Riverside University Health Systems Community Health Centers Peer Review FQHC Ambulatory Care

Definition and Requirements

- Peer Review is an objective evaluation of a provider's clinical performance completed by colleagues
- The Health Resources and Services Administration requires that Peer Review is used to support credentialing functions
- Policy CHC 100

https://rivcoca.sharepoint.com/sites/ruhs/policiesandprocedures/portal/NewPolicy2/CHC%20100%20Peer%20Review.pdf

Purpose

- Peer Review is used to evaluate and monitor the quality of the following services
 - Accuracy of diagnosis
 - Quality and appropriateness of services provided
 - Compliance with the appropriate standards of care and legal requirements
 - Identify areas for potential improvement in quality, utilization, or efficiency



Procedure

- Peer Review is performed under the direction of the medical director on a quarterly basis
- Minimum of 4 records reviewed per credentialed provider per year
- Incidents of significant nature can generate peer review
- Reviews identified with an opportunity for improvement, deviation to the standard of care, or as unacceptable care are reviewed at a secondary level by Medical Directors and Clinical Leadership with assistance from the Quality Nurse Manager, based on specialty and provider designation



Peer Review Assignment

- The Quality Team will generate and assign Peer Review in Datix
 - If you have an issue with your peer review assignment, please contact Carolyn Netti



Datix

- Log into Datix using your Active Directory Log in
 - Please log in at least once every 60 days to remain active in the Datix System

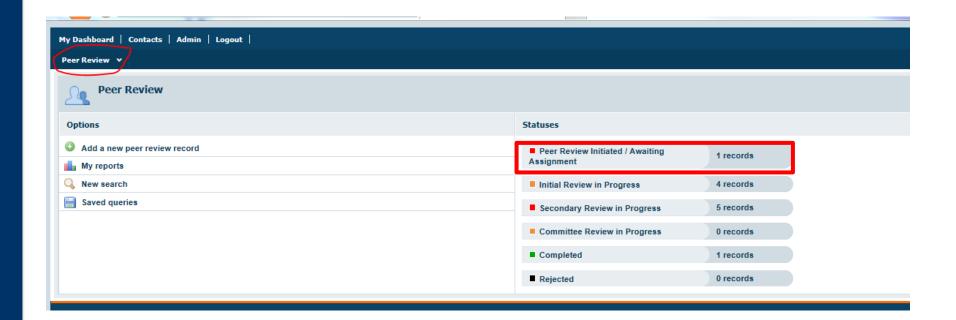




Peer Review Module

- Click on the Peer Review Module on the top left corner
 - This is the home page, the Statuses section shows where the peer reviews are in the process;
 - first step will be to CLICK the "Peer Review Initiated / Awaiting Assignment" bucket



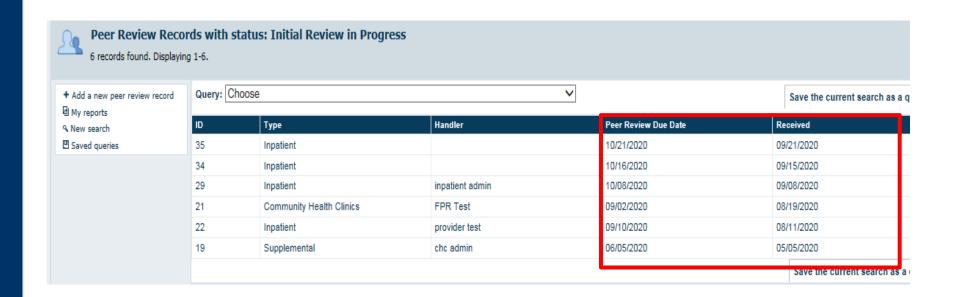




Steps

 Select the "Peer Review Initiated / Awaiting Assignment" bucket. This will take you to all the Peer Reviews that need to be completed. Focus on due dates and received date.



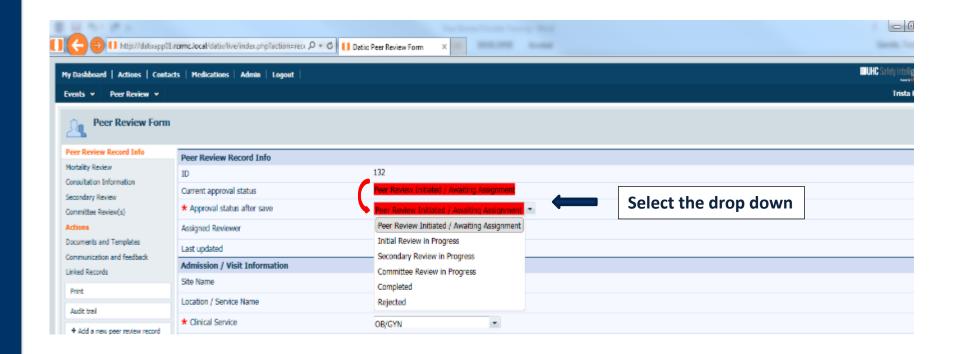




Change Status

 Once you have opened the Peer Review from this above bucket, place PEER REVIEW Status to "Initial Review in Progress". This will populate the Peer Review items you will need to complete.







