Bullhook Community Health Center

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POLICY AND PROCEDURE

MEDICAL CHART AUDITS AND PEER REVIEW **3016**

It is the policy of Bullhook Community Health Center 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 the provision of clinical patient care services. Peer review and medical chart audits contribute to this goal by monitoring clinical treatments and medical record documentation. Medical chart audits also provide a source of information for performance evaluations and privileging.

During the second month of each quarter, the Medical Director will select a diagnosis or set of diagnoses for an evidence-based medical review. The Risk Manager will randomly select from the past six months 5 of each provider's records for that diagnosis. These records will be pulled and an audit form attached to each record.

Administrative Audit

The Risk Manager will audit the chosen records for HIPAA, financial, and completeness factors, annotating findings on the audit form.

Peer Review

The Medical Director will select a protocol from an appropriate nationally recognized source for that diagnosis. Every effort will be made to utilize the same source for all protocols, in the interest of continuity. However, other sources may be utilized based on the discretion of the Medical Director. The Medical Director will select one clinic provider to conduct the review, based on the selected protocol. This provider will annotate findings on the audit form and return the forms to the Medical Director. Individual provider concerns will be addressed by the Medical Director with the individual provider. After review, the Medical Director will return the forms to the Risk Manager for preparation of an Audit Summary Report and data analysis.

Laboratory Review

The Laboratory Manager will audit the records to ensure that all lab procedures requested have been performed, reviewed and added to patient charts and that all appropriate documentation is present.

Performance Improvement

Audit summary results will be provided to the QI Committee, providers, and clinic staff. Appropriate action will be instituted and monitored through the PDSA Cycle and reported to the QI Committee. A summary of the findings will be reported to the Board of Directors through the monthly QI report.

Andy Smet
CHIEF EXECUTIVE OFFICER Date: 1-12-11

CHIEF MEDICAL OFFICER Date: 4-20-2011

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CHAIR, BOARD OF DIRECTORS Date: 1/19/11

Date: _____
Approved – Policy/Compliancy Committee

Date: 2007
Approved - Board of Directors