

**Hendricks Regional Health
Medical Staff Peer Review Policy**

- Subject: Peer Review Activity
- Policy: Review of circumstances as outlined in this policy will be conducted by a peer physician(s) acting as agent(s) of the Hendricks Regional Health Board of Trustees and Medical Staff for purposes of fact finding and forwarded to the appropriate medical staff committee for further review and/or action when necessary.
- Purpose: To assist the medical staff in the development of strategies to continually enhance the quality of patient care at Hendricks Regional Health.

I. CIRCUMSTANCES FOR PHYSICIAN PEER REVIEW

- A. Any aggregate or individual information derived from generic screens, medical staff monitors, adverse or serious adverse events, event notification (formerly) incident reports, complaints from patients, third party agencies or other sources of information within the hospital system that suggest possible deviation(s) from accepted standards of patient care, regulatory requirements or other policies that have been approved by the medical staff.
- B. Performance of clinical procedures that fall outside the boundaries of documented competencies.
- C. Potential clinical quality issue raised by another medical staff member.
- D. Disruptive/inappropriate conduct displayed by a physician. Examples of such conduct would include, but is not limited to, verbal or physical assaults of staff, patients, visitors, or other medical staff members, impertinent or inappropriate comments written in patient medical records or hospital records, or refusal to accept appropriate medical staff or committee assignments.
- E. In the best interest of patient care and/or the orderly functioning of the hospital, whenever action must be taken immediately to suspend summarily all or any portion of the clinical privileges of a practitioner, such action shall be in accordance with Section II of the Corrective Action /Fair Hearing Plan.
- F. This Policy shall not be interpreted to replace or supersede any provisions of the Medical Staff Bylaws and the documents associated therewith (e.g., Credentialing Manual, Corrective Action/Fair Hearing Plan). To the extent that there is any conflict between this Policy and the Bylaws, the Bylaws shall control.

II. PROCEDURES FOR PHYSICIAN CASE REVIEW

- A. Quality Resource Management (QRM) will note circumstances requiring review based upon standards developed by the QRM personnel in conjunction with applicable medical staff committees.