

# 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 request for issues of physician intent, appropriateness, efficacy, effectiveness, efficiency, complication, timeliness, and utilization review. Please check all appropriate boxes, complete parts E, F, & G (on back) and place on the front of the record to be reviewed.

## A: Inpatients & Outpatients General Screening Criteria

- Mortality not expected at admission
- Unscheduled readmission within 7 days
- Deterioration during admission
- Nosocomial infection
- Non-trivial Injury during admission
- Complication from procedural sedation or anesthesia (date: \_\_\_\_\_ )
- Injury to organ or structure during invasive procedure (date: \_\_\_\_\_ )
- 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
- 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
- Medical Records Standards
- Persistent or repetitive violations of medical records
- Failure to provide transfer & stabilization documentation (COBRA form and transfer documentation)
- Failure to meet any core measure for pneumonia or CHF
- Patients with diagnosis of ACS, CVA or Sepsis
- Obstetric patient with complication or complicated Delivery
- All thrombolytic administration following presentation to Facility
- Focused review for  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Other:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## B: Emergency Services Criteria (see also A)

- Died in ER &/or  arrived CPR or  DOA
- Unscheduled return to ER and Admitted or  Transferred or  Complication of initial treatment
- Unscheduled or repeated return to ER for pain
- Length of stay > 3 hours in ER
- Major trauma (> 2 systems affected)
- Child under age 12 admitted from ED
- Provider response time > 30 minutes
- Provider response time > 20 minutes (trauma only – level 4)

## C: Obstetric 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
- Apgar less than 6 at 5 minutes
- Infant <36 or >42 weeks gestation
- Neonatal demise, birth injury or meconium aspiration
- Readmitted any complication (mother or infant)

## D: Surgical Screening Criteria (see also A)

- Mortality within 48 hours following anesthesia or during hospitalization following surgery
- Blood utilization > 7 units (RBC and FFP)
- Readmitted with a surgical complication
- Untoward event or unscheduled return to OR
- Adverse event related to anesthesia administration
- Pre/Post-operative or pathological diagnosis discrepancy
- Normal tissue removed (failure to meet criteria)
- No surgical specimen (failure to meet criteria)
- Wrong site, patient, or retained foreign body

# Clinical Case Review

<b>E: INDICATORS (see A-D other side) for repeated ER &amp; inpatient patients, this is the:</b> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> 6 <sup>th</sup> admissions	
F:                                this                                this                                ER/Obs                                hrs MR #                                Admit Date                                Discharge Date                                LOS                                days                                Age                                yr                                mo	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> ER admit time: <input type="checkbox"/> SDC <input type="checkbox"/> IN <input type="checkbox"/> INo <input type="checkbox"/> SwB	
Pt. identifier                                MD #                                inpatient service: <input type="checkbox"/> Med <input type="checkbox"/> Surg <input type="checkbox"/> OB <input type="checkbox"/> NB/Peds	
G: ER Chief Complaint or Inpatient Dx's:	
Procedures:	
Clinical findings:	Performance Opportunities:
<input type="checkbox"/> 0) No Quality or Documentation Concerns as practice expected <input type="checkbox"/> Unexpected acceptable occurrence or complications	Issues & Concerns:
<input type="checkbox"/> 1) Minor question without compromise to optimal patient outcome about <input type="checkbox"/> care processes   or <input type="checkbox"/> documentation	
<input type="checkbox"/> 2) Quality Concerns without adverse clinical impact on optimal recovery <input type="checkbox"/> care processes   or <input type="checkbox"/> documentation	
<input type="checkbox"/> 3) Quality Concerns with adverse clinical Impact contributing to delay in resolution of symptoms, conditions, or recovery	
<input type="checkbox"/> 4) Unacceptable Quality Concerns with significant adverse Impact on clinical outcome, or the patient's longevity or quality of life	
<b>Recommendations:</b>	
<input type="checkbox"/> Education:	
<input type="checkbox"/> Policy or <input type="checkbox"/> Procedure Change	
<input type="checkbox"/> Equipment modification	
<input type="checkbox"/> Non provider staffing changes	
<input type="checkbox"/> Reconsideration of privileges	
<hr/>	
<input type="checkbox"/> Discuss @ Medical Staff PR/PI	
<input type="checkbox"/> Comments FYI to <input type="checkbox"/> ER <input type="checkbox"/> Attending Provider	
<input type="checkbox"/> Refer to <input type="checkbox"/> Dept/section <input type="checkbox"/> DNS re:	
	_____ <b>Signature &amp; date</b>