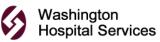
## Peer Review List of Indicators for Clinical Case Selection



MR#	Patient Name/Initials		Treatment Date							
Cases may be selected for clinical performance review for the following indicators or upon reques issues of physician intent, appropriateness, efficacy, effectiveness, efficiency, complication, timeling and utilization review. Please check all appropriate boxes, complete parts E, F, & G (on back) are place on the front of the record to be reviewed.										
	patients & Outpatients General Screening Criteria	B: E	Emergency Services Criteria (see also A)  Died in ER &/or  arrived CPR or  DOA							
	Mortality not expected at admission Unscheduled readmission within 7 days Deterioration during admission		Unscheduled return to ER and Admitted or ☐ Transferred or ☐ Complication of initial treatment							
	Nosocomial infection Non-trivial Injury during admission Complication from procedural sedation or		Unscheduled or repeated return to ER for pain Length of stay > 3 hours in ER							
	anesthesia(date: ) Injury to organ or structure during invasive procedure (date: )		Major trauma (> 2 systems affected) Child under age 12 admitted from ED Provider response time > 30 minutes							
ŀ	Transfusion of less than two or more than four units of blood in non-surgical patient (use worksheet) Inpatient stays of greater than five days		Provider response time > 20 minutes (trauma only – level 4)							
	Patient leaving AMA (against medical advice)  Non-psychiatric transfers to another facility:  after > than 3 hour stay in ED from established inpatient or observation status of patients in serious or critical condition pediatric or obstetrical patients	C: (	Dbstetric Screening Criteria (see also A) Second stage exceeding 3 hours Primary C-section or C-section complications Unattended or precipitous delivery Vaginal birth following C-section							
	Medical Records Standards Persistent or repetitive violations of medical records		Apgar less than 6 at 5 minutes Infant <36 or >42 weeks gestation Neonatal demise, birth injury or meconium aspiration							
	ilure to provide transfer & stabilization documentation OBRA form and transfer documentation)		Readmitted any complication (mother or infant)							
or 0 □ Pa	illure to meet any core measure for pneumonia CHF  Itients with diagnosis of ACS, CVA or Sepsis  Destetric patient with complication or complicated		Surgical Screening Criteria (see also A)  Mortality within 48 hours following anesthesia or durir hospitalization following surgery  Blood utilization > 7 units (RBC and FFP)							
De	elivery		Readmitted with a surgical complication							
Fa	thrombolytic administration following presentation to acility  Focused review for		Untoward event or unscheduled return to OR Adverse event related to anesthesia administration Pre/Post-operative or pathological diagnosis							
- - -	Todused review for		discrepancy  Normal tissue removed (failure to meet criteria)  No surgical specimen (failure to meet criteria)  Wrong site, patient, or retained foreign body							
<u> </u>	Other:		wrong site, patient, or retained foreign body							

## Clinical Case Review

E: INDICATORS (see A-D other side) for repeated ER & inpatient patients, this is the: 1st 2nd 3rd 4th 5th 6th admissions														
F: MR	#_			this Admit Date _		this Discharge I	Date			Obs S	hrs days	Age_	yr	mo
			□F			☐ ER admit								
Pt.	ide	ntifier			MD #		inpati	ient s	service:	☐ Med	☐ Surg	□ ов	□ NB/F	Peds
G:	ER	Chief	Compla	int <b>or Inpatient</b> I	Dx's:									
Pro	Procedures:													
Cli	nica	l find	ings:				Perfo	rman	се Орро	rtunities	s:			
	ا	<b>□</b> Une	xpected	Documentation acceptable occur	rrence or co	omplications		Issu	es & Cor	ncerns:				
	out	come a	about	n without comp care processe	es or 🗖	documentation	า							
				erns without ad										
				Quality Concer outcome, or the pa										
Recommendations:														
☐ Education:														
☐ Policy or ☐ Procedure Change														
☐ Equipment modification														
<ul><li>□ Non provider staffing changes</li><li>□ Reconsideration of privileges</li></ul>														
	(ec	onsid	eration	or privileges										
	Dis	cuss	@ Medi	cal Staff PR/PI										
	Со	mmer	nts FYI	to 🗆 ER 🗀 A	ttending F	Provider								
	Re	fer to	☐ Dept	section DN	IS re:			Sign	nature &	date				