

Title: Peer Review, Medical Staff	
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Next Review Date: 04/03/2022	Author: Michael O'Connor, MD, Janice Dinner, Erin Davis
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Discrete Operating Unit/Facility: Banner Baywood Medical Center Banner Behavioral Health Banner Boswell Medical Center Banner Casa Grande Medical Center Banner Churchill Community Hospital Banner Del E Webb Medical Center Banner Desert Medical Center Banner Estrella Medical Center Banner Fort Collins Medical Center Banner Gateway Medical Center Banner Goldfield Medical Center Banner Heart Hospital Banner Ironwood Medical Center Banner Lassen Medical Center Banner Ocotillo Medical Center Banner Payson Medical Center Banner Thunderbird Medical Center Banner—University Medical Center Phoenix Banner—University Medical Center South Banner—University Medical Center Tucson East Morgan County Hospital McKee Medical Center North Colorado Medical Center Ogallala Community Hospital Page Hospital Platte County Memorial Hospital Sterling Regional MedCenter Torrington Community Hospital Washakie Medical Center	Banner Corporate Ambulatory Services Banner Health Clinics Banner MD Anderson Cancer Center Banner Urgent Care Centers Occupational Health/Employee Services Rural Health Clinics Banner Home Care and Hospice Insurance Banner Health Network Banner Plan Administration University Physicians Health Plans Banner Pharmacy Services Post-Acute Care Services Research

I. Purpose/Population:

- A. **Purpose:** To continually seek to improve quality of care for all patients through an effective and efficient peer review process.
- B. **Population:** Medical Staff, Credentialed Providers, Peer Review Committees.

II. Definitions:

- A. At-Risk Behavior: A behavioral choice that increases risk where risk is not recognized, or is mistakenly believed to be justified.
- B. Categories of Breach:
 - 1. Quality (Q)
 - 2. Behavior (B)
 - 3. Documentation (D)
- C. Human Error: Inadvertently doing other than what should have been done: a slip, lapse, mistake.
- D. Physician Lead: Chairman of PRC or physician designated by the Chairman of PRC to coordinate the peer review process.
- E. Physician Reviewer: Physician appointed by the Physician Lead to conduct the peer review investigation.
- F. Professional Review Committee (PRC): The Medical Staff committee or department that administers continuous improvement of quality of care through the ongoing monitoring and review of Medical Staff and Allied Health practitioner performance. The duties of this committee/department are outlined in the Medical Staff Bylaws.
- G. Reckless Behavior: A behavioral choice to consciously disregard a substantial and unjustifiable risk.

III. Policy:

- A. Relevant peer review indicators that identify variances from standard of care are reviewed and approved annually by the system Peer Review Council & Clinical Consensus Groups.
- B. The PRC reviews individual cases that, identified as a variance of a peer review indicator(s) or patient/staff complaint, require evaluation of the care provided by physicians or allied health practitioners.
- C. The PRC uses Just Culture principles in evaluating the care provided by physicians and allied health practitioners. Application of the Just Culture methodology in peer review is standardized by using the Just Culture Algorithms when reviewing peer review cases.
 - 1. Just Culture Algorithms:
 - a. Duty to Avoid Causing Unjustifiable Risk or Harm
 - b. Duty to Follow a Procedural Rule
 - c. Duty to Produce an Outcome
- D. Based on the use of the Just Culture Algorithms, the approach for reviewing peer review cases is standardized and focuses on intent / behavioral choices of the provider under review (versus the outcome of the event).
 - 1. Behavioral Choices:
 - a. Human Error
 - b. At-Risk Behavior
 - c. Reckless Behavior
- E. Expectations for appropriate behavior are defined in the Medical Staff Bylaws, General Rules and Regulations, and the Professional Conduct Policy for Medical Staff.
- F. Medical Staff can implement medical staff peer review policies to the extent not inconsistent with this policy.

