



Policy and Procedure No: QM 17.3		Revision No: 3
Division: Care Management		
Department: Quality Management		
Title: PHC-CA Peer Review Policy Medical Record Review		
Effective Date: 10/17/2019		
Supersedes Policy No: QM 17.0, QM 17.1, QM 17.3		
Reviewed/Revised by: Sandra Holzner		Review/Revision Date: 12/10/2025
Approving Committee: Quality Management Committee		Date: 12/11/2025
Executive Oversight Committee Date: 12/16/2025		

Purpose:

The purpose of this policy is to establish a process to evaluate the quality of care administered to patients and how the care is documented in the medical record. Findings are used for re-privileging peer review and support high quality patient care.

Policy:

It is the policy of AHF to have a supervising provider review the medical records of each provider annually for organization documentation of adherence to quality standards.

Procedure:

1. A Standard Operating Procedure (SOP) is established with specific criteria for medical record review evaluation annually.
2. Quality Improvement ("QI") Designee will randomly pull ten charts per provider and submit them to the appropriate reviewer.
3. Each provider will annually receive a review of ten (10) of their medical documentation by the appropriate reviewer.
4. After ten (10) charts are reviewed using the designated chart review form, a summary form is completed and submitted to the Quality Improvement designee and saved the appropriate share folders.
5. A Credentialing Department designee will inform QI designee which providers are due for re-privileging for completion of the Peer Medical Record Review portion of the re-privileging form. If a provider requires documentation improvement, a Correction Action Plan (CAP) is implemented. See SOP.
6. The Credentialing and Peer Review Committee (CPRC) determines CAP due dates and actions regarding re-privileging and records in their minutes.

Definitions:

1. Peer Medical Record Review is used as one of the criteria for re-privileging, as well as to ensure the quality of care provided to patients and the care is appropriately documented.

Monitoring:

1. The CPRC identifies any re privileging forms with missing information. Any missing information for medical record review will be provided by the Quality Improvement designee.
2. This Policy and Procedure will be reviewed by Quality Improvement and Health Equity Committee (QIHEC) at least annually.

Reference(s):

N/A