

Policies & Procedures

PEER REVIEW

Section: Clinical

Pages: 2

Subject: Peer Review

Effective Date: 6/2009

Revision Date: 06/2024

PURPOSE

To assess through clinical records and other data sources the accessibility, quality, adequacy, and outcomes of clinical services provided by Davis Behavioral Health.

POLICY

1. DBH will maintain a Peer Record Review process that is governed by the QAPI committee and that adheres to the regulatory demands of its contractors.
 - a. Peer reviews will be conducted on therapists 2 times yearly.
 - b. Peer review results for individual therapists are reviewed by supervisors.
 - c. Any necessary immediate changes to ensure compliance are directed by the supervisor.
 - d. The QAPI committee will analyze findings and make recommendations for improvement; and
 - e. The findings and recommendations of this committee will be kept on file and be subject to review by State and Federal officials.

PROCEDURE

1. Peer Reviews are conducted by assigned staff and consist of a rotating peer review chairperson.
 - a. The chairperson may be the Program Director or someone assigned by the Program Director who coordinates peer review activities with the Program Director.
 - b. All therapists will participate in a peer review.
2. Records to be reviewed will be randomly selected by the following method:

- a. Random selections from the therapist's active caseload are selected for peer reviews.
 - b. If the selected records have insufficient information to be reviewed, the records specialist will make note of the missing elements and this information will be added to the peer review analysis. The next record on the caseload list will be pulled for review.
 - c. In some instances, the Program Director may pull specific records to be used for auditing and teaching purposes. These reviews will be included in the peer review process and data analysis.
3. A minimum of two (2) charts per clinician will be reviewed each year. Peer reviews are conducted by assigned peer review committees, in staff meetings, or individually by assigned staff.
4. Peer Reviews include a review of Medicaid and State Division of Substance Abuse and Mental Health requirements as well as any area of practice targeted by DBH.
5. Peer Reviews include qualitative comments as well as documentation of elements reviewed.
6. Written reports are reviewed with each therapist and areas of strength or areas of improvement are noted.