

 Orange Cross Ambulance	Orange Cross Ambulance, Inc. 1919 Ashland Avenue, Sheboygan, WI 53081	SOP #	OCA 1.14
		Revision #	
		Implementation Date:	5/13/19 4:38:00 PM
Page#	1 of xx	Last Reviewed/Updated:	
SOP Owner		Approval	

[OCA 1.14 Peer Review and Root Cause Policy](#)

Background

OCA desires to be a Highly Reliable Organization (HRO). Orange Cross strives to provide excellence in care and is committed to reducing medical and operational errors. We aim to discover defects, mitigate harm, and prevent the future occurrence of near miss or sentinel events through an open and honest reporting environment.

Purpose

To continually seek to improve quality of care, treatment and services for all patients through an effective and efficient peer review process, including root cause analysis, while providing maximum protection to those engaged in the peer review process and for the records generated as part of that peer review process, including but not limited to protection under Wis. Stat. § 146.37, confidentiality under Wis. Stat. § 146.38 and all rights under the Health Care Quality Improvement Act (“**HCQIA**”), as applicable.

Applicable To

This policy applies to all individuals employed and contracted by Orange Cross Ambulance, Inc. (“OCA”).

Enforceability

Describe how the responsibilities of the personnel involved relate to this SOP and the method by which they must become or remain current on its contents.

Definitions

- A. **Appropriateness** – The extent to which a particular procedure, treatment, test or service is clearly indicated, is not excessive, is adequate in quantity, and is provided in the best setting for the patient’s needs.
- B. **Provider** – A “Provider” is any one of the following professionals: Physicians, Physician Assistants, registered nurses, paramedics, emergency medical technicians, or emergency medical responders.
- C. **Quality** – The degree of adherence to general recognized contemporary standards of care which facilitate anticipated outcomes for a particular service, procedure, diagnosis or clinical problem.
- D. **Responsiveness** – A legitimate outcome of the care process. Defined by a **framework consisting of multiple components including the environment; agents defining need for care; and the process of care as well as subsequent outcomes.**

Policy

- A. OCA will have an established Peer Review Committee which shall serve as a formal means of addressing concerns regarding Responsiveness as well as Quality and Appropriateness of care.
- B. Timely peer review will occur for identified Responsiveness and/or Quality and Appropriateness of care issues or concern, from any source.

Procedures

A. Case Identification and Initial Review

- a. Case identification can be achieved through a variety of ways including, but not limited to:
 - i. Patient or provider incident report;
 - ii. Direct referral to a medical director, executive director of OCA or training officer of OCA;
 - iii. Referral from a hospital or other health care entity;
 - iv. Referral through any on-line source or other community awareness tool;
 - v. Known adverse outcomes; or
 - vi. Cases identified through review of cases.

B. Marking and Confidentiality of Peer Review Records

- a. Any documentation pertaining to peer review, including root cause analysis documentation, will be marked as confidential and secure patient information. The following legend will be included on every record pertaining to peer review:

CONFIDENTIAL PEER REVIEW INFORMATION

The confidential information contained in this correspondence is for review or evaluation of the services of ambulance service providers, health care providers or facilities, professional peer review and/or quality improvement activities in accordance with Wis. Stat. §§ 146.37 and 146.38 and the Health Care Quality Improvement Act of 1986.

- b. The lack of such a legend does not mean the document is not otherwise protected.
- c. All participants in the peer review process will take proactive steps to ensure protection under all applicable local, state and federal laws providing for immunity and confidentiality of the peer review process. Member of the peer review committee will respect, maintain and not voluntarily disclose the confidentiality of all discussions, deliberations, minutes, records and other information generated in connection with these activities. These confidentiality obligations survive the discontinuation of all individual membership on any of the aforementioned committees.

C. The Peer Review Committee

- a. The OCA Peer Review Committee will consist of a Chairperson, an Assistant Chairperson, and one other member. The members of the committee will be the medical director, the executive director of OCA and the training officer of OCA.
- b. Cases identified through any manner will automatically be assigned to a member of the Peer Review Committee for formal review and discussion at the next scheduled Peer Review Committee meeting.
- c. The OCA Peer Review Committee will meet monthly, or as otherwise determined by the Chairperson. A majority of the Peer Review Committee members will constitute a quorum for the transaction of business at a committee meeting.
- d. If no cases are present for review, the meeting may be cancelled.
- e. Following discussion of cases presented to the Peer Review Committee, the committee will make a recommendation for outcome and follow-up action if necessary. If there is a variance in opinion as to the course of recommended action, the Peer Review Committee will follow the recommendation of the majority of a quorum present at the committee meeting.
- f. The Chairperson may send a letter to the Provider under review following case review. The Provider under review then has two weeks to formally respond, if desired, via letter or email to the Chairperson

- g. If the Provider under review responds, the review will be brought back to the Peer Review Committee to discuss/review the case and response and a final outcome will be determined. The Provider under review may attend this Peer Review Committee meeting to discuss the case in person with the committee at the discretion of the committee.
- h. The outcomes of all the cases will be held in a secure location that will be accessible to the Peer Review Committee members and individual Provider.

D. Root Cause Analysis and Corrective Actions to Prevent Recurrence

- a. As part of the peer review process, the Peer Review Committee may perform a root cause analysis to identify service, process and/or system issues to prevent recurrence and improve the quality of health care by improving, prospectively, the services provided by OCA.
- b. At its discretion, for the purposes of fostering frank conversation and improving the quality of health care, OCA's Peer Review Committee may report to all Providers employed and contracted by OCA the de-identified results of the root cause analysis and provide a summary of best practices learned.
- c. Any such report and communication shall include the following:
 - i. That the report, charts, notes and any communication accompanying or in response to the root cause analysis constitutes confidential information for the review or evaluation of the services of OCA, professional peer review and/or quality improvement activities in accordance with Wis. Stat. §§ 146.37 and 146.38 and the Health Care Quality Improvement Act of 1986; and
 - ii. The following words in the subject line of the report, whether it be communicated through letter, memorandum, electronic mail or other correspondence: "Confidential and Privileged Peer Review Information."
 - iii. A statement that the report, whether letter, memorandum, electronic mail or other correspondence, is not to be duplicated or displayed, forwarded or otherwise disclosed to any other individual in order to maintain the privileged and protected status of the document.
 - iv. A statement that any questions regarding the report are to be directed to the Chairperson or Assistant Chairperson of the Peer Review Committee only.

E. Any such report and communication may include the following:

- a. A brief de-identified description of the event, when the event occurred, the surrounding circumstances, the patient outcome and the underlying cause;

- b. What services were impacted by the event;
- c. Suggested changes to the services, process and/or system to improve the quality of health care by improving the services provided by OCA in the future; and
- d. Best practices learned as a result of the incident.

Reservation of Rights

Nothing in this policy is intended to, and shall not be read to, limit, reduce, eliminate or otherwise interfere with the right of OCA to any protections under local, state or federal law, including but not limited to protection under Wis. Stat. § 146.37, Wis. Stat. § 146.38 and HCQIA, as applicable.

In addition, nothing under this policy is intended to limit, reduce, eliminate or otherwise interfere with the right of OCA to contractual benefits with any third party, including but not limited to any insurance policy.