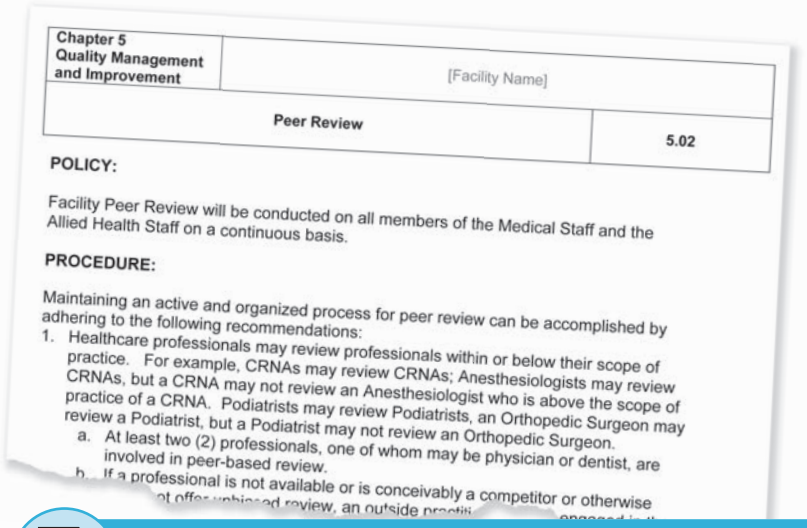
The advice and opinions expressed in this article are solely those of the author and do not represent official ASC Association policy or opinion in any way.



Chapter 5 Quality Management and Improvement	[Facility Name]	
	Peer Review	5.02

POLICY:

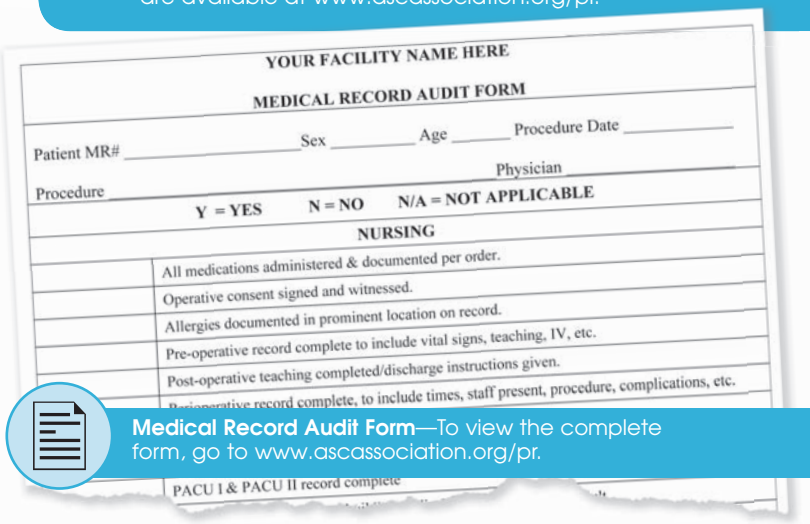
Facility Peer Review will be conducted on all members of the Medical Staff and the Allied Health Staff on a continuous basis.

PROCEDURE:

Maintaining an active and organized process for peer review can be accomplished by adhering to the following recommendations:

1. Healthcare professionals may review professionals within or below their scope of practice. For example, CRNAs may review CRNAs; Anesthesiologists may review CRNAs, but a CRNA may not review an Anesthesiologist who is above the scope of practice of a CRNA. Podiatrists may review Podiatrists, an Orthopedic Surgeon may review a Podiatrist, but a Podiatrist may not review an Orthopedic Surgeon.
   a. At least two (2) professionals, one of whom may be physician or dentist, are involved in peer-based review.
   b. If a professional is not available or is conceivably a competitor or otherwise

Sample Policy—To allow for quick reference in limited space, the forms included in this article appear as small or abbreviated versions of the originals. Full-size versions are available at www.ascassociation.org/pr.



