



NORTH DAKOTA FAMILY PLANNING PROGRAM

Guidelines for the Midlevel Clinician/Physician Peer Review

Introduction

Peer review is an organized effort by which the members of a profession monitor and evaluate each other's professional conduct. When practiced by health care professionals, peer review can accomplish several goals which benefit the profession, the agencies that the health care professions work for and the public who receives professional health care services. Peer review is an internal and self-regulatory process that allows (and requires) professionals to define its own standards of care, to implement care consistent with those standards and to measure the effects of that care. Individuals benefit by participating in peer review because it involves the sharing of knowledge and experience between colleagues. It also provides an organized way to identify and document high quality care when it is delivered and to correct and improve practice if sub-standard care is found.

Agencies which employ professionals in the delivery of health care benefit when these health care professionals engage in peer review. The peer review process becomes part of the agency's overall quality assurance procedures. The agency as a whole will be enhanced by the professional responsibility and self esteem that a successful peer review process can engender.

Finally, the public benefits from interactions with health care professionals who are motivated to develop standards of practice and who are willing to be held accountable, by their peers, to those standards.

Peer Review at North Dakota Family Planning Agencies

To meet both internal quality assurance as well as professional goals, a peer review system has been developed by and for professionals employed as midlevel clinicians (nurse practitioners registered nurse clinicians, certified nurse midwives and physician assistants) and physicians within the North Dakota Family Planning programs. A peer review accurately reflects the agency's respect for the professional integrity of midlevel clinicians and physicians which positively affects the agency's ability to carry out its mission to assist women and men to understand and take responsibility for their reproductive health through education, counseling and medical services. Peer review may be integrated into the employee annual review.



NORTH DAKOTA FAMILY PLANNING PROGRAM

Peer Review Packet

Annual Midlevel Clinician/Physician Chart Review/Audit:

Direct observation peer reviews will be completed at triennial site reviews. All other midlevel clinicians/physicians will have a chart review completed on an annual basis. The state clinician consultant will distribute a list of clinicians/physicians to be reviewed and their reviewers.

The reviewer must review/audit at least three charts that record a recent (within the past year) encounter with the clinician/physician. Two of the three charts must be of a "problem encounter," (i.e., a contraceptive problem, a medical referral concern). The Delegate Director will choose the charts and may use the referral log, the message book or the schedule pages to find appropriate records to pull for review. Please include any paperwork that reflects the date of the visit. A variety of visit types should be reviewed.

- The reviewer completes the Annual Midlevel Clinician/Physician Chart Review/Audit form.
- ◇ Select three charts as chosen by Delegate Director to review/audit. (Use the above guidelines for chart selections.)
- ◇ It is the responsibility of the reviewer to contact the delegate director of the clinician/physician if additional chart information is needed before the review is completed.
- ◇ Names must be blocked out.
- ◇ Review the performance codes.
- ◇ Client number: Write in the appropriate client's chart number.
- ◇ Subjective Data Notes: Write in the appropriate performance code that pertains to this category.
- ◇ Objective Data Notes: Write in the appropriate performance code that pertains to this category.
- ◇ Assessment Note: Write in the appropriate performance code that pertains to this category.
- ◇ Plan: Write in the appropriate performance code that pertains to this category.
- ◇ Education: Write in the appropriate performance code that pertains to this category.
- ◇ Comments: Comments are required from the reviewer any time it is noted that the performance in a given category is unsatisfactory (-). The Midlevel Clinician/Physician Action Plan must be completed if three or more areas are identified as unsatisfactory.
- ◇ Both the clinician/physician and reviewer must sign and date the form.

- ◇ The annual chart review/audit medical forms will be sent to the reviewer annually by July 31st. The completed review must be mailed to the clinician/physician and the state office. The review must be completed by August 31st.

Corrective Plan of Action: (if applicable)

After the Midlevel Clinician/Physician Corrective Plan of Action has been completed (within the 6 month timeframe), the following additional forms must be completed: (if applicable)

- ◇ Preceptor Encounter (if applicable).
- ◇ Certificates of attendance for any training attended (if applicable).
- ◇ Any other documentation of learning experiences as identified in the action plan (if applicable).
- ◇ Client Direct Care Observation Review (if applicable): (Any action plan that does not include preceptor encounter(s) must schedule another peer review to take place within the six (6) month timeframe to re-evaluate performance. It is the responsibility of the midlevel clinician/physician to arrange for another peer review.)
- ◇ Annual Midlevel Clinician/Physician Chart Review/Audit (if applicable).

