

Committee Charter

Title: Peer Review Committee

Responsible Party: Chief Medical Officer

Div/Dept/Serv Area: Medical/Administration

Number: ADM.COM.001

Date of Issue: 6/1985

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Formerly ADM.001

PURPOSE

Peer Review is defined as the evaluation of the clinical activities of the medical staff by other qualified practitioners with comparable training and experience who can render an unbiased opinion on the quality of care. The purpose of peer review is to promote continuous improvement in the quality of the care and service provided by the medical staff at Group Health Cooperative of South Central Wisconsin (GHC-SCW). The Peer Review Committee (PRC) is responsible for investigating patient, member or practitioner complaints or concerns about the quality of clinical care or service provided and to make recommendations for corrective actions, if appropriate. The PRC also reviews sentinel conditions or adverse events identified for quality concerns and is the primary committee that makes recommendations regarding credentialing and re-credentialing decisions for all practitioners credentialed by GHC-SCW as defined in policy MED.ADM.025.

POLICY REGARDING CONFIDENTIALITY OF INFORMATION

1. The PRC is a distinct committee within GHC-SCW's Quality Improvement Program. All PRC activities are protected by federal and state laws and are immune to discoverability.
2. Peer Review is conducted to help improve the quality of health care. No person acting in good faith who participates in the review or evaluation of services of health care practitioners as part of the Peer Review Committee is liable for any civil damages because of any act or omission by such person in the course of such review or evaluation. This civil immunity, pursuant to law, applies to acts and omissions including, but not limited to, censuring, reprimanding or taking any other disciplinary action against a health care practitioner.
3. No person who participates in the review or evaluation of the services of health care practitioners as part of the Peer Review may disclose any information acquired in connection with such review or evaluation, nor may any record of the investigation, inquiries, proceedings and conclusions of the Peer Review Committee be released to any person under Section 804.10(4), Wis. Stats, or otherwise, except as permitted by the exceptions set forth in Section 146.38(3), Wis. Stats. Any person who testifies during, or participates in the review or evaluation may testify in any civil action as to matters within his or her knowledge, but may not testify as to information obtained through her or his participation in the review or evaluation, nor as to any conclusion of such review or evaluation, as provided in Section 146.38(2), Wis. Stats.
4. The PRC reports its findings to the Chief Medical Officer who in turn, reports general activities of the PRC to the Board of Directors of GHC-SCW if appropriate.

Review Date												
Revision Date	8/91	9/98	11/98	7/09	1/2012	1/2013	9/13	10/14	01/20			

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ROSTER *The Chief Medical Officer makes appointments to the PRC. The PRC membership includes:*

- MD (Chair)
- Family Medicine Physicians (2-3)
- Internists (1-2)
- Pediatricians (1)
- Physician Assistant / Nurse Practitioner (1)
- Other specialists as needed for case review or credentialing decisions (Chiropractor, Psychiatrist, etc.)
- Medical Staff Administrator

MEETING FORMAT AND FREQUENCY

1. The minutes of the previous PRC meeting are reviewed. Cases related to quality of care are prepared outside the committee by an initial reviewer who presents the case for further review and discussion at the meeting. Corrective actions, if any, are recommended. Policies concerning confidentiality are followed.
2. Credentials of new staff are presented to the committee members
3. Every three years, re-credentialing information is reviewed prior to re-appointment.
4. The PRC meets monthly or at a minimum at least quarterly.

COMMITTEE AUTHORITY

The Board of Directors is ultimately responsible for the quality of health care provided to GHC-SCW members. The Board delegates the responsibility of ensuring a high level of quality of care to the Chief Medical Officer who, in turn, charges the PRC to review all quality concerns referred to it, provide educational feedback to the involved practitioners, to report findings to the Chief Medical Officer, and when appropriate, make recommendations to the Chief Medical Officer for credentialing, re-credentialing, and reduction, suspension or termination of individual practitioner privileges. The Chief Medical Officer acts in a manner providing for maximum protection for documentation from legal discovery and protection of the identity of individual practitioners.

SOURCES OF QUALITY OF CARE CONCERNS FOR COMMITTEE REVIEW

Quality of care concerns can be brought to the PRC from several sources, including but not limited to the following:

1. Practitioners
2. Chief Medical Officer
3. Members through complaints or other member generated communication.
4. Care Management Department
5. Quality Management Department
6. Medicare / Medicaid Sanctions
7. Licensure Sanctions or Limitations
8. Requests for review by external regulatory agencies or payors

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PEER REVIEW PROCESS

The PRC will carefully review the medical care in all situations in which a quality concern has been raised. The involved practitioner will be notified, in writing, of a possible quality concern and asked to present additional verbal or written information for the primary reviewer prior to the date of the PRC meeting. The PRC will consider these practitioner comments when reviewing the case.

