

# DEPARTMENT OF ANESTHESIOLOGY



## **Title: Department of Anesthesiology Peer Review Committee**

Created: 05-23-12

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**Overview:** The purpose of the Peer Review Committee (PRC) is to assist the Chair of the Department of Anesthesiology in assuring that clinical care delivered by the professional staff of the department conforms to accepted standards of practice. The committee reviews any patient care episodes that involve possible performance deviations, determines the cause of any non-ideal performance, and makes recommendations about follow-up action to the Chair of the Department or Executive Vice Chair (EVC) in their stead.

**Membership and meetings:** The committee consists of senior clinical faculty of the Department of Anesthesiology representing each area of clinical practice. The QMMI Committee Chair and the Patient Safety Officer are *ex officio* members. The committee meets as frequently as required to conduct its business.

### **Procedures:**

1. The Chair, EVC and/or Quality and Performance Improvement/Patient Safety Oversight Committee selects cases to refer for consideration by the Peer Review Committee. A variety of information sources are used to identify cases for possible review including morbidity and mortality case reports, Veritas reports, risk management reports, and reports from nursing, anesthesia and surgical professional staff.
2. Pre-review: The PRC Chair performs an initial review of the medical record, conducts preliminary interviews with the involved clinical staff and makes a determination if there is a reasonable concern of non-ideal performance or human error. If there is such a concern, review by the full PRC is scheduled. If not, the PRC Chair makes a summary report on the matter.
3. Full committee review: The committee determines if human errors occurred, the likely cause(s) of those errors, and interventions, if any, required to assure future patient safety, improve performance, and assure compliance with acceptable practice standards.
4. In cases where there is concern regarding an individual's performance, that individual's perspective is always part of the committee's investigation and deliberations.
5. The committee provides a written report with recommendations to the EVC and Chair.
6. After the findings have been presented to the EVC and Chair, feedback, including an explanation of any recommendations or actions, is given to the individuals involved. Feedback is communicated by the PRC Chair.
7. Any systems issues identified during the review process are referred to the appropriate clinical leadership or improvement committee for resolution.
8. The PRC Chair provides summary reports of the committee's activities to the Department Chair and EVC at least annually.

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