



1.8.5 ANNUAL CLINICIAN PEER REVIEW

POLICY:

Service sites participate in ongoing medical chart audit procedures that evaluate clinical performance, provide feedback, and initiate corrective action when deficiencies are noted.

Clinician peer review provides an organized way to identify, acknowledge and document high-quality care when it is delivered, suggest ways to adapt the practice to meet the standards of care, and to correct and improve practice if sub-standard care is found.

All clinicians whose employing agency did not have a triennial site visit or federal review in the current calendar year will have a clinician peer chart review completed annually.

PROCEDURE:

Most clinician peer reviews are completed by the Contracted Midlevel Clinician (CMC). Having one person complete all reviews offers an opportunity for consistent feedback to individual providers and to inform all agencies about innovative and effective practices that other agencies have developed with EMR documentation.

The CMC will review two or three provider charts that record an encounter within the past year. The number of charts reviewed will be based on the FTE of the clinician. A variety of visit types should be reviewed including preventative health visits, contraceptive counseling, STI screening or treatment visits, pregnancy testing or procedure visits.

The subrecipient family planning director will choose the charts for the CMC using the above criteria.

De-identified client charts should be e-mailed to the CMC. If the agency uses a face sheet or snapshot summarizing past appointments or client history, that sheet should be included in the email.

The CMC reviewer completes the Clinician Review Form. Comment area will include both acknowledgment of high-quality care and list any areas that don't meet standards of care, follow ND FPP protocols, medical association recommendations or Title X QFP guidelines.

The CMC will sign and date the form and email it back to the subrecipient family planning director. The subrecipient family planning director is responsible for obtaining the clinician's signature, clinical services provider or medical director signature and supplying the state nurse consultant with a copy of the signed form.

Completed Peer Review reports are due to the ND FPP state nurse consultant by August 15.

Agencies that use PRN, flex-time clinicians, or residents on a limited basis are responsible for completing Peer Reviews for those providers. In the case of a sub-standard Peer Review, a Corrective Plan of Action will be developed by the ND FPP state staff and the individual clinician. Steps for the Clinician Corrective Plan of Action will be individualized and may include technical training, resources for further



training, review of agency EMR and ways to increase compliance with documentation, clinician observation, or repeat of the clinician review process.

Forms used for Clinician orientation, including preceptor evaluation, will be used as needed for Corrective Action. (See ND FPP policy 1.8.6 New Provider Orientation for forms)

A summary of all Clinician Peer Reviews is provided to the state office and may be shared with the subrecipient family planning director after the completion of all reviews.

RESOURCES:

ND FPP policy 1.8.6 New Provider Orientation

Annual Peer Review/Triennial Site Review/New Orientation Form