Title	Peer Review of Faculty	**Policy #**	03-001

POLICY

Children's Hospital provides clinical services that are consistently of the highest quality and streamlined in their delivery. Medical Staff Members are accountable to themselves, their patients, and the organization for the care that they provide. Constructive comments from practitioners with a similar professional background will assist the provider in identifying opportunities and methods for improvement.

PURPOSE

The Peer Review Process is designed to provide a systematic, intra-disciplinary method of improving patient care by identifying opportunities for members of the medical staff and other licensed independent practitioners to improve their clinical performance. It is meant to be part of a review of quality that is impartial, privileged and confidential.

PROCEDURE

A. Definitions:

Medical Staff Member: Physician and non-physician professionals who are appropriately licensed and credentialed to provide clinical services to patients at Children's Hospital.

B. Responsibility of participants:

Division Chief/Section Heads:

- Identifies criteria and mechanisms for peer review
- Evaluates the medical staff member's performance as individual Radiologist and as Faculty Radiologist supervising fellows, residents and medical students.
- Helps to assure an impartial, evidence-based process that is thorough and confidential
- Provides guidance and counseling to the medical practitioner variances in care and identifies opportunities for improvement
- Implements the peer review recommendations through performance improvement initiatives
- In the event of a special circumstance, the Division Chief/Section Head can serve as a member of the peer review team to help determine if an action lies outside of the standard of care and to what degree
- If the medical provider is deemed "Impaired" appropriate referral is instituted (See separate medical staff policy)

Practitioner:

- Is informed of and held accountable to the Hospital and Division's peer review activities
- Has the right to receive notification, guidance and counseling in the event of identified variances of care and the opportunity to participate in that process
- Is entitled to an impartial, evidence-based process that is thorough, confidential, and timely
- Works with the Division Chief/Section Head to identify opportunities for improvement
- Recognizes a personal responsibility to provide quality care that is efficient

C. Credentialing

At reappointment and in an ongoing manner regarding concerns with competence, patient care results, or confidential physician activity profiling activities shall be forwarded to the Credentials Committee by the Division Chief and considered for use in the credentialing and reappointment process. The President of the Medical Staff shall report to the Board of Directors on performance and maintenance of quality of care of the professional medical staff.

An ongoing professional practice evaluation (OPPE) will be used to re-evaluate the abilities, competencies, and health status of each late career practitioner at age 65 and older, every two years at reappointment. All practitioners on leave for a 6-month period or more will also be re-evaluated via the OPPE process.

D. Four Components of the Peer Review Process

1. Peer review selection of cases
   Cases for review are obtained via two general mechanisms. The designated Director of Quality and Safety collects cases for review and presents them at the departmental Missed Case Conference.
   a. Randomized selection of cases for peer review occurs via ongoing automated selection through Nuance via algorithmic assignment based on availability of appropriate comparison studies. A goal of 2%-5% of studies is reviewed by this mechanism. Selected studies are reviewed during the workflow and assigned a score by the reviewer.
   b. Non-randomized ad hoc cases are identified via many mechanisms – from clinician feedback, follow up studies, incident reports, etc. and should be forwarded to the director of quality and safety.

2. Missed Case Review Conference
   The Director of Quality and Safety will conduct regular Missed Case Conferences during which the selected cases are de-identified and presented to the faculty. (Note, as soon as a problematic case is identified, the identifying Radiologist informs the interpreting Radiologist so he/she can

review the case and make an addendum as necessary.) Each case is openly discussed. The cause of the error is to be discussed. Trends will be discussed with the Division Chief. Actions for improvement or process improvement are taken as deemed appropriate by the Division Chief.

3. Section issues
   Issues arising among the various modalities involving process, protocols, image quality, service coverage, interface with clinical services, etc. will be addressed with the physician and technologist leadership of that section and, if appropriate, discussed in the regular QA conference.

4. Interdisciplinary Conferences
   Cases are reviewed and presented at multiple interdisciplinary conferences. If there is a discrepancy with interpretation and pathology and/or outcome the presenter will report back to the interpreting Radiologist. If appropriate, cases can also be reviewed in Missed Case Conference.

Approved by:

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