Community Health Network, Inc.
MEDICAL STAFF POLICIES & PROCEDURES

Community Hospital East	☑	**Community Hospital South**
Community Hospital North		**Community Heart and Vascular Hospital**

TITLE: MEDICAL STAFF PEER REVIEW

POLICY: Community Health Network, Inc. (hereinafter referred to as Hospitals) and their medical staffs are responsible for the quality of care provided to the patient population seen throughout the institutions. Therefore it is the policy of the Hospitals to support the medical staff peer review process. The peer review process is a non-biased activity performed by the medical staff to measure, assess and, where necessary, improve performance on an organization-wide basis. Refer to Indiana Peer Review Statute IC 34-30-15-1 et seq.

DEFINITIONS:

"Peer review" is defined as the evaluation of the quality of care provided by individual practitioners, including identification of opportunities to improve care by individuals with the appropriate subject matter expertise to make this evaluation.

A "peer" is defined as an individual practicing in the same profession. The level of subject matter expertise required to provide meaningful evaluation of care will determine what "practicing in the same profession" means on a case by case basis. For example, for quality issues related to general medical care, a physician (MD or DO) may review the care of another physician. For specialty specific clinical issues, such as evaluating the technique of a specialized surgical procedure, a peer would be considered an individual well trained in that surgical specialty. For all peer review performed by the medical staff, the Medical Executive Council/Committee shall determine the degree of subject matter expertise required for a provider to be considered a peer.

PROCEDURE:

Peer Review Program Components

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

Definitions of circumstances requiring peer review are listed below. This list can be revised at any time, as deemed appropriate by the Quality Assurance Council of the Medical Executive Committee and the Credentials Committees (when applicable) of the medical staffs. Revisions to the list must meet approval of both the Quality Assurance Council of the Medical Executive Council/Committee and the Board.

Circumstances requiring peer review may include:

- All deaths with exceptions determined by the specific medical staff department; e.g. oncology.
- Unexpected complications in patient condition and/or care or treatment, including those that result in major permanent loss of function, not related to the natural course of the patient's illness or underlying condition
- Anticipated complications defined through the specific medical staff department process and approved for review; e.g. 48 hour return admits
- Post-operative complications as defined by the Surgical Departments and/or QA Council of MEC
- Moderate to severe adverse drug reactions
- Transfusion reactions
- Patient suicide
- Patient complaints and/or grievances regarding a medical staff member or members and those patient complaints or grievances related to medical staff management of care rendered
- Staff complaints, grievances or concerns regarding a medical staff member or members related to the management of patient care and/or the disruption of unit function

- Utilization issues in regard to hospital admission
- Iatrogenic events
- Inappropriate use of blood and blood components
- Inappropriate use of medications
- Inappropriate use of nutritional products
- Inappropriate, untimely, incomplete and illegible medical record content
- Service specific defined performance indicators, as established and approved by the specific medical staff department
- Sentinel events or "near misses" identified during concurrent or retrospective review.

Peer review process participants:

For the purposes of the peer review program, a peer reviewer shall be defined as a member of the medical staff, in good standing, licensed in the same medical 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, ad hoc committee members).

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

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.

Peer review activity time frames:

Cases forwarded to medical staff departments/committees/QA Council of MEC for peer review are to be reviewed within one month of referral.

Cases are identified for review through retrospective record review that is performed on an ongoing basis upon completion of medical record coding and record completion.

Cases are identified on a concurrent basis during routine quality and case management activities. Those cases requiring immediate action will be referred to the medical staff leadership/Chief Medical Officer for determination. Cases determined to require immediate committee review by the department QA Chairman will be referred to the appropriate medical staff committee within the month. Cases determined by the department QA Chairman not to require immediate review will undergo the medical record completion process prior to referral to committee, but at no time shall referral be greater than a two month time period from issue identification to medical staff committee peer review.

Circumstances requiring external peer review may include, but may not be limited to:

- Need for specialty review when there are no medical staff members of the institution with the identified specialty within the organization
- The peer review committee cannot make a determination and requests external review
- The individual whose case is under review requests external peer review. The individual will be responsible for costs incurred for the external peer review.

- The Medical Executive Committee QA and/or the Medical Executive Committee request external review

- When dealing with the potential for litigation
- When dealing with ambiguous or conflicting recommendations from internal reviewers or medical staff committees or when there does not appear to be a strong consensus for a particular recommendation
- 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
- When the medical staff needs an expert witness for a fair hearing, for evaluation of a credential file or for assistance in developing a benchmark for quality monitoring

Participation in the peer review process by the practitioner whose performance is 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.

All individuals whose cases are referred for committee peer review shall be notified of the medical record number and date of admission of the case to be reviewed, in addition to the reason for review, at least two weeks prior to the scheduled peer review meeting date. In cases of immediate referral to committee, as determined by the department QA Chairman, the department QA Chairman shall notify the individual whose case is under review, regarding the reason for review and the scheduled date of review, as soon as the department QA Chairman makes the determination that the case must be referred for formal peer review.

PEER REVIEW PROGRAM METHODOLOGY

To provide for an effectively functioning peer review process, the following program methodology will be conducted:

- The peer review program is consistent—all cases referred for peer review shall follow the peer review program components listed above.
- Time frames are adhered to in a reasonable fashion. All cases referred for peer review shall be reviewed within the time frames as listed above. 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 medical staff committee minutes of the reviewing committee. All efforts will be made to complete the peer review process as soon as practicable within the confines of the delay.
- Conclusions of review are defensible. All cases undergoing peer review will document the rationale for the conclusion made by the peer reviewer(s). Rationale must be based on the reason the case was reviewed and supported by current clinical practice, practice guidelines and/or literature.
- Peer review is balanced. All opinions regarding medical management, including minority opinions, of the case under review will be considered in the ultimate determination of the case. This includes information and opinions from the individual whose case is under review.

Results of peer review are utilized at time of medical staff reappointment and to improve the organization's performance in individual situations and as a whole:

- Results of peer review activities are aggregated and reported at time of medical staff reappointment to provide for practitioner specific appraisal of competency and renewal of clinical privileges. A practitioner specific performance profile is completed and forwarded to the Credentials Committee/QA Council MEC prior to medical staff member reappointment.

- Results of peer review activities are utilized in the hospital-wide performance improvement program, via a report to the Quality Assurance Council of the Medical Executive Council/Committee to allow for organizational improvement as necessary.
- The peer review program is an ongoing component of the hospital-wide performance improvement program and a routine component of each medical staff department.
- Peer review conclusions, outcomes and actions resulting from peer review are monitored for effectiveness. Results of follow-up effectiveness monitoring are reported to the QA Council of the Medical Executive Council/Committee and to the Network Quality of Care Committee

Focus Review:

If, at the time of reappointment, a focus review cannot be completed because of insufficient number of cases having been performed at the hospital, the medical staff needs to call the question as to whether it can validate the current competency of the practitioner. At that time the physician must:

- Provide validation of current competency from an outside source
- Consider relinquishing hospital privileges

Originated:	4/02 (EN); 12/02 (CHVH)
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Approved by CHVH Board of Managers:	1/27/03; 4/24/06