

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: III-103 PEER REVIEW	POLICY #: 1220
	VERSION: 1
APPROVED BY: ASC Approvers	
DATE APPROVED: 07/31/2015	

PURPOSE: To assure and improve the quality of care provided by licensed independent practitioners with clinical privileges at the Ambulatory Surgical Center (ASC).

POLICY:

- I. The Peer Review Program of the ASC consists of two (2) components:
 - A. Chart Review
 - B. Focused Case Review
- II. Serious quality deficiencies that could result in a medical disciplinary action are addressed per Credentialing and Privileging of Licensed Independent Practitioners and Hearing and Appellate Review policies and reported to the appropriate authorities (including an 805 Report), when indicated.

The Medical Director of the ASC shall ensure that the procedures for Peer Review conform to the requirements that follow.

PROCEDURE:

I. PEER REVIEW

A. General Guidelines

1. Peer review, by way of chart review, shall be conducted at least annually on all licensed independent practitioners with privileges at the ASC.
2. Peer review, by way of focused case review, shall be performed on an "as needed" basis, according to criteria outlined within this policy.
3. Peer review, by way of external peers, will be undertaken when:
 - The size of the service (2 physicians or less) prohibits objective peer review.
 - Those peers available at the ASC do not have sufficient expertise to provide adequate, reliable or fair peer review;
 - Recommendations from internal peer reviewers are ambiguous or conflicting; and

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: III-103 PEER REVIEW	POLICY #: 1220
	VERSION: 1

- There is no consensus for a particular recommendation from internal peer reviewers.
4. Peer review will be a component of the facility's continuous Quality Improvement Program.
 5. Peer review will be a component of the Provider Credentialing and Privileging Program, as follows: results of the peer review activities are aggregated and reported at the time of renewal of privileges to provide for practitioner-specific appraisal of competency. A practitioner-specific performance profile is completed and forwarded to the ASC Credentials Subcommittee of the ASC Medical Advisory Committee (ASC Credentials Committee) prior to the renewal of clinical privileges. This profile of aggregated peer review outcomes is internal and confidential.
 6. Findings of all peer review activities will be reported to the ASC Medical Director and the High Desert Health System (HDHS) Director of Quality Improvement.
 7. The Medical Director may choose to forward the results of the peer review activity to the Medical Advisory Committee.
 8. The ASC Credentials Committee recommends to the Medical Director any specific actions to be taken. Procedures outlined in the Privileging and Credentialing policies are then followed.

B. Chart Review

1. Peer review will be conducted by a provider with clinical privileges at the ASC with similar training and scope of practice.
2. In the case of a sole provider, i.e. when there are no other providers with similar training and scope of practice on staff, peer review may be requested to be performed by a member of the medical staff at Olive View-UCLA Medical Center.
3. Each reviewer will review 5-10 charts of patients cared for by the practitioner being reviewed.
4. Each reviewer will complete a standardized chart review sheet for each chart reviewed.
5. Each chart will be reviewed for medical record completion and quality of documentation. In addition, charts will be reviewed for

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: III-103 PEER REVIEW	POLICY #: 1220
	VERSION: 1

clinical care, focusing on adherence to recognized guidelines and benchmarks whenever possible.

C. Focused Case Review

1. The Medical Director shall request a peer review whenever a concern is raised about the quality of care provided by a specific licensed independent practitioner with privileges at the ASC.
2. A focused peer review will be conducted under the following events or conditions occurs:
 - a. Unexpected death of a patient.
 - b. A sentinel or critical clinical event (as defined in the ASC Adverse Event Reporting to the State Department of Public Health Policy, Policy XVI-102).
 - c. An adverse outcome or unexpected complication of patient care, e.g. after a procedure.
 - d. Known hospitalization after failed outpatient treatment or procedure, including adverse medication reaction.
 - e. Patient complaint regarding a specific practitioner (allegation of medical mismanagement, substandard quality of care or inappropriate behavior).
 - f. Staff complaint regarding a specific practitioner (allegation or medical mismanagement, substandard quality of care or inappropriate behavior).
 - g. Over or under-utilization of resources, e.g. imaging modalities, other tests, consults and expensive medications.
 - h. Poor performance (as determined by the Medical Director and the HDHS Director of Quality Improvement) on reports submitted to the Medical Advisory Committee, including findings from chart reviews (Section A).
 - i. Malpractice suits or other risk management issues.

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: III-103 PEER REVIEW	POLICY #: 1220
	VERSION: 1

- j. When a practitioner's name appears on the Medical Board of California's (MBC) Administrative Outcomes e-mail notification.
 - k. Other circumstances resulting in a request for focused peer review by the ASC Medical Director and/or the HDHS Director of Quality Improvement.
3. The Medical Director will appoint the individual(s) to perform the peer review.
 4. No specific format is required for the Focused Case Review report.
 5. The practitioner shall be given a written notice of the intent to perform a Focused Case Review, the circumstances resulting in the review, and the period during which the review will be conducted.
 6. The results of the focused peer review activity are reviewed by the Medical Director.
 7. The Medical Director shall forward these results to the ASC Credentials Committee for their review and recommendations if the results of the focused peer review are unsatisfactory. Satisfactory results will be reported for information only.
 8. Subsequent possible actions to be taken include: no action necessary, practitioner counseled, proctoring, restriction, suspension or termination of privileges, as outlined in the Credentialing and Privileging policy.
 9. When the ASC Credentials Committee and the Medical Director recommend a corrective action against a practitioner, the practitioner shall be given a written notice of the recommendation or action and of his/her right to request a hearing as per HDHS ASC policy on Hearing and Appellate Review.

II. REPORTING

Reporting to the Medical Board of California (MBC 805 Report/MBC 805.01 Report) will be done, in accordance with the law, by Medical Administration staff, within 15 days of occurrence of any of the following actions, as a result of a medical disciplinary cause or reason (Refer to MBC Health Facility Reporting Forms):

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: III-103 PEER REVIEW	POLICY #: 1220
	VERSION: 1

- A. Staff privileges or employment are denied, rejected, terminated or revoked.
- B. Restrictions are imposed, or voluntarily accepted, on staff privileges or employment for a cumulative total of 30 days or more for any 12-month period.
- C. Practitioner resigns or takes a leave of absence.
- D. Imposition of summary suspension of privileges or employment, if in effect for a period in excess of 14 days.

Reporting to the National Practitioner Data Bank will be done, in accordance with the law, by Medical Administration staff, within 30 days of occurrence of any of the following actions, as a result of a medical disciplinary cause or reason (refer to NPDB Reporting Requirements):

- A. Revocation of clinical privileges.
- B. Suspension of clinical privileges.
- C. Summary or emergency suspension of clinical privileges.
- D. Voluntary limitation, restriction, or reduction of clinical privilege(s), while under, or to avoid, investigation relating to professional competence or conduct.
- E. Voluntary surrender of clinical privilege(s), while under, or to avoid, investigation relating to professional competence or conduct.
- F. Summary or emergency limitation, restriction, or reduction of clinical privileges.
- G. Reduction of clinical privileges.
- H. Other restriction/limitation of clinical privileges, to be specified.
- I. Denial of clinical privileges.

Original Date: 07/01/2003
Reviewed: 08/10/2018
Next Review Date: 08/10/2021
Previous Review Dates: 05/03/13; 02/06/14
Previous Revise Dates: 01/28/09; 12/03/10; 04/17/14