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Scott Crow, Interim Director Oklahoma Department of Corrections		Signature on File	

Peer Review

I. Peer Review

Peer review provides a mechanism for evaluating the appropriateness of medical and mental health services within the Oklahoma Department of Corrections (ODOC). It consists of the process of having a medical and mental health provider's work reviewed by other medical or mental health providers of equal training. The external peer review program for medical and mental health providers will be utilized by Medical and Mental Health Services every two years. (5-6D-4411M)

II. Purpose

The purpose of peer review is to ensure appropriate healthcare for inmates and to enhance performance improvement and staff development. (2-CO-4E-01)

III. Confidentiality

Peer review documentation is considered confidential and the results of such reviews will be communicated only with the appropriate individuals. Legal discovery is subject to statutory regulations. Summary information will be provided on a regular basis to the Performance Improvement Council.

IV. Scope of Peer Review

A. Panel Members

The agency's peer review panel will consist of the chief medical/mental health officer or designee and peer providers as designated by the chief medical officer (CMO) or the chief mental health officer (CMHO).

B. Targeted Areas for Peer Review

Areas targeted for healthcare, dental and mental health peer reviews include, but are not limited to, the following:

1. Mortalities (5-6D-4410M)

All mortalities will be sent for peer review by a panel that is external to the facility.

- a. Any mortalities identified by an external review as a "significant problem" will be further reviewed by the appropriate internal mortality review panel as designated by the chief medical officer or designee and assigned an outcome category according to Section VI. of this procedure entitled "Outcome Categories."
- b. Mortalities resulting from suicide and identified by an external review as "potential problem" or "significant problem" will be reviewed by the CMO, CMHO, and by an internal mortality review panel that will be expanded to also include a psychiatrist and psychologist. Internal reviewing panels will consist of medical/mental health professionals who were not actively involved in the care of the inmate at the time of death.
- c. Results and conclusions of all external and internal mortality reviews will be examined by the chief medical officer and distributed according to [OP-140111](#) entitled "Inmate Death, Injury and Illness Notification and Procedures."

2. Serious Incidents/Identified Concerns

- a. When an individual communicates a concern about the appropriateness of a medical, dental or mental health provider's clinical judgment, such concerns will be forwarded to the chief medical/chief mental health officer. In some cases, these concerns will be referred to the peer review panel for formal review. These include patient care complaints, observations by other health services providers, security or other nonmedical providers.
- b. Periodically, deficiencies identified through [OP-140139](#) entitled "Performance Improvement Program" will be referred for peer review.

- c. All serious complications of surgical procedures or other medical treatments will be referred for peer review.
- d. On a random basis, each facility's emergency room utilization will be reviewed to determine the appropriateness of the triage process. The peer review panel will review all emergency room referrals for each facility during an established period.

C. Routine Peer Review

Each facility will have a discipline specific routine peer review every two years. The "Provider Peer Review Criteria" form ([Attachment A](#), attached) will be utilized for each peer review conducted in regard to medical and dental. Mental health will utilize the "Qualified Mental Health Professional Peer Review Criteria" form ([Attachment B](#), attached).

V. Peer Review Process

A. Serious Incidents/Identified Concerns

1. Copies of the medical record and any other documentation related to the associated incident will be sent to the office of the chief medical/mental health officer. All information which may be used to identify an individual inmate or facility will be obscured.
2. The involved provider will be notified that the incident is undergoing peer review. The medical/mental health provider will be instructed to provide a written summary of the incident including the process used to arrive at their clinical decision.
3. A discipline-specific agency peer review panel will be convened by the chief medical/mental health officer. This panel will review all involved documentation and assign an outcome category according to Section VI. of this procedure.

B. Routine Peer Review

1. Peer review panels for each discipline will review all medical, dental, and mental health providers at each facility every two years.
 - a. Medical providers include physicians, physician assistants (PA's), optometrists, and nurse practitioners (ARNP's).
 - b. Dental providers include dentists and dental hygienists.
 - c. Mental Health providers include psychiatrists, mental health nurse practitioners (ARNP's), psychologists, psychological clinicians and licensed clinical social workers (LCSW's).

2. Copies of medical records and other related documentation will be reviewed. The panel will categorize the medical/dental/mental health provider's care as:
 - a. No Problem – care consistent with acceptable medical standard; or
 - b. Significant Problem – care outside standard.

VI. Outcome Categories (Critical Incidents)

A. Level of Incident

1. Upon review of the documentation, the peer review panel will categorize the level of the incident as follows:
 - a. Within Standard of Care Level 1
No further action needed.
 - b. Medical/Mental Health Provider Self-Identified Remediation Level 2
Follow-up at a specified interval to ensure that remediation is completed.
 - c. Medical/Mental Health Provider Education Required Level 3
Education was provided and accepted.
 - d. Care Inappropriate Level 4
Corrective action will be taken as determined by the chief medical/chief mental health officer with input from the peer review panel. Such action may include reporting the incident to the appropriate licensing board.
2. The agency director will be notified by the director of Health Services of all level 4 outcomes.

- B. The chief medical/mental health officer will oversee the implementation of the final recommendations.
- C. A final report will be maintained by the chief medical/mental health officer upon completion. The director of Health Services will have access to these files for review.
- D. Any administrative/security concerns identified will be forwarded to the affected facility head immediately.

VII. References

Policy Statement No. P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-140111 entitled "Inmate Death, Injury and Illness Notification and Procedures"

OP-140139 entitled "Performance Improvement Program"

Accreditation Manual for Hospitals, Joint Commission on Accreditation of Healthcare Organizations, 1998

63 OS § 1-1709 and 1-1709.1

VIII. Action

The chief medical/mental health officer is responsible for compliance with this procedure.

The director of Health Services is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated

Replaced: Operations Memorandum No. OP-140142 entitled "Peer Review" dated April 2, 2018

Distribution: Policy and Operations Manual
Agency Website

<u>Attachments</u>	<u>Title</u>	<u>Location</u>
Attachment A	“Provider Peer Review Criteria”	Attached
Attachment B	“Qualified Mental Health Professional Peer Review Criteria”	Attached