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Patient Safety Data Reporting & Peer Review: What's the Difference?

In-House Peer Review Meetings

- The items explained in this document are as Quad A plans to roll-out our revised standards in 2020 Quarter 2, however pending CMS and State approvals, the standards may change Final, approved standards updates will be released for public consumption prior to implementation.

- Current requirement for in-house Peer Review meetings:
  - ASC – Quarterly. Effective as of v7.0, November 2018
  - Surgical – Quarterly. Effective as of v14, April 2014
  - Procedural – Bi-annual/twice per year. Effective since program's origin
  - Oral Maxillofacial – Bi-annual/twice per year. Effective since program's origin
  - Pediatric Dentistry – Quarterly. Effective since program's origin
  - International Surgical & Dental – Quarterly. Effective since program's origin

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Patient Safety Data Reporting

- Quarterly online data submission to Quad A
- Must include three random cases per quarter per surgeon
- Must include submission of all unanticipated sequela

Peer Review

- Quarterly or twice per year (based on facility monthly case load) facility-based meeting to improve quality and safety of care
  - To qualify for twice per year Peer Review, the facility must perform less than 50 cases per month
  - Facilities performing greater than 50 cases per month must perform Peer Review quarterly
- To include, at a minimum, the same random cases and unanticipated sequelae submitted to the Patient Safety Data Reporting portal since the preceding peer review meeting
- Performed by a recognized peer review organization or a surgeon other than the operating surgeon, unless otherwise specified by state regulations

Required Components

Patient Safety Data Reporting

- Required reporting components:
  - Basic patient information
  - Surgical case information
  - Anesthesia information
  - Chart review – Are these components present?
    - Pre-Op Plan for Treatment
    - Medical History
    - Physical Examination
    - Laboratory Reports
    - Informed Consent
    - Anesthesia Record
    - Operative Report
    - Post-Op Recovery Record
    - Discharge Instructions
    - Rx Given to Patient
    - Pathology Report
    - Recorded in Surgical Log

Peer Review

- Required recorded components:
  - Adequacy and legibility of history and physical exam
  - Adequacy of surgical consent
  - Adequacy of appropriate laboratory, EKG, and radiographic reports
  - Adequacy of a written operative report
  - Adequacy of anesthesia and recovery records (with IV sedation or general anesthesia)
  - Adequacy of instructions for post-operative care
  - Documentation of the discussion of any complications