YOUR FACILITY NAME HERE

MEDICAL RECORD AUDIT FORM

Patient MR# _____ Sex _____ Age _____ Procedure Date _____

Procedure _____ Physician _____

Y = YES N = NO N/A = NOT APPLICABLE

	NURSING
	All medications administered & documented per order.
	Operative consent signed and witnessed.
	Allergies documented in prominent location on record.
	Pre-operative record complete to include vital signs, teaching, IV, etc.
	Post-operative teaching completed/discharge instructions given.
	Peri-operative record complete, to include times, staff present, procedure, complications, etc.
	PACU I & PACU II record complete

Medical Record Audit Form—To view the complete form, go to www.ascassociation.org/pr.

ANESTHESIA GENERIC SCREENS

The criteria and elements will be determined by the MEC at ABC Surgery Center

CRITERIA	ELEMENTS	EXCEPTIONS	INSTRUCTIONS/DEFINITIONS
1	Need to intubate or reintubate following surgery	A. None	Report chart # for physician review.
2	Cardiac/respiratory arrest, use of respirator or Ambu for life support	A. None	Report chart # for physician review.
3	Patient recall of surgery while under general anesthesia	A. None	Review record for documentation of recall, report chart # for physician review.
4	Perioperative myocardial infarction within 72 hours of surgery	A. None	Screen record and complication/infection survey for documentation of MI, abnormal EKG, angina, chest pain requiring hospitalization. Report chart# for physician review.
5	Requirement of attendance of an anesthesiologist for a complication occurring during a local case without anesthesia standby	A. None	Screen record for documentation, report chart # for physician review.

SURGICAL GENERIC SCREENS

…ill be determined by the MEC at ABC Surgery Center

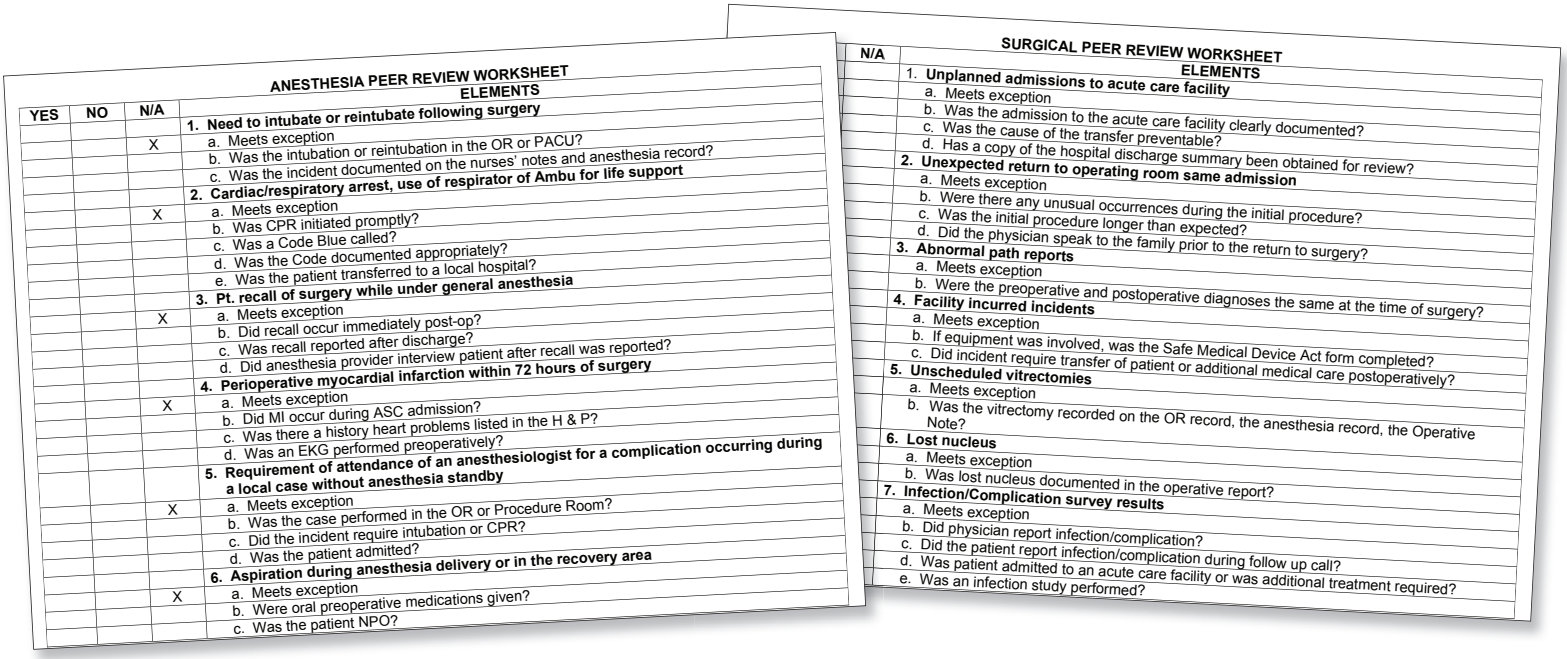
	EXCEPTIONS	INSTRUCTIONS/DEFINITIONS
…ute	A. Mandatory transfer for administrative reasons (power failure, fire, etc.). B. Transfer for tests, procedures, or services not available in the center. C. Transfer of stable patient for patient/family/physician convenience.	Report chart #
…to …e	A. Plan documented for multistage procedure prior to first surgery.	Report chart #
	A. Discharge diagnosis same as preoperative.	Report chart # Patients with abnormal pathological findings different than pre-op diagnosis.
	A. The resulting problems are transitory as evidenced by no specific treatment, no treatment after discharge and no delay in discharge.	Screen record and unusual occurrence reports. Facility incurred incidents include: ▪ Environmental accidents, such as falls, lacerations, damage to teeth. ▪ Burns from equipment, such as heating blanket, electrical shocks, cautery. ▪ Therapeutic mishap, such as medication error, adverse reaction/interaction attributable to medication.

