The Atlantic Provinces Medical Peer Review

What the Assessors Look For

When a physician is selected for peer assessment, he or she may be somewhat apprehensive about a stranger - even a peer - "poking around" the office and making a judgement about the quality of patient care being provided there. The assessors from the Atlantic Provinces Peer Review Program understand that apprehension - they have all been there, have all had their own practices assessed, and have all shared the initial uncertainty of the process.

As a result, APMPR assessors are committed to making the process a pleasant and positive one, with the physician to be assessed having full knowledge beforehand of what will be reviewed. Assessment visits follow an established protocol, and a review of a very standardized list of items. Many of the questions concerning these items can be clearly answered "yes" or "no"; in other cases, the personal judgement of the assessor is required. Below is a outline of the areas of an individual practice which will be reviewed and assessed:

1. Office Facilities

Is the office space adequate in size, clean, well-lit? Are there an adequate number of washrooms? Is it easily accessible? Are the rooms appropriate for their use; is there provision for patient privacy?

2. Medical Instruments and Investigative Equipment

Are these suitable for the type of practice? Are sterilization procedures appropriate?

3. Drugs and Injectables

Are facilities for refrigeration and storage adequate? Are controlled drugs and narcotics secure? Are expiry dates being checked and respected? Are the drugs being kept in the office appropriate to this type of practice?

4. Emergency Facilities

Is oxygen available? Is an airway available? Is there a method of providing intermittent positive pressure ventilation? Are adrenalin and injectable corticosteroids available? Does the staff know emergency procedures; how long would it take to obtain appropriate emergency assistance? Are these appropriate to the location and type of practice?

5. Minor Surgery

Is surgery carried out in the office? If so, are the facilities and instrumentation appropriate?

6. Laboratory Investigation

How easy is it to get a haemoglobin, a blood glucose or a urinalysis, including a microscopic exam?

7. Biomedical Waste

Is there an established procedure for the disposal of biomedical waste such as needles, gloves and dressings?

8. Paramedical Personnel

Who works with the physician? What is their professional training? Do they work part or full time? Is the staffing adequate to make patients feel comfortable in the office? Is the staffing suitable to provide the physician with proper legal protection?

9. Medical Records

The assessor will identify and select at random between fifteen and twenty patient files for review, some of which will pertain to patients with specific disease entities. Some of these may be one-visit cases, but the majority will be records of numerous visits in order to provide a picture of longitudinal patient care.

The assessor will first review the documentation, and will determine whether certain items are:

"always present" - more than 90% of the files
"usually present" - from 50% to 90% of the files
"sometimes present" - less than 50% of the files
"never present" - less than 10% of the files

The assessor is checking to see if there is a record system which allows for easy retrieval of an individual patient's file. Is the patient clearly identified, so he cannot be confused with others? Is every component of the file identified, so there is no doubt to which patient it belongs? Is the record legible and the date recorded?

Are things like family history, functional inquiry and past history recorded? Are allergies, drug sensitivities and immunizations noted ? Is there a "cumulative patient profile?" Is there a single sheet or space in the record which provides a "snapshot" of the patient's significant health problems, allergies and medications being taken? Is this sheet kept up to date?

With regard to the patient's visit to the office, the assessor will be reviewing the record to answer three questions: Why did the patient come? What was found? What was done? In other words, Subjective information, Objective information, Assessment and Prescription - SOAP. It is the information a locum tenens would need, and the information that would be required in any court proceeding.

The assessor will also be looking at whether or not reports are retained: pathology, discharge summaries, and operative notes. Is there a system in place to ensure that the physician does not miss abnormal test results? Does appropriate follow-up always take place? Where there is a sharing of practice, is there a system to ensure that the primary physician knows what the others did? Are provincially standardized forms (such as ante-natal forms) utilized? Is there documented evidence that the physician periodically reviews the patient's health problems and medications?

10. Patient Care

The records review allows the assessor to examine patient care over a significant period of time. It provides answers to the following questions about the quality of care:

- Is investigation appropriate to the complaint or condition?
- Is the diagnosis supported by the history, physical findings and investigation?
- Is the management plan suitable to the condition?
- Is medication prescribed appropriate to the condition?
- If surgery is advised, are the indications reasonable?
- Is follow-up on acute conditions appropriate?
- Is follow-up on chronic conditions appropriate?
- Is there suitable documentation of counselling sessions?
- Are psychotherapy sessions indicated and suitably documented?
- Are other community resources used appropriately?

- Are referrals to other physicians appropriate?
- Are emergency problems dealt with promptly and effectively?
- Are there suitable arrangements for care of the patients in the physician's absence?

When the review of a record indicates that the answer to any of these questions would be negative, the assessor notes it in the report and reviews it during the personal interview with the physician to ensure that the record has not been mis-interpreted. The records reviewed are identified in the assessor's report only by number, but the connecting code is left with the physician, and only (s)he can identify the patients thereafter.

Physicians are not immune to the illnesses and accidents with which they deal on a daily basis, and no one knows for certain whether (s)he will be available to provide patient care tomorrow, next week or next month. Each physician has an ethical obligation to ensure that another physician could take over the practice and patient care without serious difficulty.

APMPR assessors are physicians in the same field of medicine as that of the physician being assessed, and have proven quality patient care. Throughout the review, assessors ask themselves, " could I take over the practice without difficulty, and would I be willing to continue with it without radical change?" If the answer is "yes", the assessment is satisfactory.