

*(Insert Center Name & Logo Here)*

## PEER REVIEW CALENDAR OF ACTIVITIES

<b>January</b>	<b>February</b>	<b>March</b>	<b>April</b>
<ul style="list-style-type: none"><li>• Clinician Meeting</li><li>• Peer Review Activities</li></ul>	<ul style="list-style-type: none"><li>• Clinician Meeting</li></ul>	<ul style="list-style-type: none"><li>• Clinician Meeting</li><li>• Follow-up on January Activities</li></ul>	<ul style="list-style-type: none"><li>• Clinician Meeting</li><li>• Peer Review Activities</li></ul>
<b>May</b>	<b>June</b>	<b>July</b>	<b>August</b>
<ul style="list-style-type: none"><li>• Clinician Meeting</li></ul>	<ul style="list-style-type: none"><li>• Clinician Meeting</li><li>• Follow-up on April Activities</li><li>• Report to Organization Leaders</li></ul>	<ul style="list-style-type: none"><li>• Clinician Meeting</li><li>• Peer Review Report to Community Board</li><li>• Peer Review Activities</li></ul>	<ul style="list-style-type: none"><li>• Clinician Meeting</li></ul>
<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>
<ul style="list-style-type: none"><li>• Clinician Meeting</li><li>• Follow-up on July Activities</li></ul>	<ul style="list-style-type: none"><li>• Clinician Meeting</li><li>• Peer Review Activities</li></ul>	<ul style="list-style-type: none"><li>• Clinician Meeting</li><li>• Report to Organization Leaders</li></ul>	<ul style="list-style-type: none"><li>• Clinician Meeting</li><li>• Follow-up on October Activities</li><li>• Peer Review Report to Community Board</li></ul>

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## YOUR HEALTH CENTER The Peer Review System

### ➤ General

YOUR HEALTH CENTER will establish a formal Peer Review process, to be led by the Center's Medical Director. Components will include:

- Identification of clinical issues to be reviewed; high-risk, high-volume issues will be the priority.
- Discussion of the Peer Review process with the organization's leaders, and agreement on review areas.
- Identification of clinician participants; at least 25% of the clinical staff should be included, and participants should represent Internal Medicine, Family Practice, Pediatrics and Obstetrics / Gynecology. (NOTE: This combination may vary based on the number of clinicians on staff and the disciplines they represent.)
- Explanation to the participants of the Peer Review process and overall expectations.
- Development of appropriate review tools.
- Development of a formal reporting process to the Community Board that is reviewed and accepted by the Board members.

(If the Center also provides dental services, the same elements may be utilized to establish Peer Review for the dental clinical staff. The components to be reviewed would be specific to the dental practice and the dental procedures performed, and the Dental Director would lead the process.)

### ➤ Elements of Peer Review

- Basic medical knowledge
- Professional judgment
- Performance of technical skills
- Utilization of medical resources

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- Availability and responsiveness
- Personal characteristics
- Communication skills
- On time for patient care
- Works well with patients
- Works well with clinical staff
- Works well with support/ancillary staff
- Works well with administrative staff

➤ Implementation

The Medical Director will meet with YOUR HEALTH CENTER clinical staff to identify those areas to be included in the Peer Review process. In collaboration with the organization's leaders, areas to be addressed will be assessed and prioritized. Peer Review activities may include, but are not limited to:

- Immunization completeness
- Critical lab values
- Diabetes outcomes
- Pain management
- Well-child visits
- Specialty care referrals
- Patient satisfaction
- Record legibility, and
- Abnormal pap smear treatment and follow-up.

Areas reviewed will be clinically current and significant, have a direct relevance to clinical outcomes and risk management, and be consistent with the Center's Health Care Plan.

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Once Peer Review team members have been identified and their roles established, the Medical Director will prepare a calendar of activities and relevant checklists to be used for each assessment. The review process may include:

- Direct observation
- Review of operating systems
- Staff and/or patient interviews, and
- Review of medical records. (Charts will be reviewed using a statistically sound random sampling methodology.)

Peer Review findings will be shared by the Medical Director with each clinician on an individual basis, and overall findings will be presented to the entire medical staff. The frequency and length of Peer Review meetings will be determined primarily by number of committee members and number of elements involved in the Peer Review process. Meetings will occur no less than \_\_\_\_\_ (*suggest quarterly*), and required follow-up will be conducted before the next regularly scheduled meeting.

Peer Review data will be shared with the organization's leaders and presented to the Community Board in summary fashion on a \_\_\_\_\_ basis (*suggest semi-annual*).

YOUR HEALTH CENTER  
Sample Peer Review Checklists

➤ Adult Diabetes Outcome Checklist

Review date \_\_\_\_\_  
Patient identifier (chart account number) \_\_\_\_\_  
Clinician identifier \_\_\_\_\_  
Reviewer(s) identifier \_\_\_\_\_  
Method of review (chart audit, observation, etc.) \_\_\_\_\_  
Date of patient visit \_\_\_\_\_  
Was a comprehensive history / physical exam documented? \_\_\_\_\_

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Were diabetic risk factors assessed / documented in the H&P?	_____
Were diet and exercise documented in the H&P?	_____
Was the patient's weight documented?	_____
Was the patient's blood pressure documented?	_____
Was a chronic medication list completed?	_____
Was the problem list completed?	_____
Was a dilated eye exam recommended (once/year)?	_____
Did the patient have a comprehensive foot exam for pulses, skin lesions, calluses and/ or sensation?	_____
Did the physical exam include an oral/dental inspection?	_____
Was the patient's HgbA1c or glycosylated hemoglobin tested at least twice in the last year?	_____
Has there been an improvement in the HgbA1c value?	_____
Did the patient have a fasting lipid profile in the last year?	_____
Has there been an improvement in the lipid values?	_____
Did the patient have a urine test for microalbumin or total protein in the last year?	_____
List all the medications that the patient is currently taking:	_____ _____ _____ _____ _____
Is the treatment appropriate based on all of the clinical factors?	_____
Did the patient receive a flu shot in the last year?	_____
Did the patient receive a Pneumovax vaccination in the last 10 years?	_____
Is there documentation of patient education in the following areas: Dabetes education, complications, lifestyle, nutrition, weight control, foot inspection?	_____

➤ Well-Child Review: Ages 0 – 35 Months

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Review date	_____
Patient identifier (chart number)	_____
Clinician identifier	_____
Reviewer(s) identifier	_____
Method of review	_____
Date of patient visit	_____
Was the comprehensive history form completed?	_____
Was a birth history obtained?	_____
Was the developmental history documented?	_____
Were behavioral problems addressed?	_____
Was a nutritional assessment documented?	_____
Was / is the mother breast-feeding?	_____
Was a comprehensive unclothed physical exam documented?	_____
Was height documented on the growth chart?	_____
Was weight documented on the growth chart?	_____
Was head circumference documented on the growth chart?	_____
Was a dental assessment documented?	_____
Was a fluoride supplement prescribed, if indicated?	_____
Was a blood LEAD level documented at 1 and 2 years?	_____
Was a TB screen done at 9 months?	_____
Were age-appropriate immunizations given?	_____
Was anticipatory guidance complete?	_____
Health Habits (safety, feeding)	_____
Social Competence (temperament, comfort)	_____
Family Relationships (parent / sibling involvement)	_____
Community Interactions (referrals, child care)	_____