Peer Review Case Rating Form

MR#: _____ **D/C Date:** _____ **Referral Date:** _____ **Provider #:** _____ **Type:** _____

Referral Source: Check the corresponding box

☐ Screen ☐ Risk ☐ HIM ☐ Nursing ☐ Pharm ☐ Pt Relations ☐ Med Staff ☐ Other _____

Review Criteria/Referral Issue: _____

Quality Screener/Date _____ **Date Submitted for Physician Review** _____

Case Summary _____

_____

Key Questions for Physician Reviewer: _____

_____

General Questions for Reviewer: Were the appropriate tests, treats, medications or consults ordered/done? Were they done in a timely manner? Were appropriate preventive measures taken?

To be Completed by Physician Reviewer

Reviewer: _____ Date: _____ Conflict of Interest? ___ No ___ Potential _____

	Overall Physician Care: Check One
☐ 1	Appropriate
☐ 2	Questionable
☐ 3	Not Appropriate
☐ 0	Reviewer Uncertain, needs Committee Discussion

Note: If Overall Care = 1, **then** Issue must = (A)
If Overall Care = 2, 3 or 0,
then Issue must = (B) through (0)

	Issue Identification
☐ A	No issues with physician care
	Physician Care Issues: Check all that apply
☐ B	Diagnosis (Pt Care)
☐ C	Clinical Judgement/Decision-making (Pt Care)
☐ D	Technique/Skills (Pt Care)
☐ E	Planning (Pt Care)
☐ F	Supervision: House Physician or AHP (Pt Care)
☐ G	Knowledge (Medical Knowledge)
☐ H	Timely/Clear Communication (Comm/IP Skills)
☐ I	Responsiveness (professionalism)
☐ J	Follow-up/Follow-through (Professionalism)
☐ K	Policy compliance (System based Practice)
☐ O	Other:

Complete on all cases

	Physician Documentation: Check all that apply
☐ 1	No issue with physician documentation
☐ 2	Documentation does not substantiate clinical course/ treatment
☐ 3	Documentation not timely to communicate with other caregivers
☐ 4	Documentation unreadable
☐ 9	Other:

Documentation Issue Description:

_____

_____

_____

Physician contribution to patient harm

Definitions of harm (actual or potential)

1. Minor harm: minor loss of function, brief temporary effects, or slightly prolonged stay
2. Moderate harm: loss of major organ function, additional major procedures, or significantly prolonged stay.
3. Severe harm: death, irreversible vegetative state, or institutionalization

Check one each for actual and potential (potential rating must be at least as high as actual rating)

	Actual harm from physician care		Potential harm due to physician care
☐ 0	No actual patient harm from physician care	☐ 0	No potential patient harm from physician care
☐ 1	Actual minimal patient harm from physician care	☐ 1	Potential minimal patient harm from physician care
☐ 2	Actual moderate patient harm from physician care	☐ 2	Potential moderate patient harm from physician care
☐ 3	Actual severe patient harm from physician care	☐ 3	Potential severe patient harm from physician care

PHYSICIAN CONTRIBUTION TO PATIENT HARM RANKING: Actual _____ + Potential _____ = Total _____

Physician Reviewer: Please Continue Review on Next Page

If Overall Physician Care rated Appropriate, provide a brief description of the basis for reviewer findings:

If Overall Physician Care rated Questionable, Not Appropriate, or Uncertain, please complete the following:

A. Brief description of the basis for reviewer concerns: _____

B. What questions are to be addressed by the physician or Committee: _____

Exemplary Nominations: _____ **Physician Care** _____ **Physician Documentation** _____ **Non-Physican Care** _____
Brief Description: _____

Non-Physician Care Issues: _____ **Potential System or Process Issue** _____ **ıtial Nursing/Ancillary Care Issue** _____
Issue Description: _____

To Be Completed by Committee

Committee Review

Is physician response needed? _____ Yes _____ No (Care acceptable, no issues or concerns)

Practitioner response: _____ Letter _____ Committee Appearance

Committee Final Scoring:
Overall Physician Care _____ Issue Identification: _____ Documentation: _____

Committee Recommendation/Action (Check One)		**Date Completed**
	No action warranted	
	Physician self acknowledged action plan sufficient	
	Educational letter to physician sufficient	
	Dept. Chair discussion of informal improvement plan with physician	
	Dept. Chair develops formal improvement plan with monitoring	
	Refer to MEC for formal corrective action	

_____ System Problem Identified - forward to PR Date sent: _____ Date Response: _____

Describe system issue: _____

_____ Referral to Nursing Review Date Sent: _____ Date Response: _____

Describe nursing concern: _____

_____ Referral to CME Committee/Dept M&M Date Sent: _____