

**Orientation Packet for New Peer Reviewers**

Most of the reviews that you will be asked to complete are FPPE reviews, sent to the MMA for independent review. Attached is a tool used by many hospitals in Maine that seeks to assess the care of the patient around the six Core Competencies established by the ACGME (c.f. [ACGME Core Competencies | Graduate Medical Education | Stanford Medicine](https://med.stanford.edu/gme/housestaff/current/core_competencies.html)). Each reviewed chart should be rated in three dimensions:

1. **Overall Practitioner care:** There are three choices here.
	1. 1 (acceptable) means the reviewer thinks that the evaluation and decisions documented by the practitioner were generally in line with accepted medical care. Everything is good. If the reviewer assigns a “1” to Overall care then they cannot have any significant concerns about the care rendered. If you feel that this is the case some qualifying comments in the narrative of the report can be very helpful to those requesting the review, including, if appropriate, references to evidence-based tools to support that.
	2. 2 (Opportunity for Improvement) means that the reviewer or others might find a different approach or decision making might have been made. The overall care likely was acceptable but one or more of the associated issues (see below) were present. If indicating this you should indicate in the comments which of the 11 area (one or more) are involved and in the narrative explain why you gave this rating. References to evidence-based tools are very helpful here. An example might be the choice of an antibiotic: it might be effective but most people using EBM would have chosen a different medication.
	3. 3 (Needs Improvement) is most aligned with the traditional “did not meet standards of care”. This is where you find a serious deficiency in the evaluation or treatment documented by the practitioner and you can’t find their logic for choosing that path. Examples might include the failure to even document history or examination appropriate for the chief complaint, failing to consider potentially severe diagnoses, or recommending a course of treatment that is not current or evidence based. You would still identify which of the issues the case surfaces and you need to document in greater detail how you feel the case misses the mark for acceptable care.
2. **Issue Identification**: this table, from the worksheet, lists the various realms in which concerns might arise in your review of the case. If you identify any one of these you must chose either option 2 or 3 above; if you chose 1 the only choice is A: no issues with practitioner care. The others are self-explanatory. More than one issue can be found in any given chart.

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|  |  | **Issue Identification** |
|  | A | No issues with provider care |
|  |  | Provider Care Issues: Check all that apply |
|  | B | Diagnosis ( Pt Care) |
|  | C | Clinical Judgment/Decision-making ( Pt Care) |
|  | D | Technique/Skills ( Pt Care) |
|  | E | Planning ( Pt Care) |
|  | F | Supervision: House Physician or Non-Physician Provider ( Pt Care) |
|  | G | Knowledge (Medical Knowledge) |
|  | H | Timely/Clear Communication (Comm/IP Skills) |
|  | I | Responsiveness (Professionalism) |
|  | J | Follow-up/Follow-through (Professionalism) |
|  | K | Policy Compliance (System based Practice) |
|  | O | Other: |

If you identify an issue: please describe your concerns in the narrative section of the review form.

1. **Practitioner Documentation:** There are five choices on this table. In most cases a simple note
	1. 1. Means no issues.
	2. 2. Means that the documentation was insufficient to substantiate the clinical course or treatment. An example might be the failure to completely document informed consent or the depth of a conversation with a patient/family around end-of-life issues, or documentation that does not reflect awareness of the concerns of other members of the care team that can be ascertained from their notes.
	3. 3. Means documentation not timely to communicate with other caregivers. Late chart entries are the hallmark of this. Another example might be a delivery note that summarizes a complex labor management that should have been documented serially throughout the labor with individual notes/updates rather than a retrospective summary.
	4. 4 means documentation unreadable. Rare in these days of electronic records with physicians as scribes but it can still happen.
	5. 5 means other: this is for some other documentation issue that you might find.
2. There is also an option on the form to document if you find other issues that are of concern but might be outside of the span of control of the practitioner. We find this includes access to resources, delays in medication access or inability to transfer patients to a higher level of care.
3. **Summary letter:** it is a best practice when you complete a review to prepare a cover letter to the requesting entity summarizing your findings. This may be less of a concern if you are asked to do a focused review of a single chart and you have all of that in the text of the form but if there is more than one chart then a summary letter outlining any concerns you have, commendations for outstanding care you might note, overall themes you observed can be very helpful to the receiving institution and add value to them, increasing the likelihood that they will continue to use the MMA for their external peer review needs. MMA has several sample reports/letters that are de-identified. Please let them know if you’d like a sample of a report.
4. **Mentoring:** Dr. David McDermott, Vice President of Medical Affairs, Senior Physician Executive, Northern Light Mayo and CA Dean Hospitals and Dr. Steve Diaz, Chief Medical Officer, MaineGeneral Health are both experienced reviewers and have offered to serve as mentors if you are new to peer review. If you would like one of them to review your report, ask MMA’s Director for External Peer Review and Quality to forward your report to them.

For more information about MMA’s External Peer Review program or to view its policies and forms, go to [Peer Review Program | Maine Medical Association](https://www.mainemed.com/member-services/peer-review-program) or email Dianna Poulin at dpoulin@mainemed.com.