

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 might not offer unbiased review, an outside practitioner will be engaged in the process.
2. The QI committee will establish and develop criteria to evaluate care in the facility.
 - a. The criteria developed by the QI Committee will be recommended to and approved by the Board of Managers.
 - b. The QI committee will apply the criteria when reviewing the results of the chart reviews.
 - c. The QI committee will review criteria annually and establish internal benchmarks
3. Consistent forms will be used for peer review on each healthcare professional and findings will be reviewed for patterns or trends.
 - a. The healthcare reviewer will document their findings and any recommendations on the *QI Screening Tool for Surgical Case Review*.
 - b. The findings will be reviewed by the QI Committee and presented to the Board of Managers.
4. Credentialing and Recredentialing:
 - a. Each healthcare professional will have a minimum of two (2) charts or 5% of total cases, whichever is greater, peer reviewed for each year credentialed.
 - b. All outliers will be reviewed, in addition to the 5% of total cases. Outliers include:
 - 1) Quality of care reports
 - 2) Anesthesia and surgical screen indicators
 - c. The peer review documents will be available during the recredentialing process and will be utilized in granting continuation of clinical privileges.
 - d. Peer references which are part of peer review will also be required during the initial credentialing phase to the Medical Staff or Allied Health Staff.
 - e. Peer references will be part of the recredentialing process to document clinical competence.
5. The facility will set up a monthly monitoring function to ensure all professional staff at the facility maintains licensure or certification.

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6. The facility encourages all healthcare providers to participate in educational programs.

Associated Documentation

Form: Medical Record Audit Form

Form: Physician Peer Review Audit Tool

Anesthesia Generic Screens

Surgical Generic Screens

Quality Improvement Surgery Case Review

Anesthesia PR/UR Monitoring Form

Surgical PR/UR Monitoring Form

Medical Staff Reappointment: Quality Review Profile

Peer Review Utilization Log