Admission/Visit Information

 Use as reference to identify patient and date of review

| Laux apaasoa , , , | | |
|--|-------------------|--|
| Admission / Visit Information | | |
| Site Name | Main Campus | |
| Location / Service name | 4200 | |
| ★ Clinical Service | Internal Medicine | |
| ★ Peer Review Type | Inpatient | |
| ★ Date of Initial Review / Referral (MM/dd/yyyy) | 09/21/2020 | |
| ★ Peer Review Due Date | 10/21/2020 | |



- If there are no issues with quality of care check box A
- If issues are noted continue to the next section
- If there are no issues with documentation check box B
- If issues are noted continue to the next section
- If both A&B are checked move the "Check Appropriate Peer Review Level for Quality of Care" Box and check Level I



| Care Issues - Patient | A - Diagnosis |
|-----------------------|---|
| | |
| | B - Clinical Judgment / Decision-making |
| | C - Technique / Skills |
| | D - Diagnostic / Treatment Planning |
| | F - Follow-up / Follow-through |
| | G - Clinical Knowledge |
| | H - Supervision |
| | ☐ I - Communication / Responsiveness |

- If any issue with patient care exists, check which categories apply
- Please add notes to the "Physician Review of Case" box with notes regarding findings
- Go to "Check Appropriate Peer Review Level for Quality of Care" Box and select the appropriate level



| Oocumentation Issues - Interpersonal and Communication Skills | □ J - Documentation reflects patient condition □ N - Documentation unreadable □ O - Documentation incomplete |
|--|--|
|--|--|

- If issue with documentation exists, check the appropriate categories
- Please add notes to the "Physician Review of Case" box with notes regarding findings
- Go to "Check Appropriate Peer Review Level for Quality of Care" Box and select the appropriate level



| Provider Quality of Care & Documentation Issues Review: | | |
|---|---|--|
| ★ Peer Review Level for Quality of Care | Level I - No issues related to provider quality of care or documentation identified Level II - Meets Standard of Care, While Opportunity for Improvement Exists Level III - Deviation to Standard of Care Level IV - Episode of Care Unacceptable to Medical Staff | |

Selecting levels of Review



Competencies Medical Staff

- Patient Care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health
- Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
- **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
- **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
- **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvement in patient care.

Competencies Behavioral Health

- Patient Care that is compassionate, appropriate, and effective for the treatment of clinical problems and the promotion of mental health
- Clinical Knowledge of established evidence-based practices and fidelity to treatment models
- Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, unbiased language, and sensitivity to a diverse patient population
- Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
- System-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the large context and system of mental health care and the ability to effectively call on system resources to provide optimal care.
- Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvement in patient care

Level I

- Meets clinical standards of care
- Nothing went wrong (check only A&B)



| Identified Provider Issues (Level II - IV) - Check all that apply | | | |
|--|---|--|--|
| Issue Identification | ✓ A - No issues with quality of care ✓ B - No issues with documentation | | |
| Care Issues - Patient | A - Diagnosis B - Clinical Judgment / Decision-making C - Technique / Skills D - Diagnostic / Treatment Planning F - Follow-up / Follow-through G - Clinical Knowledge H - Supervision I - Communication / Responsiveness | | |
| Documentation Issues - Interpersonal and Communication Skills | ☐ J - Documentation reflects patient condition ☐ N - Documentation unreadable ☐ O - Documentation incomplete | | |
| Provider Quality of Care & Documentation Issues | Review: | | |
| ★ Peer Review Level for Quality of Care | Level I - No issues related to provider quality of care or documentation identified Level II - Meets Standard of Care, While Opportunity for Improvement Exists Level III - Deviation to Standard of Care Level IV - Episode of Care Unacceptable to Medical Staff | | |
| Physician Review of Case Summary | | | |
| Physician Review of Case | abc | | |
| System Issue(s) Identified - Code "S" | | | |
| "Code S" - System Issue Involved in Quality of Care | ☐ Code S - Opportunity for Improvement Exists - Not related to provider's performance: System problem | | |
| Code R or AHP | | | |
| Code R or AHP - Opportunity for Improvement Exists - Related to Resident Performance | Code R or AHP - Opportunity for Improvement Exists - Related to Resident Performance | | |
| Resident / AHP Provider # | | | |
| Additional Details | | | |
| Discuss at Next Department Meeting | | | |
| Provider Review | | | |
| ★ Provider review complete? | ● Yes ○ No | | |
| ★ Provider Completed Review Date | 12/20/2022 | | |