The PRC will evaluate the quality concern related to medical care and make a determination as to whether there is sufficient evidence that the involved practitioner failed to provide care within generally accepted standards. The PRC will send a written evaluation of the quality concern to the involved practitioner along with any recommendations / actions.

If the PRC observes a pattern of quality concerns regarding a single practitioner, the Chief Medical Officer will be notified. The PRC may make a recommendation for an educational activity for the involved practitioner such as reviewing a medical literature or a CME related to the quality of concern and will obtain information to substantiate the recommendations are carried out in a timely manner. The PRC may also suggest reduction, limitation, or suspension of privileges or contract termination.

After receiving the PRC's recommendation, the Chief Medical Officer will make a decision and create an action plan. The reason for the action and a summary of the appeal rights and processes will be communicated, in writing, to the involved practitioner. The practitioner can then appeal the Chief Medical Officer's decision according to the Appeals / Hearing Process outlined below.

APPEALS AND REQUEST FOR A HEARING

Practitioners have the right to appeal any decision of the Peer Review Committee.

The practitioner must request a hearing, in writing, within 30 days from the date the practitioner receives the Chief Medical Officer's final decision and action plan. The request should be sent via certified mail to the Chair of the Peer Review Committee, 1265 John Q. Hammons Drive, Madison, WI 53717.

WAIVER BY FAILURE TO REQUEST A HEARING

A practitioner who fails to request a hearing within the time and in the manner specified waives his/her right to any hearing or any appellate review to which he/she might otherwise have been entitled. Such waiver shall apply only to the matters that were the basis for the initial review.

NOTICE OF TIME AND PLACE FOR HEARING

Upon receiving a timely and proper request for a hearing, the Chief Medical Officer shall then schedule a hearing within fifteen (15) business days of receipt of the request., The Chief Medical Officer shall then send the practitioner, via certified mail, notice of the time, place and date of the hearing. The hearing date shall be within forty-five (45) days of the date the notice of hearing was sent to the practitioner.

The notice of hearing must contain a concise statement of the practitioner's alleged acts or omissions, a list of the specific or representative patient records in question, and/or the other reasons or subject matter forming the basis for the adverse action that is the subject of the hearing.

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APPOINTMENT OF HEARING PANEL

When a hearing has been requested as specified above, the Chief Medical Officer shall appoint a hearing panel composed of the Chief of Staff, who shall Chair the panel, and no less than three (3) additional members whose practice is relevant to the issue addressed. This may necessitate the use of non-employed practitioners. The hearing panel shall be composed of members of the medical staff who have not participated actively in consideration of the matter involved at any previous level. Knowledge of the reasons or subject matter forming the basis for the adverse action or recommendation, which gave rise to the request for a hearing, shall not preclude a member of the medical staff or other person from serving as a member of the hearing panel.

ATTENDANCE / REPRESENTATION

The practitioner may attend the hearing in person or may submit written materials in lieu of their presence. The practitioner may be accompanied and represented at the hearing by an attorney or by another person of his/her choice. The practitioner shall inform the Chief Medical Officer in writing of the name of that person at least ten (10) days prior to the hearing date. GHC-SCW shall appoint an individual to represent them. Such individual may be an attorney or any other person designated by the Chief Medical Officer.

RIGHTS OF PARTIES

During the hearing, each party shall have the following rights:

- call and examine witnesses;
- introduce exhibits;
- cross-examine any witness on any matter relevant to the issues;
- rebut any evidence
- to have a record made of the proceedings, copies of which may be obtained by the appellant upon payment of reasonable charges for the preparation thereof

POSTPONEMENT

Requests for postponement or continuance of a hearing may be granted by the Chief Medical Officer only upon a timely showing of good cause.

HEARING PANEL REPORT

Within twenty (20) days after adjournment of the hearing, the hearing panel shall make a written report of its findings and recommendations. The report shall contain a summary of the basis of the decision. The hearing panel shall forward the report along with the record and other documentation to the Chief Medical Officer. The practitioner shall also be given a copy of the report.

NOTIFICATION OF AUTHORITIES

As required by the Health Care Quality Improvement Act of 1986, as amended and 45 Code of Federal Regulations Part 60, the Chief Medical Officer or his/her designee shall report to the State Medical Examining Board and/or the National Practitioner Data Bank (NPDB) in accordance with the respective state and federal regulations. Incidents requiring reporting include, but are not limited to, contract suspension/termination due to quality reasons; involuntary reduction of current clinical privileges; suspension of clinical privileges; termination of all clinical privileges. Corporate council will review all submissions prior to notification to authorities.