Title:	Peer Review				
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SCOPE

This document applies to Wise Health System Decatur.

DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the WHS Policy and Procedures Definitions document.

Peer Review – the evaluation of medical and health care services, including evaluation of the qualifications of professional health care practitioners and of patient care provided by those practitioners. The term includes evaluation of the following:

1. Merits of a complaint relating to a health care practitioner and a determination or recommendation regarding the complaint;
2. Accuracy of a diagnosis;
3. Quality of care provided by a health care practitioner;
4. Report to a medical peer review committee concerning activities under the committee's review authority;
5. Report made by a medical peer review committee to another committee or to the Board of Medical Examiners as permitted or required by law; and
6. Implementation of the duties of a medical peer review committee by a member, agent or employee of the committee.

The peer review process involves monitoring, analyzing and understanding those special circumstances of practitioner performance, as defined by the medical staff, which requires further evaluation.

Peer – an individual practicing in the same profession. For quality care issues related to general medical care, a physician (MD or DO) may review the care of another physician. In specialty specific clinical issues, such as evaluating the technique of a specialized procedure, a peer would be considered an individual well trained in that surgical specialty. The Medical Executive Committee shall determine the degree of subject matter expertise required for a provider to be considered a peer.

External Peer Review – a process in which evaluation of a practitioners care is performed by a peer outside of the organization. Circumstances requiring external peer review are outlined in this policy.

Medical Peer Review Committee – a committee of WHS or another health care entity, the Board of Directors of WHS or another health care entity, or medical staff of WHS or another health care entity, that operates under written bylaws approved by the Board of Directors of WHS and is authorized to evaluate the quality of medical and health care services or the competence of physicians. The term includes an employee or agent of any such committee.

POLICY

Medical Staff performance will be evaluated using a defined peer review process.

PROCEDURE

The peer review process performed by the medical staff contains the following components:

I. Circumstances Requiring Focused Peer Review

Descriptions of circumstances that may require peer review are listed below. This list can be revised at any time, as deemed appropriate by the Medical Executive Committee, Medical Staff Divisions or committees. Revisions to the list must meet the approval of the Medical Executive Committee.

Circumstances requiring peer review may include:

A. Medical Staff QA/UR/PI Committee:

1. Unanticipated death or code
2. Patient Injury
3. Referral from other committees
4. Transfusion occurrence
5. Complaints of inappropriate medical care

B. Perinatal Department

1. Maternal Death
2. Neonatal Death
3. Diagnosis of birth trauma
4. Maternal readmission within 14 days of delivery
5. Maternal blood loss resulting in transfusion
6. Mother transferred to CCU for medical complications
7. Unplanned removal, injury or repair of organ during operative procedure
8. Maternal length of stay >5 days after vaginal or >7 days after cesarean delivery
9. Unplanned return to delivery room setting or surgery
10. Delivery of infant with birth weight <2500 gm after planned induction or planned repeat C/S
11. Delivery after 42 weeks gestation with dysmaturity
12. Respiratory distress in the newborn requiring oxygen more than 6 hours
13. Seizures or convulsions of the neonate
14. Pitocin induction of labor for a patient with Bishop Score <5 without underlying conditions
15. Patient complaint of inappropriate medical care
16. Apgar score of 4 or less at 1 or 5 minutes
17. A term infant admitted to NICU

C. Critical Care Unit

1. Unanticipated death
2. Cardiac or respiratory arrest
3. Patient not seen by physician within 24 hours
4. CCU physician visit time frame policy not followed
5. Readmission to CCU with same or related diagnosis
6. Delay in treatment
7. Patient/family complaint of inappropriate medical care

D. Perioperative Department

1. Death of a surgical patient
2. Unplanned return to surgery
3. Additional procedure(s) other than planned
4. Cardiac or respiratory arrest
5. Anesthesia complications
6. Recovery complication
7. Unplanned admission to CCU
8. Break in aseptic technique
9. Post-operative infection
10. Pre-operative and post-operative diagnosis disagree
11. Complaint from patient/family of inappropriate medical care
12. Cancellation of procedure on day of surgery
13. Incomplete/inaccurate consent

E. **Medical/Surgical Postoperative Unit**

1. Unanticipated death or code
2. Suspected inappropriate admission to Unit
3. Readmission within 30 days with same or related diagnosis
4. Multiple readmissions with same or related diagnosis
5. Request to determine the medical reasonableness of a physicians' order or plan of care
6. No response to critical value or x-ray report
7. Refusal to evaluate patient at request of unit manager or house supervisor
8. Division Chief or Chief of Staff had to be contacted to secure medical care for a patient
9. Patient/family complaint of inappropriate medical care

F. Emergency/Trauma Department

1. Cardiac or respiratory arrest
2. Death in Emergency Department or within 24 hours of admission
3. Missed diagnosis resulting in major health risk
4. Patient/family complaint of inappropriate medical care
5. Frequent visits to Emergency Department with same or related diagnosis

