

# Philhaven



POLICY & PROCEDURE

Supersedes:

Policy No. NEW

Effective Date \_\_\_\_\_

Policy No. 2000.013

Effective Date 1/28/02

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Program/Department: **Clinical**

Subject: **Peer Review Process**

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## I. PURPOSE

Members of the medical staff are involved in activities to measure, assess and improve performance on an organization-wide basis. They are involved in conducting a properly designed peer review process.

## II. POLICY

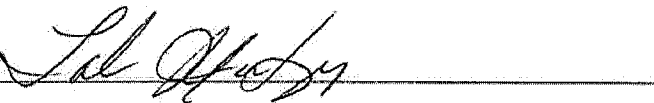
Philhaven and its medical staff are responsible for the quality of care provided to the patient population seen throughout the Philhaven system. Therefore, it is the policy of Philhaven to support the medical staff review process.

## III. PROCEDURE

- A. Members of the medical staff are involved in conducting a properly designed peer review process. Peer review is defined as any internal or external quality improvement activity that involves members of the medical staff performing oversight activities of other medical staff members with regard to clinical activity.
- B. Peer review activity may include, but is not necessarily limited to issues related to:
  1. Medical record documentation;
  2. Drug utilization;
  3. Patient/family concerns or complaints, whether written or verbal;
  4. Sentinel event review.
- C. A peer is any member in good standing of the medical staff. Participation in peer review activities is at the discretion and oversight of the medical executive committee. The committee will take into account factors such as professional discipline, clinical specialty, service line affiliation and any other obvious conflicts of interest. The committee may request external peer review when there are not adequate resources to conduct an objective internal peer review.
- D. Reviews are done on a regular basis. Results of these reviews are compiled on an individual as well as program basis. Individual practitioner reviews, which do not meet accepted standards, will be forwarded to either the medical director or his designee for further review. Participation in the peer review process by the individual whose performance is being reviewed will be determined on a case-by-case basis and will take into account the issues being considered. The medical director and/or his designee will make this determination. Based on the additional review, a rating will be assigned from the rating scale (see Attachment A). Disposition of the case will be noted on the peer review form and forwarded to the director of performance improvement for inclusion in the peer review database. Results of the peer review will also be forwarded to the executive assistant to the medical director for inclusion in the credentials file.

- E. As appropriate, practitioner-specific information will be compared to aggregate information. Trending reports (without practitioner identification) of data will be included in PI reports to the medical executive committee as appropriate.
- F. The review process will be conducted in a timely manner. It is expected that any cases reviewed for intensified review will be completed within thirty (30) days. If external review is required or there are extenuating circumstances, the time frame may be extended. It is expected all case reviews will be completed within ninety (90) days.
- G. As appropriate, peer review conclusions are tracked over time and actions based on peer review are monitored for effectiveness. At a minimum, results of peer review will be reported as part of the reprivileging and recredentialing process. They may also be considered in the organization's performance improvement activities. All peer review data remains privileged and confidential.

Approved by  Date 1/28/02

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Distribution: Library, Performance Improvement, Physicians, Psychologists  
/mj

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Attachment A

Peer Review Form --Confidential Document

1. Reason for Referral to Peer Review:

2. Conclusions of Review:

Not a Variance

Level D Documentation not adequate or below standard

Level 1 Unusual management approach or event but not unacceptable

Level 2 Controversial and questionable management approach

Level 3 Management approach clearly contraindicated and unacceptable

Comments:

3. Action:

4. Follow up:

\_\_\_\_\_ Signature of reviewer \_\_\_\_\_ Date