

## PEER REVIEW

SECTION:	<u>Clinical Policies</u>
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SUBJECT:	<u>Peer Review</u>
EFFECTIVE DATE:	<u>6/2009</u>
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## PURPOSE

To assess through clinical records and other data sources the accessibility, quality, adequacy and outcomes of clinical services provided by Davis Behavioral Health.

## POLICY

1. DBH will maintain a Peer Record Review process that is governed by the QAPI committee and that adheres to the regulatory demands of its contractors.
  - a. Peer reviews will be conducted each quarter
  - b. Charts with less than 90% accuracy will be reviewed individually with the supervisor and the clinician.
  - c. The QAPI committee will analyze findings and make recommendation for improvement; and
  - d. The findings and recommendations of this committee will be kept on file and be subject to review by State and Federal officials.

## PROCEDURE

1. Peer Reviews are conducted by assigned staff and consist of a rotating peer review chairperson.
  - a. The chairperson may be the Program Director or someone assigned by the Program Director who coordinates peer review activities with the Program Director.
  - b. All therapists will participate in a peer review.
2. Records to be reviewed will be randomly selected by the following method:
  - a. A records specialist will pull the 10<sup>th</sup>, 20<sup>th</sup>, 30<sup>th</sup>, etc. record from each clinician's active caseload.

- b. If the selected records have insufficient information to be reviewed, the records specialist will make note of the missing elements and this information will be added to the peer review analysis. The next record on the caseload list will be pulled for review.
  - c. In some instances the Program Director may pull specific records to be used for auditing and teaching purposes. These reviews will be included in the peer review process and data analysis.
- 3. A minimum of two (2) charts per clinicians will be reviewed each year. Peer Review Committee members conduct at least 1 chart review per year per clinician and at least 1 review per year per clinician in staff meetings or individual peer reviews.
- 4. Peer Reviews include a review of Medicaid and State Division of Substance Abuse and Mental Health requirements as well as any area of practice targeted by DBH.
- 5. Peer Reviews include qualitative comments as well as documentation of elements reviewed.
- 6. Written reports are reviewed with each therapist and areas of strength or areas of improvement are noted.