IV. Procedure/Interventions:

- A. Review Process: Conduct all peer review in accordance with the Just Culture process.
- B. Forward referrals for clinical care issues to the Clinical Performance Assessment and Improvement (CPAI) Team or Medical Staff Services Office or enter in an incident report (i.e., VEvent).
 - 1. Review all available information and identify variation as determined by approved peer review indicators. (**Central Peer Review Support**)
 - a. Prepare a summary of the case and forward the summary to the Physician Lead, if the need for additional review is identified.
 - 2. Assign the case to a PRC Peer Reviewer upon determination by the Physician lead that peer review indicators are met or that there is another possible need for review.
 - a. Provide the summary to another physician on the PRC where the Physician Lead was involved in the case.
 - 3. Review the case, utilizing the summary, medical record review, and discussions with the involved provider, if deemed appropriate and assign a preliminary score. (**Peer Reviewer**)
 - a. Route the case to Medical Staff Services for committee review and determination of a final score.
 - 4. Review complaints of disruptive behavior for possible resolution and disposition within VEvent. (**Unit Director**)
 - a. Sources of complaints may include, but are not limited to: Nursing, Risk Management, Administration, patient/family, physician or staff complaints.
 - 5. In the case of clinical or behavioral review, the preliminary review by a PRC member or Unit Director will, if deemed appropriate, include an interview with the involved physician/practitioner and/or appropriate staff.
 - 6. Review the case and determine if any additional resources are needed to complete the review, if the case is determined to meet peer review criteria and is forwarded for PRC review. (**PRC**)
 - a. Obtain the additional resources/information needed, if necessary, which may include an interview by the PRC with the involved physician/practitioner or an external review. For cases involving allied health practitioners, the PRC may request review by a designated peer of that practitioner, e.g., NP, PA, where their expertise is needed.
 - 7. PRC will base its review and recommendations on the Medical Staff Bylaws, Medical Staff Rules and Regulations, national and community standards, protocols adopted by the Medical Staff and appropriate policy and procedures.
 - 8. Assign the case, to one or more of the following peer review scores, once the PRC review is completed:
 - a. Without identified system performance shaping factor
 - i. Q – No Breach
 - ii. Q – Human Error
 - iii. Q – At Risk Behavior
 - iv. Q – Reckless Behavior
 - v. B – No Breach
 - vi. B – Human Error
 - vii. B – At Risk Behavior
 - viii. B – Reckless Behavior
 - ix. D – No Breach
 - x. D – Human Error
 - xi. D – At Risk Behavior
 - xii. D – Reckless Behavior
 - b. With identified system performance shaping factor:

- i. Q – No Breach, S
- ii. Q – Human Error, S
- iii. Q – At Risk Behavior, S
- iv. Q – Reckless Behavior, S
- v. B – No Breach, S
- vi. B – Human Error, S
- vii. B – At Risk Behavior, S
- viii. B – Reckless Behavior, S
- ix. D – No Breach, S
- x. D – Human Error, S
- xi. D – At Risk Behavior, S
- xii. D – Reckless Behavior, S

9. Send a notification letter for all scores of At Risk & Reckless Behavior to the reviewed physician(s) or allied health practitioner(s) and are given 30 days in which to request a discussion of the case with the PRC. Send a letter to practitioners or departments for educational purposes regardless of the assigned score(s) at the discretion of the PRC.
 10. Follow the procedures outlined in the Medical Staff Bylaws for all cases in which the PRC recommends an adverse action.
 11. Present final PRC score assignments of Reckless Behavior to the MEC for final rating after the practitioner has had 30 days to request discussion of the case with the PRC.
 12. Review and address any trends or patterns of substandard care. (**PRC**)
 13. Mark as confidential and peer review privileged reports of cases presented for review and scoring by the PRC, along with related correspondence. Maintain reports in the provider's credentials file in the Medical Staff Services Department and are reviewed by the Department Chairman as part of the OPPE and/or reappointment process.
- C. Timeframes for Peer Review:
1. Schedule PRC meetings monthly or as often as necessary, to ensure timely peer review. Cases requiring additional internal or external expertise may require additional time periods for processing.

V. Procedural Documentation:

- A. N/A

VI. Additional Information:

- A. Banner Health uses Just Culture principles in evaluating care. Just Culture principles align with our Mission, Vision, Values and Core Behaviors by:
1. Proactively managing risks and behavioral choices while ensuring accountability
 2. Designing safe systems
 3. Responding in a fair and consistent manner to adverse events and the people who are involved in them
 4. Learning through transparent dialogue about risks and safety expectations.

