

HEALTHWEST

Practice Guideline

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Approved By:

Subject: Medical Staff Peer Review
Protocol


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I. Guideline

Medical Peer Review Process.

II. Purpose

To provide safety and quality healthcare for individuals in service and provide an organized mechanism of evaluation and assessment of medical staff to identify opportunities to improve performance and/or provide education.

III. Application

Medical (Physicians, Physician Assistants, Nurse Practitioners) providers.

IV. Definitions

A. Peer: One who has equal standing with another, similar rank, similar job performance.

B. Peer Review Process: An evaluation by clinicians of the quality and efficiency of care performed by another practitioner/clinician. It is objective in nature and based on medical necessity, appropriateness, and efficiency of services.

V. Protocol

- A. The peer review process will be supervised by licensed physicians.
 1. Physician Assistants and Nurse Practitioners may participate in the process under the auspices of physicians.
 2. Peer reviews will be performed in good faith by qualified experts.
- B. The peer review process will occur as a chart review.
 1. The chart review criteria will be developed by physicians. This criteria will contain objective evidence questions.
 2. These chart reviews will occur on a quarterly basis.
 - a) The reviews will involve the last twelve (12) months of services.
 - b) The reviews will be documented on Form # Q 036.
 3. Charts will be obtained:
 - a) Through a random sampling.
 - b) Each review session will have 8-10 charts available.
- C. Response to the chart review:
 1. When NO is checked on the review form, a comment will be included, if appropriate (some answers are self-evident).
 2. Any review containing NO answers will be forwarded to the reviewed medical person for a response within 60 days, then returned to the Peer Review group for its conclusion (acceptance of explanation or recommendations for further discussion, training, or possible consequences).
 3. Review decisions will be supported by rationale based on acceptable medical practices.
 4. Peer Review may result in a correction action plan which will be non-punitive unless or until actions:
 - a) Have a serious consequence.
 - b) The provider is unwilling to correct errors.
 - c) The provider is unwilling to obtain the appropriate education needed to eliminate the error in future treatment decisions.
 5. An Appeal process is available for practitioners as follows:
 - a) Within 10 days of the receipt of the decision, the practitioner under review as the right to request an appeal from the Peer Review Committee. The request must be in writing and shall include the grounds for appeal and a clear and concise statement of the facts that support the appeal.
 - b) The Chief Clinical Officer and the Medical Director will convene for an appeal hearing within 30 days of receipt of the written request from the practitioner under review.

- c) The Chief Clinical Officer and Medical Director will confirm, modify, or reverse the original finding(s) and recommendations and issue a determination. This determination shall be considered final.
 - d) The final decision and recommendations will be communicated to the Privileging Team for purposes of making privileging recommendations. The detailed findings of the peer review process for any practitioner who is privileged, will be made available to the Privileging Team on request for purposes of privileging.
- D. Persistent failure may result in recommendations to revoke privileges and/or terminate medical providers contract and/or employment with the agency. If this occurs, the provider may challenge the decision through established privileging and procedures.
- E. The process will protect the confidentiality of medical information obtained and used in conducting the review.
- F. The process will follow the peer review statutes of the state of Michigan regarding disclosure of findings.
- G. A quarterly summary report will be made available to the Doctors Workgroup through the Quality Assurance Unit. Any data or summary of data obtained for the purpose of Quality Assurance will not identify the provider.