Surgical Divisions

Peer Review Worksheet

• Please be sure to complete all fields when filling out the form. Specifically, the following is required:
  o Patient Identifier (MRN or Name/BD AND Encounter Date)
  o Reviewing Physician (clearly printed)
  o Responsible Physician
  o Care Level Provided
  o Reviewer Signature/Review Date

• Please note that the responsible physician cannot sign off on their own case; if this occurs, the form will be sent back to committee.

• In the event that a peer review requires additional review, please identify this in the “Other Discipline” field (i.e. Refer to ___ QI Committee for ___) so that comments can be relayed when facilitating referrals.

• In the event that a peer review is scored as C-2 (Below Community Standard/Inappropriate) an action plan is required. In the rare case that a peer review is scored as C-3, immediate attention is required. Further instructions are listed on the peer review form.

• You can return the forms via fax or send the scanned copies via email.

• Please send forms on a monthly basis (at least) so that cases can be entered in a timely manner and reflected in later reports. If completed peer reviews are not received, they will not be reflected in the monthly peer review report (presented in GPSQI).

Contact Information

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