

POLICY & PROCEDURES

CHAPTER:	4	Facility Operations	4.2.22
SECTION:	2	Health Services	EFFECTIVE DATE: 7 / 21 /2020
SUBJECT:	22	PEER REVIEW	
STANDARDS: ACA – 4 – ALDF: 4D-25 (MANDATORY)			
APPROVED:			REVIEW DATE: 7 / 21/ 20
Dale Glass COMMISSIONER OF CORRECTIONS			REVISION DATE: 7 / 30 / 20
Rescinds: 4.2.22 dated 2/1/10 Cancel:			

I. POLICY

The Division of Corrections will require the health care provider to perform peer review to evaluate the appropriateness of medical services within the Division. It will consist of having a practitioner’s work reviewed by other practitioners of equal training. The external peer review program for physicians, mental health professionals, and dentists will be used by the facility every two years.

II. RESPONSIBILITIES

The healthcare provider and division administrative staff responsible for healthcare delivery are responsible for adhering to the following procedures.

III. DEFINITIONS

Peer Review: The process of having a patient care provided by a clinician reviewed and evaluated by a peer with similar credentials. An external peer review is completed by a medical professional not employed by the facility being reviewed

IV. PROCEDURES

A. General Information

1. Peer review documentation will be kept confidential; and the results of peer review will be communicated only with the appropriate individuals.
2. Legal discoverability will be subject to statutory regulations.

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3. Summary information will be provided on a regular basis to the Medical Auditing Committee.
4. The peer review panel will consist of the Regional Medical Director and other peer practitioners designated by the Regional Medical Director.

B. Areas Targeted for Peer Review

1. Mortalities – All mortalities will be sent for peer review by a panel external to the facility. Any mortality identified by an external review as “potential problem” or “significant problem” will be further reviewed by the appropriate panel as designated by the Regional Medical Director.
2. Serious Incidents / Identified Concerns – When any individual communicates a concern about the appropriateness of a practitioner’s medical judgment, such concerns will be forwarded to the on-site Medical Director or the Health Care Administrator. In some cases, these concerns will be referred to the peer review panel for formal review. In addition, on occasion, problems identified during the Quality Assurance Process will be referred for peer review. All serious complications of surgical procedures or other medical treatments will be referred for peer review. On a random basis, each facility’s emergency room utilization will be reviewed to determine the appropriateness of the triage process. The peer review panel will review all emergency room referrals for each facility for a specified period.
3. Routine peer review – Each facility will have a discipline specific routine peer review every 2 years.

C. Peer Review Process

1. Serious Incidents/Identified Concerns
 - a. Copies of the medical record and any other documentation related to the incident will be forwarded to the Regional Medical Director. All information which can be used to identify an individual patient or facility will be obscured.
 - b. The involved practitioner will be notified that the incident is undergoing peer review. The practitioner will be instructed to provide a written summary of the incident including the process used to arrive at their clinical decision.
 - c. A discipline-specific agency peer review panel will be convened by the Medical Director. This panel will review all involved documentation and assigned an outcome category according to Section C entitled “Outcome Categories”.
2. Routine Peer Review

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Medical, Dental, and Mental Health peer review panels will review the facilities every 2 years. Copies of the medical record and any related documentation will be reviewed. The panel will categorize the practitioner's care as:

- a. No Problem – care consistent with acceptable medical standard
- b. Significant Problem – care inconsistent with acceptable medical standard

D. Outcome Categories (Critical Incidents)

1. The peer review panel, upon review of the documentation, will categorize the level of the incident as follows:
 - a. Within Standard of Care – no further action needed.
 - b. Practitioner Self-Identified Remediation – follow-up at a specified interval to ensure that remediation is completed
 - c. Practitioner Education Required – education provided and accepted
 - d. Care Inappropriate – corrective action taken as determined by the Regional Medical Director with input from the peer review panel. Such action may include reporting the incident to the appropriate licensing board. The Superintendent will be notified of all level 4 outcomes.
2. The on-site Medical Director will oversee the implementation of the final recommendations.
3. The medical examiners report and any administrative/security concerns will be forwarded to the Superintendent immediately and final reports to the on-site Medical Director and the Health Care Administrator upon completion.