

An aerial photograph of a large lake with several forested islands. A winding road curves along the right side of the lake. The trees are in various shades of green and yellow, suggesting an autumn setting. The sky is a pale, hazy blue.

Peer Review and Beyond: Key Practices to Ensure an Ideal Safety and Quality Program

A brown, arrow-shaped graphic pointing to the right, located on the left side of the slide.

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Learning Objectives

- Define the purpose and importance of peer review
- Explain the steps involved in conducting peer reviews
- Identify the benefits of peer review
- Review and explain common challenges
- Recall lessons learned and discuss examples of successful peer review programs



What is Peer Review?

Definition:

- ▶ A systematic process for healthcare professionals to evaluate
- ▶ Clinical performance / Quality of Care
- ▶ Competence
- ▶ Behavior / Professional Standards



WHO FOR PEER REVIEW

Healthcare Professionals

- Physician and Advanced Level Providers

**Other Healthcare Professionals
= HR Process**

Goals of Peer Review

► Core Goals:

- Ensure Quality of Care
- Ensure Patient Safety
- Accountability
- Foster/Facilitate Continuous Improvement
- Adherence to Clinical Standards
- Support Credentialing and Privileging



Important?

- ▶ **Ensures Compliance:**
Adherence to protocols and guidelines
- ▶ **Improves Safety:**
Early identification of risks
- ▶ **Builds Collaboration:**
Encourages teamwork and accountability
- ▶ **Enhances Outcomes:**
Data-driven insights lead to better results
- ▶ **Objective Evaluations:** Informed decisions about granting, renewing, modifying privileges

Peer Review – The Surgical Setting

- ▶ **Why Surgery Requires Peer Review:**
 - ▶ High-risk environment with complex procedures
 - ▶ Errors can have significant consequences
- ▶ **Key Areas of Focus:**
 - ▶ Surgical outcomes
 - ▶ Post-operative care
 - ▶ Adherence to safety protocols

Role of Privilege Forms

What Are Privilege Forms?

- Documents defining a provider's competencies and authorized procedures

How They Support Peer Review:

- Link privileges to performance evaluation
- Ensure providers work within their skillset
- Help identify training needs

Privileging Process

Delineation to Include

Basic Eligibility

Threshold Criteria

Core with Criteria

VS

Laundry List

Requirements

- ▶ Specific timeframes
- ▶ Match procedures *currently* performed at center
- ▶ Don't forget.... Supervision of anesthesia services

SAMPLE

Qualifications¶

Applicants shall meet the board certification requirements and all other qualifications for membership as set forth in the Medical Staff Bylaws.¶

Basic education: MD or DO¶

Minimal formal training: Successful completion of an ACGME- or AOA- accredited residency in orthopedic surgery and/or current certification or active participation in the examination process leading to certification in Orthopedic Surgery.¶

Required Current Experience: At least 100 general orthopedic procedures, including 25 procedures for trauma and fractures, 50 of the shoulders and elbows, 25 of the knee/hip/leg regions reflective of the scope of privileges requested, during the past 12 months, and/or the demonstrated successful completion of an ACGME- or AOA- accredited residency or clinical fellowship within the past 18 months.¶

References¶

If the applicant is recently trained, a letter of reference should come from the director of the applicant's training program. Alternatively, a letter of reference may come from the applicable Medical Director at the facility where the applicant most recently practiced. Additional references may be obtained by peers.¶

Reappointment: Reappointment should be based on unbiased, objective results of care according to the Surgery Center's quality assurance mechanism. To be eligible to renew privileges in orthopedic surgery, the applicant must demonstrate current competence and an adequate volume experience of at least 150 inpatient, outpatient, or consultative orthopedic surgical services with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges. In addition, continuing education related to orthopedic surgery is required.¶

Applicant: Check off the "Requested" box for each privilege requested. New applicants may be requested to provide documentation of the number and types of cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the Surgery Center for a proper evaluation of current competence, and other qualifications and for resolving any doubts.¶

