

# Your Medical Center

## Peer Review Process

1. Possible physician quality of care issue identified by:
  - Quality screen – QI, UR, RM, or Infection control
  - Variance report
  - Patient advocacy report
  - Letter from patient or family
  - Phone call from patient or family
  
2. Investigation of issue conducted by department involved:
  - Risk Management investigates variance reports, patient advocacy reports or letters/phone calls that involve a physician PLUS all sentinel events. Sentinel events will follow the hospital policy as well as the peer review process when a physician is involved.
  - Infection Control investigates all infection issues that involve a physician.
  - Care Coordinators during the daily record review will complete the Quality of Care Indicator Screens and send to the QI Coordinator. If concurrent chart review is required the Care Coordinator will send a copy of the screen. If screen does not require concurrent review then it is sent to the QI Coordinator after patient discharges.
  
3. All physician quality of care issues found by Risk Management and Infection Control in their screening process will be given to the QI Coordinator after the initial investigation.
  - Complete set of investigative material will be delivered to the QI Coordinator by the investigator with a verbal report on the issue.
  - If a sentinel event, the Risk Manager will involve the QI Coordinator at the onset.
  
4. The QI Coordinator will review the all screens, log in data, and add additional information from record as needed.
  - QI Medical Director will review each screen with the QI Coordinator for the next step in the process.
  - The QI medical director will assign a physician to review the patient record. The QI Coordinator completes a form letter to the assigned physician and delivers the original screens to Medical Records to be placed in the patient record awaiting physician review.
  - Based on the physician record review results, the QI Coordinator will follow the request of the reviewing physician.
  
5. Quality Council Committee:
  - Total number of screens and outcomes are presented to Quality Council each month. Details of involved screens are presented on an individual outline to breakdown the outcome that drew the screen and to show the request of the reviewing physician and the follow up.
  - Data will be trended in the Quality Council Report.
  
6. Peer Review Committee:
  - The QI Coordinator will prepare all of the investigative data and the physician chart review for the Clinical Peer Review Committee.
  - MEC assigns the Peer Review Committee.
  - Medical Staff only compromise the Peer Review Committee.
  - This information is privileged & confidential.
  - The QI medical director will present the case & all investigation conducted
  - The peer review committee will make recommendations as to the next step in the peer review process.
  
7. Depending upon the recommendations of the peer review committee the following will occur:
  - The Medical Staff President will write any letters or make any phone calls to the physician(s) in question.
  - All recommendations will be followed through with and when the case has been deemed closed by the peer review committee and the Medical Staff President the data will be filed in the physician's QI file.
  - This data remains privileged and confidential.