UC Riverside, School of Medicine Policies and Procedures
Policy Title: External Peer Review
Policy Number: 950-03-026

Responsible Officer:	Chief Medical Officer
Responsible Office:	Clinical Affairs
Origination Date:	July 6, 2022
Date of Revision:	N/A
Scope:	Applies to UCR Health Medical Group members

I. Policy Summary

This policy outlines a non-biased process for peer review not otherwise available within the UCR Health Medical Group.

II. Policy Text

The UCR Medical Staff is dedicated to the identification, resolution, evaluation and improvement of all patient care quality issues within the UCR Medical Group. Peer review is a process that is a non-biased activity performed by the medical staff to assess professional performance for LIP as well as to focus and direct continuing education efforts for the practitioner related to quality of care and improvement opportunities.

III. Procedure

When potential aspects of conflict of interest or lack of qualified reviewers on staff to conduct peer review, the UCR Health Peer Review Committee may utilize an external reviewer for peer review.

A. Selection of the external consultant

1. The Chief Medical Officer may contact another University of California Medical Center Chief of Staff or California Medical Association (CMA) Peer Review Service to request a referral of the name of a physician on their Medical Staff who may be willing to perform the review. The referring Chief of Staff or CMA Peer Review Service shall be asked to select a physician who:
    a. Is an active medical staff member in good standing of a California accredited hospital.
    b. Is Board certified or eligible, if possible, and practicing in the specialty of the practitioner under review or whose case is being reviewed.
    c. Has demonstrated a commitment to peer review and is willing to be both objective and critical.

2. The consultant suggested by the chief of staff or CMS Peer Review Service should then be contacted by UCR Chief Medical Officer to request that he/she serve as a consultant to UCR Quality Oversight committee.

3. The consultant qualifications will be verified through UCR Health according to UCR Health according to temporary privileges, including but not limited to applicable credentialling requirements.

B. Appointment as a consultant to the UCR Quality Oversight committee. Once the physician has accepted, they should be appointed as a consultant to the UCR Quality Oversight committee.

C. Communication with the consultant

The Chief Medical Officer shall write a letter confirming the appointment of the consultant as a consultant to the UCR Medical Group. This letter shall contain, but not limited to:

1. A statement that the consultant is being asked to critically evaluate if the care provided within the standard of care in the general medical community.
2. A request that the consultant prepare a written report directed to the UCR Quality Oversight committee.
3. Compensation description provided to the consultant if applicable.
4. Confidentiality statement/agreement.

D. What to provide the consultant

UCR Health will provide

1. UCR EPIC access
2. A list of charts to be reviewed and concerns identified about each chart.

IV. **Confidentiality/Protection:** All review documents, letter, and meeting minutes will be marked "Confidential" and maintained in the Medical Staff Office. The referring party may be notified that the issue was brought to peer review, however reports, minutes and other findings may not be released to or discussed with any person or agency, except those mandated by UC policies or state and federal laws. The UCR Health Medical Staff are entitled to undertake such action to ensure that this confidentiality maintained under the California Evidence Code Section 1157. HCQIA (P 99.660).

V. Revision History: NA

Approvals:

COMPLIANCE COMMITTEE (10/25/2022)

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