Preceptor Encounter Form: (if applicable)

This form must be completed whenever the midlevel clinician/physician works with a preceptor as part of a corrective action plan to improve performance of selected criteria/competencies.

- ◇ The midlevel clinician/physician and the preceptor complete the Preceptor Encounter forms.
- ◇ Date/description of learning experience: Fill in the date of the preceptor encounter and briefly describe the learning experience.
- ◇ Preceptor's comments: The preceptor must also comment on the encounter. Comments may include the midlevel clinician's/physician's desire to improve performance, performance improvement/ability, etc.
- ◇ Both the midlevel clinician/physician and the preceptor must sign the form. If more than two preceptor encounters are needed, please submit additional forms and attach.

Upon Completion of the Midlevel Clinician/Physician Review:

The reviewer will sign the peer review and send it to the clinician's/physician's delegate director. The delegate director will obtain the clinician's/physician's signature. The delegate director will give a copy of this completed review to the clinician/physician place a copy in the clinician's/physician's personnel file or other appropriate location and send a copy to the state office by the designated deadline.



North Dakota Family Planning Program

Midlevel Clinician/Physician

Annual Chart Review/Audit

Chart review/audit of three (3) charts that record a recent (within the last year) encounter. Two (2) of the three (3) charts must be of a "problem encounter." One of the client observed encounters should be used in the chart auditing during triennial site review.

Code	Performance Level	Definition
S	Satisfactory	Satisfactory reflects: <ul style="list-style-type: none">• Subjective: Patient comments clarified as to a chief concern.• Objective: Exam/procedures/lab data noted clearly.• Assessment: Assessment documented.• Plan: Follow-up issues addressed.• Education: Appropriate education issues documented.
U	Unsatisfactory	Needs improvement reflects: <ul style="list-style-type: none">• Incomplete and/or inappropriate documentation.



Annual Midlevel Clinician/Physician Chart Review/Audit

Name of Clinician/Physician: _____ Reviewed by: _____

Client Number	Subjective Data Notes	Objective Data Notes	Assessment Note	Plan	Education

Comments:

Client Number	Subjective Data Notes	Objective Data Notes	Assessment Note	Plan	Education

Comments:

Client Number	Subjective Data Notes	Objective Data Notes	Assessment Note	Plan	Education

Comments:

Reviewed Clinician's/Physician's Comments:

Corrective Plan of Action: The Midlevel Clinician/Physician Action Plan must be completed if three or more areas are identified as unsatisfactory. A mutually agreed upon second reviewer may be consulted before the action plan is implemented. Actions taken to improve performance may include:

- Work with a preceptor
- Schedule another peer review
- Other
- Job shadow with another clinician/physician
- Attend additional trainings

Reviewed Clinician/Physician Signature _____

_____ Date

Reviewer Signature _____

_____ Date



North Dakota Family Planning Program

Midlevel Clinician/Physician

Preceptor Encounter Form **For Corrective Plan of Action (if applicable)**

Please indicate the date that you worked with your preceptor and include a brief description of the learning experience. The preceptor must also comment.

Date: _____ Description of learning experience and how this will assist you in improving your performance:

Preceptor's comments:

Midlevel Clinician/Physician Signature: _____

Preceptor's Signature: _____



North Dakota Family Planning
Triennial Site Review

Midlevel Clinician/Physician Review
Client Direct Care Observation

Assessment Competencies	S-Satisfactory	Client Numbers		
	U-Unsatisfactory			
1. Obtains relevant past and present history.				
2. Produces accurate assessment/diagnosis based on subjective and objective data.				
3. Implements appropriate plan of care related to client's identified need that includes relevant teaching.				
4. Evaluates need and/or time for follow-up and evaluates effectiveness of previously implemented plan of care.				
5. Is a protocol followed as it pertains to this client's needs?				
6. Communicates and teaches appropriate to the individual's level of understanding. Good rapport with client.				
7. Demonstrates good technical skills, i.e. proper specimen collection and clean equipment.				
8. Charting is accurate, thorough, concise and reflective of the encounter.				

Comments:

Clinician/Physician Name (print) _____

Clinician/Physician Signature _____ Date _____

Reviewer Signature _____ Date _____