

PRMCE Medical Staff Peer Review Evaluation Form

Provider Name/Number: _____

UOR # _____ Date of Event: _____ Date of Review: _____

Quality of Care Concerns:

- _____ None, Clinical Practice Appropriate
_____ Yes: Description of concern to be reviewed

Behavioral Concerns:

- _____ None, Behavior Appropriate
_____ Yes: Description of concern to be reviewed

Findings of Review: (check each that apply)

See Performance Management Decision Guide for Medical Staff for decision making algorithm and actions to consider

- Malevolent or Willful Misconduct
- Suspected Medical Condition and/or Substance Abuse
- Possible Reckless or negligent behavior
- Possible Unintended Human Error
- Possible System Induced Error

Individual Failure Modes:

- Competency:** lack of knowledge to perform task or skill in performing task
- Consciousness:** failed to carry out task because thoughts not fully on task at hand
- Communication:** receives info but hears it incorrectly or ascribes incorrect meaning
- Critical Thinking:** fails in cognitive processing of info or in decision making regarding info
- Compliance:** knows expectations, thinks about it, and makes choice to act differently

System Failure Modes:

- Structure:** lack of people, resources, or oversight to support process or activity
- Culture:** PRMCE values and behavior expectations counter influence to safe care
- Process:** deficiency in design of expectations or flow of work process expectations
- Policy & Protocol:** deficiency in documents intended to support and guide processes
- Technology & Environment:** Design of workplace, equipment, and information systems make it difficult to carry out the task at hand.

Summary of Findings and Follow-up Actions: (address each finding and/or failure mode)

Referrals made: