



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

 Peer Review

Options

-  Add a new peer review record
-  My reports
-  New search
-  Saved queries

Statuses

-  Peer Review Initiated / Awaiting Assignment 1 records
-  Initial Review in Progress 4 records
-  Secondary Review in Progress 5 records
-  Committee Review in Progress 0 records
-  Completed 1 records
-  Rejected 0 records

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.



Peer Review Records with status: Initial Review in Progress

6 records found. Displaying 1-6.

+ Add a new peer review record

My reports

New search

Saved queries

Query: Choose

Save the current search as a q

ID	Type	Handler	Peer Review Due Date	Received
35	Inpatient		10/21/2020	09/21/2020
34	Inpatient		10/16/2020	09/15/2020
29	Inpatient	inpatient admin	10/08/2020	09/08/2020
21	Community Health Clinics	FPR Test	09/02/2020	08/19/2020
22	Inpatient	provider test	09/10/2020	08/11/2020
19	Supplemental	chc admin	06/05/2020	05/05/2020

Save the current search as a

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.

Browser address bar: <http://datissapp01.rcmc.local/dato/live/index.php?action=rec> | Tab: Data: Peer Review Form

Navigation: My Dashboard | Actions | Contacts | Medications | Admin | Logout | UHC Safety Intelligence | Trista

Peer Review Form

Peer Review Record Info

- Mortality Review
- Consultation Information
- Secondary Review
- Committee Review(s)
- Actions**
- Documents and Templates
- Communication and feedback
- Linked Records

Print

Audit trail

+ Add a new peer review record

Peer Review Record Info	
ID	132
Current approval status	Peer Review Initiated / Awaiting Assignment
* Approval status after save	Peer Review Initiated / Awaiting Assignment
Assigned Reviewer	Peer Review Initiated / Awaiting Assignment
Last updated	Initial Review In Progress
Admission / Visit Information	
Site Name	Secondary Review in Progress
Location / Service Name	Committee Review in Progress
	Completed
	Rejected
* Clinical Service	OB/GYN

Select the drop down

Admission/Visit Information

- Use as reference to identify patient and date of review

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

Identified Provider Issues (Level II - IV) - Check all that apply

Issue Identification

- A - No issues with quality of care
- B - No issues with documentation

- 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

Documentation 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

abr

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

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 **Must be completed**

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

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
 No

★ 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 **Must be completed**

Identified Provider Issues (Level II - IV) - Check all that apply

Issue Identification	<input type="checkbox"/> A - No issues with quality of care <input type="checkbox"/> B - No issues with documentation
Care Issues - Patient	<input type="checkbox"/> A - Diagnosis <input type="checkbox"/> B - Clinical Judgment / Decision-making <input type="checkbox"/> C - Technique / Skills <input type="checkbox"/> D - Diagnostic / Treatment Planning <input checked="" type="checkbox"/> F - Follow-up / Follow-through <input type="checkbox"/> G - Clinical Knowledge <input type="checkbox"/> H - Supervision <input type="checkbox"/> I - Communication / Responsiveness
Documentation Issues - Interpersonal and Communication Skills	<input type="checkbox"/> J - Documentation reflects patient condition <input type="checkbox"/> N - Documentation unreadable <input checked="" type="checkbox"/> 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

★ 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

Level IV

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

Identified Provider Issues (Level II - IV) - Check all that apply

Issue Identification	<input type="checkbox"/> A - No issues with quality of care <input type="checkbox"/> B - No issues with documentation
Care Issues - Patient	<input type="checkbox"/> A - Diagnosis <input type="checkbox"/> B - Clinical Judgment / Decision-making <input type="checkbox"/> C - Technique / Skills <input type="checkbox"/> D - Diagnostic / Treatment Planning <input checked="" type="checkbox"/> F - Follow-up / Follow-through <input checked="" type="checkbox"/> G - Clinical Knowledge <input type="checkbox"/> H - Supervision <input type="checkbox"/> I - Communication / Responsiveness
Documentation Issues - Interpersonal and Communication Skills	<input type="checkbox"/> J - Documentation reflects patient condition <input type="checkbox"/> N - Documentation unreadable <input checked="" type="checkbox"/> 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
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Physician Review of Case Summary

Physician Review of Case	<p>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</p>
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Complete for Peer Review Levels II, III, IV, S or R

★ List the opportunities for improvement identified for Peer Review Levels II, III, IV	<p>Follow-up plan r/t symptoms. Schedule ED follow-up according to guidelines</p>
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★ List the actions taken for Peer Review Levels II, III, IV, S or R	
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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

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? Yes
 No

* Provider Completed Review Date 

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 practitioner 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.

Questions





Carolyn Netti, Nurse Manager of Ambulatory Quality