GUIDE

Medical Peer Review Evidence Submission for Diagnostic Imaging Facilities

Purpose

This document from the College of Physicians and Surgeons of British Columbia (the College) Diagnostic Accreditation Program (DAP) provides guidance to organizations on fulfilling the Diagnostic Imaging Accreditation Standards for medical peer review.

Introduction

This document describes the objectives and requirements for a medical peer review process. Records and documents form the basis of the evidence submission required by facilities and are reviewed by assessors during the facility's on-site assessment or in pre-assessment evidence submission from the facility.

Objectives

The objectives of this document are to:

- familiarize facilities with the concepts of a medical peer review process
- introduce imaging facilities to the evidence submission requirements of the DAP medical peer review standards
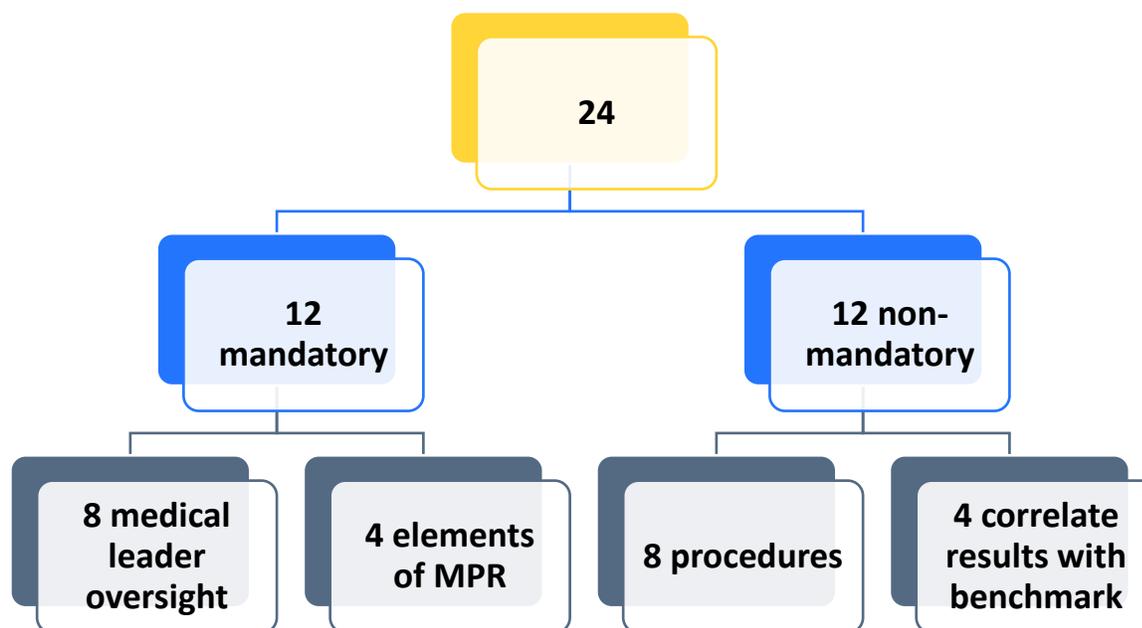
Medical peer review

Medical peer review is a systematic process to continuously improve patient safety and quality. Medical peer review contributes to quality improvement by providing feedback to individuals and sharing learning among peers. It is a proactive tool for identifying and tracking learning from clinical reviews, including discrepancies, near misses, and errors during all stages of the diagnostic process. Peer review can be an internal process undertaken by peers within the organization, or a process external to the organization utilizing outside peers.

There are many approaches to medical peer review. Peer review may be performed on a case-by-case basis in relation to difficult diagnoses, patient safety incidents, complaints or random review. It may also be performed as part of a systematic effort to inform practitioners as a complement to routine performance data collection and review.

Peer review may be retrospective or prospective and may involve the selection of special topics for in-depth study. It may also be contemporaneous with surveillance of actual clinical/diagnostic interpretations, which can be built into the daily work routine. In short, effective medical peer review generally involves all the above. It is best performed within the context of research-driven evidence, using clinical management tools to enable consistent evidence-based practice.

DAP medical peer review requirements

Number of DAP medical peer review standards

There are 24 standards used to evaluate a facility's medical peer review process of which only 12 are mandatory. This document will only address the 12 mandatory standards where facilities will be expected to provide evidence of compliance. Within the 12 mandatory standards for medical peer review, eight of them revolve around medical leader oversight, and four of them relate to the elements of medical peer review. Although the best practice standards are non-mandatory, it is recommended that facilities strive to meet them.