Anesthesia Generic Screens and Surgical Generic Screens—
To view the complete forms, go to www.ascassociation.org/pr.

Documentation of that approval should be included in the minutes of your ASC's Board meeting.

Your ASC's anesthesia screening tool should use criteria developed by your ASC's anesthesia providers and medical director, and approved by your ASC's governing body. The elements should be specific to anesthesia. If these parameters are not met, they will cause the case and provider to be reviewed.

Your ASC's surgical screening tool should also use criteria developed by providers and your medical director and approved by your governing body. Again, failure to meet these elements will cause the case to be reviewed.



ANESTHESIA PEER REVIEW WORKSHEET

YES	NO	N/A	ELEMENTS
			1. Need to intubate or reintubate following surgery
		X	a. Meets exception
			b. Was the intubation or reintubation in the OR or PACU?
			c. Was the incident documented on the nurses' notes and anesthesia record?
			2. Cardiac/respiratory arrest, use of respirator of Ambu for life support
		X	a. Meets exception
			b. Was CPR initiated promptly?
			c. Was a Code Blue called?
			d. Was the Code documented appropriately?
			e. Was the patient transferred to a local hospital?
			3. Pt. recall of surgery while under general anesthesia
		X	a. Meets exception
			b. Did recall occur immediately post-op?
			c. Was recall reported after discharge?
			d. Did anesthesia provider interview patient after recall was reported?
			4. Perioperative myocardial infarction within 72 hours of surgery
		X	a. Meets exception
			b. Did MI occur during ASC admission?
			c. Was there a history heart problems listed in the H & P?
			d. Was an EKG performed preoperatively?
			5. Requirement of attendance of an anesthesiologist for a complication occurring during a local case without anesthesia standby
		X	a. Meets exception
			b. Was the case performed in the OR or Procedure Room?
			c. Did the incident require intubation or CPR?
			d. Was the patient admitted?
			6. Aspiration during anesthesia delivery or in the recovery area
		X	a. Meets exception
			b. Were oral preoperative medications given?
			c. Was the patient NPO?