Core Orthopedic Surgery Privileges:¶

Requested ¶

Core privileges for orthopedic surgery include the ability to evaluate, diagnose, treat, and provide consultation to correct or treat various conditions, illnesses, and injuries of the extremities, and associated structures by medical, surgical, and physical means, including but not limited to congenital deformities, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, deformities, injuries, and degenerative diseases of the hands, feet, knees, hips, shoulders, and elbows, including primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system.¶

Core privileges also include the ability to assess, stabilize, and determine the disposition of patients.¶

If you wish to exclude any procedures, please cross out the procedures that you do not wish to request and initial.¶

The core privileges in this specialty include the following procedures and other such procedures that are extensions of the same techniques and skills.¶

Performance of history and physical exam ¶

Local Anesthesia¶

Use of Fluoroscopy¶

Supervision of a CRNA¶

Hips and knees¶

- Joint Injections—including stem-cell therapies¶
- Arthrodesis, osteotomy, and ligament reconstruction of the major peripheral joints (excluding total replacement of joints)¶
- Arthroscopy¶
- Bone grafts, allografts, autografts¶
- Closed reduction of fractures and dislocations¶
- Debridement of soft tissue¶
- Excision of soft tissue/bony masses¶
- Fasciotomy and fasciectomy¶
- Fracture fixation¶
- Joint replacement, including minimally invasive techniques (excludes hip)¶
- Ligament reconstruction¶
- Management of infections and inflammations of bones, joints, and tendon sheaths¶
- Muscle and tendon repair¶
- Open reduction and internal/external fixation of fractures and dislocations of the skeleton¶
- Reconstruction of non-spinal congenital musculoskeletal anomalies¶
- Treatment of cartilage injuries (e.g., autologous chondrocyte implantation [ACI] and osteoarticular transfer system [OATS])¶
- Treatment of trauma¶

Shoulders and elbows¶

- Bone grafts, autografts and allografts ¶
- Arthroscopy¶
- Closed reduction of fractures and dislocations¶
- Muscle and tendon repair¶
- Open reduction and internal/external fixation of fractures and dislocations¶
- Debridement of soft tissue¶

Components of Effective Peer Review

- **Data Collection:** Patient outcomes, performance metrics
- **Case Selection:** Adverse events, random sampling
- **Committee Structure:** Multidisciplinary team involvement
- **Feedback Process:** Constructive, actionable recommendations

What and When to Review

What:

- ▶ Complications, Unexpected Outcomes
- ▶ Sentinel Events, near misses
- ▶ Randomly selected cases for quality assurance.

When:

- ▶ Regularly (quarterly/annually)
- ▶ After adverse events or unexpected outcomes

Where to Review

Confidentially

Within a Peer Review Committee Structure

Performed in “Good Faith”

Benefits of Peer Review – Clinical Outcomes

Key Improvements:

- Reduced complications
- Enhanced surgical techniques
- Standardized care practices

Example: Infection rate reductions after protocol reviews

Benefit – Risk Mitigation

Managing Adverse Events Fairly

Litigation

Maintaining competent and safe staff

Evidence-Based file

Compliance driven policies and procedures

Benefits – Professional Development

For Clinicians:

- Constructive feedback fosters skill improvement
- Opportunities for mentorship and learning

For Teams:

- Builds accountability and collaboration

Benefits – Quality Improvement

➤ **Identifying Risks Early:**

- Systemic issues (e.g., protocol lapses)
- Trends in adverse events
- Objective measures at reappointment

➤ **Proactive Solutions:**

- Updating processes
- Enhancing safety measures

Challenges in Peer Review

- Resistance to feedback
- Lack of standardized processes
- Time constraints for busy clinicians
- Potential bias in evaluations
- Confidentiality and legal concerns

Addressing Resistance to Feedback

Challenge: Providers fear criticism or judgment

Solution:

- ▶ Create a supportive, non-punitive culture
- ▶ Educate on peer review's role in improvement, not punishment
- ▶ Clearly delineated criteria on your privilege forms

Standardizing Processes

Challenge: Subjectivity in evaluations

Solution:

- ▶ Develop standardized templates
- ▶ Use objective metrics (e.g., complication rates, adherence to guidelines)
- ▶ Use accreditation resource guides

Components of a Peer Review Form

- Physician Identifier
- Define how it will be measured
- Random / Complication
- Highlight Key Areas of monitoring
- MEC review and recommendation Section

Present Summary as part of your next Board Meeting

Allocating Time

Challenge: Busy schedules limit participation.