Mandatory DAP medical peer review standards

The tables below show the eight mandatory standards on medical leader oversight and the four mandatory standards on the criteria for the medical peer review program. The tables provide guidance on the how the facility will be assessed and the types of evidence they should anticipate providing to the DAP assessor.

Medical leader responsibilities

The eight standards related to the medical leader's oversight of the medical peer review processes are shown below:

Category	Medical Staff	
Standard	DMS1.1.8	The medical leader continuously monitors the professional performance of medical staff practicing in the diagnostic service through a peer review process.
Evidence		• There is a written policy and procedure that describes the peer review process in place at the facility. • This policy must explicitly state that the medical leader is responsible for the peer review process, though elements of it may be delegated to others. • The medical leader should know this policy and procedure and be able to describe and produce it for assessors if asked.
Guidance		It is recommended the peer review policy and procedure address the rest of the standards related to medical leadership responsibilities, as well as describe the tool used for the peer review process (i.e. RQIS, paper or electronic records) to meet multiple standards.

Category	Quality Improvement	
Standard	DQI.3.1.1	Medical leadership for the medical peer review program is assigned.
Evidence		• The policy and procedure should state whom (person or position) is tasked with the medical peer review program's development, implementation, and monitoring. • The medical leader will know who is responsible for peer review, themselves or to whom it is assigned, if asked by the assessor.
Guidance		The peer review program must be overseen by a physician, but this person does not need to be the facility's medical leader (e.g. physician quality lead).

Category	Quality Improvement
Standard	DQI.3.1.2 · The medical leader is responsible to ensure the medical peer review program is developed, implemented and monitored.
Evidence	• The policy and procedure should state whom (person or position) is tasked with the medical peer review program's development, implementation, and monitoring. • The policy and procedure should state the modalities within the medical peer review program. • The medical leader will know who is responsible for peer review, themselves or to whom it is assigned, if asked by the assessor.

Category	Quality Improvement
Standard	DQI.3.1.3 · The medical leader is responsible to ensure the focus of the peer review program is improvement.
Evidence	• The purpose of peer review is explicitly stated as being for quality improvement within the peer review policy and procedure. • The medical leader will be able to describe how peer review is being used for quality improvement if asked by the assessor.

Category	Quality Improvement
Standard	DQI.3.1.4 · The medical leader is responsible to ensure the peer review program is integrated with other clinical audits and quality improvement activities of the diagnostic service and the organization.
Evidence	• The peer review policy and procedure will identify and define how findings and data generated will be shared with individuals or groups and incorporated into quality improvement activities (i.e. report turnaround time, referring physician satisfaction, improved patient outcomes, process changes). • The medical leader will be able to describe how peer review activities are shared and integrated with quality improvement initiatives.

Category	Quality Improvement	
Standard	DQI.3.1.5	The medical leader is responsible to ensure individual results of medical peer review are communicated to the medical practitioner.
Evidence		• The policy and procedure describe how results of peer review are shared with individual physicians. • The medical leader will be able to describe how results of peer review are shared with individual physicians and produce a log of individual physician participation.
Guidance		The facility should adhere to their organization's privacy and confidentiality policies when communicating individual results of medical peer review.

Category	Quality Improvement	
Standard	DQI.3.1.6	The medical leader is responsible to ensure aggregate results of medical peer review are communicated to the diagnostic service medical practitioners.
Evidence		• A policy and procedure should describe how aggregate results of peer review are obtained and made available. • The medical leader will be able to describe how aggregate results are shared and provide records or documents if asked by the assessor.
Guidance		Aggregate results can be individual aggregate results over the modalities an individual physician reads, or the aggregate results of a pool of physicians reading specific modalities or examination types. It is recommended that the policy and procedure also describe how aggregate results are shared to assist with learning opportunities.

Category	Quality Improvement	
Standard	DQI.3.1.7	The medical leader is responsible to ensure changes in practice are implemented, as necessary.
Evidence		• The policy and procedure states that the medical leader is responsible for ensuring changes to practice are implemented. • The medical leader will provide examples and/or documentation on how peer review results are incorporated into learning opportunities or improvement projects if applicable. • The medical leader should be able to describe the mechanisms to implement changes triggered by peer review findings.

Elements of medical peer review

There are four standards specifying the elements that the medical peer review process should contain.

Category	Quality Improvement	
Standard	DQI.3.2.1	The medical peer review program includes, for each interpreting physician, a defined number of images and reports selected on a monthly basis for medical peer review.
Evidence		• Facilities will be asked to provide records of participation and documents that outline the procedure for how the monthly selection of images and reports are determined. • Although images and reports are selected monthly, the frequency of review should be determined by the facility and reflected in the procedural documents (i.e. semi-monthly, monthly, quarterly, semi-annually, etc.). • The medical leader will be able to describe the process for selecting images monthly for peer review.
Guidance	Is it recommended that the policies and procedures for medical peer review also describe where and how records are stored and accessed.	

