

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

Medical Chart Audit Peer Review Policy and Procedure

It is the policy of the Tuscarawas County Health Department to ensure we are effectively providing and documenting care to our clients. To that end we will take a proactive approach in applying continuous quality improvement in clinical patient care services. Peer review and medical chart audits will contribute to this goal.

Purpose: The primary purpose of medical chart peer review is to ensure that patients receive quality services that meet professionally recognized standards of care through the non-judgmental evaluation by the medical staff.

The peer review process at TCHD will be an on-going surveillance of all physicians and clinical care providers.

Definition of Peer: For the purposes of this policy, the term "Peer" refers to any practitioner who possesses the same or similar knowledge and training in a medical specialty as the practitioner whose care is the subject of the review.

Peer Review Process: 10% of each provider's charts will be audited via peer review on a quarterly basis utilizing the attached form.

The Accounting Department will furnish the Medical Records Department with a list of Providers and the number of patients seen by that provider during the previous fiscal quarter. The Accounting Department will furnish these numbers by April 15, July 15, October 15 and January 15 to the Medical Records Director.

The Medical Records Department will then have until the 30th of each respective month to randomly pull 10% of each Provider's charts and provide chart numbers to the Director of Nursing.



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The Director of Nursing will then promptly assign chart reviews via chart numbers to all Providers. The Providers will have 30 days upon receipt of the chart numbers to fill out the review form and return to the Director of Nursing.

The Director of Nursing will then aggregate the data and provide a summary report to the Grants Coordinator and the Quality Improvement Committee Chair.

Charts identified with quality issues will be addressed by the Medical Director with the individual Provider.

The Quality Improvement committee will document via meeting minutes that all steps of the peer review chart auditing procedure are being completed in a timely manner. Additionally, data from the peer review forms may be used in grant documentation. Certain grants may require that charts are peer reviewed and documentation will be kept to ensure grant requirements are continually met.

Revision Page

Date	Page Revised	Responsible Party
October 14, 2015	Document Approved	Board of Health