SURGICAL PEER REVIEW WORKSHEET

N/A	ELEMENTS
	1. Unplanned admissions to acute care facility
	a. Meets exception
	b. Was the admission to the acute care facility clearly documented?
	c. Was the cause of the transfer preventable?
	d. Has a copy of the hospital discharge summary been obtained for review?
	2. Unexpected return to operating room same admission
	a. Meets exception
	b. Were there any unusual occurrences during the initial procedure?
	c. Was the initial procedure longer than expected?
	d. Did the physician speak to the family prior to the return to surgery?
	3. Abnormal path reports
	a. Meets exception
	b. Were the preoperative and postoperative diagnoses the same at the time of surgery?
	4. Facility incurred incidents
	a. Meets exception
	b. If equipment was involved, was the Safe Medical Device Act form completed?
	c. Did incident require transfer of patient or additional medical care postoperatively?
	5. Unscheduled vitrectomies
	a. Meets exception
	b. Was the vitrectomy recorded on the OR record, the anesthesia record, the Operative Note?
	6. Lost nucleus
	a. Meets exception
	b. Was lost nucleus documented in the operative report?
	7. Infection/Complication survey results
	a. Meets exception
	b. Did physician report infection/complication?
	c. Did the patient report infection/complication during follow up call?
	d. Was patient admitted to an acute care facility or was additional treatment required?
	e. Was an infection study performed?

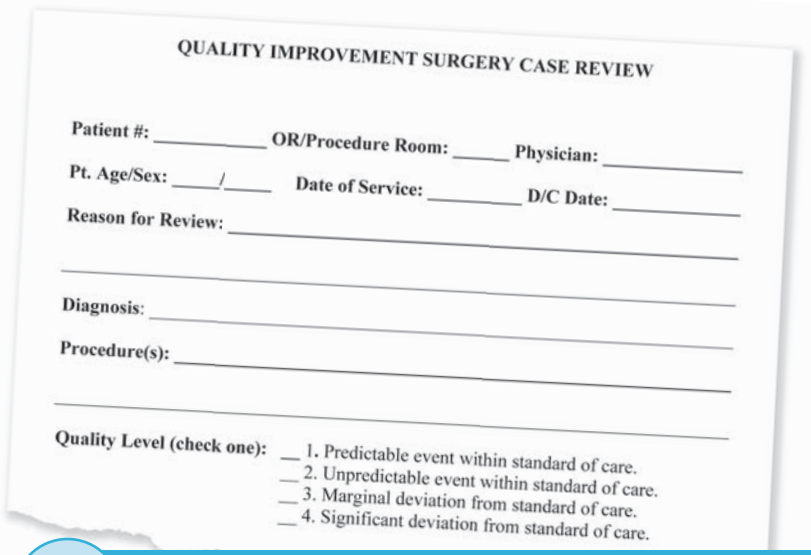
Anesthesia Peer Review and Surgical Peer Review Worksheets—To view the complete worksheets, go to www.ascassociation.org/pr.

Remember, all incident reports that involve a provider, i.e., transfers, return to surgery, infections, etc., must be peer reviewed.

Using the Screening Tools

Your ASC's peer review policy should establish the number of cases that must be reviewed for each provider for the length of the credentialing period and should be followed precisely. You can adapt the sample tools included here for use during the reviews.

The Medical Record Audit Form mentioned previously is used for documentation purposes. As part of the case review, if any of the elements on the anesthesia or surgical screening tools are found to be present, further review is necessary. If the review meets exceptions, under "Action" on your Quality Improvement Surgery Case Review form, check "Other" and complete the information.



QUALITY IMPROVEMENT SURGERY CASE REVIEW

Patient #: _____ OR/Procedure Room: _____ Physician: _____

Pt. Age/Sex: ____/____ Date of Service: _____ D/C Date: _____

Reason for Review: _____

_____

Diagnosis: _____

Procedure(s): _____

_____

Quality Level (check one): __ 1. Predictable event within standard of care.
__ 2. Unpredictable event within standard of care.
__ 3. Marginal deviation from standard of care.
__ 4. Significant deviation from standard of care.

