Peer Review Checklist

**Instructions:** Complete this checklist when conducting medical record review or direct observation of a licensed independent practitioner. Please see below for the key for scores A, B, and C.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Score A: Care provided at a level expected of an experienced and competent practitioner managing the patient’s care within the practitioner’s scope of practice and in a similar manner as the practitioner.*  *Score B: Care provided at a level expected of an experienced and competent practitioner managing the patient’s care within the practitioner’s scope of practice, and whose care might differ somewhat from the care provided, but within accepted standards.*  *Score C: Care that differs from what an experienced and competent practitioner, managing the patient’s care within the practitioner’s scope of practice, would have provided with reference to clinical/professional guidelines, peer reviewed literature, standards of care, and/or compliance with health center policy.* | | | | |
| Score the following issues | A | B | C | Comments |
| Assessment/diagnosis |  |  |  |  |
| History/Social/Psychological/Biological components clarified |  |  |  |  |
| Technique/skills (if observed) |  |  |  |  |
| Communication with other providers/patient |  |  |  |  |
| Patient education |  |  |  |  |
| Treatment plan   * Plan is prioritized by chief complaint, history, relevant assessment * Differential diagnosis concerns are addressed/clarified * Appropriate treatment methods are listed and congruent with diagnosis * Appropriate treatment goals are identified |  |  |  |  |
| Consultation/Referral |  |  |  |  |
| Follow-up |  |  |  |  |
| Documentation   * Legibility/ use of EHR * Completion * Dates and signatures * States healthcare goals and outcomes |  |  |  |  |
| Compliance with health center policy and procedures |  |  |  |  |
| Adverse event/Adverse outcomes  Briefly describe: |  |  |  |  |
| Supervision – adheres to protocol agreement or other written arrangement |  |  |  |  |
| OTHER quality/safety issue: State the issue and briefly describe the basis for the reviewer’s concern:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  System or process problem identified. Circle Yes or No  If yes, briefly state the problem identified: |  |  |  |  |