

Section Title	Effective Date:	Page: 1	Date Revised:
Quality Management	1-02		02-07
Subject:			
Peer Review			

PEER REVIEW

I. PURPOSE

The purpose of peer review is to promote patient safety and well being through the ongoing monitoring of practitioner performance. Peer review also acts as a measure of professional competence as well as quality of performance of the staff at Lakeview Surgery Center.

II. POLICY

It is the policy of Lakeview Surgery Center that peer review will apply to all practitioners as a part of the quality management plan. Ongoing monitoring of important aspects of medical care of individual practitioners as well as practitioners in the aggregate; will be conducted to facilitate performance improvement, improve quality of care and establish internal benchmarking. This information will be made a part of the practitioners' record and used in evaluations.

III. PROCEDURE

Physician Review

The Quality Coordinator will randomly select the patient charts to be reviewed each quarter. Not less than 2 patient charts per physician per year will be reviewed. All incidents involving patient care will also be reviewed quarterly. In addition other focused or targeted reviews may be conducted as deemed appropriate and necessary.

The Quality Coordinator along with a specialty representative of the Medical Executive Committee member will review selected patient charts. It is an evaluation of the quality and efficiency of care performed compared to facility policies and procedures and patient care standards.

Where there is not an objective peer reviewer on the MEC, or on the medical staff, an outside individual or entity approved by MEC and the Governing Board can be used.

Evaluation of clinical privileges/activities is based on findings of the Medical Executive Committee assessment process relevant to the individual's performance. The results of peer review are utilized by the MEC and GB as part of the basis for granting continuation of medical staff membership and clinical privileges.

Nursing Staff Review

Randomly selected patients charts will be evaluated for appropriate standard of care and documentation compared to facility policies and procedures.

Each month each staff nurse will review two randomly selected patient charts. Charts selected must be on patients with whom they have had no patient contact. Appropriate forms are to be completed with results going to the Quality Coordinator.

Allied Health Professional Review

Supervising Physicians complete annual performance evaluations on any Allied Health Professional that accompanies them to the surgery center. These evaluations are then submitted to the Clinical Director for review and in-put.

IV. SCOPE OF REVIEWS

Random Review

These evaluations will be based on appropriateness of care, medical necessity, adequacy of documentation and efficiency of services. These evaluations may be expanded as determined to meet the goal of improving the quality of health care to patients. The reviewer will document findings by completing the appropriate review form for the type of practitioner review. Reviews may include gathering data and information from any source in furtherance of the review. Findings are reported quarterly to Quality Management, MEC and GB.

Section Title	Effective Date:	Page: 2	Date Revised:
Quality Management	1-02		02-07
Subject:			
Peer Review			

Focused Review

Focused or targeted reviews are intended for a specific clinical or quality improvement purpose. While the selection of medical records to be reviewed could be random, these more purposeful reviews could include the review of patient charts within a certain disease or procedural category. Reviews could also focus on assessing the efficiency of a newly adopted policy or procedure.

Incident Review

In the event an incident involving the delivery of health care to a patient arises, a peer review of that patients chart is conducted. Incidents are those that could have led, or did lead to an undesirable outcome. Individual physician performance is reviewed, as is the clinical process. Findings are reported quarterly to Quality Management, MEC and GB.

V. QUALITY MANAGEMENT, MEC AND GOVERNING BOARD ROLE

Quarterly the Quality Coordinator will prepare reports summarizing the results of any Random, Focused or Incident Reviews done during the quarter. These results will be presented to QM and MEC for review, trending, discussion, corrective action or performance improvement directives. MEC will forward its recommendations to GB for consideration and approval.

Minutes from these meetings will reflect that peer review findings, trends and deficiencies were discussed and recommended actions documented.

VI. CONFIDENTIALITY

All aspects of Peer Review are to remain confidential and confidentiality is to be strictly enforced. A breach of confidentiality could be injurious to the facility, the patient and/or the practitioner and destroy the effectiveness of the Peer Review process.

All records relating to the peer review will be maintained in a confidential location and separate from the patient records.

VII. EDUCATIONAL ACTIVITIES

Lakeview encourages all Healthcare Professionals to participate in continuing medical educational opportunities – both internal and external. Educational activities are documented and made a part of the practitioners' performance record.