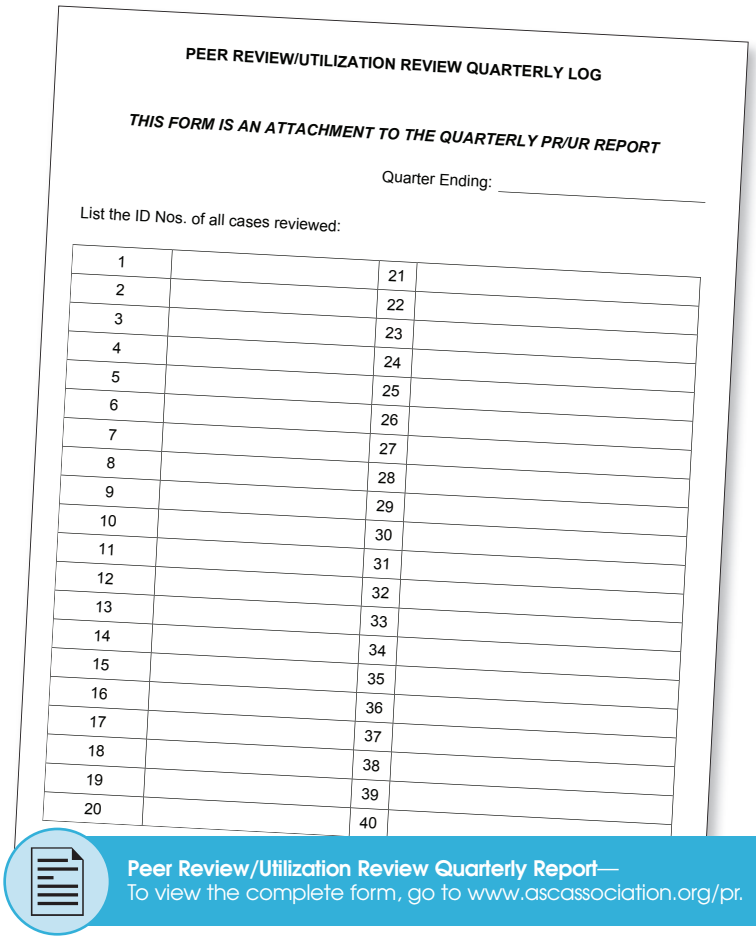
Quality Improvement Surgery Case Review Form—To view the complete form, go to www.ascassociation.org/pr.

Anesthesia and surgical peer review worksheets that directly correspond to the case reviews (see the samples on page 38) can be used to determine future actions. Remember, these should be developed by the medical providers and approved by your ASC's governing body.

When the charts are reviewed, any charts that do not meet the anesthesia or surgical screen elements should be listed on your ASC's Quarterly Log. (For a sample, see the form at right). This tool is designed to track the charts that will be reviewed by your ASC's administrator or designee at a later date. This list can be used to pull the charts from your ASC's Medical Records area when time allows.

The charts are further reviewed to determine if they meet your ASC's criteria for review. If a chart requires additional review, it should be set aside for your ASC's medical director to review. At this point, he or she may determine that a peer should review the record, and the chart should be set aside for that review.

Before a provider is asked to review a medical record, all of the information needed should be readily available. This information always includes the discharge summary for any patients who were transferred to another facility. If the hospital will not provide this information, enlist the help of the provider to obtain the data. Note: The administrator can fill out the objective information at the top of the monitoring forms and the Peer Review Committee Case Review (see the sample form at the bottom of page 40).



PEER REVIEW/UTILIZATION REVIEW QUARTERLY LOG

THIS FORM IS AN ATTACHMENT TO THE QUARTERLY PR/UR REPORT

Quarter Ending: _____

List the ID Nos. of all cases reviewed:

1		21	
2		22	
3		23	
4		24	
5		25	
6		26	
7		27	
8		28	
9		29	
10		30	
11		31	
12		32	
13		33	
14		34	
15		35	
16		36	
17		37	
18		38	
19		39	
20		40	

Peer Review/Utilization Review Quarterly Report—
To view the complete form, go to www.ascassociation.org/pr.