Category	Quality Improvement	
Standard	DQI.3.2.2	The medical peer review program includes the following minimum elements: completeness and accuracy of reporting is assessed.
Evidence		• The RADPEER scoring system or similar system can be used for individual peer review to record the completeness and accuracy of reporting (see samples of medical peer review record templates). • The medical leader will be asked to produce records to demonstrate where accuracy and completeness are assessed in the peer review process.

Category	Quality Improvement	
Standard	DQI.3.2.5	The medical peer review program includes the following minimum elements: the number of cases reviewed is recorded and reported.
Evidence		• Facilities will be asked to produce records of their peer review activities such as logs of cases selected and reviewed.
Guidance	It is recommended that there is a record for each physician of their cases reviewed by modality (see samples of medical peer review record templates).	

Category	Quality Improvement	
Standard	DQI.3.2.6	The medical peer review program includes the following minimum elements: significant discrepancies between primary report and review are recorded and reported.
Evidence		• The RADPEER scoring system or similar system can be used for individual peer review to record the significant discrepancies between primary report and review (see <u>samples of medical peer review record templates</u>). • The medical peer review policy and procedure should define steps taken after a significant discrepancy has been identified and who or where it should be recorded and reported (i.e. referring physician, patient safety and learning system PSLS, medical leader). • The medical leader is expected to know how significant discrepancies are recorded and reported, and the mechanisms to deal with them. • The medical leader should also be prepared to provide records of significant discrepancies which correlate to what is described in the facility's medical peer review policy (i.e. significant discrepancies are recorded in PSLS).

Samples of medical peer review record templates

The following are examples of records that facilities can use to meet medical peer review standards.

Example: RADPEER scale

Grade	RADPEER Scoring System Effective May 2016
1	Concur with interpretation
2a	Discrepancy in interpretation/not ordinarily expected to be made (understandable miss) Unlikely to be clinically significant
2b	Discrepancy in interpretation/ not ordinarily expected to be made (understandable miss) Likely to be clinically significant
3a	Discrepancy in interpretation/ should be made most of the time. Unlikely to be clinically significant
3b	Discrepancy in interpretation/ should be made most of the time. Likely to be clinically significant

Example: Sample medical peer review assessment form

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Medical Peer Review Assessment Form (DQI3.2.5)
Diagnostic Imaging

Reporting Physician	

Peer Reviewer	Date Completed Click or tap to enter a date.
Examination #:	

Modality

☐ Radiology   ☐ Mammography
☐ Computed Tomography   ☐ Bone Densitometry
☐ Ultrasound   ☐ Nuclear Medicine
☐ Echocardiography   ☐ Magnetic Resonance Imaging

Examination type

Assessment Criteria (DQI3.2.2)

	Yes	No	Comment
Demographics correct	☐	☐	
Enter assessment criteria here			
Enter assessment criteria here			
Enter assessment criteria here			

	Grade based on [1] RADPEER Scoring System (Effective May 2016)				
	1	**2a**	**2b**	**3a**	**3b**
Report Accuracy (DQI3.2.2,DQI3.2.6)	☐	☐	☐	☐	☐

Recommendations	☐ YES (comment below)	☐ None

Comments:

(DQI3.2.6) Reported to:
☐ N/A   ☐ Medical Leader
☐ Initial Reader   ☐ Other _____
☐ Patient Safety and Learning System Event
☐ Most Responsible Physician

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Example: Sample medical peer review assessment record

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Diagnostic Imaging</td></tr>
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<tr><td>**MODALITY**</td><td></td><td colspan="4"></td></tr>
<tr><td>**Interpreting Physician (IP)**</td><td>**Complete**</td><td>**Accurate**</td><td>**Significant Discrepancy (SD)**</td><td>**SD reported to IP**</td><td>**Comments**</td></tr>
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<tr><td>**TOTAL**</td><td colspan="3"></td><td>**Signed**</td><td></td></tr>
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Example: Sample annual medical peer review assessment summary

Medical Peer Review Annual Summary
Medical Imaging

Medical Director: Facility Name:

Year:

Modality

☐ Radiology   ☐ Mammography
☐ Computed Tomography   ☐ Bone Densitometry
☐ Ultrasound   ☐ Nuclear Medicine
☐ Echocardiography   ☐ Magnetic Resonance Imaging

Physician Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Enter Physician Name													
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If you have questions about items in the standards, please email
diagnosticimaging@cpsbc.ca.