

Good Samaritan Health & Wellness Center
Policies and Procedures

Subject: Medical Peer Review

Policy #: 5.19

Prepared by:

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Approved by: Board of Directors

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5.19 Medical Peer Review

Rationale: Despite ever expanding treatment options, certain widely accepted, evidence based standards exist in the practice of medicine. Moreover, as medical practice becomes more complex, the documentation of medical decision making and the maintaining of accurate medical records become ever more important. Peer review provides a means of systematic, individual and ongoing evaluation of medical care and documentation. Deficiencies are identified, corrected and monitored for improvement over time. Peer review generates discussion among providers regarding their differing approaches to medical problems. It fosters a collegial atmosphere and an expectation of continued learning and growth within the practice.

Procedure:

1. The Medical Director shall oversee quarterly peer review which will address documentation of chronic illness, health maintenance, medications, smoking status and key elements of the patient encounter including: chief complaint, history of present illness, pertinent physical exam findings, evaluation of additional testing and appropriate treatment and documentation. Whenever possible, evidence based guidelines will be used as standards in evaluating medical decision making and in setting standards of care.
2. Each physician and advanced practitioner will review 10 charts per quarter using a standardized questionnaire provided by the Medical Director.
3. Each part-time physician and advanced practitioner will review 5 charts per quarter using a standardized questionnaire provided by the Medical Director.
4. Clinical Meetings will include discussion of clinical performance review that will include the results of Peer Review findings as well as established clinical measures compiled by the Medical Director.
5. Deficiencies will be discussed. Goals for improvement will be identified Improvement will be expected and monitored. Any substandard care will be discussed by the Medical Director with the identified provider or, if involving the Medical Director, by another staff physician. The same process will apply to any concerns regarding substandard care identified outside of the records chosen for routine review.

The method of peer review itself will be subject to ongoing review to ensure that it achieves its goal of continued improvement in the documentation and delivery of care.