

Critical Access Hospital Network Peer Review Process

Purpose: The goal of the Critical Access Hospital Network Peer Review Process is to continuously improve patient care through identification of opportunities for improving both the process and the personal delivery of patient care.

Procedure:

1. Peer Review Rotation Groups have been established to form the initial work groups performing the peer review function.
2. Medical Staff within each Critical Access Hospital will review the Confidentiality Policy and adopt the Confidentiality agreement as written.
3. Designated staff within each Critical Access Hospital will complete the "Peer Review Internal Audit Sheet."
 - a. All physicians will have a sample of their charts reviewed through the peer review process.
 - b. A minimum of 30 charts, or 5% per year, whichever is greatest, will be reviewed for each practitioner. 100% review will be done if there are less than 30 charts.
 - c. Charts that "fall out" through the Internal Critical Access Hospital Initial Audit will be sent for peer review. Charts will be sent and returned by certified mail.
 - d. Charts for peer review may be identified through other sources such as:
 - Risk Management
 - Quality Management
 - Utilization Review
 - Physician Referral
4. The complete acute care medical record and audit sheet are copied and forwarded to the reviewing physician with the demographics of the peer review audit sheet completed. Charts sent for review will be blinded per the sending hospital's discretion.
5. The reviewing physician reviews the case for the quality and appropriateness of the diagnosis and treatment furnished by the Critical Access Hospital physician completing the Critical Access Hospital network peer review audit sheet. The review should be completed within 30 days of receipt of the chart.
 - a. If the reviewing physician needs additional information, he may request it by letter or by phone. The Critical Access Hospital Quality Managers can provide support.
 - b. The reviewing physician will note whether:
 - standards of care were met, or
 - issues were noted
 and provide a rationale for his or her conclusion. The reviewer is encouraged to include literature from Medical Journals that provide clinical information for managing a specific patient care issue.
6. Upon completion of the peer review, the reviewing physician returns all documents to his/her Quality Manager who will shred all copied charts and return the review sheets to the Quality Manager in the Quality Assurance Department at the Critical Access Hospital whose practitioners were being reviewed. This will be done by certified mail.
7. The physician reviewed is informed of the results and may write a response if he/she chooses.
8. The Critical Access Hospital reviews the findings and determines if any action is needed. Actions may include:

- Requiring further education
 - Improving an internal hospital system or service
 - A formal letter to the physician
 - Disciplinary action
9. The Critical Access Hospital monitors improvements made to ensure expected outcome is achieved.
 10. After completion of the process, the copy of the medical record is destroyed and the peer review documentation is kept in confidential files.

The role of the Critical Access Hospital Network Hub Hospital is as follows:

1. Provide a Medical Director for the peer review process whose role is to:
 - a. Facilitate resolution of disagreements between practitioners through review of disputed cases
 - b. Review summary reports of issues identified for educational opportunities for the Critical Access Hospital Network
 - c. Work with specialists at Good Samaritan Health Systems to provide educational opportunities for the Critical Access Hospital Network Primary Care Physicians.
2. Provide coordination and oversight to the peer review process.

Performance Improvement Network - Critical Access Hospitals Peer Review Rotation Groups

	In Feb/Mar '04 look at Oct/Nov/Dec charts and send to	In May/Jun '04 look at Jan/Feb/Mar charts and send to	In Aug/Sep '04 look at Apr/May/Jun charts and send to	In Nov/Dec '04 look at Jul/Aug/Sep charts and send to	In Feb/Mar '05 look at Oct/Nov/Dec charts and send to	In May/Jun '05 look at Jan/Feb/Mar charts and send to
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Group A						
Brown County Hospital Ainsworth	Gothenburg	Dundy	Kearney Co.	Gothenburg	Dundy	Kearney Co.
Kearney County Hospital Minden	Brown Co.	Gothenburg	Dundy	Brown Co.	Gothenburg	Dundy
Dundy County Hospital Benkelman	Kearney Co.	Brown Co.	Gothenburg	Kearney Co.	Brown Co.	Gothenburg
Gothenburg Memorial Hospital Gothenburg	Dundy Co.	Kearney Co.	Brown Co.	Dundy Co.	Kearney Co.	Brown Co.

Group B						
Rock County Hospital Bassett	Callaway	Franklin Co.	Chase Co.	Callaway	Franklin Co.	Chase Co.
Callaway District Hospital Callaway	Franklin Co.	Chase Co.	Rock County	Franklin Co.	Chase Co.	Rock County
Franklin County Hospital Franklin	Chase Co.	Rock Co.	Callaway	Chase Co.	Rock Co.	Callaway
Chase County Hospital Imperial	Rock Co.	Callaway	Franklin Co.	Rock Co.	Callaway	Franklin Co.

Group C						
Webster County Hospital Red Cloud	Cozad	Ord	Cambridge	Cozad	Ord	Cambridge
Cambridge Memorial Hospital Cambridge	Ord	Webster	Cozad	Ord	Webster	Cozad
Cozad Community Hospital Cozad	Webster	Cambridge	Ord	Webster	Cambridge	Ord
Valley County Hospital Ord	Cambridge	Cozad	Webster	Cambridge	Cozad	Webster

DUNDY COUNTY HOSPITAL

REVIEW / QA RECORDS FOR CRITICAL ACCESS REVIEW

1. Admission is appropriate. YES _____ NO _____
(Patient was ill enough to meet Inpatient criteria)
2. Care is appropriate. YES _____ NO _____
3. Stay (Length of Stay) is appropriate. YES _____ NO _____
Length of Stay: _____ Days
4. Transfer was appropriate to another facility or swingbed if applicable. YES _____ NO _____ NA _____

Date Reviewed: _____ Chart # _____ Admission Date: _____
Discharge Date: _____

Chart Type: Acute _____ Observation _____ Obstetric _____
Newborn _____ Surgical _____ Swingbed _____

Initials of Healthcare Provider for this Case: _____

RECOMMENDATIONS: _____

Signature of Reviewer: _____
(CAH Committee Member)