



SANTA CLARA VALLEY MEDICAL CENTER
Peer Review Case Rating Form
CA 1157 – CONFIDENTIAL PEER REVIEW

QA Identification Number: _____

Medical Record #: _____

Incident Date: _____

Referral Date: _____

Provider #: _____

Clinical Service: _____

Division: _____

Quality Screener Date _____

Date Submitted for Physician Review _____

Referral Source: Check the corresponding box

- | | |
|---|--|
| <input type="checkbox"/> Screened Indicator | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Risk Management | <input type="checkbox"/> Patient Relations |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Medical Staff |
| <input type="checkbox"/> Nursing | |
| <input type="checkbox"/> Other describe _____ | |

Review Criteria/Referral Issue:

Case Summary

Issue(s) for Review:

Committee Deliberation:

Physician Reviewer: _____ **Review Date:** _____

Practitioner response: Date requested _____ Date Received _____

The Score for the Peer Review Evaluation:

Check one	Overall Practitioner Care		Check one	Issue Identification	
<input type="checkbox"/>	Q1	Care Exemplary			
<input type="checkbox"/>	Q2	Care Appropriate			
<input type="checkbox"/>	Q3	Care with minor opportunity for Improvement/education	<input type="checkbox"/>		
			<input type="checkbox"/>		
<input type="checkbox"/>	Q4	Care with major opportunity for Improvement/education			
<input type="checkbox"/>	Q5	Care inappropriate	<input type="checkbox"/>		

Data, records, documents, and knowledge, including but not limited to minutes and case review materials, collected for or by individuals or committees assigned peer review functions are confidential, not public records, shall be used by the committee and committee members only in the exercise of proper functions of the committee, and are generally not available pursuant to subpoena in accordance with state and federal law, including, but not limited to, California Evidence Code section 1157, and relevant case law.

PEER REVIEW DOCUMENTATION

Codes for areas of improvement or educational opportunities	
A	Alternative method to provide clinical service
B	Data interpretation
C	Procedural competency/complication
D	Documentation
E	Resource utilization
F	Core Measure/Case Management
G	Supervision of student, resident, or allied health professional
H	Communication with patient, family, staff, providers
I	Timeliness of Care
J	Compliance with policies, procedures, protocols, rules
K	Other

Describe Rationale for Score:

Professional Conduct		
	P1	Appropriate Conduct
	P2	Opportunity for coaching, education and/or insight
	P3	Unprofessional conduct

Documentation Issue Description:

Committee Recommendation/Action (Check One)			Date Completed
The Practitioner Should Always Receive Communication			
<input type="checkbox"/>	A1	No Action Necessary	
<input type="checkbox"/>	A2	Track and Trend	
<input type="checkbox"/>	A3	Practitioner-initiated action plan	
<input type="checkbox"/>	A4	Practitioner Education	
<input type="checkbox"/>	A5	Division or Department Education	
<input type="checkbox"/>	A6	Notification to Supervisor for counseling or action plan	
<input type="checkbox"/>	A7	Referral to DPRC	
<input type="checkbox"/>	A8	FPPE Plan Initiated	
<input type="checkbox"/>	A9	Referral to Hospital Wide Peer Review Committee, Medical Executive Committee (MEC), Risk Management, etc.	

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PEER REVIEW DOCUMENTATION

Committee Recommendation/Action (Check One) The Practitioner Should Always Receive Communication		Date Completed
<input type="checkbox"/>	A10	Request for Root Cause Analysis (RCA)
<input type="checkbox"/>	A11	Other Action Taken
<input type="checkbox"/>	A12	
<input type="checkbox"/>	A13	
<input type="checkbox"/>	A14	
<input type="checkbox"/>	A15	

Systems Issue Score		Describe the Identified Systems Issue	Date sent
<input type="checkbox"/>	S1	No system issue. No action required	
<input type="checkbox"/>	S2	Potential or minor opportunity to improve system. <i>The Quality Department will trend system issues.</i>	
		Environment, equipment, materials, staffing	
		Policy, procedures, protocols, rules	
		Performance improvement of non-providers staff	
		Communication with staff, providers	
		Supervision of mid-level providers/ residents	
		Timeliness of care	
		Other	
<input type="checkbox"/>	S3	Serious or immediate risk or threat to patient safety: Immediately referred to the Risk Management Department for confirmation, escalation, oversight of resolution, tracking, and trending	

 Signature of the Peer Review Committee Chair

 Date