



Peer Review Scorecard[®] A Hospital Self-Assessment Tool

Instructions

For the following statements, indicate the degree to which you disagree or agree by checking the appropriate box to the right of the question. Your response should be based on how things actually are not on how you would like them to be. Mark N/A if you are unsure or feel a statement does not apply to your organization.

Legend
1 = Strongly Disagree
2 = Disagree
3 = Neutral
3 = Agree
4 = Strongly Agree

Culture	1	2	3	4	5	N/A
1. Administrative and medical staff leaders are visibly committed to continuous improvement of the quality and safety of patient care.						
2. Administrative and medical staff leaders are open and honest about quality or patient safety deficiencies; they don't try to hide problems or find someone to blame.						
3. Our practitioners know how they contribute to the quality of patient care and are held accountable for meeting performance expectations.						
4. Peer review is viewed by practitioners as a fair, objective, and nonpunitive process that is consistently applied to all medical staff members.						
5. Our peer review system is proactive rather than reactive; performance problems are quickly identified and resolved before patient care is adversely affected.						
6. Staff can raise a concern about a practitioner's performance, knowing the medical staff will take it seriously and will fully investigate.						
Peer Review Operations	1	2	3	4	5	N/A
1. Our hospital bylaws provide clear direction on the subject of peer review, its purpose and application						
2. Our peer review system has a clearly defined structure and policies/procedures that are consistently followed.						
3. We have a policy that describes when external peer review should be done and how to obtain an external review.						
4. Our peer review committee(s) is staffed with an appropriate mix of medical staff leaders and practitioners, who are well trained in the peer review process.						
5. Our peer review structure does not have an excessive number of committees.						
6. All peer reviews of individual cases and performance concerns are completed within 30 days of initiation.						

Practitioner Evaluation	1	2	3	4	5	N/A
1. Our medical staff has defined performance expectations and monitors practitioner compliance with these expectations.						
2. Evaluations of practitioner performance are conducted regularly, not just at the time of reappointment.						
3. Valid and reliable performance data is maintained for all practitioners with patient care privileges.						
4. We have triggers that define when a practitioner should undergo a focused evaluation and the triggers are consistently applied by all medical staff departments.						
5. Our medical staff investigates all deviations from performance expectations and does something about confirmed performance problems.						
6. Cases or performance issues that are sensitive, where a conflict of interest exists, or where the medical staff lacks appropriate specialist expertise are sent out for external peer review.						
Joint Commission Peer Review Standards	1	2	3	4	5	N/A
1. We know what processes and procedural details must be documented in the medical staff bylaws and our bylaws are in compliance (or soon will be).						
2. We know what processes and procedural details must be documented in the medical staff rules/regulations and our rules/regulations are in compliance (or soon will be).						
3. Our medical staff regularly evaluates practitioner competence in all areas: patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.						
4. All new medical staff members and existing members requesting new privilege currently (or soon will) undergo a focused professional practice evaluation to confirm competence .						
5. Our medical staff has developed criteria that determine the type of ongoing and focused performance evaluations to be done.						
6. Our medical staff has developed criteria for evaluating the performance of practitioners when concerns are identified that could affect the provision of safe, high-quality patient care.						

Overall assessment score _____ (total)