

Peer Review Guide

Purpose

The purpose of Peer Review is to assess the appropriateness, accuracy, and quality of participant records and services provided. This process helps to ensure that the programs are compliant with contractual, funding and regulatory body expectations, as well as accepted practices.

Responsible Staff

The Program Director or designee is responsible for facilitating peer review and must ensure that no staff member reviews a chart where he/she has current or previous involvement in the participant's care. In the situation where a staff member is reviewing a record where he/she has had partial involvement (i.e. completed the Employability Plan), he/she may reviews all areas of the chart EXCEPT for that area where he/she was involved. In this instance, another worker must review the portion that the worker cannot. The Program Director or designee must ensure that at **a staff person does not review his/her own documentation.**

Participating Staff

Staff reviewing the chart must be eligible to provide the service being reviewed in the participant's chart. (For example, if a diagnostic assessment was used, then it may only be reviewed by an individual who is licensed or certified to complete such an assessment.) Please see the definition of *peer* below.

Programs are encouraged to have staff from similar programs come in to complete the peer review and to have their staffs participate in peer reviews at other programs. This will not only allow staff to observe best practices at other programs, but may also lead to a more impartial peer review.

At no point may a staff person review his/her own documentation.

Process

A checklist is used during the Peer Review to determine the chart's compliance with various benchmarks. If there are concerns with a chart, the staff member may make notes on the form.

The primary case manager is required to correct the chart, if needed, sign the form, and forward it to the Program Director (or designee) for review.

The Program Director (or designee) ensures corrections were completed in the chart, provides written feedback when applicable, signs the form and forwards it to the QI Coordinator (or designee).

The QI Coordinator (or designee) determines the final compliance score and creates a report of the results. The Program Director or designee is responsible for responding to the report, including plans for correcting/improving areas of deficiency.

Definitions

Peer: A person who is equal to another in ability, qualification and job function

Assessment: The primary instrument used to determine a clients needs, etc and is used to develop an individualized plan for the client (i.e. Employability and Housing Assessment, Diagnostic Assessment, etc.)

Case Plan: The individualized plan developed with the client that addresses the clients needs/barriers (i.e. IPP, ISP, Employability Plan, Goal Plan, etc.)

Case Plan Review: Case plans should be reviewed with clients periodically and updated as necessary. Generally programs have specific forms used to document this and expectations for how often plans should be reviewed with the client.

Case Progress Notes: Notes that document all meetings with the client, services provided to the client or interactions with other individuals for the purposes of helping the client achieve his/her goals. Each program should have a set format for case progress notes. Note – While many programs maintain notes on the computer system, they should be printed for the peer review. Also known as case notes, goal notes, progress notes.

Discharge/Aftercare Plans: When the client leaves the program a summary of the client's progress and services received is developed, which may or may not include a plan for the client to follow after leaving the program. This may include more than one form, as the discharge summary and aftercare plan are sometimes separate from each other. Some programs (particularly HVRP programs) do not have a discharge summary.