Level II

- Meets clinical standard of care; opportunity for improvement exists:
- Documentation issues (check box is M; N;
 O) that show opportunity for
 improvement. Check box options are C-O.
 (A&B should not be selected)
- At the bottom of the form #1 <u>Must be</u> <u>completed</u>



| Identified Provider Issues (Level II - IV) - Check all that apply | | | |
|---|---|--|--|
| Issue Identification | ☐ A - No issues with quality of care ☐ B - No issues with documentation | | |
| Care Issues - Patient | A - Diagnosis B - Clinical Judgment / Decision-making C - Technique / Skills D - Diagnostic / Treatment Planning F - Follow-up / Follow-through G - Clinical Knowledge H - Supervision I - Communication / Responsiveness | | |
| Documentation Issues - Interpersonal and Communication Skills | ☐ J - Documentation reflects patient condition ☐ N - Documentation unreadable ☑ O - Documentation incomplete | | |
| Provider Quality of Care & Documentation Issues | Review: | | |
| * Peer Review Level for Quality of Care | Level I - No issues related to provider quality of care or documentation identified € Level II - Meets Standard of Care, While Opportunity for Improvement Exists Cevel III - Deviation to Standard of Care Level IV - Episode of Care Unacceptable to Medical Staff | | |
| Physician Review of Case Summary | | | |
| Physician Review of Case | BMI documented, BPA not used | | |
| Complete for Peer Review Levels II, III, IV, S or R | | | |
| ★ List the opportunities for improvement identified for Peer Review Levels II, III, IV | Utilize BMI BPA | | |
| ★ List the actions taken for Peer Review Levels II, III, IV, S or R | | | |
| System Issue(s) Identified - Code "S" | | | |
| "Code S" - System Issue Involved in Quality of Care | ☐ Code S - Opportunity for Improvement Exists - Not related to provider's performance: System problem | | |
| Code R or AHP | | | |
| Code R or AHP - Opportunity for Improvement Exists - Related to Resident Performance | Code R or AHP - Opportunity for Improvement Exists - Related to Resident Performance | | |
| Resident / AHP Provider # | | | |
| Additional Details | | | |
| Discuss at Next Department Meeting | | | |
| Provider Review | | | |
| ★ Provider review complete? | Yes | | |

O No 12/20/2022

* Provider Completed Review Date

Level III

- Deviation to Standard of Care
- Complications
- Delay in care
- Retained Foreign Body?
- At the bottom of the form #1 <u>Must be</u>
 <u>completed</u>



| Identified Provider Issues (Level II - IV) - Check all that apply | | | |
|---|---|-----------|--|
| Issue Identification | ☐ A - No issues with quality of care ☐ B - No issues with documentation | | |
| Care Issues - Patient | A - Diagnosis B - Clinical Judgment / Decision-making C - Technique / Skills D - Diagnostic / Treatment Planning F - Follow-up / Follow-through G - Clinical Knowledge H - Supervision I - Communication / Responsiveness | | |
| Documentation Issues - Interpersonal and Communication Skills | ☐ J - Documentation reflects patient condition ☐ N - Documentation unreadable ☑ O - Documentation incomplete | | |
| Provider Quality of Care & Documentation Issues | Review: | | |
| ★ Peer Review Level for Quality of Care | Level I - No issues related to provider quality of care or documentation identified Level II - Meets Standard of Care, While Opportunity for Improvement Exists Level III - Deviation to Standard of Care Level IV - Episode of Care Unacceptable to Medical Staff | | |
| Physician Review of Case Summary | | | |
| Physician Review of Case | Documentation lists lack of menses for 6 months, Statin prescribed | | |
| Complete for Peer Review Levels II, III, IV, S or R | t | | |
| ★ List the opportunities for improvement identified for Peer Review Levels II, III, IV | Pregnancy test prior to ordering Statin | | |
| ★ List the actions taken for Peer Review Levels II, III, IV, S or R | | | |
| System Issue(s) Identified - Code "S" | | | |
| "Code S" - System Issue Involved in Quality of Care | Code S - Opportunity for Improvement Exists - Not related to provider's performance: System problem | | |
| Code R or AHP | | | |
| Code R or AHP - Opportunity for Improvement Exists - Related to Resident Performance | Code R or AHP - Opportunity for Improvement Exists - Related to Resident Performance | | |
| Resident / AHP Provider # | | | |
| Additional Details | | | |
| Discuss at Next Department Meeting | • | | |
| Provider Review | | | |
| * Provider review complete? | Yes No | | |
| ★ Provider Completed Review Date | 12/20/2022 | | |
| | Save Cancel | [d d b b] | |

