



**COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH**

PSYCHIATRIC HEALTH FACILITY (PHF)

**PEER REVIEW PLAN
2021-2022**

Approved by SV-CQI Committee: 8/19/21

**HUMBOLDT COUNTY BEHAVIORAL HEALTH
SEMPERVIRENS**

PEER REVIEW PLAN

PURPOSE

The purpose of Peer Review (PR) is to review and evaluate the adequacy, appropriateness, and effectiveness of the care and treatment planned for or provided to patients in order to improve quality of care, as required in 42 CFR Section 482.62 (b) (2).

ESTABLISHMENT AND LOCATION OF PEER REVIEW FUNCTION

A Peer Review function shall be established as an activity of the Medical Staff of Sempervirens, and records kept of its activities as part of the Medical Staff Committee minutes and the Quality Improvement Committee records. Peer Review will be performed for the Psychiatric Health Facility Sempervirens. Meetings will take place regularly.

COMPOSITION OF PEER REVIEW FUNCTION

The Peer Reviewers shall be multidisciplinary in composition and shall consist of Medical Staff, which may include behavioral health staff and/or contracted staff from up to three different professional disciplines, one of which shall be a provider.

AUTHORITY

The Governing Body, through the Behavioral Health Director, shall give the Peer Review function the necessary authority and shall support it with the necessary administrative support and cooperation to carry out its functions and responsibilities.

PEER REVIEW FUNCTIONS AND RESPONSIBILITIES:

1. Analyze and review findings and make recommendations for appropriate Medical Staff and Executive Committee action, including consultation, education, and corrective action where necessary.
2. Report findings and recommendations to the individual clinician, the Continuous Quality Improvement Coordinator, the Behavioral Health Director, the Medical Staff Committee, and the Executive Committee of the Medical Staff. Results of Peer Review are considered when providers are re-appointed.
3. Maintain minutes and summary reports that reflect all essential elements of the Peer Review function.

4. Protect the confidentiality of the patient, the Medical Staff being reviewed, and the peer reviewers.
5. Perform annual self-appraisal of the Peer Review process to assess its effectiveness and make necessary improvements.

CONFIDENTIALITY

Confidentiality of data and individuals is maintained in all written and verbal communications and is protected under Section 1157 of the California Evidence Code, Section 14725 of the California Welfare and Institutions Code, and Section 482.62 of the Code of Federal Regulations. To that end:

1. Information that could jeopardize confidentiality will be stored by the Continuous Quality Improvement Coordinator in a secure location that will prevent unauthorized access.
2. Peer Review function material and information that could jeopardize confidentiality will not be provided to unauthorized individuals.
3. Case numbers and practitioner identification numbers shall be used instead of names on the Peer Review forms and minutes.

SELECTION OF PEER REVIEW TOPICS

The Peer Reviewers shall review the following aspects of treatment for each case reviewed as applicable:

1. Diagnosis and diagnostic procedure.
2. Treatment Plan and Treatment Plan development process.
3. Actual treatment and care provided, including therapeutic and other interventions.
4. Special procedures.
5. Management of complications.
6. Discharge Plans and Discharge Plan development.
7. Development of Aftercare Plans and follow-up.
8. Patient progress and outcome.
9. Other relevant aspects of treatment (clinical management and overall impression).

10. Coordination of care with primary care provider.

Relevant aspects of treatment and care not mentioned in the above list may also be reviewed as a Peer Review function.

PEER REVIEW PROCESS:

1. Random sampling procedures shall be implemented and documented to ensure the objectivity of the samples reviewed. See further details in Policy 0704.220.
2. The CQI Committee will perform Peer Review on a quarterly basis.
3. No person shall review a case in which he/she could be the primary practitioner.
4. The QI staff member will obtain a non-involved practitioner's input when conflict arises, and report findings back to the CQI Committee.
5. At least one randomly selected case for each Medical Staff member is reviewed on an annual basis for inpatient staff.
6. The CQI Committee will develop and update criteria which will be the standard by which the inpatient provider's clinical work will be reviewed. Copies of the current criteria are attached.

METHODS FOR RESOLVING ISSUES RELATED TO CLINICAL PRACTICES:

1. Findings and recommendations are forwarded and shared with Medical Staff and their supervisors as a means of promoting quality of care.
2. The findings shall be advisory, consultative, or educational, and, where appropriate, in-service or continuing education should be promoted.
3. In cases where clinical practices or procedures vary consistently from established criteria, methods should be developed for appropriate administrative or correction action with documented follow-up.
4. All information, findings, and documentation relating to the peer review process shall be managed to ensure confidentiality of the Medical Staff and the patient.

References: Behavioral Health QI Policy 0704.220