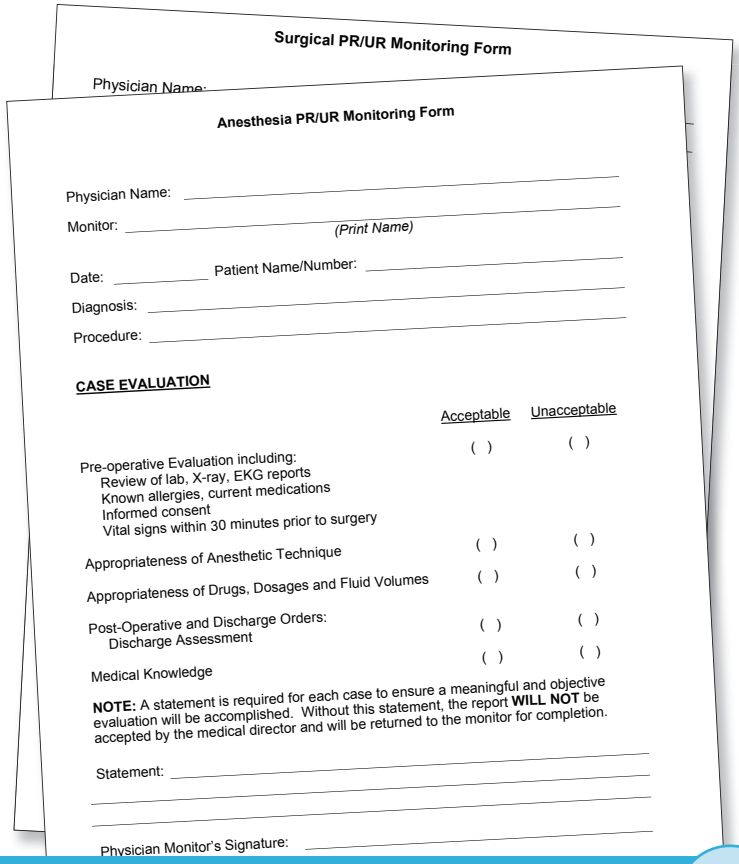
ASC COMPLIANCE HOTLINE:

It Listens When You Can't

Need a way for your employees to anonymously report potential compliance concerns at your ASC?

- Enroll in the ASC Compliance Hotline and provide a professional, trustworthy and confidential resource for your employees to turn to 24 hours a day, 7 days a week.
- All calls are taken in confidence and handled anonymously. Within one day of your employee's hotline call, you receive a confidential written report on any sensitive situations occurring in your ASC.

The ASC Compliance Hotline, operated by National Hotline Services, Inc., offers a proactive, cost-effective way to protect your employees and your ASC. For details and enrollment information, contact the ASC Association by phone at 703.836.8808 or by email at ASC@ascassociation.org.



Surgical PR/UR Monitoring Form

Physician Name:

Anesthesia PR/UR Monitoring Form

Physician Name: _____

Monitor: _____ (Print Name)

