

Program Peer Reviews

Policy: Annual Peer Reviews will be conducted between like programs within the West Slope Casa network.

Procedure:

1. Clinicians from two to three programs will meet for a day to review each program and provide feedback, recommendations, and share information.
2. At least one Quality Improvement member will facilitate the Peer Review.
3. The Peer Review document and summary report will be used by reviewing clinicians to report results to the Quality Improvement Committee. Copies are attached.
4. Reviewers will make recommendations for change on the Program Review Recommendations for Change form, and action plans will be formulated on the same form.
5. Formal recommendations will be made by the QI committee to program directors.
6. Aggregate annual Peer Review Reports and results of the action plans will be made available to all West Slope Casa programs at the completion of each round of reviews.
7. A component of each West Slope Casa program will be reviewed each year.

West Slope Casa Quality Improvement Peer Review

Clinical Peer Review Outline

Programs Being Reviewed:

Date: _____

Peer Reviewers:

Quality Improvement Representatives:

Admissions/ Assessments

1. What populations are served by this program?
2. Do you have eligibility criteria?
3. Describe you're assessment procedure and how you've incorporated the required assessment instrumentation.
4. How do you ensure timely access to service?

Program Description

1. What is the program philosophy?
2. What treatment methods are used?
3. How are treatment plans individualized?
4. What is the average length of stay?
5. What type of discharge planning do you employ?
6. How is the program culturally and disability-sensitive?
7. How do you determine consumer progress?
8. How do you know your program is effective?
9. How is outcome information used?
10. Have you changed program practices due to consumer input?

11. What works, what doesn't?

Program Observation

Please present a case you have a question about.

Clinical Peer Review Summary Report

Program: _____

Clinician attending review & writing report: _____

Admissions/ Assessments

Strengths _____

Recommendations for Change _____

Program Description

Strengths _____

Recommendations for Change _____

Program Evaluation and Client Improvement

Strengths _____

Recommendations for Change _____

Clinical Peer Review Action Plan

Program _____ Date _____

Clinician attending and completing form _____

| Recommendation for Change | Program Action Plan | Completion Date |
|---------------------------|---------------------|-----------------|
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Other comments _____

Clinician Signature