

Community Hospitals and Wellness Centers
CHWC Montpelier Hospital (CAH)
CHWC Bryan Hospital
CHWC Archbold Medical Center

MEDICAL STAFF SERVICES POLICY & PROCEDURE

SUBJ: Peer Review Process

DATE ISSUED: 02/2014

REVISED:

REVIEWED: 10/15, 7/18

POLICY NUMBER: **MD0013**

PURPOSE:

To define a process and describe the activities in the Peer Review process as they relate to the improvement of healthcare quality, performance, effectiveness and efficiency of patient care by the healthcare practitioner.

PROCESS:

1. A “Peer Review” Committee conducts professional credentialing or quality review activities involving the competence of, professional conduct of, or quality of care provided by health care providers.
2. CHWC Carries out “Peer Review”:
 - a. CHWC Board of Directors hold ultimate authority. The Board delegates the Peer Review function to CHWC Medical Staff, specifically, the Medical Executive Committee.
 - b. CHWC Medical Executive Committee Delegates Peer Review to:
QI/Patient Care Committee and Credentials/Bylaws Committee
3. Both the QI/Patient Care Committee and the Credentials/Bylaws Committees Activities are Protected under the CHWC Peer Review Umbrella
4. QI/Patient Care Committee:
 - a. Conducts Peer Review Activities
 - i. Maintains files associated with Peer Review Activities
 - ii. Reports the outcomes associated with Peer Review Activities to Credentials Committee
5. Credentials Committee:
 - a. Grants/Renews/Revises/Removes privileges to providers.
 - i. Grants privileges based on research and the provider’s application.

- ii. Renews Privileges based on:
 - 1. outcomes reporting from QI/Patient Care Committee
 - 2. OPPE and FPPE reporting
 - a. Data measures reporting from the Compliance Office.
 - b. Case Review, Peer Review, Risk Review issues validated by QI Patient Care reporting from the Risk Manager.
 - iii. Revises/Removes Privileges based on:
 - 1. Specific reporting from the QI/Patient Care Committee
 - 2. OPPE and FPPE reporting:
 - a. Data measures reporting from the Compliance Officer
 - b. Case Review, Peer Review, Risk Review issues validated by QI Patient Care reporting from the Risk Manager
6. OPPE/FPPE Reporting Process to Credentials Committee
- a. Regular Meetings of the Credentials Committee
 - i. At least 10 working days before
 - 1. Compliance will give a full accounting of all data measures due for reporting
 - 2. Risk will give a full accounting of all issues that need to be placed on the meeting agenda
 - b. Meetings to Determine Bulk Renewal of Privileges
 - i. At least 20 working days before
 - 1. Compliance will give a full accounting of all data measures due for reporting on the practitioners under consideration for renewal
 - 2. Risk will give a full accounting of all issues that need to be considered for all practitioners under consideration for renewal.

Approval:

Credential/Bylaws Committee: 7/18

Medical Staff: 8/18

Board of Directors: 8/18