Date: _____ Patient Name/Number: _____

Diagnosis: _____

Procedure: _____

CASE EVALUATION

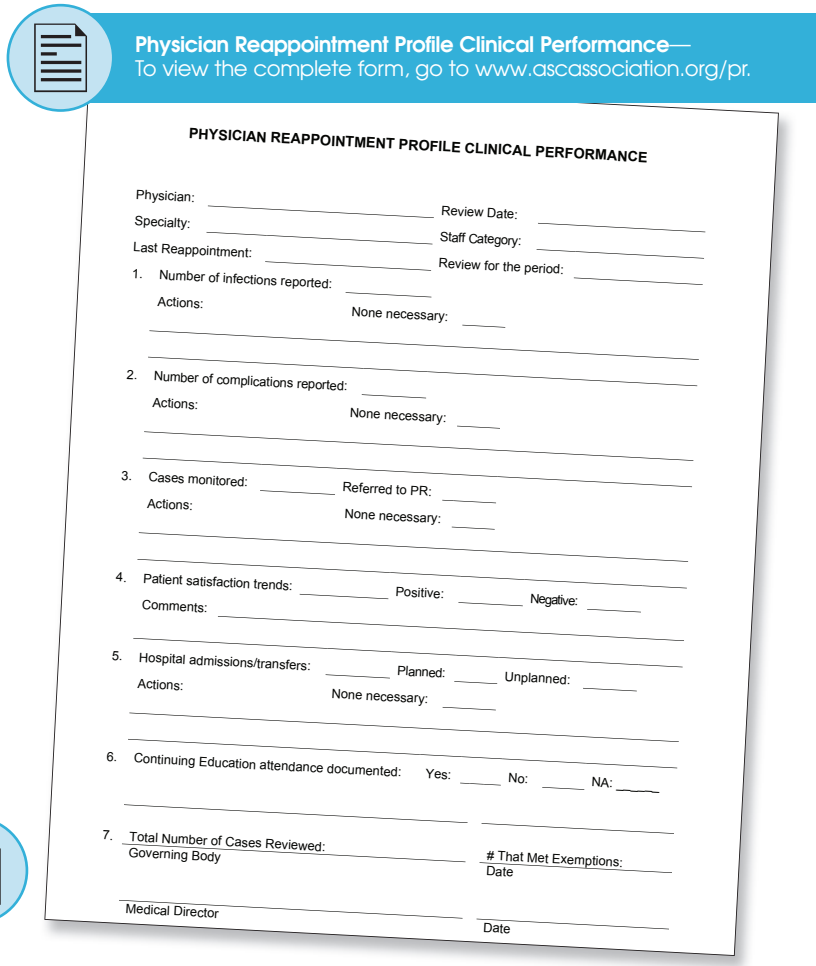
	Acceptable	Unacceptable
Pre-operative Evaluation including: Review of lab, X-ray, EKG reports Known allergies, current medications Informed consent Vital signs within 30 minutes prior to surgery	( )	( )
Appropriateness of Anesthetic Technique	( )	( )
Appropriateness of Drugs, Dosages and Fluid Volumes	( )	( )
Post-Operative and Discharge Orders: Discharge Assessment	( )	( )
Medical Knowledge	( )	( )

NOTE: A statement is required for each case to ensure a meaningful and objective evaluation will be accomplished. Without this statement, the report **WILL NOT** be accepted by the medical director and will be returned to the monitor for completion.

Statement: _____

Physician Monitor's Signature: _____

Anesthesia and Surgical PR/UR Monitoring Forms—
To view the complete forms, go to www.ascassociation.org/pr.



Physician Reappointment Profile Clinical Performance—
To view the complete form, go to www.ascassociation.org/pr.

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: _____

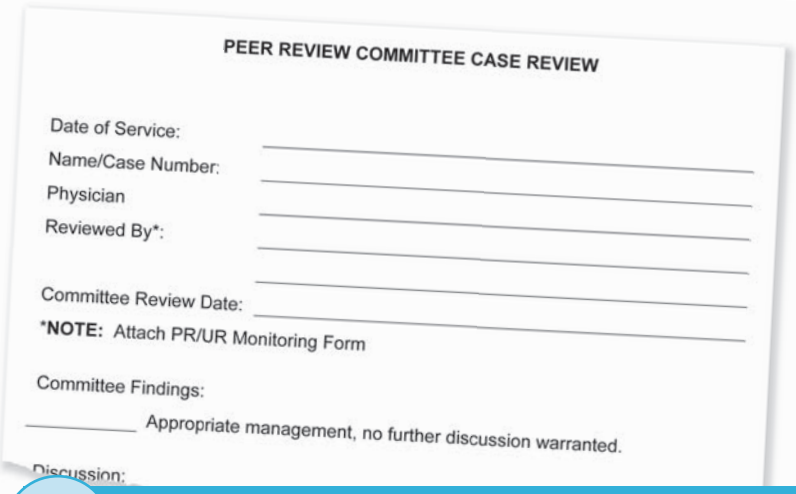
6. Continuing Education attendance documented: Yes: _____ No: _____ NA: _____

7. Total Number of Cases Reviewed: _____ # That Met Exemptions: _____
   Governing Body Date

Medical Director _____ Date

When the review is complete, the reviewer should complete an anesthesia or surgical peer review/utilization review monitoring form, including the written statement at the bottom of the form (see samples above left). The completed forms should be presented for review to your ASC's Peer Review Committee, and following that committee's review, the Peer Review Committee Case Review process can be considered complete. A committee representative should date and sign a statement verifying completion of the process.

