



## Medical Center Policy Manual

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### Definition:

Medical Staff peers are defined as those licensed independent practitioners with similar training and experience who manage similar clinical problems as the Medical Staff member under peer review.

### Goal:

The MUH Medical Staff endorses peer review as an essential component of medical care. Peer review provides MUH a procedure to examine health care, including adverse events and injuries, as part of an effort to determine why things happen and to improve care in the future. Peer review also provides assistance to physicians and protection to patients should a physician demonstrate actions or deficiencies perceived as detrimental to himself/herself, MUSC employees, his/her patients, or organizational processes of high quality and efficient care.

### Purpose:

To provide guidelines for effective Medical Staff Peer Review and to establish a Peer Review Committee as required by the Medical Staff Bylaws.

### Statutes:

All categories of review will fall under the peer review privilege. Data acquisition and review activities are protected from "discovery, subpoena, or introduction into evidence in any civil action" by South Carolina statutes 40-71-10 and 40-71-20.

## **General Standards:**

Peer review must conform to the following standards:

- A. The process must ensure patient confidentiality;
- B. The process must be independent and objective, and must use outside experts in the field when appropriate.
- C. The review process should be well-documented and should yield clear recommendations.
- D. Evidence of physician performance concerns, as revealed through the quality improvement process, should be part of the appointment/re-appointment criteria for faculty and medical staff.
- E. The peer-review process must use consistent, fair and equitable guidelines, employing criteria that are well-defined and encompass all options.
- F. The process must be done in a timely manner.
- G. Each department must annually report its peer review process to the Peer Review Committee using a standard evaluation form to ensure continued compliance with this policy.
- H. Medical Staff members undergoing peer review will participate willingly in the peer review process. They will be provided all information used in peer review and have access to each committee or other body that deliberates on the analysis and recommendations of the peer review to respond to questions and present their perspective.

## **Peer Review Committee:**

The elected Vice President of the Medical Staff will serve as Chair of the Peer Review Committee (PRC). The PRC will be comprised of at least one member from each clinical department as elected by each department's Chair. The Associate Dean for Clinical Affairs will also serve as a Peer Review Committee member.

The PRC serves as a subcommittee of the Medical Executive Committee (MEC), which provides oversight to the peer review process and receives quarterly PRC reports. The PRC proposes to the MEC general standards for peer review, monitors the departmental peer review process, and, when appropriate, recommends to clinical Chairs the initiation of a specific peer review. The PRC will assist departmental peer review at the request of the departmental Chair. The PRC immediately receives summaries and recommendations from Chairs of all peer reviews that result in a level 3 or 4 conclusion (see below). The PRC reports the results of these peer reviews to the MEC with recommendations from the PRC for subsequent actions.

## Peer Review Process:

Peer review is performed within the department of the reviewed member of the Medical Staff under the direction of the department's Chair or the Chair's designee. Each departmental peer review is conducted in a uniform manner by an assigned peer review team as outlined in the department's peer review protocol. Each Chair is responsible for developing the procedures and goals of this protocol and presenting the written protocol to the PRC for approval and annual review.

Hospital information relevant to a specific peer review will be provided to a department Chair as needed by the PRC.

Medical Staff peer review is conducted at three levels:

- A. **Routine peer review:** Departments will describe in their peer review protocol the timing and nature of routine patient care reviews intended for quality assurance. Minutes of the quality review efforts with findings and recommendations will be discussed at each departmental meeting and reflected in departmental meeting minutes. Names of individual Medical Staff members undergoing peer review will be redacted from the departmental minutes.
- B. **Focused peer review:** Departments will consider initiating focused peer reviews in response to any of the following circumstances or events:
  - 1. Actions or deficiencies demonstrated by a physician that appear detrimental to himself/herself, MUSC employees, his/her patients, or organizational processes of high quality and efficient care;
  - 2. Sentinel event;
  - 3. Pre-sentinel event or near miss;
  - 4. Major adverse drug reaction;
  - 5. Significant variation from established patterns of care;
  - 6. Unexpected death;
  - 7. Adverse blood reaction;
  - 8. Anesthesia adverse event including moderate sedation;
  - 9. Unexpected cardiac or respiratory arrest;
  - 10. Neurologic deficit not present on admission;
  - 11. Other events designated by a department;
  - 12. A recommendation by the Vice President of the Medical Staff for a focused review requires the Chair to initiate the review process.

The departmental review will include external experts as necessary. The peer review will report one of the following 5 conclusions:

0 – Cannot reach a conclusion due to inadequate information.

1 – No concerns.

2 – Minor concerns.

3 – Moderate concerns.

4 – Serious concerns.

The reviewed member of the Medical Staff will be notified of a planned peer review to allow the clinician to participate as outlined in the departmental protocol.

- C. **MEC peer review:** A department Chair or the PRC may request that the MEC initiate an MEC peer review if persistent problems, deficiency trends, or worrisome patterns of practice are noted with an individual member of the Medical Staff when routine and focused peer review have not remedied the practice concerns. The MEC will convene an ad hoc peer review team comprised of Medical Staff members with knowledge, training, experience, and skills in managing the clinical topics under review. Findings of a MEC peer review will be included in the physician's quality folder and used in considering MEC recommendations that may include but are not limited to considerations of Medical Staff reappointment, suspension, or a change in privileges.

The MEC may also initiate a peer review with external experts if the departmental peer review team cannot initiate a fair and unbiased review. Reasons for an MEC review include but are not limited to matters that involve litigation, lack departmental expertise, conflicts of interest, or strong disagreements within the department as to how to proceed.

### **Reports and Action Plans:**

Reports and conclusions of departmental peer reviews developed by the peer review team will be sent to the department Chair, who will develop and implement a written action plan as outlined in the departmental protocol. The peer review team report and the department Chair's response will be filed in the physician's quality record within the department. A peer review summary report form will also be filed with the PRC within 45 days of the initiation of, or request for a review. The form will be reviewed by the PRC chair. Extensions may be granted by the PRC chair. In general, the departmental PRC representative will be asked by the PRC Chair to present a detailed presentation of the case to the full PRC for review and to assess the adequacy of the response. If the PRC representative is involved in the case, another departmental faculty member (typically the Chair will present the case to the PRC). The reviewed member of the Medical Staff will be asked to respond in writing to the department Chair within 30 days if the peer reviewer results in a class "3" or "4"

conclusion. In addition to filing in the physician's quality record, all class "3" and "4" conclusions of departmental peer reviews will be reported to the PRC along with the written response of the reviewed clinician and the department Chair. These reports will be placed in the reviewed Medical Staff member's quality folder held in the Medical Staff Office.

### **Quality Record and Credentials Committee Actions:**

Each department will maintain a quality record for each Medical Staff member within the department. The record will contain all written products of peer review along with patient satisfaction survey results, patient letters, performance reviews, and other materials that profile the physician's clinical performance.

The Medical Staff Office will maintain a separate quality record for each member of the Medical Staff.

In preparation for re-credentialing of a physician, the relevant department Chair will review the quality records held in the department and the Medical Staff Office to assist formulating the Chair's recommendation for reappointment and assignment of clinical privileges. The quality record will be made available upon request of the Credentials Committee in its efforts to evaluate an application for reappointment to the Medical Staff.

The reviewed Medical Staff member, department Chair, MEC, PRC, Credentials Committee, and MUH Medical Director may review a Medical Staff member's quality folder held in the Medical Staff Office.