

## White Paper Update: Improve Your Peer Review Effectiveness

# Building Effective Peer Review Operations

## For Hospital Groups, ASCs and Specialty Medical Facilities

### Operational Challenges that Organizations Face

Most hospitals initially refer cases to department peer review committees. These committees often act with little oversight from the medical executive committee (MEC), which results in a lack of uniformity in the peer review process, as well as inconsistent application of protocols and procedures, across all specialties. Organizations face many challenges when it comes to peer review operations, including:

- ▶ Organization only conducts reactive peer review in most sensitive cases
- ▶ Poorly defined policies and procedures
- ▶ Poorly defined peer review structure
- ▶ Lack of oversight
- ▶ View in the process as punitive and one that creates obstacles for effectiveness
- ▶ Volunteer peer review committee members with time limitations
- ▶ Lack of ongoing training on peer review process
- ▶ Lack of defined turnaround times for completing cases
- ▶ Slow or undefined process for handling sensitive cases
- ▶ Lack of policies and procedures for external peer review
- ▶ Lack of follow-up on case reviews

Some physicians simply do not have the training or experience to conduct effective peer review. For others, involvement in a peer review committee presents yet another time-consuming responsibility to add to an already overloaded schedule. Physicians' heavy workloads often delay the peer review process, preventing the implementation of quality-of-care improvements that the process is intended to oversee. In some cases, reviews are not given the attention they require.

When leadership does not fully support the peer review process or views it negatively, the process becomes slow, cumbersome, and ineffective, leading to hesitation to follow the program except in the most difficult cases. Conducting peer review in an isolated or reactive manner also compromises the effectiveness of the program and can create a punitive culture in which there are no opportunities for critique and constructive feedback.

### Establishing Effective Peer Review Operations

Effective, proactive peer review requires a strong process-oriented framework and operational infrastructure. Effective peer review operations consist of several key components that not only facilitate the conduct of peer review itself, but also make it a more repeatable, consistent process.

#### Components of Strong Peer Review Operations

- ▶ Established written policies and procedures
- ▶ Processes that are well-understood and followed by all
- ▶ Budgeting for support, members and external peer reviewers
- ▶ An effective support system

# Building Effective Peer Review Operations

- ▶ Multidisciplinary structure
- ▶ Clinical practice and professional conduct standards
- ▶ Well trained staff and administration
- ▶ Timely turnaround and follow-up on all cases

## Peer Review Oversight

Bylaws should clearly define the structure, policies, and procedures for both internal and external peer review. In addition to setting unequivocal expectations for appropriate performance and behavior, well-written bylaws also provide clear direction regarding: the role of the medical staff and the rights and responsibilities of its members; the scope, structure, method, and triggers for both internal and external peer review; and credentialing, privileging, proctoring, peer review, and performance improvement processes. Standard reporting processes should also be developed and implemented so that all peer review activities, outcomes, issues, and concerns are reported to the MEC. The MEC should implement escalation procedures for sensitive cases. Developing a dashboard and tracking system that allow standard reports to be reviewed each month may facilitate early identification of trends and patterns that require performance improvement. The MEC is ultimately responsible to the board for ensuring that the peer review program is carried out by its medical staff in accordance with the intent and procedures documented in the organization's peer review policies.

## Peer Review Committee Structure

Effective peer review requires a centralized system that utilizes a uniform method for peer review activities. This system should be designed with a strong multidisciplinary peer review committee, with an appropriate representation of medical staff leaders and practitioners, established as a subcommittee of the MEC. The peer review committee should have overall jurisdiction for the operation of the peer review system, assuring the MEC that all required procedures and program elements are effectively implemented. Timely intervention, when needed, depends on establishing standing meeting dates at regular intervals and setting turnaround times for case review. A clearly defined peer review committee structure should also include:

- ▶ Committee charter
- ▶ Organization chart
- ▶ Job descriptions with time commitments
- ▶ Initial and ongoing training
- ▶ Workflow description and flowchart
- ▶ Conflict of interest (COI) management process
- ▶ Support personnel
- ▶ Budget

Hospitals should provide peer review committee members with proper initial and ongoing training and streamline the peer review process by limiting the number of committees. Eliminating departmental peer review committees reduces COI that may arise from social or professional relationships, organizational culture and dynamics, or a lack of physicians in a specific specialty to ensure objectivity. Managing COI is an essential component of maintaining quality and integrity.

## Establish Policies and Process for When to Turn to External Peer Review

Individual hospitals should have clearly defined procedures to turn to external peer review as required by their own particular circumstances and should be clearly defined triggers for external peer review. The peer review committee is responsible for deciding when and how to turn to external review, developing a standard process for outsourcing cases, identifying a vendor for external peer review, and establishing an annual peer review budget. Hospitals with high vol-

umes and few willing or qualified reviewers may decide to outsource all cases in a particular specialty, or a certain number of cases at regular intervals, which may be quarterly, semi-annually, or annually. Cases in which internal reviewers cannot reach a conclusion or consensus should be subject to external peer review, as should unresolved quality issues related to a particular department, procedure, or practitioner. In addition, cases in which physician behavior or demeanor may have had an impact on clinical outcomes would benefit from objective outside review by a peer with no prior personal knowledge of the physician.

## Components of Case Review Follow-up

- ▶ Overcoming conflict avoidance
- ▶ Conducting a timely review of findings with practitioner
- ▶ Establishing corrective action plan (if applicable)
- ▶ Following-up on corrective actions to verify achievement of desired outcomes

## Evaluating Your Peer Review Program: An Ongoing Process

The Peer Review Scorecard© helps hospital medical staff, quality professionals, and peer reviewers perform a self-assessment of their peer review framework and identify areas for improvement. Using a simple rating scale, hospital staff can quickly identify the strengths and weaknesses of their organization's peer review program and pinpoint areas needing attention. The findings provide the basis for developing action plans to address essential issues and deficiencies. Ongoing, periodic re-assessment allows the hospital to measure progress and to fine-tune their peer review program as needed.