

LAC+USC MEDICAL CENTER

ATTENDING STAFF POLICY & PROCEDURE

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Subject: MEDICAL STAFF PEER REVIEW		Original Issue Date: May 1, 2002	Policy # ASA 101
		Supersedes: 5/5/10	Effective Date: 5/4/2022
Departments Consulted: Quality Improvement Medical Administration	Reviewed & Approved by: Credentials and Privileges Advisory Attending Staff Association Executive Committee	Approved by: (Signature on file) President, Attending Staff Association	

PURPOSE

To ensure that all peer review activities are conducted in a consistent manner throughout the organization. To ensure that all peer review activities are properly designed and effectively functioning throughout the organization.

POLICY

LAC+USC Medical Center and the members of its attending staff are responsible for the quality of care provided to the patient population throughout the institution. Therefore, it is the policy of our organization to support the medical staff peer review process. The peer review process is a non-biased activity performed by the attending staff to measure, assess, and where necessary, improve performance on an individual / organization-wide basis.

DEFINITION

This policy applies to all clinical departments.

Peer An individual with essentially similar or higher qualifications

External Peer review Referral of an issue/case to a reviewer/expert outside the organization for unbiased or specialty review and evaluation

KEY WORDS Peer review, Attending staff, Performance improvement, External peer review

PROCEDURE

A. Peer Review Program Components

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

1. Peer review will focus on process improvement as well as on practice issues and medical management. Circumstances requiring peer review include, but are not limited to:

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- a. Blood utilization
 - b. Medication use
 - c. Sentinel events
 - d. Risk management
 - e. Operative and other procedure review
 - f. Specific department quality indicators (e.g., efficiency of clinical practice patterns, significant departures from established patterns of clinical practice)
 - g. Infection control
 - h. Proctoring reviews of new staff members within departments
 - i. Morbidity and mortality
 - j. An attending staff committee determines there are problems within a department or service that are directly related to individual clinical performance
 - k. Utilization Review
2. Circumstances requiring external peer review, in addition to bylaws, may include but not limited to:
 - a. Those available to review the record do not have sufficient expertise to provide a fair peer review;
 - b. Those available to review the record work too closely with the staff member and do not feel comfortable performing the review
 - c. When faced 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
3. Peer review process participants:
 - a. An individual functioning as a peer reviewer will not have performed any medical management if at all possible on the patient whose case is under review.
 - b. The individual staff member whose practice is under review will be notified of an peer review evaluation that will potentially result in an unfavorable outcome. The staff member will be invited to provide information about the event and given the option to participate in the evaluation.
4. Peer Review is conducted in the following Committees at LAC+USC Medical Center:
 - a. Medical Center Quality Improvement Committee
 - b. Cancer Committee
 - c. Patient Safety Committee
 - d. Infection Control Committee
 - e. Blood Utilization / Transfusion Committee
 - f. Pharmacy and Therapeutics Committee
 - g. Research Committee
 - h. Health Information Committee
 - i. Clinical Councils: Departmental quality improvement or peer review committees
 - j. Operating Room Committee
 - k. Surgical Case and Invasive Procedure Review Committee
 - l. Respiratory Care Committee
 - m. CPR Committee

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- n. Trauma Committee
- o. Utilization Review Committee
- p. Medico-Legal Committee (risk management)

Of the above committees, the standing committee's membership are appointed annually by the President of the Attending Staff Association (ASA). The above committees may act independently or jointly to perform peer review within the guidelines of this policy, Medical Center policies, and the ASA Rules and Regulations or Bylaws. Any of the above committees may forward an issue for peer review to another committee as necessary for specialty review or to Risk Management for review and evaluation. The Medical Center Quality Improvement Committee, Attending Staff Association Executive Committee, or Risk Management may form ad-hoc committees for peer review as needed for specialty or sentinel event review.

B. Peer Review Program Methodology

To provide for an effectively functioning peer review process, the following program methodology will be followed for ongoing professional practice evaluation and focused professional practice evaluation:

1. The peer review program is consistent:
Peer review is conducted according to defined procedures outlined in this policy and the ASA Bylaws for all cases meeting the definition of reviewable circumstances.
2. Time frames are adhered to in a reasonable fashion:
All cases that are deemed to be potential sentinel events shall be reviewed within the time frame as outlined in policies on sentinel events. For all other cases, a 60-day time frame is given to submit the review. All efforts will be made to complete the peer review as soon as practicable within the confines of the delay.
3. Conclusions of review are defensible:
All cases undergoing peer review will have a worksheet completed that lists 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.
4. 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.
5. Peer review is useful:

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

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6. Results of peer review activities are aggregated and reported at time of attending 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 Credentialing Committee prior to attending staff member reappointment. This profile of aggregated peer review outcomes is internal and confidential.
7. Results of peer review activities are utilized in the organization-wide performance improvement program, via quarterly reporting to the Medical Center Quality Improvement Committee to allow for organizational improvement as necessary.
8. Peer review is ongoing:
The peer review process is ongoing, and its conclusions are tracked over time. It plays an integral part in the organization-wide performance improvement program. Conclusions, outcomes and actions resulting from peer review are monitored for effectiveness. Results of effectiveness monitoring are reported to the Medical Center Quality Improvement Committee and the Attending Staff Association Executive Committee and the Governing Body.

RESPONSIBILITY

Attending Staff
Administration

PROCEDURE DOCUMENTATION

Attending Staff Manual, Policies, Procedures and Guidelines
Medical Center Quality and Performance Improvement Plan

REFERENCES

California Code of Regulations, Title 22, Section 70703
California Business & Professions Code, Section 2282.5
LAC+USC Medical Center Policy # 300, Event Notification Guidelines
LAC+USC Medical Center Policy # 303, Sentinel and Critical Clinical Event Reporting, Investigation, and Follow-up
Joint Commission National Patient Safety Goals
Joint Commission Standards Medical Staff
LAC+USC Attending Staff Association Bylaws
ASA 109 Ongoing Professional Practitioner Evaluation
ASA 115 Focused Professional Practitioner Evaluation (FPPE) Worksheet

REVISION DATES

May 1, 2002; May 5, 2005; May 5, 2010; May 4, 2022