Level IV

- Episode of Unacceptable clinical care
- Wrong surgery
- Retained Foreign Body
- Unexpected death
- At the bottom of the form #1 <u>Must be</u>
 <u>completed</u>



| Identified Provider Issues (Level II - IV) - Check all that apply | | | |
|---|---|--|--|
| Issue Identification | ☐ A - No issues with quality of care ☐ B - No issues with documentation | | |
| Care Issues - Patient | A - Diagnosis B - Clinical Judgment / Decision-making C - Technique / Skills D - Diagnostic / Treatment Planning ✓ F - Follow-up / Follow-through ✓ G - Clinical Knowledge H - Supervision I - Communication / Responsiveness | | |
| Documentation Issues - Interpersonal and Communication Skills | □ J - Documentation reflects patient condition □ N - Documentation unreadable ☑ O - Documentation incomplete | | |
| Provider Quality of Care & Documentation Issues | Review: | | |
| ★ Peer Review Level for Quality of Care | Level I - No issues related to provider quality of care or documentation identified Level II - Meets Standard of Care, While Opportunity for Improvement Exists Level III - Deviation to Standard of Care ● Level IV - Episode of Care Unacceptable to Medical Staff | | |
| Physician Review of Case Summary | | | |
| Physician Review of Case | c/o RUQ for several years, no diagnostic tests ordered. Visit to ED with CT concerning for malignancy and instructions to f/u with PCP. No f/u scheduled and no additional testing ordered. Pt with rapidly growing Stage IV malignancy now referred to surgical oncology | | |
| Complete for Peer Review Levels II, III, IV, S or R | | | |
| ★ List the opportunities for improvement identified for Peer Review Levels II, III, IV | Follow-up plan r/t symptoms. Schedule ED follow-up according to guidelines | | |
| \bigstar List the actions taken for Peer Review Levels II, III, IV, S or R | eps eps | | |
| System Issue(s) Identified - Code "S" | | | |
| "Code S" - System Issue Involved in Quality of Care | Code S - Opportunity for Improvement Exists - Not related to provider's performance: System problem | | |
| Code R or AHP | | | |
| Code R or AHP - Opportunity for Improvement Exists - Related to Resident Performance | Opportunity for Improvement Exists - Code R or AHP - Opportunity for Improvement Exists - Related to Resident Performance ent Performance | | |
| Resident / AHP Provider # | | | |
| Additional Details | | | |
| Discuss at Next Department Meeting | | | |
| Provider Review | | | |
| ★ Provider review complete? | ● Yes ○ No | | |
| ★ Provider Completed Review Date | 12/20/2022 | | |

| System Issue(s) Identified - Code "S" | | |
|---|---|--|
| "Code S" - System Issue Involved in Quality of Care | Code S - Opportunity for Improvement Exists - Not related to provider's performance: System problem | |
| Code R or AHP | | |
| Code R or AHP - Opportunity for Improvement Exists - Related to Resident Performance | Code R or AHP - Opportunity for Improvement Exists - Related to Resident Performance | |
| Resident / AHP Provider # | | |

Code S- System Issue: can be included with any of the above levels

Policy and Procedure Issues

Access issues

Intern issues

Code R or AHP- Resident/Intern issues: can be included with any of the above levels

Code R (Resident)- Any intern/resident issue present AHP (Allied Healthcare Professional)- Any issue present with other professionals involved in patient's treatment



Completion

| Provider Review | | |
|----------------------------------|----------------------------------|-------------|
| ★ Provider review complete? | YesNo | |
| ★ Provider Completed Review Date | 12/20/2022 | |
| | | Save Cancel |

Hit save at the bottom of the box



Oversight

- Level II's are tracked for patterns/trends for providers (i.e. if the same issue occurs with the same provider, that could warrant a focused clinical evaluation)
- **Level III** each time a provider receives a level III, the Peer Review Counsel will send a letter notification to the provider. If there was intern involvement, a letter is sent to the supervision.
 - 3 Level III's for the same clinician in a rolling 12 month period warrants a focused practitioner review
- Level IV-automatic focused practioner review
- Code S- Letter is sent to the department and awaits a response until the issue is resolved
- Code R or AHP- Letter is sent to the department and must respond until issue is resolved.

 Riverside University

Questions







Carolyn Netti, Nurse Manager of Ambulatory Quality