

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Administrative - Performance
Improvement and Risk Management

POLICY # AD II-2

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SUBJECT: Peer Review

EFFECTIVE DATE: September 2008
SUPERCEDES DATE: January 2008

References

Related ACA Standard

4th Edition Standards for Adult Correctional
Institutions **4-411**

PURPOSE

To ensure that all clinical providers within the Division of Prisons (DOP) provide care that meets best practice and community standards of care in accordance with DOP Health Services policy and procedures.

To provide a mechanism for giving feedback to clinical providers regarding their practice patterns.

To provide a mechanism for identifying quality of care issues and a framework for performance improvement of clinical providers when it is determined that the care delivered does not meet or exceed best practice and community standards of care.

POLICY

It is the policy of the DOP Health Services to ensure that health care provided to inmates meets or exceeds best practice and community standards of care. In order to meet this objective, DOP Health Services monitors the care every 2 years minimum provided by clinicians. This monitoring is accomplished by external peer review of clinical practice on a regular basis by clinicians who are equivalent in terms of discipline. It is also the policy of the DOP Health Services to take corrective action with clinical providers when quality of care problems are identified through the peer review process.

DEFINITIONS

Provider: Division of Prisons licensed clinician who delivers medical, dental or mental health services. Providers include:

- Medical Doctors
- Doctors of Osteopathy
- Physicians' Assistants
- Nurse Practitioners
- Dentists
- Dental Hygienists
- Psychologists
- Clinical Social Workers

Consultant: a physician specialist outside of Division of Prisons, that provides consultation and makes recommendations to the attending physician related to specialty care of the patient.

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Qualified Peer Reviewer: a clinical provider whose discipline matches that of the provider to be reviewed, i.e. only psychiatrists are qualified peer reviewers of other psychiatrists and only dentists, of other dentists. The Medical Director shall determine those physicians qualified to peer review other specialist physicians.

Sentinel Event: unexpected patient death, loss of limb, or significant loss of function.

PROCEDURES

1. The Deputy Medical Director, and Section Chiefs are responsible for oversight of peer review of all medical, mental health, and dental clinical providers.
2. The Deputy Medical Director shall designate qualified peer reviewers to perform all medical peer reviews, the Mental Health Director shall designate qualified peer reviewers to perform all mental health peer reviews, and the Dental Director shall designate qualified peer reviewers to perform all dental peer reviews. The aforementioned requirement that the Deputy Medical Director, Director of Mental Health, and Dental Director shall designate peer reviewers shall, however, not constrain any respective Director from performing peer review of providers whom he/she is qualified to review.
3. The procedures to be followed for Peer Review are outlined below.
 - A. All newly employed clinical providers who are State of North Carolina employees or who are on contract with the State of North Carolina shall have five medical records reviewed through the peer review process within the first six months of employment with DOP.
 - B. All clinical providers who are State of North Carolina employees or who are on contract with the State of North Carolina shall be peer reviewed at least once annually consisting of review of at least 5 medical records.
 - C. Consultant clinical providers are exempted from Peer Review.
 - D. In addition to review of new employees and ongoing regular review of employees,(every 2 years) random peer reviews will occur:
 1. with all sentinel events when there is an indication of questionable clinical practice;
 2. when the Deputy Medical/Mental Health/Dental Director is apprised of a potential quality of care problem by another medical professional, a DOP medical facility, the UR Department, or a Division of Prisons committee; and/or
 3. any time the Deputy Medical/Mental Health/Dental Director or the Medical Peer Review Committee determines that a potential quality of care problem exists.
4. The qualified peer reviewer shall follow procedures outlined below when performing peer review:
 - A. a random selection of five medical records for review including active and, if applicable, inactive cases; and
 - B. completion of a *Clinical Peer Review* form for each medical record reviewed.
 - (1) If there are only “yes” responses on the *Clinical Peer Review* form, no further action is needed.
 - (2) If there are any “no” or “unclear” responses, explain in the space provided on the back of the form.

