

DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
FORT HUACHUCA, AZ 85613-7079

MEDDAC Memo 40-165

15 July 2007

Medical Services  
MEDICAL RECORD & PEER REVIEW PROGRAM

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**1. HISTORY.** This issue publishes a revision of this publication

**2. PURPOSE.** The purpose of this policy is to define the professional staff's role in conducting administrative medical record review and medical staff peer review in one integrated, multidisciplinary process. Peer review recommendations and results will be considered in the privileging process IAW the organizational rules and regulations of the medical staff.

**3. REFERENCES.**

- 3.1 Comprehensive Accreditation Manual for Ambulatory Care Joint Commission on Accreditation of Healthcare Organizations, current edition.
- 3.2 AR 40-68, Clinical Quality Management, current edition.
- 3.3 MEDDAC Memo 15-1, Committee Structure, current edition.
- 3.4 MEDDAC Memo 40-27, Patient Safety (PS)/Risk Management (RM) Programs, current edition.

**4. SCOPE.** This policy is applicable to all clinical staff.

**5. RESPONSIBILITIES.**

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This memorandum supersedes MEDDAC Memo 40-165, dated 2 Sep 06

5.1 The Commander will provide appropriate command oversight of the program.

5.2 The Executive Committee (EXCOM) will approve the written program policy after approval by the Executive Committee of the Professional Staff (ECOPS).

5.3 The Deputy Commander for Clinical Services (DCCS) will:

5.3.1 Serve as the proponent of the program and implement the program in patient care areas.

5.3.2 Ensure that designated administrative and clinical staff members perform data collection and analysis of medical record review and general peer review.

5.4.1 Ensure that medical record review procedures conform to Joint Commission and other regulatory standards.

5.4.2 Evaluate aggregated peer review data and propose conclusions and recommendations for ongoing program performance improvement to the Credentials Committee and ECOPS.

5.5 The Credentials Committee will:

5.5.1 Ensure peer review procedures conform to Joint Commission, Army, MEDCOM, and other regulatory standards.

5.5.2 Utilize provider-specific peer review data in the privileging/reprivileging process of providers.

5.6 The Risk Management Committee will:

5.6.1 Perform focused provider performance reviews on referred cases and coordinate for external formal peer review on selected cases, as indicated.

5.6.2 Manage Potentially Compensable Events (PCEs) IAW MEDDAC Memo 40-27, Patient Safety (PS)/Risk Management (RM) Programs.

5.6.3 Forward appropriate systemic issues to ECOPS for further discussion, evaluation and resolution.

5.7 The Patient Advocate will collect, review, and trend provider specific patient satisfaction data (using the Provider Level Patient Satisfaction System, PLPSS, available through MEDCOM) and forward this information to the Risk Management Coordinator, Clinical Department Chiefs, and the DCCS on a regular basis.

5.8 Department Chiefs and Clinical Directors will:

5.8.1 Ensure compliance with peer-reviewed medical record standards for their assigned clinic providers.

5.8.2 Ensure completion of peer-conducted medical record review in a timely fashion.

5.8.3 Share aggregated results of patient satisfaction and peer review with individual providers.

5.9 Licensed Independent Practitioners (LIPs) will use tools authorized by the organization to conduct objective peer reviews and use acknowledged standards of care within the community, relevant medical literature, and clinical practice guidelines as comparison benchmarks.

5.10 Information Management Functional Management Team (IM-FMT) will:

5.10.1 Ensure compliance with Joint Commission Ambulatory Care Standards and Elements of Performance as delineated in the chapter on Management of Information.

5.10.2 Monitor organizational compliance with Joint Commission Management of Information standards and present aggregated results (and recommendations for improvement) to the ECOPS on a regular basis.

**6. PEER REVIEW PROCEDURES:**

6.1 Peers: A Peer is defined in Appendix A. No peer will review his/her own cases or, if in a financial relationship with a partner, those of his/her partners.

**6.1.2** Peer review will be conducted using standardized criteria defined by the organization and include (but not be limited to) the variables listed on the organization's approved peer review tool. Peer review data collection is the responsibility of the organization's Department Chiefs. The proponent for the peer review data aggregation and analysis is the Quality Management Division (Credentials), under the guidance of the DCCS.

**6.1.3** Sample Size for peer-conducted medical record review. The organizational standard for number of peer-reviewed medical records is 10 records/provider/ month. For individual providers with less than 10 total records available per month, all records will be peer reviewed. The organizational standard for moderate sedation given by a registered nurse certified in moderate sedation is 100% review by the anesthesia department.

**6.1.4** Procedure for LIPs with no on-site peer: If an RWBAHC LIP does not have a peer available on-site, medical record peer review will be conducted by a peer at an external Military Treatment Facility or via a Tricare network clinical peer. Department and Clinic Chiefs will ensure mechanisms are available for completion of external peer review for such providers.

**6.1.5** The following criteria will initiate a Focused Provider Performance Review:

**6.1.5.1** A sentinel event or near-miss reported to the Risk Management Committee

**6.1.5.2** A significant departure from established practice patterns noted during a general peer review.

**6.1.5.3** The commander or a member of the medical staff requests focused review on a specific provider.

**6.1.5.4** A beneficiary questioning the appropriateness of care in a patient concern or other format may also require focused provider performance review, as determined by clinic/department chief, and/or DCCS, after further evaluation.

**6.1.6** A formal peer review will be required whenever a Standard of Care determination must be made, or when a staff member's performance is such that an adverse practice action is considered. Such formal peer reviews will be conducted in accordance with standards outlined in AR 40-68, Chapter 6.

**7. MEDICAL RECORD REVIEW PROCEDURES:** Staff in the organization's various patient care areas will conduct administrative medical record reviews using the same medical records and format as used for the peer review process. The organization has defined variables for review that pertain to patient specific information IAW Joint Commission Management of Information elements of performance, the use of the MEDCOM Clinical Practice Guidelines, and the RWBAHC Coding Compliance Plan. The IM-FMT will ensure monitoring of compliance with these standards and present findings to the ECOPS.

The proponent of this publication is the Deputy Commander for Clinical Services and Chief, Quality Management Division. Users are invited to send their comments and suggestions on DA 2028, to USA MEDDAC, ATTN: MCXJ-QM, Fort Huachuca, AZ 85613-7079.

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APPENDIX A  
DEFINITIONS

**Administrative Medical Record Review:** An ongoing, periodic administrative review of a representative sample of outpatient records that focuses on patient specific information and other necessary administrative documentation as defined by the organization.

**Peer-Conducted Medical Record Review:** An ongoing, periodic clinical review of a representative sample of outpatient records that focuses on provider-specific adequacy of documentation of the provision of patient care.

**Focused Provider Performance Review:** A review conducted on specific systemic or provider issues when any of the following criteria are met:

**Adverse Event:** An untoward, undesirable, and usually unanticipated event, i.e., the death of a patient, employee, or visitor in a health care organization.

**Deviation:** Any variation from the accepted standards of care, practice or performance.

**Peer:** A Licensed Independent Practitioner (LIP) who is from the same discipline and who has essentially equal qualifications (for example, background, grade, and years' experience in the professional capacity/specialty) as the LIP undergoing peer review.

**Potentially Compensable Event (PCE):** An incident where a breach of the standard of care may have occurred resulting in injury or sequelae, with the possibility of adverse legal action.

**Standard of Care:** Identified, documented, and generally accepted levels of care that serve as clinical guidelines for the delivery of safe and effective patient care, and patient response to that care, within a variety of clinical situations.