

**UC Riverside, School of Medicine Policies and Procedures****Policy Title:** UCR Health Peer Review Policy**Policy Number:** 950-03-019

<b>Responsible Officer:</b>	Chief Medical Officer
<b>Responsible Office:</b>	Office of the Chief Medical Officer
<b>Origination Date:</b>	August, 2021
<b>Date of Revision:</b>	August, 2022
<b>Scope:</b>	School of Medicine <del>Clinical Faculty</del> Medical Staff

**I. Policy Summary****A. Purpose**

1. The Medical group of University of California, Riverside Health (UCR Health) is dedicated to the identification; resolution; evaluation and improvement of all patient care quality issues within the medical group. Peer review is a non-biased activity performed by the medical group to measure and assess professional performance for licensed independent practitioners. The peer review process also focuses on direct continuing education efforts for the practitioners related to quality of care and improvement opportunities.
2. This policy refers to the records and proceedings of the Medical Group, which has the responsibility of evaluation and improvement of the quality of care rendered in a clinical space, whether that space be UCR Health clinical space or that of an affiliate. The records and proceedings of the Medical Group that relate to this policy in any way are protected from discovery pursuant to California Evidence Code, Section 1157.

**II. Definitions****A. Peer review:**

The process to review specific cases, medical outcomes, or professional conduct of the licensed independent practitioner by another licensed independent practitioner with at least equivalent education, training, and privileges, provided conflict of interest is excluded.

Physicians can peer review physicians and allied health professionals (AHPs), but AHPs can only peer review another AHP with same license.

**B. Peer**

Current member of UCR medical group physicians and AHP.

**C. Participants in peer review committee**

1. Committee to be chaired by Chief Medical Officer (CMO).
2. Current active peer appointed by the department chairs to peer review committee.
3. A vice-chair elected by the peer review committee active members, will act as interim committee chair when the committee chair is absence.
4. The recorder who takes the minutes.
5. If applicable, the practitioner under review at the request by peer review committee.

**D. Circumstances required for peer review:**

Instances of a Peer not meeting standard of care set at UCR Health as defined through (and not limited to):

1. Medical Staff bylaws, rules and regulations and UCR policies.
2. Interdepartmental referral.
3. Medical staff peer review screening criteria.
4. High risk events and cases requiring root cause analysis.
5. Referral from other committees requested peer review.
6. As determined by the CMO or when the CMO is conflicted out by the peer review vice-chair.

**III. Procedure****A. Identify a reason for review**

Identified charts/ concerns are referred to the peer review committee.

**B. Conduct the review**

1. When the chart/ issues recommended for committee review, chart/issues will be forwarded to the peer review committee for review.
2. Cases that are referred for peer review will be reviewed by department physician reviewers within one month of referral.
3. When the case is referred to peer review committee, the case will be reviewed within one month.
4. All cases referred for peer review shall be reviewed within the time frame as listed above. When the time frame not met, the reasons for delay will be documented in the peer review committee minutes.
5. All efforts will be made to complete the peer review process in a timely fashion.
6. The reviewer identifies the concerns and articulate the reason for occurrence.

**C. Reaching a consensus and action plan at the peer review committee**

1. When a practitioner related quality issue is identified, committee recommendation actions will be considered.
2. The action plan defines accountability for the individual practitioner, the peer group, and the medical group. This promotes reliability for the system.
3. UCR Health peer review committee follows a multidisciplinary patient centered model. This model promotes transparency, accountability, and reliability.
4. The involved practitioner is notified of the committee's recommended actions through confidential e mail.
5. The involved practitioner is given the opportunity to respond within 10 days with the exception of extended absence due to vacation or illness.
6. When a response is received, it is reviewed by the committee. A final recommendation on the action will be recommended by the committee.
7. If no response received, the peer review committee may proceed with implementing final recommendations.

**D. Improving performance and reliability**

1. Peer review conclusions are tracked over time. Actions based on peer review conclusions are monitored for effectiveness.

2. All peer review conclusions and actions will be filed in the physician data file. All peer review activity will be considered at the time of reappointment to UCR medical group.

**IV. Related Policies:**


- A. External peer review policy
- B. Ongoing professional practice evaluation and focus professional practice evaluation policy

**V. Revision:**

Original – August 2021  
Revision – August 2022


**Approvals:**

COMPLIANCE COMMITTEE (10/25/2022)

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**Addendum One:****UCR Medical Staff peer review worksheet (page 1 of 2)*****Protected from discovery/ subpoena by evidence code 1157***

Medical record #	
Patient age	
Patient gender	
Practitioner	
Primary Diagnosis	
Procedure performed	

**Generic Medical staff screening criteria:**

- Unexpected death
- Unplanned admission to hospital following clinic procedure
- Unplanned readmission to hospital less than 30 days from previous discharge

**Event related:**

Event Date	
Referral date	
Referral source	<input type="checkbox"/> Patient complaint <input type="checkbox"/> Quality management <input type="checkbox"/> Risk management <input type="checkbox"/> Other practitioner <input type="checkbox"/> Staff
Referral reason	

**Practitioner review comments:**

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- Case needs no further review
- Case needs further committee review

Reviewer signature: \_\_\_\_\_ Review Date: \_\_\_\_\_

**UCR Medical Staff peer review worksheet (page 2 of 2)*****Protected from discovery/ subpoena by evidence code 1157***

**Policy Number: 950-03-019**

**Peer review committee review date:** \_\_\_\_\_

**Peer review committee comments:**

**Peer review committee actions, conclusion /recommendations:**

**Peer review committee chair signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_