

Policies of the University of North Texas Health Science Center	Chapter 14 – UNT Health
14.409 Medical Peer Review	

Policy Statement.

UNTHSC will evaluate the quality of medical and health care services performed by and the professional behavior of UNTHSC physicians and physician assistants (“Providers”). Peer review of Providers will be conducted on an ongoing basis by the medical staff through department continuous quality improvement (“CQI”) committees. Peer review will also be conducted by the Risk Management Subcommittee’s Peer Review Committee members (“Peer Review Committee”) in response to a specific event or series of events involving concerns or questions about quality of care or Provider behavior and will occur in all cases where a Provider is involved or notified of a potential health care liability claim or lawsuit.

PURPOSE: To evaluate and monitor the quality of medical and health care services, competence and behavior of UNTHSC Providers with the intent to improve the quality of patient care and safety.

Application of Policy.

Providers, Department CQI Committees, Risk Management Subcommittee’s Peer Review Committee Members, Quality, Patient Safety and Services Committee, UNTHSC Board.

Definitions.

None

Procedures and Responsibilities.

Procedure / Duty

Responsible Party

1. Peer Review will occur as follows:

1. by every department on an ongoing basis to evaluate the quality of medical and health care services, competence and professional behavior of a Provider
2. by the Peer Review Committee in any circumstance when there is an event or series of events that causes concern about the quality of care rendered by a Provider
3. by the Peer Review Committee of a Provider who is involved in a lawsuit or a potential health care liability claim.

Department
CQI
Committee,
Risk
Management
Subcommittee
– Peer Review
Committee

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| 2. At the department level, the department Chair shall be responsible for assigning cases to be peer reviewed in accordance with criteria based upon generally recognized standards of care as approved by the Peer Review Committee. | Department
CQ I
Committee,
Department
Chairs, Risk
Management
Subcommittee
– Peer Review
Committee |
| 3. Results of department level ongoing peer review will be reported to the Provider members of the department CQI committee on at least a quarterly basis. The CQI Committee minutes shall be forwarded by the department Chair to the Peer Review Committee on at least a quarterly basis. A department Chair has the discretion to make an immediate referral to the Peer Review Committee of an event involving a Provider. | Department
CQI
Committee,

Department
Chairs , Peer
Review
Committee |
| 4. The Peer Review Committee shall be chaired by the Chief Medical Officer and all members shall be physicians. If a physician assistant is reviewed, the Peer Review Committee will appoint a subcommittee (“PA Peer Review Subcommittee”), the majority of whom must be physician assistants, to conduct the peer review. The PA Peer Review Subcommittee shall keep minutes and submit its minutes, findings and recommendations to the Peer Review Committee for final action and approval. | Risk
Management
Subcommittee
– Peer Review
Committee |
| 5. The Peer Review Committee may assign cases to be reviewed to Providers who are not members of the Peer Review Committee, including external reviewers. Reviews assigned by the Peer Review Committee should be completed within 30 days of assignment unless the circumstances require additional time. The Peer Review Committee shall be responsible for monitoring the timeliness and thoroughness of all reviews. The results of a review of a physician assistant shall be submitted first to the PA Peer Review Subcommittee for review before submission to the Peer Review Committee. The Peer Review Committee shall document its reviews in the form of minutes. | Risk
Management
Subcommittee
– Peer Review
Committee |
| 6. The Peer Review Committee, as applicable, will provide each Provider with feedback for personal improvement or confirmation of the effectiveness of his/her professional and interpersonal skills. If the Peer Review Committee takes or recommends action that could result in censure, suspension, restriction, limitation or denial of a Provider’s privileges, the affected Provider shall be provided a written copy of the recommendation of the Peer Review Committee and a copy of the final decision, including a statement of the basis for the decision. | Risk
Management
Subcommittee
– Peer Review
Committee
Members |

- | | |
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| 7. Results of peer review activities will be considered by the department chair and the Credentials Committee at the time of each Provider’s reappointment of clinical privileges. | Department
Chairs,
Credentials
Committee
Quality,
Patient Safety
and Services
Committee |
| 8. The Peer Review Committee shall present a summary report of all peer review activities to the Quality, Patient Safety and Services Committee. The Quality, Patient Safety and Services Committee shall present a summary report of all peer review activities to the UNTHHealth Board on a quarterly basis. | Quality,
Patient Safety
and Services
Committee |
| 9. The Peer Review Committee shall be responsible for making those reports to the Texas Medical Board as required by Chapter 160 and to the Physician Assistant Board as required by Chapter 204 of the Texas Occupations Code and those reports required by the Health Care Quality Improvement Act. | Peer Review
Committee |
| 10. The medical peer review process is privileged and confidential. All information, records, reports and communications received and generated by the CQI committees, the Peer Review Committee, the Quality, Patient Safety and Services Committee and the UNT Health Board are privileged and confidential and shall not be released without permission of the chairs of the respective committees in consultation with the General Counsel’s office. | CQI
Committees,
Peer Review
Committee,
Quality,
Patient Safety
and Services
Committee,

UNTHHealth
Board |
| 11. Peer review of other professionals shall be governed by separate UNTHSC policies specific to those professionals. | |

References and Cross-references.

The Health Care Quality Improvement Act of 1986, 42 U.S.C. §§ 11101, et seq.

Texas Occupations Code, Chapter 160, Subchapter A, §§ 160.001, et seq.

Texas Occupations Code, § 204.208

UNTHSC Policy 14.405, Purpose and Membership of the Risk Management Sub-Committee

Forms and Tools. (optional)

d: April 2005

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February 24, 2011