Mental Health Emergency Center		
Title: MHEC Peer Review		**Document Number:**
Document Type: ☒ **Policy** ☐ **Procedure** ☐ **Guideline** ☐ **Other**		**Last Review/Revision Date:**
Content Applies to Patient Care: (Select all that apply) ☐ **Adults** ☐ **Pediatrics (Under 18)**	**Content Applies to:** (Select One) ☐ **Clinical** ☐ **Administrative**	**Next Review Date:** **Effective Date:**

I. PURPOSE

It is the policy of the Mental Health Emergency Center Medical Staff (the "Medical Staff") to conduct Peer Review through review and evaluation of the quality of care provided by Staff Members and quality assessment and improvement activities.

II. SCOPE

This Policy applies to Peer Review conducted by the Medical Staff, the Medical Executive Committee (the "MEC"), or any committee formed or charged with conducting Peer Review by the Medical Staff or MEC.

III. DEFINITIONS/ABBREVIATIONS

Definitions used within this policy not otherwise defined herein shall have the meaning as provided in the Medical Staff Bylaws (the "Bylaws")

Clinician: a current appointee to the Active, Associate, Courtesy, Telemedicine or Consulting Medical Staff or the Advanced Practice Clinician Staff.

Concurrent Review: active real-time observation of a Clinician while he or she is performing professional services and/or implementing a plan of care conducted by a Peer Reviewer who directly observes the Clinician's cognitive abilities, skills, compliance with policies and procedures, documentation, and other relevant aspects of the Clinician's practice.

External Peer Review: Peer Review conducted by a Peer who is not a Staff Member of the Medical Staff.

Focused Professional Practice Evaluation (FPPE): a time-limited study, review, investigation, evaluation or assessment of the training, experience, skill, professional conduct, qualifications, current competence, and/or clinical judgment or expertise of a Clinician. The FPPE process is NOT part of the Medical Staff's remedial action process. If remedial action is indicated, the applicable process under the Medical Staff Bylaws should be initiated.

Medical Executive Committee or MEC: the executive committee of the Medical Staff.

Internal Peer Review: Peer Review conducted by a Peer or Peers who are Staff Members of the Medical Staff.

Ongoing Professional Practice Evaluation (OPPE): a continuous process in which certain data is evaluated to identify professional practice trends that impact quality of care and patient safety. The OPPE process is NOT part of the Medical Staff's remedial action process. If remedial action is indicated, the applicable process under the Medical Staff Bylaws should be initiated.

Peer: an individual who possesses the same or similar licensure, certifications and functions as the Review Subject, shares the same training, expertise and competency as the Review Subject, and either 1) practices in the same or similar specialty as the Review Subject, or 2) practices in a different specialty but possesses specialized training that includes the primary elements of the type of care or technique that is subject to review.

Peer Review: the review and evaluation of the services of a Staff Member, including but not limited to FPPE and OPPE.

Peer Reviewer: an individual who is performing in Peer Review under the direction of a Peer Review Committee.

Peer Review Committee: when used in this Policy, the term Peer Review Committee is referring to either the Medical Executive Committee or its delegate for Peer Review.

Peer Review Committee Chair: when used in this Policy, the term Peer Review Committee Chair refers to the Chief of Staff when Peer Review is being performed by the MEC or the appointed chairperson of a committee to which the MEC has delegated Peer Review.

Prospective Review: the evaluation by a Peer Reviewer of a Review Subject's anticipated professional services and plan of care performed prior to the initiation of such services or plan of care to evaluate the plan of care in advance and assist the Review Subject with proposed treatments as needed.

Opportunity for Improvement or OFI: A Peer Review outcome that identifies one (or more) care elements that did not conform to specialty-specific guidelines or Peer Review Committee consensus expectations

Retrospective Review: the evaluation by record/information review of a Review Subject's services after services have been rendered or a plan of care has been initiated or completed to determine whether the Review Subject's services and documentation were appropriate.

Review Subject: Staff Member whose services are the subject of Peer Review.

System OFI: An Opportunity for Improvement that applies to multiple clinicians/processes.

IV. POLICY

The Peer Review activities identified in this Policy are a major component of the Medical Staff's program organized and operated to help improve the quality of health care and such activities will be conducted in a manner consistent with applicable state and federal laws and regulations.

V. PROCEDURE

5.1 Peer Review Committee.

The Medical Executive Committee shall serve as the Medical Staff's Peer Review Committee. The Medical Executive Committee may delegate such authority to another committee made up of Medical Staff Members.

5.2 Referrals to Peer Review.

Peer Review may be initiated based on:

a) Pre-determined clinical indicators approved by the Medical Executive Committee. Cases that "fall out" according to these clinical indicators will be referred to a Peer Review Committee.

b) Concerns raised by other clinicians, Medical Staff leaders, Quality, Risk, Safety, team members, patients or families. These concerns will be triaged for review by the Chief of Staff, Medical Director, and/or the Chief Medical Officer.

5.3 External Peer Review.

External Peer Review may be performed whenever deemed appropriate by the Peer Review Committee undertaking the review. Examples include without limitation: lack of a qualified internal Peer Reviewer; practices that involve new technology or an innovative use of existing technology; substantial conflict between a Review Subject and available Peer Reviewers; concerns related to potential litigation; and in response to a request of the Chief of Staff, the Medical Executive Committee, or the Governing Body. The timing and completion of an External Peer Review will vary on a case-by-case basis, depending on the availability of a qualified external Peer Reviewer, the scope of the review, and other relevant factors.

5.4 Quality File.

All information acquired in connection with the review and evaluation of health care services provided by an individual Review Subject and any records of investigations, inquiries, proceedings and conclusions of such review or evaluation, including any materials submitted by the Review Subject, shall be included in the Review Subject's confidential Quality File. All Quality Files shall be maintained in accordance with state and federal laws and regulations pertaining to confidentiality and non-discoverability.

5.5 Case-Based Peer Review

Peer Reviews will be conducted by the Peer Review Committee in a timely manner. Peer Reviews and documentation shall be conducted and documented utilizing the process outlined in **Appendix A**. The rating system for determining results of individual Peer Reviews is described in the Peer Review Rating Form in **Appendix B**.

5.6 Confidentiality.

All Peer Review activities shall be conducted in a manner consistent with applicable confidentiality laws. All Peer Review records and activities are confidential and shall not be disclosed except as permitted by law.

a) The Peer Review activities described in this Policy and conducted in good faith are intended to be protected by applicable state and federal civil immunity protections.

b) The confidentiality and immunity provisions apply to individuals involved in Peer Review activities as well as other individuals designated to assist in carrying out Peer Review activities, including but not limited to the External Peer Review duties and responsibilities.

5.7 Conflicts of Interest.

Conflicts of interest are inevitable and may include, without limitation:

a) Self or family

b) Relevant treatment relationship

c) Significant financial relationship

d) Direct competitor

e) Close friends

f) History of conflict/acrimony

g) Provided care to same patient (but not subject of the review)

h) Involvement in prior disciplinary action of the Review Subject

i) Formally raised the concern

j) Certain employment relationships

5.8 The Peer Review Committee Chair has the discretion to recuse any member of the Peer Review Committee if the Chair determines the member's presence would:

a) Inhibit the full and fair discussion of the issue;

b) Skew the recommendation or determination of the Peer Review Committee;

c) Otherwise be unfair to the Review Subject; or

d) Compromise the integrity of the Peer Review Process

VI. CROSS REFERENCES

Not Applicable

VII. RESOURCES AND REFERENCES

VIII. ATTACHMENTS

See attached

Appendix A