

**Bon Secours Charity Health System
Medical Staff Peer Review Worksheet**

Provider:	MR#:	Pt. Age:	Sex:
Dates ADM – D/C:	Chart #:		
Trigger for Review: Focused Professional Practice Evaluation (FPPE)			

OVERALL PHYSICIAN CARE (check only one)

- Appropriate
- Questionable
- Not Appropriate

PROCEDURE JUSTIFICATION (check only one) (if appropriate)

- Documentation *clearly* supports need for procedure
- Documentation *questionably* supports need for procedure
- Documentation *does not* support need for procedure

DIAGNOSIS CONFIRMED (check only one)

- Yes
- No

PHYSICIAN CARE ISSUES (if Treatment AND Overall Management=Appropriate, check None; otherwise check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Delay in Diagnosis or Treatment |
| <input type="checkbox"/> Diagnosis Accuracy | <input type="checkbox"/> Delay in follow-up/Follow-through |
| <input type="checkbox"/> Clinical Judgment | <input type="checkbox"/> Communication/Responsiveness |
| <input type="checkbox"/> Technique/Skills | <input type="checkbox"/> Coordination of Care/Planning |
| <input type="checkbox"/> Medication Use | <input type="checkbox"/> Policy Compliance |
| <input type="checkbox"/> Knowledge | <input type="checkbox"/> Pre-procedure work-up |
| <input type="checkbox"/> Other _____ | |

GENERAL DOCUMENTATION ISSUES (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Documentation acceptable | <input type="checkbox"/> Documentation not timely |
| <input type="checkbox"/> Documentation illegible | <input type="checkbox"/> Documentation does not substantiate clinical course or treatment |

PEER REVIEW OUTCOME (circle outcome rating)

0	No problem with documentation or quality of care	3	Problem with process/documentation, disease or symptoms caused, exacerbated or allowed to progress
1	Minor problem with process/documentation, but patient outcome not affected	4	Problem with process/documentation, longevity, and/or functional quality of life shortened or adversely affected by medical action or inaction
2	Problem with process/documentation, disease or symptoms unchanged or delay in improvement or potential for adverse outcome	5	Death attributable to acts of omission or commission

Reviewer comments: _____

Action Taken (if necessary): _____

Department Chair / VPMA signature: _____ Date: _____

Any score of 3 or greater = automatic referral to Medical Director.