G. Interventional Cardiology

1. Unexpected Outcomes
2. Questionable Appropriate Use Criteria
3. Contrast induced nephropathy
4. Case which requires defibrillation
5. Emergent CABG
6. Perforation
7. Death
8. Blood transfusion
9. Limb ischemia
10. Intervention failure
11. Groin hematomas requiring intervention

II. Peer Review Process Participants

For the purposes of the peer review program, a peer reviewer shall be defined as a member of the WHS medical staff, in good standing, Licensed in the same specialty as the individual whose case is under review. Opinions from other medical staff peers (members in good standing on the medical staff, not licensed in the same specialty as the individual whose case is under review) may be offered and considered, regarding specific issues related to the management of the case under review – if these individuals are members of the reviewing committee (either standing or requested).

An individual functioning as a peer reviewer will not have performed any medical management on the patient whose care is under review. However, opinions and information may be obtained from participants that were involved in the patients care.

III. Selection of Peer Review Panels for Specific Circumstances

Peer review panels may be selected in certain circumstances when additional consideration is necessary to adequately review a specific case. Panelists may be selected for their expertise in a given subject of medicine or in a specific medical specialty.

IV. Peer Review Activity Time Frames

Review of cases forwarded to medical staff committees/divisions are to be reviewed by the peer reviewer within one month of identification of the case. Cases not requiring immediate review, as determined by the medical staff committee/division peer reviewer, may undergo peer review upon the medical record completion process, but there should not be greater than a two month time period from issue identification to peer review. Time frames are adhered to in a reasonable fashion. In those instances where peer review falls out of the required time frames (medical record incomplete, practitioner under review is unavailable, reviewing committee rescheduling, etc.) the reasons for delay will be documented in the committee minutes. All efforts will be made to complete the peer review process as soon as practical.

V. Participation in Peer Review Process by Practitioner Under Review

The individual whose case is under review has the right to present his/her information regarding care management to the committee performing peer review. The QA/UR/PI Committee shall notify medical staff members of cases reviewed, including the medical record number, date of occurrence and reason for review. The committee may request additional information from the practitioner to assist in completing the review of the case.

VI. Circumstances Requiring External Peer Review

Peer review is a medical staff activity and will be managed as such, except in certain circumstances. External peer review does not replace medical staff peer review; it merely supplements it when the situation dictates. All requests for external peer review will be forwarded to the QA/UR/PI Committee. Circumstances requiring external peer review may include, but not be limited to:

1. When no one on the medical staff has the expertise in the specialty under review.
2. Need for specialty review when all medical staff of that specialty are partners.
3. The QA/UR/PI Committee cannot make a determination and requests external review.
4. The individual whose case is under review requests external peer review. The individual may be responsible for costs incurred for the external peer review.
5. Upon request of the Ethics and Credentials Committee or the Medical Executive Committee.
6. When dealing with the potential for litigation.
7. If there are conflicting recommendations from internal reviewers or medical staff committees.
8. When the medical staff needs an expert witness for a fair hearing, for evaluation of a credentials file or for help in developing a benchmark for quality monitoring.
9. When a medical staff member requests permission to utilize new technology or perform a procedure new to this organization and the medical staff does not have the necessary subject matter expertise to adequately evaluate the quality of care involved.

VII. Results of Medical Staff Peer Review

The recommendations from medical staff peer review performed by medical staff divisions/committees are forwarded to the QA/UR/PI Committee. Data from peer review activities is aggregated and reported to the Ethics and
Credentials Committee at the time of medical staff reappointment to provide for practitioner specific appraisal of competency and renewal of clinical privileges. Peer review activities are utilized in the WHS performance improvement program allowing for organizational improvement as necessary. Peer review conclusions, outcomes and actions resulting from peer review are monitored for effectiveness. Results of follow-up effectiveness are reported to the QA/UR/PI Committee.

VIII. Confidentiality

Except as provided by law, each proceeding or record of a medical peer review committee is confidential, and any communication made to a medical peer review committee is privileged. Each individual peer reviewer and member of a medical peer review committee conducting peer review shall sign a statement indicating that he or she

understands that proceedings and records of medical peer review committees are confidential and may not be disclosed, except to other committee members and/or agents of the committee or as otherwise permitted or requested by law.

ATTACHMENTS

None.

RELATED DOCUMENTS

None.

REFERENCES

Wise Health System Medical Staff Bylaws
Wise Health System Medical Staff Rules and Regulations
Comprehensive Accreditation Manual for Hospitals, Joint Commission on Accreditation of Healthcare Organizations
Texas Occupations Code, Sec 151.002(7), 160.007 (Vernon 2003)
http://www.statutes.legis.state.tx.us/docs/OC/htm/OC.151.htm
http://www.statutes.legis.state.tx.us/docs/OC/htm/OC.160.htm