

St. David's South Austin Medical Center

DEPARTMENT: Medical Staff	BYLAWS APPENDIX DESCRIPTION: 14.10 Peer Review
PAGE: Page 1 of 3	REPLACES POLICY DATED: MS Bylaws 14.4.13 (2012 edition)
EFFECTIVE DATE: 9/19/13	REFERENCE NUMBER: 14.10

SCOPE: *Licensed Independent Practitioners (LIPs) and Advanced Practice Professionals (APPs) who are credentialed and privileged to provide professional healthcare services.*

PURPOSE: Peer review is the concurrent or retrospective review of an individual's professional qualifications professional competence, or professional conduct, including through clinical professional review activities. Peer review or professional review activity is conducted to determine whether an individual may have Medical Staff membership or clinical privileges, to determine the scope and conditions of such membership or privileges, or to change or modify such membership or privileges.

The purpose of the Hospital's peer review processes, programs, and proceedings are to encourage candid discussions in a private and confidential setting among Practitioners, other individuals with clinical privileges and other health care personnel to accomplish the following objectives:

1. To improve the quality of health care provided to patients;
2. To reduce morbidity and mortality at the Hospital;
3. To improve the credentialing process in an effort to monitor the competence, professional conduct and patient care activities of Practitioners, other individuals with clinical privileges, and other health care professionals who provide care to patients at the Hospital; and,
4. To maintain confidentiality of information generated during the course of peer review processes, programs and proceedings.

POLICY:

1. Peer Review Information: All peer review information shall be kept private and confidential. A Practitioner, other individual with clinical privileges, or other Hospital staff member who participates or has participated in a peer review process at the Hospital shall treat all peer review information as private, confidential and privileged and shall not disclose peer review information obtained, generated or compiled during a peer review process in which he/she participates unless specifically and expressly authorized by the Hospital to do so or as required by law.
2. Hospital Committees or Functions: A peer review process includes any process, program or proceeding involving any or all of the following Hospital committees or functions: performance improvement, utilization management, credentialing, infection control, use of medications, use of blood and blood components, clinical risk management, quality assessment, and fair hearings conducted pursuant to the Medical Staff Fair Hearing Plan.
3. Circumstances for Peer Review: The primary purpose of peer review activities shall be to improve an individual's performance. Peer review analysis shall be conducted whenever data comparisons indicate that the level of an individual's performance patterns or trends vary substantially from the expected. Peer review shall also be conducted for unanticipated adverse

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events when root cause analysis indicates human factors related to an individual's performance are possibly significant to the cause of the event. Peer review may be conducted for other reasons including, but not limited to, situations involving an individual case that may fall outside the standard of care, or failure to comply with Hospital policies and procedures, or in any other circumstance deemed necessary by the Chief of Staff, Chief Executive Officer, Medical Executive Committee, or any other committee authorized to review or evaluate an individual's performance, or the Board of Trustees. An external reviewer or review panel may be used when the Medical Staff lacks necessary expertise, or when there is a question of conflict of interest, or when additional review is needed to confirm peer review results, or in any other circumstance in which external review is deemed necessary by the Chief of Staff, Chief Executive Officer, Medical Executive Committee, or any other committee authorized to review or evaluate an individual's performance, or the Board of Trustees.

PROCEDURES:

1. **Peer Review Panel:** Professional review shall be conducted by a professional review body (e.g., a committee with a designated peer review function or an ad hoc peer review panel), any person acting as a member or staff to a professional review body, or any person under contract with a professional review body. Ad hoc peer review panels may be selected for specific focused review by the Chief of Staff, CEO, Medical Executive Committee, any other Medical Staff committee authorized to review or evaluate care, or the Board of Trustees.
2. **Timeframes for Review:** Focused peer review activities shall be conducted and the results reports within a timeframe of 180 days unless otherwise specified by the MEC. In circumstances requiring ongoing review before a determination can be made, an interim report may be submitted within the defined timeframe if the final report will not be completed within the defined timeframe.
3. **Participation in Review:** The individual whose performance or conduct is being reviewed shall have an opportunity to participate in the peer review process, either through attendance at a meeting in which the peer review results are discussed, in interviews with peer reviewers, or any other form of communication or correspondence with peer reviewers or the peer review panel. If the individual has been offered an opportunity to participate but the individual decides not to participate, the review may be concluded and final results reported without the participation of the individual.
4. **Records and Minutes:** The records and minutes of Medical Staff meetings and other Hospital committees and functions engaged in peer review shall be considered confidential and privileged. The commencement and completion of a peer review process will be documented; peer review processes that are continuous and ongoing will be identified. Peer review records and information

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will be identified with a conspicuous notation or stamp, for example: CONFIDENTIAL PEER REVIEW INFORMATION. The names of individuals who present or provide information during a peer review process should be documented.

5. Custody: Peer review information, including Medical Staff records, shall be maintained under the custody of the Chief of Staff and the Chief Executive Officer. Refer to Hospital policy MS-011, Confidentiality of Peer Review Records and the Management and Maintenance of Practitioner Files, for more guidelines and information.

APPROVALS:

Medical Executive Committee Meeting Date: editorial approval 12/13/13

Board of Trustees Meeting Date: 12/18/13

RESOURCES:

Excerpted from 2012 bylaws edition