Peer Review Manual

The Board uses peer review in selected competency investigation after the Board finds evidence of one or more possible violations of the accepted standard of care. Peer reviewers are usually selected from physicians who practice in the same specialty as the physician under investigation. The peer reviewer's job is to assist the Board in determine whether, and to what extent, a physician has breached the applicable standards of care in a certain case. Peer review is the final step of the investigative process and must be completed before the Board can make a decision on a case. The peer reviewer's timely submission of a report to the Board is vital to expeditious resolution of the case.

In the event that the peer review report establishes grounds for initiating formal disciplinary actions, the Board files charges against the physician and the case proceeds to hearing. Once or more of the peer reviewers may be called upon to serve as an expert witness and to testify at a formal hearing.

LEGAL STANDARDS FOR DISCIPLINE

The Board has authority to discipline a physician for violations of the laws and rules governing the practice of medicine in Iowa. Your determination of whether the physician's treatment is within the standard of care will help the Board determined whether the physician has committed any of the following:

Professional incompetency:

- A substantial lack of knowledge or ability to discharge professional obligations within the scope of the physician's practice.
- A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other physicians in Iowa acting in the same or similar circumstances.
- a A failure to exercise in a substantial respect that degree of care which is ordinarily exercised by the average physician in Iowa acting in the same or similar circumstances.
- A willful or repeated departure from the minimum standards of acceptable and prevailing practice of medicine in Iowa.
- A failure to conform to the minimum standards of acceptable and prevailing practice of medicine in Iowa.
- O A failure to meet the acceptable and prevailing standard of care when delegating or supervising medical services provided by another physician, health care practitioner, or other agent, employee, or associate of the physician responsible for a patient's care.

Medical Staff Peer Review Manual

ACLM

Medical Staff Peer Review Manual:

The Medical Staff Services Handbook Cindy Gassiot, Vicki Searcy, Christina Giles, 2011-08-24 Rev ed of The medical staff services handbook edited by Cindy A Gassiot Vicki L Searcy Christina W Giles c2007 The Greelev Company Guide to Medical Staff Bylaws Todd Sagin, 2006 The Medical Executive Committee Manual William F. Mills, Mary J. Hoppa, 2013-10-10 The Medical Executive Committee Manual Mary J Hoppa William F Mills Your resource to build and support an effective medical executive committee Physician leaders are pressed for time Give them the knowledge and tools to confidently and effectively carry out their MEC responsibilities and comply with accreditors standards This book will help MEC members understand their role in important medical staff functions such as credentialing and privileging competence assessment and peer review physician contracts and alignment and quality and patient safety This book also helps MEC members understand their relationship to the medical staff other committees administrators and the governing board Benefits This book will serve as a guide and reference manual for how the MEC can effectively and efficiently carry out its duties including Methods for providing leadership that is fair honest and consistent Maximizing members leadership skills and minimizing time spent in meetings The MEC s role in OPPE FPPE and peer review The MEC s role in physician contracting physician hospital alignment and hospital strategies Communicating with the governing board and hospital administrators View the Table of Contents Chapter 1 Roles and Responsibilities of the Medical Staff Management and BoardQuality and Safety Board Responsibilities Organizational Charts Medical Staff Responsibilities Management Responsibilities Understanding Influence Chapter 2 The Power of the Pyramid How to Achieve Great Physician Performance Appoint Excellent Physicians Set Communicate and Achieve Buy In to Expectations Measure Performance Against Expectations Provide Periodic Feedback Manage Poor Performance Take Corrective Action Chapter 3 Appoint Excellent Physicians Guiding Principles Chapter 4 Set Communicate and Achieve Buy In to Expectations How to Develop Great Expectations Sample Performance Expectations Chapter 5 Measure Performance Against Expectations Peer Review Special Circumstances in Peer Review Chapter 6 Provide Periodic Feedback Ten Step Process for Creating Physician Performance Reports Gaining Physician Buy In to Reports Chapter 7 Manage Poor Performance Chapter 8 Take Corrective Action Chapter 9 Medical Staff Bylaws and Rules and Regulations The MEC s Role Composition of the MEC Attendance Requirements Code of Conduct Confidentiality Conflicts of Interest The Minority Report Implementing Change Bylaws Rules and Regulations Policies and Procedures Chapter 10 Medical Staff Functions The MEC s Role Regulatory Requirements Medical Staff Functions Information Flow Chapter 11 Credentialing and Privileging The MEC's Role Are Credentialing and Privileging the Same Four Step Process Expedited Credentialing Policy in Action Essential Credentialing and Privileging Policies Chapter 12 Peer Review Quality and Patient Safety The MEC's Role Terms to Know Peer Review Managing Loose vs Managing Tight Managing System Performance Four Components of Patient Safety Organizational Performance Improvement What the MEC

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professional standards review organizations PSRO in defining quality of care for the Medicare program it is a shared responsibility of health professionals and government to provide a reasonable basis for confidence that action will be taken both to assess whether services meet professionally recognized standards and to correct any deficiencies that may be found p 14 Similar pronouncements have been made for the quality assurance activities of the Department of Defense's CHAMPUS program and of the 1980s successor to the PSROs the federally designated peer review organizations PROs established to ensure quality and utilization efficient care for Medicare Links between the federal and state gov ernments and between professional associations and private review entities have been developed to make this shared responsibility manifest in the delivery and reimbursement of health services This responsibility is seen in light of both pro fessional and legal accountability a view noted by Gibson and Singhas 1978 and Alger 1980 Accountability then becomes a concentric concept that elaborates on the pure view of quality and reflects the federal government's consumer protection activities during the 1970s The Joint Commission on Accreditation of Hospitals JCAH which has pro vided another primary historical leadership role in defining quality assurance has promoted the evolution of the concept of resource limitations as a part of the definition of quality assurance The Credentialing Coordinator's Handbook Anne Roberts, 2007 Staff Paper, Current Catalog National Library of Medicine (U.S.), First multi year cumulation covers six years 1965 70 Effective Peer Review Robert J. Marder, Mark A. Smith, Richard A. Sheff, 2007 HCPro is pleased to introduce Effective Peer Review A Practical Guide to Contemporary Design Second Edition authored by The Greeley Company experts Robert J Marder MD and Mark A Smith MD MBA FACS Completely updated to help you Comply with The Joint Commission s 2007 standards Deliver focused and ongoing professional practice evaluations Evaluate physician core competencies And much more Peer review continues to rate as a top problematic issue and one you can t ignore The pressure is driven by publicly available national data The Joint Commission s 2007 standards expanding measurement of physician competence and hospital boards need to be assured that the peer review process is functioning effectively Learn how to go beyond just satisfying a regulatory requirement to performing peer review that fosters true improvement within your facility Although hospitals go through the motions of peer review they are often unable to make it a meaningful process one that results in true improvement in physician performance and meets The Joint Commission's standards Transform your peer review process and meet external requirements with Effective Peer Review A Practical Guide to Contemporary Design Second Edition Get best practices to make peer review worthwhile Newly updated and in high demand Effective Peer Review Second Edition outlines and provides advice about how to do physician peer review effectively Authored by experts from The Greeley Company this book and CD ROM goes beyond just reviewing the Joint Commission standards It puts the standards in context by emphasizing best practices you can implement in your peer review process Plus you ll receive thorough discussion about data analysis and collection along with peer review scoring and rating systems Critical information at your fingertips Offering step by step guidance to peer review

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