

# CAROLINA FAMILY HEALTH CENTERS, INC.

## PROCEDURE

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**TITLE:** CLN-103P Medical Provider Peer Review

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**EFFECTIVE DATE:** June 2016

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**SECTION:** Clinical

**REFERENCE POLICY:** NA

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**RESPONSIBLE CHIEF OF STAFF:** Chief Medical Officer

**RESPONSIBLE COMMITTEE:** Medical CIT

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**REVIEWED:** 10/17, 9/18, 01/10/2022, 03/30/2022, 12/03/2024

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### I. PURPOSE

The purpose of this procedure is to establish a process for conducting peer reviews to evaluate the quality of medical care and ensure adherence to standards of practice and evidenced-based clinical guidelines at Carolina Family Health Centers, Inc. (CFHC, Inc.).

### II. PROCEDURE

Peer review is an evaluation of the quality and safety of medical care provided by a clinician. The established procedure for peer review is to be completed in a non-discriminatory manner, and it is meant to be an opportunity for continuous quality improvement and to encourage professional education opportunities and interactions.

#### A. Uses of a Peer Review:

1. **Educational** – The peer review can be used to educate the medical providers on clinical guidelines, best practices and identify training needs.
2. **Privileging** – The peer review is used to assess the medical providers' clinical competencies for the granting of privileges in areas of low volume, high-risk procedures, as well as core competencies.
3. **Focused (Risk Management)** – The peer review can be performed based on clinical, safety, and quality concerns, and to investigate a sentinel event.

#### B. Review Criteria:

The peer review is based on current evidence-based guidelines, best practices, and organizational protocols. In the interest of uniformity, every effort will be made to utilize the same source for all protocols (i.e., Up to Date). The review may be performed by external sources when deemed appropriate by the CMO to maintain a fair, impartial review.

Reviewers have comparable or higher education, training, experience, licensure, certification, and scope of practice as the practitioner being reviewed. For example, advanced practitioners (Nurse Practitioners or Physician Assistants) can review other advanced practitioners or an advanced practitioner can be reviewed by a physician, but not the reverse. The advanced practitioner's peer review may be completed in conjunction with the Nurse Practitioner or Physician Assistant and his/her

supervising physicians during their supervisory meetings, which are required by the North Carolina Nursing Board or Medical Board. However, the peer review may not be completed in lieu of the required meeting.

**C. Chart Selection:**

The Chief Compliance Officer and/or CMO or his/her designee is responsible for generating the list of patients for each All primary care providers are required to participate in reviewing records. An email is sent to each reviewer as a notification of the upcoming audit. Paper or electronic copies of the patient list and the *Peer Review Audit Form* (see attachment) are sent to each reviewer to help facilitate the audit.

Charts are randomly selected based on the review criteria and may consist of high acuity, low-frequency procedures, and clinical activities; high volume chronic disease management; invasive procedures; or core medical practice competencies. Three to five charts from each medical provider are reviewed for core competencies and chronic disease management audits. The number of charts selected for review may vary depending on the type of review. The patient charts that are selected for the audit must have been active in the last six months.

**D. Schedule:**

Peer reviews are completed quarterly.

**E. Results:**

The *Peer Review Audit Forms* are returned to the Administrative Assistant-Medical by the set deadline (typically two weeks from the date of distribution). The Assistant tallies the results of the audit on the *Peer Review Tally Sheet* (see attachment) for each medical provider and attaches the *Peer Review Audit Forms* to the tally sheet. These forms are scanned into the Audit Drive under the clinician's folder for the appropriate year. A copy of the forms is provided to each clinician and the CMO. Upon reviewing the completed forms, the CMO or his/her designee may make recommendations for educational opportunities, mentorship, referral for employee assistance, or a performance improvement plan. Review summaries are part of a practitioner's credentialing file and referenced at the time of re-appointment in determining the practitioner's competence to perform requested clinical privileges. Peer review summaries are tracked over time and actions based on these summaries are monitored for effectiveness.

The Administrative Assistant-Medical summarizes the peer audit review findings for all medical providers, and a copy of the report is forwarded to the CMO for the Medical Continuous Improvement Team (CIT) Meeting. General findings of the peer review are discussed at the Medical CIT meeting and forwarded to the Central Compliance Committee.

**F. Rebuttal Process:**

The medical provider may submit a written rebuttal notifying the CMO if they disagree with the results of the peer review. The CMO reviews the rebuttal and provides a written response to the medical provider within ten business days.

### **III. ATTACHMENTS**

- *Peer Review Audit Form*
- *Peer Review Tally Sheet*