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- (3) He/she may discuss the “no” or “unclear” responses with the clinical provider. If, through such discussion, responses do not indicate any quality of care problem, no further action is needed.
 - (4) If above responses indicate a potential quality of care problem, the case is referred to the respective Deputy Medical/Mental Health/Dental Director.
5. If the respective Deputy Medical/Mental Health/Dental Director determines there is a quality of care issue which cannot be resolved by review and discussion with the provider, he/she shall take one or more of the following corrective actions:
- A. ensure the provision of further education to the provider relevant to the identified quality of care issue(s);
 - B. increase supervision of the provider;
 - C. conduct a second peer review or designate a second qualified peer reviewer to conduct peer review;
 1. If, after the second peer review, it is determined that there is no quality of care issue, then no further action will be taken.
 2. If the second peer review substantiates a quality of care issue, the Medical/Mental Health/Dental Director shall take appropriate corrective actions as listed in procedures 5A, 5B, or 5E of this policy.
 - D. at any point during the process, forward the issue to the Medical Review Committee for review and recommendations; and/or
 1. If it is determined that there is no quality of care issue, no further action is needed.
 2. If it is determined that there is a quality of care issue, the Medical/Mental Health/Dental Director shall take appropriate corrective actions as listed in procedures 5A, 5B, or 5E of this policy.
 - E. dismiss the provider.
6. The Clinical Peer Review forms shall be kept on file in the Central Office. The Deputy Medical Director, Mental Health Director, and Dental Director, shall designate staff responsible for maintaining the respective medical, mental health, and dental *Clinical Peer Review* form files.



9/30/08

Paula Smith, MD Director of Health Services Date

SOR: Standards Director

North Carolina Department of Correction Clinical Peer Review Form

Inmate #: _____

Date of Review: _____

Attending Clinician: _____

Discipline: _____

Setting: Inpatient Outpatient Residential Day Treatment

Reason for Review:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> New employee | <input type="checkbox"/> Utilization issues | <input type="checkbox"/> Mortality |
| <input type="checkbox"/> Annual review | <input type="checkbox"/> Appropriateness of care | <input type="checkbox"/> Drug usage |
| <input type="checkbox"/> Adverse drug reaction | <input type="checkbox"/> Patient complaint | <input type="checkbox"/> Random |
| <input type="checkbox"/> Professional concern | <input type="checkbox"/> Sentinel event | <input type="checkbox"/> Other: _____ |

Answer all of the following questions. Comment (back of page) is required for any response of “no” or “unclear”.

Does the documentation indicate:				
1. Discipline specific assessment				
is thorough?	Yes	No	N/A	Unclear
is completed within required timeframe?	Yes	No	N/A	Unclear
includes current observations and recent behavior changes?	Yes	No	N/A	Unclear
2. Diagnosis is justified by history and current assessment?				
	Yes	No	N/A	Unclear
3. Treatment plan				
is consistent with diagnosis?	Yes	No	N/A	Unclear
is completed within required timeframe?	Yes	No	N/A	Unclear
includes measurable goals?	Yes	No	N/A	Unclear
4. Progress notes for clinician (discipline) reviewed				
relate to the identified problem(s)?	Yes	No	N/A	Unclear
are completed within required time frames?	Yes	No	N/A	Unclear
show changes in patient condition/behavior/mental status?	Yes	No	N/A	Unclear
are documented in SOAP format?	Yes	No	N/A	Unclear
5. Frequency of contact is consistent with diagnosis and severity of symptoms?				
	Yes	No	N/A	Unclear
6. Requests for consults/lab testing/special treatments are				
justified by diagnosis/behavior?	Yes	No	N/A	Unclear
completed in a timely manner?	Yes	No	N/A	Unclear
7. Consults/lab testing/special treatments are reviewed, initialed, and dated by the provider in a timely manner?				
	Yes	No	N/A	Unclear
8. Medications are justified by diagnosis and severity of symptoms?				
	Yes	No	N/A	Unclear
9. Prescribing practices are consistent with peers, i.e., clinician stays within the Health Services formulary when prescribing?				
	Yes	No	N/A	Unclear
10. Applicable current Health Services protocols are followed, e.g., Antipsychotic Guidelines, Health Services disease entity protocols?				
	Yes	No	N/A	Unclear
11. Continuity of care to include aftercare/discharge planning?				
	Yes	No	N/A	Unclear
12. Documentation of patient education?				
	Yes	No	N/A	Unclear
13. Does clinician specifically address destructive ideation?				
	Yes	No	N/A	Unclear
14. Legibility?				
	Yes	No	N/A	Unclear

Reviewer's Printed Name

Reviewer's Signature

