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| **Figure 5.2** | **Peer Review Case Rating System** |
| MR #: D/C Date: Provider #: Dept:  Referral source: Check the corresponding box.  Risk mgmt Dept. M&M HIM screen Case mgmt  MSSD referral Pt. relations Other | |
| Referral Issues/Indicator:  Quality Screener/Date: Date submitted for peer review:  Case summary:  Key issues for physician reviewer:  To be completed by physician reviewer:  Physician reviewer: Review date:  Key issues identified: | |

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| **Figure 5.2** | | **Peer Review Case Rating System (cont.)** | | |
| Circle worst condition that applies for outcome and effect on patient care process. | | | | |
| **Outcome** | | | **Effect on Patient Care** | |
| 1 | No adverse outcome | | 1 | Care not affected |
| 2 | Minor adverse outcome (complete recovery  expected) | | 2 | Increased level of monitoring/observation  (e.g., vital sign checks) |
| 3 | Major adverse outcome (complete recovery  NOT expected) | | 3 | Additional treatment/intervention  (e.g., IV fluids) |
| 4 | Death | | 4 | Life-sustaining treatment/intervention (e.g., intubation, pressor support, CPR,  prolonged LOS) |
| **Note:** If issue = (a), then overall care must = (1); if issue = (b) through (i), then overall must = (2) or (3) | | | | |
| **Issue identification:** Overall physician care: Circle one.  1 Care appropriate 2 Care controversial | | | | 3 Care inappropriate |
| **Issue identification** (Circle all that apply)  a No issues with physician care identified  b Diagnosis  c Judgment  d Technique/skill  e Communication or implementation of treatment plan  f Policy compliance  g Supervision of AHP/house staff  h Other:  **Documentation** (Circle all that apply) a No issue with documentation  b Documentation not present  c Documentation does not substantiate clinical course and treatment  d Documentation not timely to communicate with other caregivers  e Documentation illegible  f Other: | | | | |

Peer Review

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| **Figure 5.2** | **Peer Review Case Rating System (cont.)** |
| If overall physician care is rated 2 or 3, provide brief description for the following:  Basis for reviewer findings:  Key questions for providing physician:  **Exemplary nominations:** q Overall care exemplary q Documentation exemplary  Brief description:  **Nonphysician care issues:** q System or process problem q Potential nursing care issue  Brief description:  **Committee review**  Is physician response needed? Y N  Practitioner response: Discussion with chair Letter Committee appearance  **Committee final scoring:**  Outcome: Documentation: Problem identification: Overall physician care: | |

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| **Figure 5.2** | **Peer Review Case Rating System (cont.)** | |
| Human error type (circle one): Based on the type of task and individual’s mental process at the time of the error.  (Requires communication with individual about his/her knowledge level and mental state at the time of the error.) | | |
| a Skill-based error: Slip or lapse during skill-based performance mode (a routine type of task typically  performed with no need for conscious thought) | | |
| b Rule-based error: Failure to follow a learned rule during rule-based performance mode (a task that requires some conscious thought to select the rule that best fits the situation) because individual either 1) consciously chose not to follow the rule, 2) had the wrong information, or 3) learned the  wrong rule for the situation | | |
| c Knowledge-based error: Wrong decision due to lack of knowledge occurring during situation requir- ing knowledge-based performance mode (a situation without clear learned rules where the individual  has to base their action on extensive thought and extrapolation from past knowledge) | | |
| **Committee action (check one)** | | **Date completed** |
| No action warranted | |  |
| Physician self-acknowledged action plan sufficient | |  |
| Educational letter to physician sufficient | |  |
| Dept. chair discussion of informal improvement plan with physician | |  |
| Dept. chair develops formal improvement plan with monitoring | |  |
| System problem identified—forward to performance improvement committee Date sent: Date response:  Referral to nursing peer review  Date sent: Date response:  Referral for general CME/dept. M&M  Date sent: Date response: | | |