VII. References:

- A. PRC Process Flow Sheets
- B. [Facility] Medical Staff Bylaws
- C. [Facility] Medical Staff General Rules and Regulations
- D. Physician Just Culture Algorithms
- E. [Banner Intranet on Just Culture](#)

VIII. Other Related Policies/Procedures:

- A. Professional Conduct Policy for Medical Staff Members and Allied Health Professionals (AHPs)
- B. Complaints of Sexual harassment or Other Prohibited Conduct by Medical Staff Members (#3165)

IX. Keywords and Keyword Phrases:

- A. Peer Review
- B. Just Culture

X. Appendix:

- A. Overview of Just Culture in Peer Review

Appendix A

Overview of Just Culture in Peer Review

The use of Just Culture in peer review is characterized by the creation of a learning environment, proactively managing risks, designing safe system of care and responding to peer review events in a fair and consistent manner.

Peer Review cases will be reviewed using the Just Culture methodology. Application of the Just Culture methodology in peer review will be standardized by using the Just Culture Algorithms when reviewing peer review cases. Just Culture describes 3 duties we are held to:

- The duty to Avoid Causing Unjustifiable Risk or Harm
- The duty to Follow a Procedural Rule
- The duty to Produce an Outcome

Breaches in these duties can be caused by:

- **Human Error:** Inadvertently doing something other than what should have been done: a slip, lapse, or mistake (related to human factors and not a choice)
- **At-Risk Behavior:** Drift from what we should do due to a misperception of risk (involves choice)
- **Reckless Behavior:** Behavior that knowingly puts another at significant risk; a conscious disregard of a substantial and unjustifiable risk (a choice)
- **System performance shaping factors:** Factors that may influence human error and at risk behavior (system design, workflow, acuity and volume, etc.)

Just Culture uses a formal process to investigate events and identify the cause of the breach as well as creates a focus on systems design to understand their effects on the risk of events re-occurring.

Peer Review scoring is based on the review of the case using the Just Culture method to identify breaches in the categories of: Quality (Q), Behavioral (B), Documentation (D), and noting system performance shaping factors when present.

The Just Culture peer review scoring is as follows:

A. Without identified system performance shaping factors

Just Culture Score	Description
Q –No Breach	Quality event – No breach
Q – Human Error	Quality Breach with human error
Q – At Risk Behavior	Quality Breach with at risk behavior
Q – Reckless Behavior	Quality Breach with reckless behavior
B – No Breach	Behavioral event – No breach
B – Human Error	Behavioral event with human error
B – At Risk Behavior	Behavioral event with at risk behavior
B – Reckless Behavior	Behavioral event with reckless behavior
D – No Breach	Documentation event – No Breach
D – Human Error	Documentation event with human error
D – At Risk Behavior	Documentation event with at risk behavior
D – Reckless Behavior	Documentation event with reckless behavior

B. With identified system performance shaping factor

Just Culture Score	Description
Q –No Breach, S	Quality event – No breach with system opportunity
Q – Human Error, S	Quality Breach with human error & system opportunity
Q – At Risk Behavior, S	Quality Breach with at risk behavior & system opportunity
Q – Reckless Behavior, S	Quality Breach with reckless behavior & system opportunity
B – No Breach, S	Behavioral event – No breach with system opportunity
B – Human Error, S	Behavioral event with human error & system opportunity
B – At Risk Behavior, S	Behavioral event with at risk behavior & system opportunity
B – Reckless Behavior, S	Behavioral event with reckless behavior & system opportunity
D – No Breach, S	Documentation event – No Breach with system opportunity
D – Human Error, S	Documentation event with human error & system opportunity
D – At Risk Behavior, S	Documentation event with at risk behavior & system opportunity
D – Reckless Behavior, S	Documentation event with reckless behavior& system opportunity

For additional Just Culture education materials, you can contact your facility Medical Staff Services Department and/or visit the following education site on the Banner intranet:
<http://intranet.bhs.bannerhealth.com/BHSystem/Departments/Clinical+Education/Peer+Reviewer+JC.htm?NRMODE=Published>