A critical component of peer review is the requirement that peer review be integrated into your ASC's recredentialing process. A Phy-



PEER REVIEW COMMITTEE CASE REVIEW

Date of Service: _____

Name/Case Number: _____

Physician _____

Reviewed By*: _____

Committee Review Date: _____

*NOTE: Attach PR/UR Monitoring Form

Committee Findings:

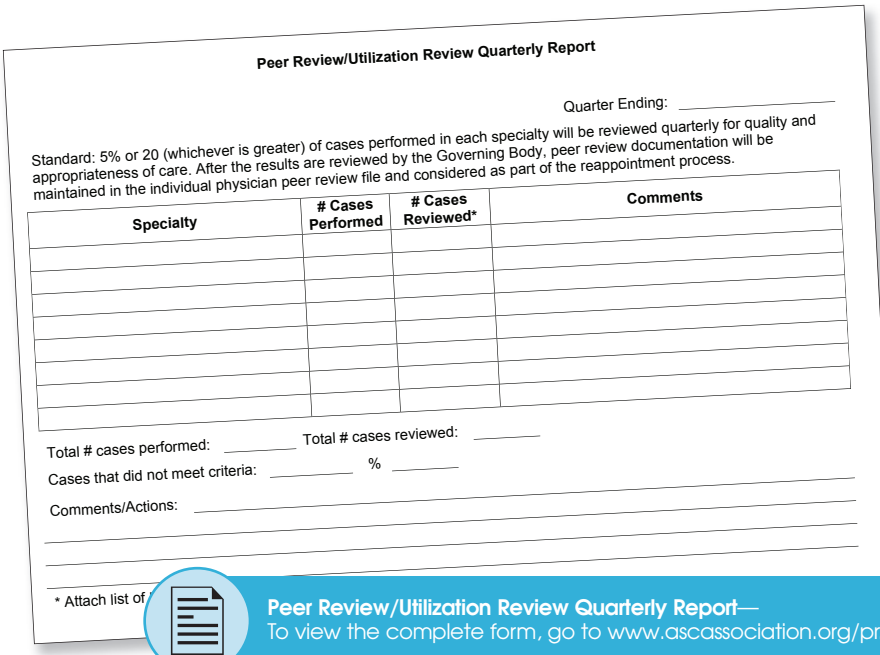
_____ Appropriate management, no further discussion warranted.

Discussion:

Peer Review Committee Case Review—To view the complete form, go to www.ascassociation.org/pr.

sician Reappointment Profile—Clinical Performance form (see the sample on page 40) that provides a snapshot of the provider's clinical performance should be filed in the provider's credentialing file for consideration when recredentialing the provider.

Another component of peer review may be a review of cases by specialty. (For a form that can be used to summarize specialty reviews, see the sample at right.)



Peer Review/Utilization Review Quarterly Report

Quarter Ending: _____

Standard: 5% or 20 (whichever is greater) of cases performed in each specialty will be reviewed quarterly for quality and appropriateness of care. After the results are reviewed by the Governing Body, peer review documentation will be maintained in the individual physician peer review file and considered as part of the reappointment process.

Specialty	# Cases Performed	# Cases Reviewed*	Comments

Total # cases performed: _____ Total # cases reviewed: _____

Cases that did not meet criteria: _____ % _____

Comments/Actions: _____

* Attach list of

Peer Review/Utilization Review Quarterly Report—
To view the complete form, go to www.ascassociation.org/pr.

Keep It Simple

All of this information is a lot to absorb at one time, but remember, you can simplify the process by using the tools provided and adapting them to your ASC's needs. Also remember, peer review is not an option in an ASC. To make sure physicians at your ASC buy into the process, help them see that this process ties directly into the quality of care your ASC provides.

Don't be overwhelmed. The process is manageable, and many resources are available to help (i.e., on the Internet, from the various ASC accreditation organizations and through consultants). To use the tools effectively, you will need to educate both physicians and staff at your ASC since the peer review process involves everyone.

Remember, keep your peer review process simple, and keep it meaningful. You'll know you've succeeded the next time the topic of peer review is raised and words like "organized, integrated team effort, meaningful" and "useful" follow. ASC