Solution:

- ▶ Schedule reviews during regular team meetings
- ▶ Use technology to streamline data collection and case reviews
- ▶ Educate team and leadership

Reducing Bias in Evaluations

Challenge: Personal relationships or conflicts may skew reviews

Solution:

- ▶ Anonymous or blinded reviews
- ▶ Involve multiple reviewers for balanced feedback
- ▶ Outside agency

Confidentiality and Legal Protections

Challenge: Fear of legal repercussions

Solution:

- ▶ Ensure confidentiality with protected peer review environments.
- ▶ Adhere to peer review immunity laws.

Legal Implications and Review

PRIVATE AND PROTECTED

HCQIA OF 1986, PSQIA OF 2005

Peer Review performed in “Good Faith”

Within a Peer Review Committee - Confidential

Immunity is granted from lawsuits arising from their participation in peer review

(must meet qualifications to obtain immunity)

LIMITS – LOSS OF IMMUNITY

Malicious or Bad-Faith Actions

Competitive Motives

Retaliation/Personal Vendetta

Discrimination/Bias

Lack of Due Process

Fabrication of Evidence (altered MRs)

State Variations

Disclosure requirements to NPDB

NPDB – Reportable Events

- Professional Review Actions Affecting Clinical Privileges
- Voluntary Surrender of Privileges During an Investigation
- Resignation or Withdrawal of Application During Investigation
- Denial of Initial or Reappointment of Privileges
- Summary Suspension >30 days
- Peer Review Action affecting privileges >30 days

NPDB: Non-Reportable Exceptions

- ▶ Routine Administrative Actions
- ▶ Voluntary Relinquishment of Privileges – without an Investigation
- ▶ Suspensions LESS than 30 days
- ▶ Preliminary Investigations

Case Study

Ambulatory Surgery Center

Problem: Rising infection rates

Intervention: Multidisciplinary peer reviews, updated protocols, PI project

Outcome: 20% decrease in post-operative infections over one year.

Case Study 2 – ASC affiliated with Academic Medical Center

Problem: Variability in outcomes across departments

Intervention: Department-specific committees, EHR integration

Outcome: 25% reduction in adverse events in year one

Lessons Learned

- ▶ Collaboration is more effective than judgment
- ▶ Standardization ensures fairness and consistency
- ▶ Data-driven feedback fosters trust and improvement
- ▶ Multidisciplinary involvement enhances insights
- ▶ Objective standards provides efficient guidelines

Quality of Care

Six Domains of Healthcare Quality (according to AHRQ)

- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable



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Best Practices for Effective Peer Review

- Use privilege forms to define evaluation criteria
- Focus on patient safety and outcomes
- Provide regular training for reviewers and reviewees
- Integrate reviews into broader quality improvement efforts

Takeaway

Structured Peer Review: Critical for safety, quality, and accountability

Cultural Shift: Focus on improvement, not punishment

Long-Term Benefits: Better outcomes, reduced risks, and continuous growth

Call to Action!

- Implement or refine peer review processes in your ASC.
- Use privilege forms to guide evaluations.
- Build a collaborative culture of learning and accountability.

"Together, we can ensure better care and safer outcomes for our patients."

To Peer Review and Beyond!



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References

- ▶ AHRQ (Agency for Healthcare Research and Quality):<https://www.ahrq.gov/talkingquality/measures/six-domains.html>
- ▶ Internet Citation: Six Domains of Healthcare Quality. Content last reviewed December 2022. Agency for Healthcare Research and Quality, Rockville, MD.
<https://www.ahrq.gov/talkingquality/measures/six-domains.html>
- ▶ Institute of Medicine (IOM). Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, D.C: National Academy Press; 2001.

References

NPDB:

<https://www.npdb.hrsa.gov/hcorg/whatYouMustReportToTheDataBank.jsp>

<https://www.npdb.hrsa.gov/topNavigation/aboutUs.jsp>

2023 AAAHC Quality Roadmap

Joint Commission Standards (MS, PI)